Community Cancer Programs and Hospice Services

H. Lee Moffitt Cancer Center, Tampa, Fla.

Michael A. Weitzner, M.D., chief of Palliative Care

The H. Lee Moffitt Cancer Center, a National Cancer Institute-designated cancer center that has evolved into a regional cancer center serving the southeastern U.S., has a unique perspective regarding the integration of hospice services. In Florida, each county is required by law to provide its own hospice services. Four of the Tampa Bay counties have major hospice programs, serving a total of approximately 2,000 patients per day, and Moffitt Cancer Center has established collaborative relationships with each county program. The relationship with one hospice program in particular, LifePath Hospice in Hillsborough County, serves as an example of how this relationship has developed.

When Moffitt Cancer Center was founded in 1986, the relationship with LifePath Hospice was rudimentary, with patients being referred very late in the course of their illnesses. Over the succeeding three years, LifePath made an effort to establish a better relationship with Moffitt Cancer Center by inviting key Moffitt administrators to join its board of directors. Moffitt administrators became involved in the strategic planning for LifePath Hospice, leading to increased referrals. Moffitt medical staff joined various committees within LifePath Hospice, including the Medical Advisory Committee and Ethics Committee and, most recently, the board of directors.

Although no specific contractual relationship or joint marketing exists between Moffitt Cancer Center and LifePath Hospice, both have worked together within the community, sponsoring conferences together and helping to disseminate information to the community regarding specific programs within the other's organization.

Perhaps one of the most important outcomes of Moffitt's relationship with LifePath Hospice is the closer collaboration of the hospital teams with hospice staff. This collaboration has been accomplished in two ways. The first involves a closer working relationship between the medical, nursing, and social work staffs and LifePath through the assignment of a hospice admission team to Moffitt Cancer Center. In this way, patients in the hospital can be referred to LifePath, and the admission process can occur at Moffitt before the patients are discharged to home. Consequently, the discharge to hospice is more seamless and no interruption of care occurs. The second event that has fostered this closer relationship is the establishment of a Palliative Care Service at Moffitt Cancer Center. Through the involvement of this service, referrals are occurring earlier, and a greater continuity of service is seen. The physicians on the Palliative Care Service continue to provide medical care to the Moffitt patients in hospice in collaboration with the hospice physicians. As a result, patients who need to be readmitted from hospice for a medical complication enter through the Palliative Care Service. Patients are rapidly stabilized and discharged back to home as is medically feasible without interrupting their hospice care.

The success of this collaboration with LifePath is being directed to the other surrounding hospices to provide the same level of service to the rest of Tampa Bay. Other community centers can learn from this model by initiating higher level contacts with hospice at the administrative level and becoming involved in hospice committees. As a result, your institution's positive relationship with hospice can be approached in a top-to-bottom manner, the administration serving as a positive role model for the medical staff.

Little Company of Mary Hospital and Health Care Centers, Evergreen Park, Ill.

Patricia Murphy, R.N., M.S.N., M.B.A., director of oncology services

Little Company of Mary Hospital's hospice program has cared for and about terminally ill patients, their families, and friends since 1976 and became

Medicare certified in 1981, making it the oldest hospice program in the area. Our success comes from living the mission of the Sisters by always putting the patient first and meeting the needs of patients, families, and the community. The medical co-directors of the hospice program serve as champions of hospice care to the hospital medical staff and community at large.

The hospital operates two Health Education Centers in two separate area malls that provide educational programs and health services, sharing information about all our services, including our hospice program. On-call staff is available 24 hours per day to answer questions about hospice services from patients, families, or staff. We also participate in an active outreach program to the community we serve through community health fairs, church programs, and special events.

Because we have such a good reputation, the majority of our referrals come through word of mouth. We also have brochures available and place ads in community newspapers and parish bulletins to teach others about our hospice care. Our caseworkers are a visible presence within the hospital, and our hospice program is well known in the area.

Little Company of Mary Hospital and Health Care Centers has a deep-rooted history of compassionate home care for the sick and dying. When the Sisters of the Little Company of Mary first arrived in Chicago, they offered their special kind of health ministry. The Sisters visited the sick and dying in their homes and provided the kind of dignified, tender, responsive care for which the Sisters are still known today.

Little Company of Mary Hospital opened its doors in Evergreen Park, Ill., in January 1930. As the hospital has grown over the years, caring for the sick and dying in their own homes has come full circle and once again has become a prominent part of Little Company's holistic care. Our goal is to improve the quality of life for our patients and their loved ones using the hospice philosophy: live life to the fullest, for as long as possible, at home, close to loved ones.

New England Medical Center, Boston, Mass.

Marybeth Singer, R.N., M.S., C.S., AOCN®, nurse practitioner coordinator in the Division of Hematology Oncology

Palliative care is a critical part of competent oncology care. A successful palliative care program is built on a foundation of three key components:

- Administrative/institutional support
- Access to clinical excellence both within the hospital and community/home care/hospice agencies
- Interdisciplinary team work.

The threads of team support that become the fabric of end-of-life care at the New England Medical Center include physicians, social workers, nurses (both on the inpatient units as well as primary nurses in the ambulatory infusion clinic), the pastoral care department, physical and occupational therapists, interns and residents, transport workers, certified nurse assistants, Quality Support Services, and the Pain Service.

Many of our patients are followed by a physician/nurse practitioner team. In this collaborative practice model, the nurse practitioner serves as clinician, educator, and coach to patients and their families throughout treatment. The nurse practitioner plays a key role in our palliative care program by helping to manage patients' symptoms, facilitating decisions regarding palliative treatment, and assisting in planning with patients and their families for end-of-life care.

Our team approach to palliative care can best be illustrated with a short vignette about one of our patients. Ms. Z, age 53, was found to have abdominal carcinomatosis resulting in small bowel obstruction. Despite best efforts, she was unresponsive to chemotherapy and after several weeks in the hospital elected to go home with Visiting Nurse Association (VNA) support. At that time, she was unable to make the decision to go with hospice care. She had a wonderful group of friends and a devoted family who relocated to her home to care for her.

During this transition, the patient was sent home with VNA support and parenteral nutrition. Within 7 to 10 days, Ms. Z's physical condition declined, and she elected to forgo parenteral nutrition and was ready to accept hospice.

The nurse practitioner from NEMC made two home visits and assisted with the transfer of care from VNA to home hospice. The communication among VNA nurse, home care infusion company (for parenteral analgesics), and nurse practitioner helped to facilitate care across systems, while maintaining critical levels of support for the patient and her family during this time.

Much of the groundwork established during her last hospital stay provided the information and care that assisted in both the patient and the family's transition to home. The nursing staff worked closely with Quality Support Services (formerly known as Continuing Care Service) and the physician team to coordinate home care needs. Our clinical social worker provided support to the patient and family regarding anticipatory loss and grief. Spiritual care was addressed, and both Ms. Z and her family continued a longstanding relationship with their local parish priest.

As death neared and the need for an action plan became greater, frequent telephone contact with the nurse practitioner helped the family to plan and cope. Ms. Z died peacefully at home surrounded by her family and friends. She continued to receive home hospice care until her death.

Coping with the loss of patients can be an ongoing challenge for clinicians. To help them cope, our clinical social worker and pastoral care service have held several "Celebration of Life" services, which allow us to recognize and mourn our losses while emphasizing the gifts and richness of our patients' lives.