

AWARD WINNER

HOSPICE & PALLIATIVE CARE CENTER

Winston-Salem, North Carolina





It's no exaggeration to say that the Hospice & Palliative CareCenter (HPCC) has transformed the culture of dying in its community. Since its inception, the Center has reached out to engage virtually the entire community in end-of-life care. And over the past 24 years in Winston-Salem, the terms "hospice" and "palliative care" literally have evolved from unpronounceable words to end-of-life expectations.

Much of the credit for this transformation goes to HPCC's efforts to spread the word. In 2000, HPCC took the lead in creating the Community Partnership for End of Life Care. Its membership roster — now numbering nearly 250 — is a *Who's Who* of community organizations and individuals committed to improving end-of-life care.

"We try to bring together naturally occurring groups and businesses, such as congregations, social service agencies, retirement communities, lawyers' groups and others, where end-of-life conversations often take place," says Dee Leahman, director of education & program development. "They're helping move the end-of-life conversation upstream — a critical factor in improving end-of-life care. And they're connecting the community to an openness and receptiveness to the mission of hospice in a way we've never seen before."

The Hospice & Palliative CareCenter is the perfect organization to lead the Partnership, because of its own extensive experience in end-of-life care. HPCC's interlocking continuum of services includes the commonly missing pieces of the end-of-life care puzzle. In addition to traditional adult hospice and bereavement programs, and a 20-bed inpatient facility, HPCC offers pre-hospice care, special care for COPD and CHF patients, palliative care in local hospitals, partnerships with the retirement communities, and a community support program for people who don't fit into any other programs. HPCC's Grief Counseling Center provides free professional support and direction in dealing with loss for hospice and non-hospice families. In addition, in 2000, HPCC's Carousel Center began offering pediatric hospice services. HPCC also is a leading member of the Pediatric Community Alliance, which brings together social service agencies, churches, corporations, and others to support families with infants and children living with a serious illness.

This comprehensive and creative blend of services clearly goes beyond the norm. "It allows us to say, 'Yes, we can help,' anywhere along the continuum, from pre-diagnosis advance-care planning to palliative care, traditional hospice care, and support for grief and loss," says JoAnn Davis, president & CEO.

Early on, HPCC's leaders recognized that to be effective, they had to take a multi-pronged approach. "We saw two parallel needs: community awareness of the opportunities offered by palliative and hospice care, and a health system that supported these choices," says Davis. So, as HPCC built its continuum of services and community-education programs, it also forged alliances with Winston-Salem's two major medical centers. And in the process, it brought otherwise competing medical centers and organizations around a collaborative community table.

Part of those relationships focuses on educating current and future practitioners in the theory and practice of end-of-life care. Collaborating with the prestigious Wake Forest University School of Medicine, HPCC offers a multi-year curriculum in hospice and palliative medicine. All third-year medical students now spend 20 hours at HPCC during their ambulatory medicine rotation. First-year medical residents spend a week at HPCC's Hospice Home; in addition, geriatrics fellows do a month-long rotation; and additional electives are available. New to the medical staff, HPCC's first fellow in hospice and palliative medicine begins in July 2003.

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INNOVATION HIGHLIGHTS

COMMUNITY PARTNERSHIP FOR
END OF LIFE CARE

MEDICAL SCHOOL CURRICULUM IN
HOSPICE AND PALLIATIVE CARE

COMPREHENSIVE, CREATIVE BLEND
OF SERVICES

“The learning curve is dramatic,” says Dick Stephenson, MD, HPCC’s medical director, who developed and leads the medical education program. “In the beginning, students generally don’t want to go to the hospice. They have visions of a cancer ward that’s dreary and depressing. But they leave with an entirely new view. And many say that it’s the best experience they’ve had in medical school.”

The effect, says Stephenson, is a trickle-up of knowledge that holds great promise for the future. “It’s unfortunate that hospice care has grown up outside of the mainstream of medicine,” he says. “It’s been apart too long. It’s really exciting to see such a prestigious medical school embrace this curriculum.”

HPCC’s educational outreach also extends to practicing physicians, caregivers in hospices and long-term-care facilities, and volunteers and the community at-large. In 2003, in conjunction with the Community Partnership, HPCC promoted a family-oriented guide to advance care planning developed by The Carolinas Center for Hospice & End of Life Care entitled “Isn’t It Time We Talk?” Both Wake Forest University Baptist Medical Center and Forsyth Medical Center endorsed the guide by allowing their logos to be placed on the cover and distributing it in each medical center. “That’s really important to us,” says Davis. “Their support sends a powerful message to our community and helps make our work more a part of the official health care world.”

There is always more to be done, of course, and HPCC is looking ahead. A major capital campaign is underway, aimed at raising more than \$6 million to expand HPCC’s hospice home, and to build an education and counseling center, and a palliative care center.

Fortunately, HPCC’s long history of excellent service has generated widespread community support. In 2002, more than 475 volunteers contributed 16,000+ hours of service, and financial contributions from the community made up 12 percent of HPCC’s net revenues. And, although funding is down from the major corporations that once dominated the area, HPCC continues to receive broad-based support from banks, foundations, and individual community members.

“We’re very fortunate to be in a community so receptive to positive and creative change. HPCC, with its variety of programs, leads the way in raising both expectation and quality of end-of-life care throughout the area,” says Davis.

A recent letter from a family member expressed it best: “I called HPCC to learn about breast cancer. From that moment until my mother’s death two years later, HPCC walked the journey with my family and me. From answering my questions to the tender care given to my mother, HPCC allowed me to be a daughter, not just a caregiver.” •