

AWARD WINNER

PALLIATIVE CARE CENTER & HOSPICE
OF THE NORTH SHORE

Evanston, Illinois





Few community-based health care organizations offer the breadth and depth of end-of-life services found at Palliative CareCenter & Hospice of the North Shore (PCCHNS). “The end of life can be a fragmented, frightening crisis time,” says Dorothy Pitner, president and CEO of PCCHNS, which serves more than 2,000 patients and 1,800 family members annually. “We try to focus on the whole person and the family, recognizing the interplay among physical, emotional, psychosocial, and spiritual needs. We serve people of all ages, at any stage of life, who are dealing with the challenges of aging, serious illness, dying or grief.”

That’s an ambitious goal, but this organization is clearly up to the task. Palliative CareCenter is known as a pioneer in its field. Its roots date back to 1978, with the founding of Hospice of the North Shore, which continues to provide compassionate, expert hospice care at home, in nursing homes, and in hospitals as well as in its 15-bed Inpatient Hospice Unit.

More recently, in 1990, the center began developing programs that reflect the full range of end-of-life services. Since then, the organization has undergone a dramatic evolution from its roots as a small, Medicare-licensed and certified hospice program serving a few patients, into an independent, community-based, multi-dimensional role model. Today, its programs encompass patient and family needs from the time of diagnosis with a life-limiting or life-threatening illness through the end of life and bereavement. On any given day, PCCHNS serves 150 hospice patients, 70 home care patients, 250 community outreach clients, 700 bereavement clients, and five children in its pediatric hospice program.

“Our goal is to deliver care in whatever setting provides the greatest comfort to patients, and to provide a seamless, integrated continuum of quality care,” says Pitner. “We try to provide care options that follow people through the stages of life. We want to provide palliative care as early as possible.”

To bring those goals to life, Palliative CareCenter & Hospice offers a vast range of programs tailored to individual situations. “We fit the program to the patient, rather than fitting the patient to the program,” says Martha Twaddle, M.D., PCCHNS medical director.

Among PCCHNS’s innovations is the Palliative CareCenter for Kids, a collaboration with one of the region’s leading pediatric health care providers, Children’s Memorial Hospital. Focused on the special needs of children with life-limiting illnesses, the interdisciplinary team at the Palliative CareCenter for Kids creates a treatment plan aimed at reducing pain and suffering, allowing maximum functioning, and keeping the child at home if at all possible. “In this way, the entire family can benefit from the emotional, spiritual and bereavement support we offer, in the most comfortable surroundings for them,” says Pitner.

A unique corollary to this program is Families With Children. Through this service, specialized counselors offer support for dying children, their siblings and other family members. They also work with children of dying parents, and they provide community education to schools, social service organizations and religious institutions where serious illness or death is an issue. In addition, Families With Children provides crisis intervention in the community when there is a sudden death that affects children. PCCHNS even sponsors a day camp designed to help children heal after a loss.

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INNOVATION HIGHLIGHTS

HOME PALLIATIVE CARE CONSULTS

TELEPHONE CASE MANAGEMENT
FOR PATIENTS NOT IN HOME CARE
OR HOSPICE

HOME CARE ASSISTANTS SERVICE

IN-HOME THERAPY SERVICES

HOSPICE THAT SERVES BOTH ADULTS
AND CHILDREN

Another innovation is HomeCare Assistants of the North Shore. A joint venture between RespiteCare and a subsidiary of PCCHNS, this program offers personal care services to the elderly and infirm in their own homes. One of the only independent JCAHO-accredited personal care agencies in Illinois, HomeCare Assistants is also one of the only programs to employ a registered nurse care manager to oversee staffing, training, development and implementation of care plans. Its home health aides and companions can prepare meals, escort the elderly to appointments, remind them about medications, provide assistance in activities of daily living, or provide companionship or respite for a caregiver. They may also supplement services to home care or hospice patients.

PCCHNS also is notable for its efforts to fill gaps in the traditional continuum of care. This year, PCCHNS added yet another innovative service, known as Medical Home Visit Program. “The idea is to serve the frail elderly who don’t fit conventional definitions for care, and who may fall through the system’s cracks,” says Pitner. Under the Medical Home Visit program, PCCHNS maintains contact with 200 homebound elderly people, at their request, and offers minimal, supportive interventions to keep them healthy and out of emergency rooms. “It’s a collaboration between us and the doctors,” adds Pitner. “The physicians like it because we’re the eyes and ears to keep their patients stable. Our clients like it because they feel connected. They can call someone when they have a question. That makes all the difference.”

PCCHNS also occupies the leading edge in supporting and educating the medical community about the advantages and importance of palliative care. A palliative care consultation team takes referrals from physicians whose patients need expert management of pain, symptoms or emotional issues related to an illness. The team also reaches out to primary care physicians, family and other caregivers to expand their understanding of palliative care. In July, a palliative care fellowship was launched to help prepare the next generation of physicians in end-of-life care.

PCCHNS is especially proud of the way its unique, seamless continuum allows patients to move back and forth among services, depending on their status. “It’s particularly gratifying to see that, with this continuum in place, there’s more awareness of what palliative care can do,” says Twaddle.

“Most importantly, we don’t define ourselves by what we can’t do, but rather by what we can do,” she adds. “We’re involved in the lives of patients, not just in their deaths. One of the great things about this program is that we’re pushing the continuum upstream — we’re increasingly asked to participate in wellness as well as in illness. I think of what we do as the ‘ing’ in ‘caring.’”•