

PALLIATIVE CARE SERVICE
DETROIT RECEIVING HOSPITAL

Detroit, Michigan

The patient and her husband were homeless, and she was dying from hepatitis and endocarditis. They had no family connections. The nurses let him shower in the patient shower-room and got him fresh clothes from the volunteer-run clothes closet. When she died, the nursing supervisor gave him a cab voucher so he wouldn't have to walk to the shelter in the middle of the night.

The Palliative Care Service at Detroit Receiving Hospital (DRH) has many such stories to tell. That the program, operating on a shoestring budget, has survived and has done such an impressive job of expanding acceptance of palliative care is a story in itself.

Its aim, from its beginning in 1986, has been to change the way people die in a hospital. That's no small feat in any hospital, but it's a special challenge at DRH. The hospital serves a predominantly indigent population, who often lack the family, church, and community supports that facilitate decision-making in a crisis illness. In addition, more than 90 percent of DRH's admissions come through the emergency department, where the majority of patients lack a personal physician and insurance.

The Palliative Care Service hasn't let those limitations get in the way. "We believe that the good work of caring for the dying patient should be available in all settings in which people die...in spite of the barriers imposed by patient poverty," says Meg Campbell, nurse practitioner.

Even with its small budget, the program offers a full range of services. Typically, physician/resident teams transfer direct patient management to PCS, which stays with the patient through death or discharge. PCS services



also include: evaluation and prediction of a poor prognosis; assistance in breaking bad news to a patient or surrogate; help with end-of-life decision-making; consultations about hospice eligibility; and consultation on managing symptom distress. The program focuses on moving end-of-life patients out of ICUs and traditional hospital care and into palliative care, and it is available to any patient with a life-limiting illness.

By design, PCS does not maintain a separate palliative care unit in the hospital. "We've learned that a scatter-bed approach works better," says Campbell. "This way, we provide end-of-life care experience to all hospital staff, which increases knowledge, confidence, and comfort in care delivery to this special population."

Indeed, one of PCS's key accomplishments has been its impact on care throughout the hospital, with engagement from physicians, floor nurses, social workers, and chaplains throughout the facility.

A fundamental change in the program's interactions with physicians has been a critical factor in increasing

PCS's reach, too. In its early days, PCS functioned as a traditional consultation service, waiting to be called. In 1999, it went pro-active — using a case-finding approach to identify patients unlikely to survive and offering assistance to the primary physician/resident team.

"By doing it this way, we've made major inroads into intensive care," says Mike Stellini, MD, internist and PCS's medical director. "But most importantly, we're offering better service to our colleagues and patients. We start the palliative approach earlier in the patient's hospitalization, so we're doing a better job of relieving pain and suffering."

Although a formalized palliative care service is unusual in most safety-net hospitals, PCS's experience proves that it can be done, and done well. "Anyone can do what we've done," says Campbell. "All of the resources we've needed exist within the hospital — it's just a matter of seeing the need and finding a way to format the services. Plus, we've been able to demonstrate, again and again, through objective measures, that what we do is not a drain on the hospital's bottom line. Most of all, though, we've learned — and have been able to demonstrate to others — that good dying care is simply good care."



INNOVATION HIGHLIGHTS

SERVING INDIGENT AND MINORITY POPULATIONS

PRO-ACTIVE, CASE-FINDING APPROACH

SIGNIFICANT IMPACT WITH A SMALL BUDGET