

AWARD WINNER

PROJECT SAFE CONDUCT
HOSPICE OF THE WESTERN RESERVE AND
IRELAND CANCER CENTER

Cleveland, Ohio





Integrating a university-based, research cancer center and a freestanding, community-based hospice is neither a conventional nor a simple task. But that's exactly what Project Safe Conduct has done, and the result is a dramatic, upstream shift in palliative and end-of-life care. A revolutionary collaboration between two nationally-renowned organizations, the Ireland Cancer Center (at Case Western Reserve University and University Hospitals of Cleveland) and Cleveland's Hospice of the Western Reserve, Project Safe Conduct has made exceptional progress in changing the acute-care culture and bringing a new model of support to cancer patients.

Through Project Safe Conduct, lung-cancer patients in the Ireland Cancer Center receive life-prolonging care — including experimental therapy protocols — alongside state-of-the-art palliative care, which emphasizes symptom relief, a holistic approach to physical, psychosocial, and spiritual issues, and, when cure is no longer possible, assistance with the difficult but normal challenges of life completion and closure.

It's an outside-the-box approach, and it's making a difference. "In the conventional acute-care model, terminally ill patients complete cure oriented care before receiving the benefits of palliative end-of-life care. In Project Safe Conduct, the two go hand-in-hand," says Elizabeth Ford Pitorak, director of the Hospice Institute and Safe Conduct's project director. "Our two groups joined, creating a seamless transition spanning curative measures to aggressive pain and symptom management, reversing the national tendency of inadequately addressing pain and late referrals to hospice."

Project Safe Conduct's name derives from its goal of guiding patients and families through the maze of uncertain, perplexing, and distressing events associated with the end of life. The approach is intensively interdisciplinary, recognizing the power of relationships among practitioners, patients and the community to work together to improve care. The Safe Conduct team is composed of a nurse practitioner, a social worker, and a spiritual care counselor. A psychologist and a pain specialist serve as consultants. The team and consultants work collaboratively with the oncologists to enhance patient care. Collectively, the greater team advocates for the patient and frequently arranges for family conferences to discuss options for end-of-life care.

"Initiating these discussions earlier in the disease process gives patients and families the ability to choose the appropriate level of care at the most opportune time," says Pitorak.

Housed on-site at the Cancer Center, the team has high visibility and accessibility, which has helped forge relationships and collaborations with physicians and staff. Welcomed when physicians talk with patients and families, team members often assist when doctors must deliver bad news or discuss difficult subjects like end-of-life care. The result has been a trusting relationship with physicians, patients, and families, and smoother transitions from curative to hospice care.

"Our patients get a sense of continuity and security, because they know that their team will follow them through every phase of care, no matter what part of the facility they're in or what procedure they're undergoing," says Stephen C. Adams, the team's spiritual care counselor. "We're there through all the transitions. Patients and families tell us that they feel cared for, connected, strengthened, and nurtured."

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INNOVATION HIGHLIGHTS

INTEGRATING HOSPICE APPROACH IN THE ACUTE-CARE ENVIRONMENT

PLANNED FAMILY CONFERENCES TO DISCUSS OPTIONS

COLLABORATION BETWEEN A HOSPICE AND AN ACADEMIC MEDICAL CENTER

The presence of the team, having been educated in hospice level care, also has significantly altered the acute-care environment itself. The team's Peace Corps-like approach has enabled the cancer center staff to learn for themselves the principles of palliative care. And they've found that integrating palliative care throughout the progression of a terminal disease enables earlier detection of symptoms, prevention of crises, timely interventions that improve quality of life, and proactively-offered holistic services.

There is striking evidence that the project has spurred a shift from curative to palliative care, and that patients are benefiting. Documented statistics show a significant change in the proportion of patients in a hospice program at the time of death: during the pre-project period, only 13 percent died in a hospice program. Now, it's 80 percent. In addition, the median length of stay in hospice has increased from three days to 29, and the average length of stay has risen from 10 days to 44. This statistic suggests that physicians and patients are getting the Project Safe Conduct message by participating in advance planning and by having appropriately timed referrals to hospice. In addition, according to the Missoula VITAS Quality of Life Index, Project Safe Conduct patients are experiencing a better quality of life, even as their functional status declines.

Project Safe Conduct also has the numbers to demonstrate its bottom-line impact. Before the project began, study-eligible lung-cancer patients averaged 6.3 hospital or emergency-room visits. Since the inception of the project, these are down to 3.1. In addition, average per-day pharmaceutical costs are down significantly, from \$60.90 per patient to \$18.45.

Achieving success has meant hard work on both sides. Much effort went into building relationships and trust between the two decidedly different cultures of acute and palliative care. "In the beginning, we all had our own biases, and we had a lot of misconceptions about each other," says Meri Armour, Ireland Cancer Center's vice-president of clinical services. "We've learned a lot."

The project has overcome many challenges, including turf issues, communication with physicians, and helping acute-care staff recognize that a new model of care would be an enhancement, rather than an increase to an already heavy workload. Pitorak and Armour agree that strong support from top-level administrators in both organizations has been a key to success. Today, Safe Conduct has become so integrated into the culture of the cancer center that, after its initial grant ended, the oncology department insisted that the center continue to fund the program.

"Working together has given us an opportunity to walk in the other person's shoes," says Armour. "We're doing a better job for our patients and families. This collaboration has been an incredible, bi-directional learning experience." •