

FROEDTERT HOSPITAL AND MEDICAL COLLEGE
OF WISCONSIN PALLIATIVE CARE PROGRAM

Milwaukee, Wisconsin

Froedtert Hospital's palliative care program is one of the nation's veterans — started in 1993, when there were fewer than a dozen palliative care consultation teams in American hospitals. Today the Milwaukee program is a model for inpatient palliative care, offering a better end of life to its patients while at the same time helping other hospitals learn from its experience.

Part of the Medical College of Wisconsin, the Froedtert program extends in several different directions, including a palliative care consultation service and an inpatient palliative care unit that is shared with an internal medicine acute care ward.

The hospital consultation service touches more than 700 patients each year. Patients' primary care doctors must approve a palliative care consultation, which they do 90 percent of the time. Beyond that, in 95 percent of referrals involving acute symptom control problems, primary doctors give the team direct order-writing privileges.

Acceptance from other physicians can be a stumbling block for palliative care teams, but over time the Froedtert team has won over the staff. "It's really one doctor at a time," explains David E. Weissman, MD, leader of the team. "It's based on personal relationships. They have to feel comfortable in letting go managing things by themselves."

At the same time, the team views the relationship with the primary care physician as an ongoing partnership because it provides continuity of care for the patient and family and also because it allows medical trainees to remain involved in the care of dying patients, an important part of the medical school's mission.



Program leaders chose to create a *virtual* palliative care unit that provides as many beds as needed. The unit includes a family lounge, sleeping, and meeting room space. By sharing space, the program avoids the logistical problems of being responsible for ensuring income from its own fixed unit. "It's the best of all possible worlds," Weissman says. "You get trained staff, but unlike dedicated units I'm not forced to fill beds."

As other hospital-based palliative care programs are learning, it's wise to build a case not only for the importance of palliative care for seriously ill patients, but also for the financial underpinnings of the concept — that more efficient use of medical tests and procedures near the end of life can save the hospital money. In Froedtert's case, Weissman's team has documented \$2 million in savings each year from the palliative care program.

Beyond patient care, the palliative care team works to educate the community about advance care planning, with two specially trained registered nurses holding classes for both hospital staff and the community.

The Froedtert team has become a model for other hospitals interested in responding to their patients' unique emotional and physical needs during a life-threatening illness. The hospital is one of six in the country serving as sites for the Palliative Care Leadership Center Initiative and regularly hosts representatives from other hospitals. Since 1994, Froedtert has worked with 20 acute care hospitals and 100 long-term care facilities to improve pain management, and in 2002 helped start palliative care programs in seven local long-term care facilities. The Milwaukee program is even working with a competing local health system to help them develop palliative care programs in local hospitals.

Weissman sees the palliative care movement evolving nationwide. About 20 percent of hospitals now have a palliative care program, he notes, but momentum is building. "In 5 to 10 years all teaching hospitals will have palliative care programs, as will most community hospitals with at least 100 beds," he predicts. "It's definitely moving from having a toe-hold to becoming an established part of the hospital infrastructure."



INNOVATION HIGHLIGHTS

SYMPTOM MANAGEMENT CARE
INTEGRATED THROUGHOUT

PIONEER IN INPATIENT PALLIATIVE
CONSULT SERVICE AND INPATIENT
PALLIATIVE CARE UNIT

EXTENSIVE BEREAVEMENT RESOURCES