

Martha Jefferson Hospital

Palliative Care Update Martha Jefferson Hospital November 2009

What is Palliative Care and why is it important for Martha Jefferson patients, families and caregivers?

Palliative care (from Latin *palliare*, to cloak) is a multi-disciplinary medical specialty that focuses on relieving the suffering, pain and stress of serious illness. The goal is to achieve the best possible quality of life for patients and their family caregivers. Modeled after programs in Canada, Great Britain, and Australia, palliative medicine has evolved within the United States during the last decade to address the increasing incidence of chronic illness, pain and other debilitating symptoms among our population.

For Martha Jefferson Hospital and the more than 1,200 hospitals nationwide now providing hospital-based palliative care programs, palliative care is rapidly becoming the “new standard for patient care”. Delivered in conjunction with curative therapies and in partnership with a patient’s primary physician, palliative care contributes many things:

- involves expert symptom assessment and management;
- aids in determining goals of care and in decision making;
- provides practical support for patients and their family caregivers;
- improves and strengthens patient-physician, patient-family, family-physician and physician-physician communication;
- facilitates effectively coordinated continuity of care to address the physical, emotional and spiritual needs of those facing a life-changing illness.

When did Martha Jefferson establish a Palliative Care program?

In 2005, under the leadership of Dr. Lisa Illig, an Internist with Fellowship training in Palliative Care, Martha Jefferson assembled a task force of physicians, nurses, staff, and community members to evaluate the potential role for a new program known as *Palliative Care*. The task force sought to assist the Hospital in understanding and responding to the complex healthcare needs of patients with chronic and advanced illnesses, as well as those of the family members who support them.

As a result, in late 2005 the task force recommended to Hospital leaders an inpatient consultative service. Palliative Care was approved and established at Martha Jefferson in January 2006.

During the first four years, how has the Martha Jefferson Palliative Care program made the greatest difference for patients, families, physicians and nurses?

When facing a serious or advancing illness, the accompanying physical, emotional and spiritual issues can affect dramatically the experience and often quality of life for patients and their families. Relying on a patient-centered multidisciplinary team, Palliative Care's most widely heralded successes can be attributed to its unique combination of special expertise in pain and symptom management, ability to coordinate care among a multiplicity of physicians involved when an individual is seriously ill, and the dedication to time-intensive patient-family communication about goals of care and the emotional and spiritual struggles that often accompany a life-changing illness.

The palliative care program at Martha Jefferson is estimated to have benefited more than 400 patients and their families in each of the last four years and the number of referrals continues to increase. Patients and families who have benefited from Palliative Care at Martha Jefferson continue to share their stories about how the Martha Jefferson Palliative Care Team has made a significant difference for them and their families during times when they were at their most vulnerable.

Physicians and nurses—the patients' strongest advocates and allies—rely frequently on the palliative care team to help deliver the quality of care and compassionate support to which they themselves are committed but may be unable to dedicate that extra time often required. Martha Jefferson physicians and clinical staff are thrilled that their patients benefit from the Palliative Care Physician's expertise in symptom management, and the Team's accessibility throughout the day and flexibility to dedicate the time needed to each individual, family and physician involved in the patient's care.

Palliative Care often begins with a request for help with acute or chronically distressing symptoms—physical, emotional or spiritual in nature, and can be initiated by a patient, nurse, primary care, Hospitalist or consulting physician or family member. Once a patient experiences relief from the overwhelming symptoms, other pressing issues and concerns related to that patient's care can be addressed and the Palliative Care Team dedicates the time needed by the patient, family and team of physicians and caregivers. The Palliative Care Team provides invaluable assistance to the patient and family in identifying and discussing options and goals of care, coordinating resources, and facilitating communication among those involved in the patient's healthcare experience.

How is Palliative Care different from Hospice Care

While often coordinated with hospice care for those patients nearing the end of life, palliative care is available to any Martha Jefferson patient facing a serious illness. Hospice, however, is provided through a Medicare benefit that allows primarily for home care of patients with a terminal illness. Hospice patients must have a prognosis of less than six months of life and, in general, must forego the most aggressive or curative

treatments. Palliative care, on the other hand, is delivered along with all other appropriate medical care. There is no requirement to give up curative or life-prolonging therapy. Patients may continue dialysis, chemotherapy, transfusions and radiation therapy. There is no requirement that a patient be diagnosed with a terminal illness or that there is a prognosis of six months or less. Any Martha Jefferson patient who is suffering can benefit from palliative care. Palliative care takes the outstanding evidence-based symptom management and family support that hospice is known for and makes it available to people who are suffering.

In summary, palliative care is available to assist with everything from symptom management in otherwise healthy patients, to care of the patient who is actively dying in the hospital. Patients may be pursuing curative or life-prolonging therapy, or may be searching for improved comfort and support at the end of life. Anyone who is suffering qualifies for palliative care.

How is Palliative Care at Martha Jefferson funded?

At Martha Jefferson and in non-teaching hospitals nationwide, Palliative Care is funded primarily by philanthropic support. Our local community has contributed an average of \$170,000 each year to ensure the continuing viability of Palliative Care at Martha Jefferson.

By December 31, 2009, Martha Jefferson must raise an additional \$98,484.56 in community support for Palliative Care. The continuing viability of this program is dependent on successfully reaching this fund raising goal before year-end. The Foundation will continue to facilitate and promote community support of Palliative Care each year from grateful patients, families, staff and community members who value this special program at Martha Jefferson Hospital.

Palliative Care represents one of the most compelling ways by which our community can make a difference in the lives of those facing advancing illness and experiencing acute distress. It exemplifies the culturally distinctive quality and experience of healthcare at Martha Jefferson Hospital that we all want for ourselves, our families and our community. As such, many people choose to support Palliative Care each year with their charitable gifts. Our goal is to build a sustainable model that will continue to provide the highest quality healthcare experience through our Hospital-based Palliative Care Team.

How have the Hospice of the Piedmont and Martha Jefferson Hospital joined together to enhance Palliative Care for this community?

In October 2008, Martha Jefferson Hospital and the Hospice of the Piedmont (Hospice) joined together in a community partnership to enhance Palliative Care services in our local community. Through this contractual arrangement, Hospice will provide the inpatient Palliative Care physician consultations and Martha Jefferson will provide an expanded

hospital-based Palliative Care team who will work collaboratively to meet the increasing demand throughout the organization for Palliative Care.

Who are the members of the Martha Jefferson Hospital Palliative Care Team and what are their respective roles?

Suzanne Hilton Smith, Chaplain – Role: Provides support to Palliative Care patients, families and caregivers by addressing the emotional, spiritual and communication needs; enhances the integration of Palliative Care throughout Martha Jefferson via consultations with patients, families, physicians, nurses and community members as well as through program promotion and educational outreach.

Mina Ford, Advanced Practice Nurse, MSN, RN, AOCNS – Role: Provides clinical support, coordination and extension of inpatient Palliative Medicine throughout Martha Jefferson Hospital; provides clinical support and education to hospital clinical staff and patients and family members about treatment options, medications, care plans and end of life needs that would otherwise require the time of the consulting physician; implements and directs Palliative Care program quality and performance measures and educational outreach.

Dr. Tim Short Palliative Care Consulting Physician – Role: In coordination with the Martha Jefferson Hospital-based Palliative Care Team and in response to a referral from an admitting physician or nurse, the Palliative Care Consulting Physician provides Palliative Medicine consultations for Martha Jefferson inpatients. The Palliative Care Physician consults primarily on symptom management and helps coordinate care for patients facing advancing or life-changing illness.

Judy Snider and Fran Rudman, Clinical Social Workers and Case Managers – Role: Provide discharge planning assistance, resource information, social work consultations and counseling support for Palliative Care patients and families. Serve as members of the Palliative Care Team and facilitate patient goals and family involvement.

Faye Satterly, RN, BSN, CRNI. Program Director – Role: Administers and oversees provision of inpatient Palliative Care at Martha Jefferson Hospital.

Administrative Assistant, Tabatha Reuschling – Role: Assists the Program Director with administrative duties relating to the Martha Jefferson Cancer Center, Planetree Affiliate Program, and Martha Jefferson Palliative Care Program.

To learn more about or request inpatient Palliative Care at Martha Jefferson Hospital, contact:

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To request a Palliative Care Physician Consultation referral, contact:

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and Medical Director, Hospice of the Piedmont

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To make a gift to support Palliative Care at Martha Jefferson Hospital, contact:

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