

# Hospice and Palliative Care Program Update

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Laguna Honda Joint Conference Committee  
SFDPH Health Commission  
July 2013

*sketch by resident Ana C.*

## Overview

- Program description
  - South 3 Palliative and Hospice Neighborhood
  - Palliative Care in other neighborhoods
- Words of South 3 patients/residents and families
- Future goals
- Exemplar South 3 cases



## Palliative vs. Hospice Definitions

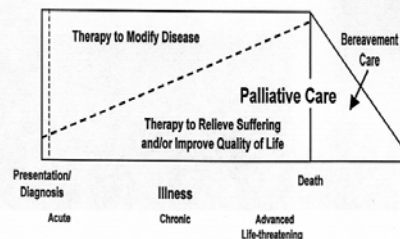
### Palliative

Interdisciplinary care that aims to relieve suffering and improve quality of living and dying at **any stage** in the course of a life threatening illness from the point of diagnosis, through hospice care, and extending through bereavement for survivors.

### Hospice

Comprehensive management of individuals with an incurable illness during the **last phase of their life** with equal emphasis on the physical, psychosocial and spiritual.

Applicability of Palliative Care



## South 3 Palliative/Hospice



- 60 bed program that serves the needs of
  - Short term terminally ill patients and their families admitted for hospice care.
  - Longer term palliative care patients with progressive illnesses who may elect disease-directed therapies, or are in the process of reconsidering goals of care and,
  - Few other residents with different goals of care who have lived on South 3 since the move in December 2010.

## S3 Care Team

- Activity Therapists: Eileen Stafsberg & Sharon Grover
- Nurse manager: Rowena Patel
  - Charge Nurses: Herbert Mariano (Day); Lizelle Cuenco (PM) and Hong Yuan (AM/Nocs)
  - Licensed Nurses (RNs and LVNs)
  - Nursing Assistants (C.N.A., P.C.A., and H.H.A)
- Physician: Denis Bouvier
- Social Workers: Paul Kelley & David Crutchfield
- Zen Hospice Project Volunteer Manager: Roy Remer



## S3 Care Team (cont.)

- Spiritual Care/Volunteer Coordinator: Rev. Bob Deel (interim)
- Dietitian: Lori Tabetlo
- MDS Coordinator: Melende Paranpan
- Psychiatry Liaison: Tera Bonera
- Executive Partner: Adrienne Tong
- Nursing Director: Ghodsi Davary
- QM Liaison: Laurie Agrillo
- Advanced Practice Nurse: Anne Hughes
- Porters: Michael LeJender, Gemma Bautista, Lilibeth Pontillas



## S3 Palliative/Hospice Care

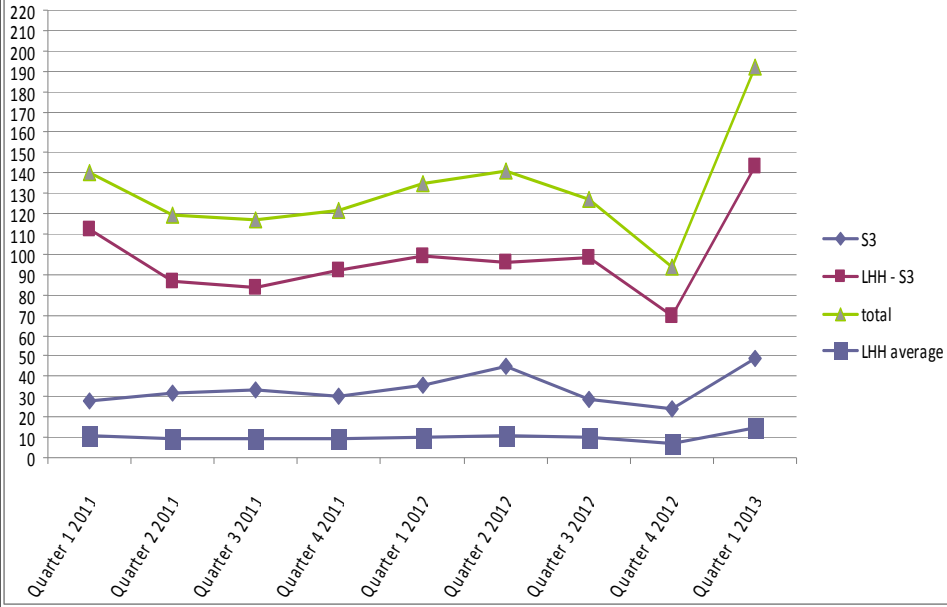
- Symptom assessment and management
- Goals of care clarification/elaboration
- Psychosocial support for resident/family
  - Individual supportive counseling
  - Community gatherings (e.g. Happy Hour, resident art show, resident book signing, resident concert community outings, bingo)
- Spiritual care
- Volunteer support

## S3 Palliative/Hospice Care -2

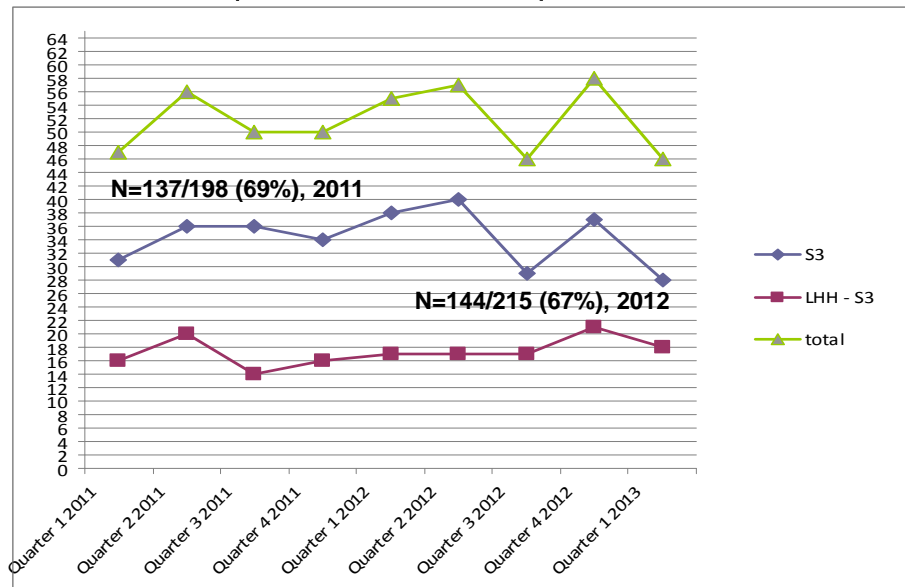


- Respectful care of the dying practices
- Bereavement services: quarterly community memorials, individual memorials on request and support group.
- Staff support group

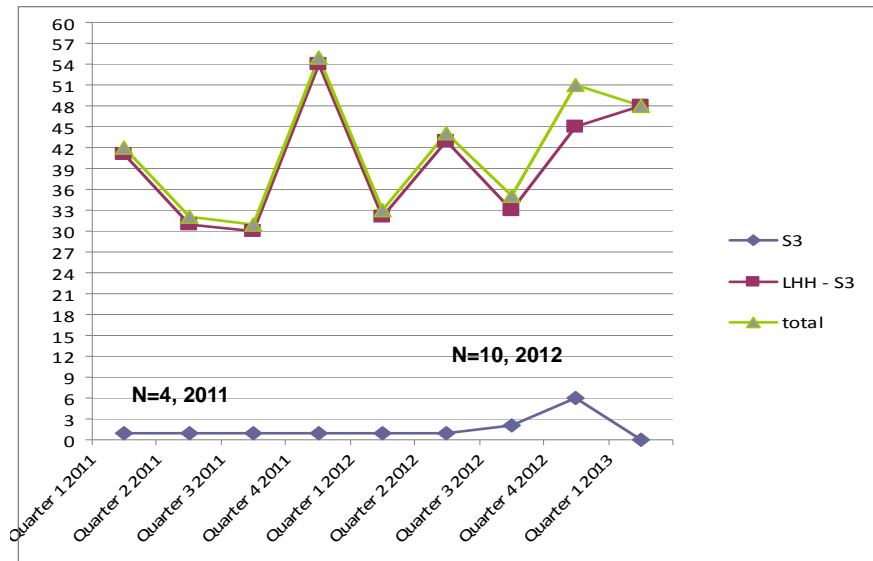
# Admissions (2011- 2013 Q1)



# Deaths (2011 – 2013)



## Community Placements



## Palliative Care Hospital Wide

- Physician Preprinted Order Sets
  - Palliative Care
  - End of Life Care
- Consultation available by South 3 team
- Additional symptom management
  - Pain and Healing Center
  - Aquatic therapy and other recreational therapies
  - Rehabilitation Services
  - Mental Health Services



## Palliative Care Hospital Wide -2

- Psychosocial support
  - Spiritual Care
  - No One Dies Alone (NODA) volunteer program
  - Chinese American Coalition for Compassionate Care/LH volunteers
- Goals of Care Clarification
  - Ethics Committee consultation



## In the words of our residents and their families



## As I see it.. by Pat S

I live in the Sierra Wing of South 3 and have several wonderful CNA's. I'll start with Vicki, whom I have known for 17 of my 18 years here... She is always cheerful... and she is extremely efficient. When Vicki is off for two days I have Nekeisha, she has been here for about two years but it seems as though she has been with me forever. She, too, is cheerful and efficient. ..That is why most of my days start out on a good note! [cont.]

## As I see it.. by Pat S

I can sum up all of my caregivers in two words HEAVEN SENT, I truly have been blessed to be here at LAGUNA Honda.

When I first came to Laguna Honda, I could use a manual wheelchair, then I progressed to an electric wheelchair and now I'm in a wheelchair that I operate with my head. I am fortunate that technology has progressed along with me...

Reprinted with permission of the author Pat S, May 2013,  
*The Voice*



## **Dear Nurses, Doctor, Volunteers, Maintenance and Staff of South 3,**

I would like to thank you all so very much for all the care, love, comfort and support you showed by mother Wanda during her stay here at LH. It can never be repaid, but it will never be forgotten. You made this journey in the final chapter of life so much easier on her and our family than it otherwise would have been. We are forever grateful.

God Bless You all.

Love,

Wanda, Sadie, Darius, Jenell, & Sharon

## **Future Goals**

- Encourage South 3 nursing staff members to seek national certification in hospice and palliative nursing.
- Prepare families/decision makers for dementia progression educational brochure (in print).
- Align South 3 program to patients whose goals of care are palliative/hospice oriented.
- Support longstanding partnership with Zen Hospice Project.

## Future Goals -2

- Continue partnership with Chinese American Coalition for Compassionate Care.
- Launch Palliative Care Clinic in late summer/early fall.
- Expand knowledge and skills re. palliative care to other neighborhoods where residents live and die.
- Outreach with community referral sources for Palliative and Hospice Program.



More Outcomes  
and What's Ahead

## S3 High User Outcomes

**YUNA HONDA**  
 HOSPITAL AND REHABILITATION CENTER  
 SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Hospitalizations and ED visits to SFGH for High Users 2010-now					
<b>Patient A</b>	#1	3/3/2010	3/5/2010	3	No ED visits to SFGH
	#2	5/18/2010	5/24/2010	6	
	#3	6/4/2010	6/7/2010	4	
	#4	6/26/2010	6/28/2010	3	
	#5	8/25/2010	8/30/2010	6	
	#6	12/7/2010	12/10/2010	4	
		<b>Total days in 6 acute admissions</b>		<b>26</b>	
		<b>No hospitalizations since coming back to South 3 on 12/10/2010</b>			
<b>Patient B</b>		<b>Admitted to LHH from SFGH</b>			
	#1-acute	12/15/2010	1/26/2011	43	
	ED -1	SFGH ED visit 4/25/2011		ED	
	ED- 2	SFGH ED visit 6/20/2011		ED	
	#2 -acute	8/12/2011	8/15/2011	4	
	#3-acute	1/31/2012	2/4/2012	5	
	ED-3	SFGH ED visit 4/7/2012		ED	
	#4 - acute	4/11/2012	4/16/2012	6	
	#5-acute	5/28/2012	5/31/2012	4	
	#6-acute	9/17/2012	9/18/2012	2	
	#7-acute	10/9/2012	10/12/2012	4	
	ED -4	SFGH ED visit 10/24/2012		ED	
	Ed-5	SFGH ED visit 11/17/2012		ED	
		<b>Total days in 7 admissions + 5 ED visits</b>		<b>68</b>	
		<b>Relocated to South 3 on 11/27/2012</b>			
		<b>No hospitalizations/ED visits since relocation</b>			

## PC DIRECTED

- 54 yo c/o cough fever hemoptysis, SOB, hypoxia seen by me; CXR with LLL PNA
- Treated on our Palliative Care ward with antibiotics, fluids, Duoneb treatments, supplemental oxygen offered BIPAP but declined
- Four days later returned to his prior KPS
- Additional cost for treatment \$600

## WITHOUT PC

- 64yo M admit to OSH for PNA and CHF
- Suffered procedure complications
- 3 hospital acquired infections
- 3 ICU stays, combined time 23 ICU days
- Suffered severe debility, diminished KPS
- Returned to LHH after 33 days
- Estimated cost = \$350,000

## Growing Crisis – Future

- Mean Age of Death 78 and rising
- 2030 10 Million in US > 85 Yrs.
- Cancer Deaths now 23 % US deaths
- Complex co-morbid illness 77% US Deaths
- Elderly(>65 yrs) with >4 co morbidities make up 23% of Medicare population but account for 68% of cost 55 BILLION DOLLARS yearly.

(NEJM 2005;353:305)