Geriatrics & Oncology—Partners in Palliative Care

by Beata Skudlarska, MD; Sheran Simo, MSN, APRN-BC, FNP; Jill Keller, MSN, APRN-BC, FNP, OCN; and Peg Parniawski, MSN

Healthcare consumers demand high standards of care and an active role in their treatment. Increasingly, hospitals are expected to deliver this level of care in the areas of pain and other symptom management. Many cancer patients need palliative care services while they are receiving life-prolonging or curative treatments. In addition, experience and research show that patients nearing the last stages of life will benefit from hospice care. Palliative care programs work in tandem with hospice programs to coordinate care transition for these patients.

Based on numerous studies extolling the benefits of providing palliative care and the fiscal challenges we face in healthcare today, Bridgeport Hospital proposed a consultation-based palliative care service that would be developed in a partnership between the Norma F. Pfriem Cancer Institute and the Bridgeport Hospital Center for Geriatrics.

Building the Program

In 2007 Bridgeport Hospital's chairman of Medicine approached the section chief of Geriatrics with the challenge of learning and leading Bridgeport Hospital's palliative care program. The offer was well-received. The Bridgeport Hospital Center for Geriatrics not only entered this project with great enthusiasm, but also pledged to pursue Board Certification in palliative care for all eligible physicians. Since initial financial support for the program was limited, the palliative care program was initiated with existing hospital resources. The initial palliative care team was made up of two physicians from the Bridgeport Hospital Center for Geriatrics and an oncology advanced practice nurse (APN) and a social worker employed by the Norma F. Pfriem Cancer Institute.

The first step was to educate the core palliative care team members by participating in a national palliative care meeting and a site visit to a large, well-established medical center's palliative care program. All physicians involved in the program studied intensely for the Board Examination to become certified in palliative care.

At the same time, the palliative care team at Bridgeport Hospital began to partner and network closely with the hospital's community hospice providers: Vitas Hospice Service and The Visiting Nurses Association of Southeastern Connecticut. Physicians from Bridgeport Hospital Center for

PHOTOGRAPH COURTESY OF BRIDGEPORT HOSPITAL

Bridgeport Hospital's Palliative Care Team. Sheran Simo, MSN, APRN-BC, FNP (left), Beata Skudlarska, MD (center), and Jill Keller, MSN, APRN-BC, FNP, OCN (right).

Bridgeport Hospital at-a-Glance

Bridgeport Hospital is a private, not-for-profit comprehensive acute care hospital serving patients from Fairfield and New Haven Counties in Connecticut. The hospital is a member of the Yale-New Haven Health System with 425 licensed beds, more than 2,000 employees, 500 active attending physicians representing 70 subspecialties, and 180 medical and surgical residents and fellows in programs affiliated with Yale University School of Medicine. Located in the heart of Connecticut's largest city, this facility has deep roots in the history of the city.

The Norma F. Pfriem Cancer Institute at Bridgeport Hospital is approved with commendation by the American College of Surgeons Commission on Cancer as a Teaching Hospital Cancer Program, and delivers care to more than 1,000 newly diagnosed cancer patients annually. The Cancer Institute is a member of the Yale-New Haven Cancer Network.

Geriatrics became medical attendings for each of our community partner's programs. The newly designated palliative care team shared resources to provide education to nursing and physicians, as well as other ancillary staff who provide care to hospitalized patients. Establishing a process for transitioning Bridgeport Hospital patients from acute care to palliative care and eventually to hospice care provided by our community partners was key to the perceived success of the program.

The core multidisciplinary palliative care team initially included:

- Medical director, section chief of Geriatrics
- Medical geriatric attendings
- An advanced practice registered nurse (supported by the Norma F. Pfriem Cancer Institute)
- A social worker (also supported by the Norma F. Pfriem Cancer Institute).

Extended interdisciplinary palliative care team members who provide important clinical and support services to the core palliative care team, patients, and families include:

- Patient advocates
- Pastoral care
- Pharmacists
- Pain team
- Respiratory therapy
- Rehabilitation (physical and occupational) therapists
- Psychiatry consultants.

Ensuring Buy-in

Key members of the palliative care team consulted with several lead physicians at Bridgeport Hospital to gain support for the palliative care program. An Advisory Board, which is comprised of both community- and hospital-employed physicians and other members, was created and meets quarterly. Bridgeport Hospital's Vice President for Quality strongly supported the palliative care program from its inception. Along with Bridgeport Hospital's chief of Pulmonary Medicine, chief of Gastroenterology, chief of Cardiology, and head of Hospitalists, the palliative care team won the support of key physicians through focused education and continuous feedback solicited by the team's physician leader, Dr. Beata Skudlarska. Unexpectedly, the palliative care team also found allies in the hospital's pediatric hospitalist team, allowing early introduction of palliative care concepts to the pediatrics department.

For other community cancer centers looking to develop a similar palliative care program, we offer this advice: do not underestimate the amount of provider education required. It is imperative to gain the trust of the medical community. Community physicians must believe that the palliative care team will not mismanage or "steal" patients by performing a palliative care consult. Community physicians must also understand that the palliative care team is not rendering patients their "last rights" by placing them on a palliative care plan.

How Our Program Works

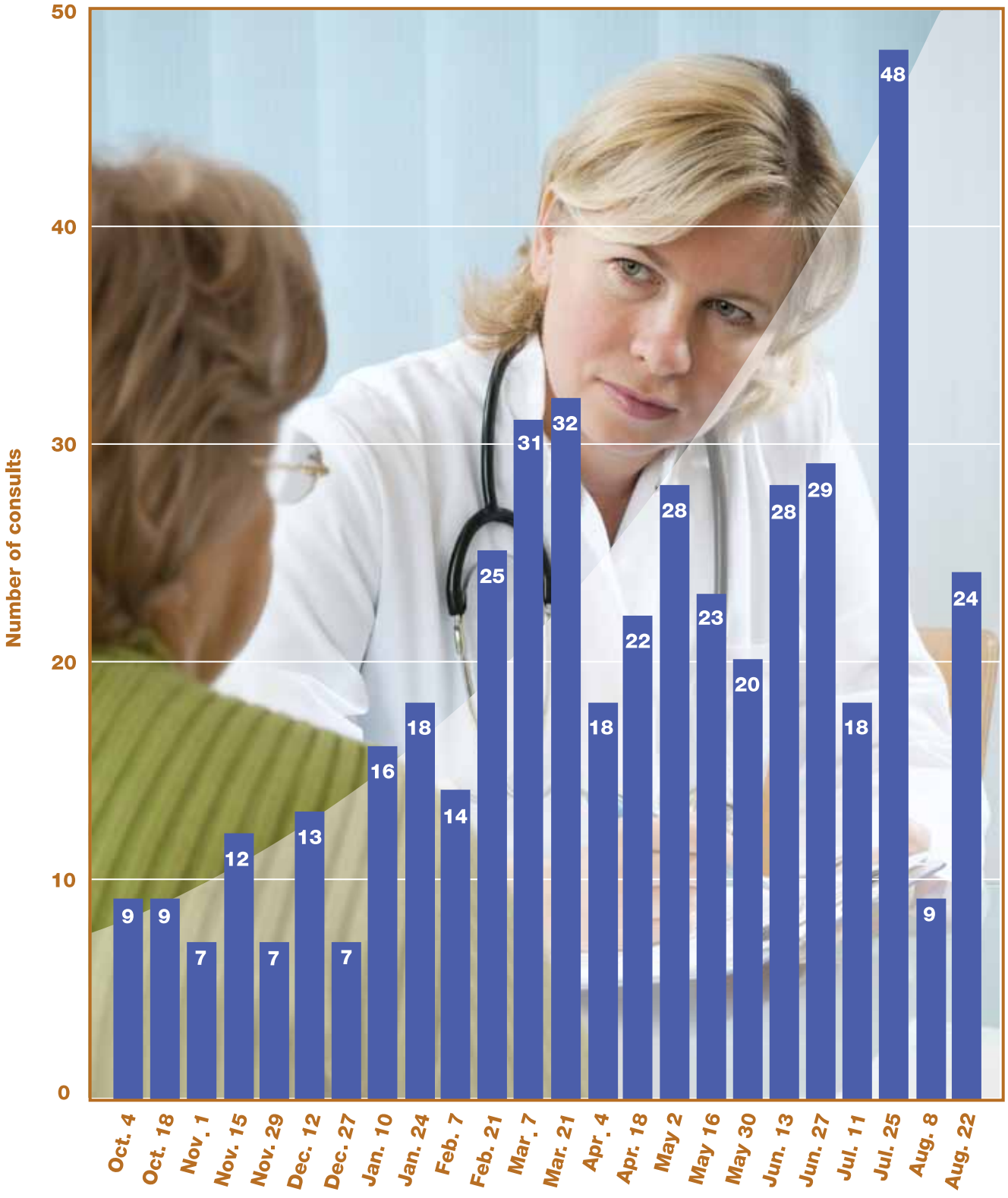
The mission of our palliative care program is simple—provide care for the patient. We have developed a patient- and family-centered approach to decision making and have worked hard to establish a palliative care plan that can be transferred from the acute care setting to the outpatient setting and re-activated upon return hospital admissions. The goals of our palliative care program are similar to those of most acute care organizations today:

- Improve patient satisfaction
- Reduce recurrent hospital admissions
- Reduce length of stay (LOS) with special emphasis on ICU LOS
- Improve symptom management.

Our palliative care program is designed to be a consultative service. Initially, our palliative care pilot was limited to our hospitalist group, as they are hospital-employed and very willing to participate. The palliative care team established referral criteria based on the recommendations from the Center to Advance Palliative Care, including the following:

- The family, patient, and team needs help with complex decision making and defining of goals of care.
- Unacceptable level of pain causing distress for >24 hours.
- Frequent visits to ED or admissions for same diagnosis (symptom management, such as COPD patient with life expectancy >6 months who does not wish to return to the hospital for care).
- Prolonged LOS without improvement.
- Prolonged ICU stay without improvement or belief that care is futile.
- Patient with advanced dementia who may require major surgery.

Figure 1. Palliative Care Consult Volume for 2010-2011



PHOTOGRAPH/ISTOCKPHOTOS

Currently, an APRN initially completes our palliative care consults. The APRN then consults collaboratively with the geriatric physician. The APRN bills for the initial consult and all follow-up visits.

Growing the Program

Soon hospital-wide physician requests for palliative care services began to trickle in. Figure 1 above shows how quickly our program took off. This program growth

required additional resources from Bridgeport Hospital to support future growth.

After a six-month pilot, the Bridgeport Hospital Center for Geriatrics requested a full-time (FTE) APRN. Bridgeport Hospital approved and funded the position, anticipating that some dollars would be recouped through billing for services. Several months later, the "perfect-fit" candidate joined the palliative care team and continued to build the program. This new, highly qualified staff member proved to be an excellent addition and a true clinical leader. In addition, the new palliative care APRN is well versed in pain management, adding her expertise to our multidisciplinary pain team.

Our oncology APRN's passion for palliative care and desire to continue to support the palliative care team now allows for back up and "protected" time for our new FTE APRN. Currently, the oncology APRN provides coverage one morning per week, along with back-up support for busy days and time off.

Evaluating the Program

Programmatic benefits to our collaborative approach to palliative care are numerous, including.

- Helping patients and families transition from acute care to palliative care to hospice care.
- Fostering multidisciplinary collaboration.
- Improving interactions within the cancer team. For example, involving our oncology APRN at the beginning of the program allowed this professional to educate our nursing staff and medical oncologists, as well as to assist during the implementation process. Our palliative care program has focused our team on improving quality of life and introducing hospice to the patient at an earlier point of their illness—when aggressive treatment no longer provides a positive outcome. Palliative care also helps to improve symptom management.
- Establishing a unique partnership between the palliative care team and the geriatric team. Bridgeport Hospital's Inpatient Consultative Geriatric Practice, which is affiliated with the Bridgeport Hospital through the Northeast Medical Group, has been well respected and thriving for the last 11 years. The large volume of geriatric consults and community recognition of the geriatric program allowed for the relatively seamless introduction of palliative care principles, resulting in non-cancer patients being considered for the Palliative Care Program.
- Establishing new partnerships. The palliative care team also created an outpatient liaison with one of the largest visiting nurse organizations in the community. The new outpatient palliative care team was created simultaneously with the birth of the inpatient program, allowing eligible patients to continue palliative care services on an outpatient basis.
- Expanding the palliative care program through the age continuum, largely due to the early support of Bridgeport Hospital's pediatric team.
- Developing the GEM Program. Bridgeport Hospital's Center for Geriatrics partnered with the emergency department to implement Bridgeport Hospital's Geriatric Emergency Medicine (GEM) Program. This program has a geriatric APRN who evaluates all geriatric patients upon arrival to the emergency department. This staffer has been instrumental in identifying patients who fit the criteria for a palliative care consult.

As the palliative care program takes shape, several key successes stand out. First the palliative care team was able to gain physician buy-in to allow palliative care team involvement in the care of long-stay, complex patients. The palliative care team educated and supported patients, families, and involved healthcare professionals, helping to define care goals. In many cases, improved care goals lead to better outcomes, discharges home, and markedly decreased readmissions.

Second, many chronic pain patients benefited from the palliative care program.

The palliative care team also identified an increased need for educational programs for all hospital employees. The goal of this education: to change over time staff perception of palliative care and make them less wary of pain management challenges.

The process was not without its challenges. For example, the palliative care team received many initial consults late in the course of the patient's illness—limiting the true benefit of early palliative care intervention. Many of our patients begin with palliative care and then transition rapidly to hospice.

The palliative care team often faced a lack of provider understanding of what palliative care is and the difference between palliative care and hospice. Some physicians believe that they do not need to consult the palliative care team; these physicians know best how to treat their patient's pain and manage symptoms, despite patient complaints of inadequate support. Other physicians feared losing access to their patients if they were to receive services from the palliative care team.

The palliative care team also found that some hospital nurses were reluctant to administer high-dose opiates to patients out of fears of "euthanasia."

Finally, a lack of a comprehensive outpatient palliative care follow-up often hindered our efforts.

Planning for the Future

Bridgeport Hospital Center for Geriatrics is currently looking into additional APRN and social work positions due to the rapidly increasing volume of palliative care consults. Other expansion plans include:

- Optimizing collaboration with Bridgeport Hospital's Pastoral Care Department and with Chaplain Interns and Residents in the hospital's Clinical Pastoral Education Program.
- Participating in the planning stages of an outpatient Palliative Care Clinic.
- Helping community-based medical oncologists become Board Certified in palliative care.
- Working to get our palliative care program eligible within the next 12 months to become a training site for a Palliative Care Fellowship.

Beata Skudlarska, MD, is medical director for the Bridgeport Hospital Center for Geriatrics. Sheran Simo, MSN, APRN-BC, FNP, is palliatve care advance nurse practitioner; Jill Keller, MSN, APRN-BC, FNP, OCN, is oncology advanced nurse practitioner; and Peg Parniawski, MSN, is director of the Norma F. Pfriem Cancer Institute, Bridgeport Hospital, Bridgeport, Conn.