

CITATION OF HONOR

BARBARA ZIEGLER PALLIATIVE CARE PROGRAM NORTH BROWARD HOSPITAL DISTRICT

Fort Lauderdale, Florida

Palliative care's evolution has been hampered by the difficulty in paying for it. For uninsured patients, the hurdles to getting the latest in end-of-life care are especially high.

Those challenges haven't stopped North Broward Hospital District in Fort Lauderdale, Florida, from staffing a palliative care team that serves patients regardless of ability to pay. And it offers services within one of the nation's largest tax-supported public health care systems.

The program was created by end-of-life specialists who were involved in the local hospice and over time saw the need for palliative care for patients who were not ready for hospice or didn't qualify for the hospice benefit. In 1994, the hospital district hired Pamela Sutton, MD to start a palliative care program as well as Mary O'Donnell, who serves as a consultant to the team, and former oncology nurse Jane Tuthill, who is an administrator for the program.

The program was limited in scope until 2000, when it received an endowment from the estate of Dr. Sutton's godmother, Barbara Ziegler. "That gave the district courage to hire social workers and nurses to have a real team," Dr. Sutton recalls. Over time the program has grown to provide full-time palliative care teams at two of the district's larger hospitals and part-time coverage at the two smaller hospitals. It offers care to all ages, including children, and has an ethnically-varied patient population with many recent immigrants from Haiti and other countries in the Caribbean and Latin America. About a quarter of palliative care patients are uninsured.



As the need for better symptom control and social support for seriously-ill patients became more recognized, the palliative care team's workload skyrocketed, with a 200 percent increase in physician referrals in 2005.

That's an indication that educational efforts are paying off. Dr. Sutton has spent the past dozen years educating her colleagues about the need for palliative care and how it is different from hospice care. "In 1994 nobody understood what (palliative care) was," she recalls. "Years ago people said there shouldn't be such a thing as palliative care; we should all be trained in pain management and supportive care. But that's not what happened." The program also offers regular rounds for hospital staff and co-sponsors an annual palliative care conference with Memorial Sloan-Kettering Cancer Center.

The model adopted by the North Broward palliative care team seeks referral as soon as possible after diagnosis of a potentially life-threatening illness, such as cancer, chronic obstructive pulmonary disease, or AIDS. The team

then works with the patient's doctors to provide palliative services. "We think the team should walk alongside the patient as they traverse the medical care system," says Dr. Sutton. "That may be for years."

Along with serving inpatients in the district's acute care hospitals, the team reaches out to patients at home and through outpatient palliative care clinics. The team maintains a close working relationship with the district's hospice, where Dr. Sutton is also medical director.

Dr. Sutton would like to see the staff grow given the high demand; a new palliative care medical fellowship will help as will two new part-time chaplains. As always, resources are a challenge, but palliative care is now a permanent part of the hospital district's culture after getting a jump-start from the Barbara Ziegler endowment. "My expectation is that over the next 10, 15, 20 years we can remodel the whole palliative-hospice interface and make it a smoother pathway," she says. "Everyone should have good symptom management and emotional support."



INNOVATION HIGHLIGHTS

**WEEKLY PAIN AND SYMPTOM
MANAGEMENT CLINIC**

**HIGH PROPORTION OF UNINSURED AND
MINORITY PATIENTS SERVED**

**RAPID GROWTH OF ACCEPTANCE OF
PALLIATIVE CARE**