

## Palliative Care Initiatives Improve Quality of Life for Patients, Families

"Life is pleasant. Death is peaceful. It's the transition that's troublesome." So said the great science fiction writer Isaac Asimov.

To make the transition smoother for those facing end-of-life issues and for people living with chronic and painful illnesses, the North Shore-LIJ Health System recently entered into a partnership with the Institute for Healthcare Improvement (IHI) to create a new framework for the improvement of palliative and end-of-life care delivery, that focuses on greater support and engagement with family caregivers.

Quality palliative care benefits patients in many ways, according to Dana Lustbader, MD, head of palliative medicine for North Shore-LIJ. "A recent study conducted at Massachusetts General Hospital showed that patients with metastatic lung cancer who received palliative care along with standard treatment had improved quality of life, less depression and lived three months longer than patients who received treatment alone. This study confirms the beneficial outcomes of a simultaneous care model that provides both palliative care and disease-specific therapies [e.g., chemotherapy] beginning at the time of diagnosis," she said.

### Defining the Differences

First, there needs to be a discussion of the difference between palliative care and hospice. "Palliative care," said Dr. Lustbader, "is offered simultaneously with life-prolonging and curative therapies for patients with serious, complex and life-threatening illness. Palliative care is available from the time of diagnosis and provided throughout the illness, regardless of prognosis. It involves addressing the physical, intellectual, emotional, social and spiritual needs of our patients and helping them make the best choices for themselves and their families.

"Hospice," she continued, "is a medical benefit for the final six months of life. Two

physicians must certify that death is likely within six months if the disease runs its normal course. It is offered when aggressive treatments are no longer beneficial."

According to Jeremy Boal, MD, North Shore-LIJ's chief medical officer, education and improved communication are the keys to a successful palliative care program. "Many physicians weren't trained on how to have an effective conversation about goals of care when patients are facing life-threatening conditions," he said. "In our new medical school [the Hofstra North Shore-LIJ School of Medicine] and our residency programs, we are including opportunities to learn and practice these skills." Physicians will be better trained in finding out what the patient already knows about his/her condition; what the patient would like to accomplish during this time; and, perhaps most important, how to practice more active listening during family meetings.

### Managing Symptoms, Pain

Both doctors agree that certain myths have to be "busted" for the practice of palliative care to take root. "First," said Dr. Lustbader, "we have to get the message across that palliative care does not mean we are giving up. We have so much evidence suggesting that palliative care may actually lengthen life through reduction of symptoms and pain management."

Dr. Boal added that many physicians still perceive palliative care as the alternative to curative care — "nothing more we can do" — rather than as a simultaneously delivered add-on to disease-focused treatments for life-threatening illness.

But does all of this make a difference? According to Donna Brower, a medical team

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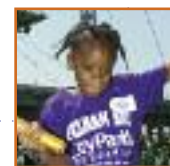


*Donna Brower's family is grateful for the palliative care team's help with her late husband, Chris.*

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# Pharmacy Implements Multidisciplinary Efforts to Ensure Medication Safety

Medication safety is of utmost importance to the pharmacy departments across the North Shore-LIJ Health System. This emphasis on safety extends from dispensing medications to monitoring and ensuring their safe use for patients.

At North Shore University Hospital (NSUH), pharmacy-driven initiatives associated with medication safety include development of programs for certain medications such as anticoagulants and antibiotics and active participation in patient-centered multidisciplinary rounds as well as medication safety committees.

Initiatives involving anticoagulants, which are considered high-risk medications, ensure patient safety and enhance quality of care, said Samrah Ahmad, PharmD, clinical coordinator at NSUH. The Pharmacy Department has played a vital role in spearheading these initiatives including warfarin (Coumadin) order reviews and INR (International Normalized Ratio) monitoring, heparin, dabigatran (Pradaxa) and argatroban monitoring and appropriate thromboprophylaxis monitoring.

"In order to prevent resistance of microorganisms and preserve the efficacy and potency of the available antibiotics, an antimicrobial stewardship program was developed," said Rehana Jamali, assistant director for clinical pharmacy services at North Shore University Hospital. Pharmacists work collaboratively with infectious diseases physicians to evaluate antibiotic selection, dosing and duration of treatment. Automatic intravenous (IV) to oral protocols were developed to transition IV antibiotics to the oral form in appropriate patients to decrease the risk of infection and potentially reduce length of hospitalization.

Multidisciplinary strategies are also implemented to achieve these measures and improve patient safety. "On multidisciplinary rounds, clinical pharmacists participate on various services including cardiothoracic, coronary care, oncology and medical/surgical intensive care units," said Samantha Ling, PharmD, clinical coordinator at NSUH. The multidisciplinary team consists of physicians, pharmacists, nurses and other healthcare providers. Dr. Ling described the role of the clinical pharmacists, which includes review of patients' medications, recommendation for appropriate medication therapy and prevention of harm associated with medication use.

To be proactive in patient safety, there are several safety committees in place. The Medication Safety Committee, which consists of a multidisciplinary group of healthcare clinicians, develops safety strategies to prevent medication adverse events from reoccurring and identifies opportunities to improve medication safety, said Michele Graci, PharmD, clinical coordinator at North Shore University Hospital and co-chair of the committee. Another such group,

the Pharmacy and Therapeutics (P&T) Committee, is a forum to review the hospital formulary, which is the list of drugs the hospital uses. The P&T Committee also looks at how technology will affect the use of drugs such as the implementation of a computerized physician order-entry system at North Shore University Hospital, expected this fall.

Patient medication safety extends system-wide with a monthly meeting of the pharmacy leadership from across North Shore-LIJ, said Leigh Briscoe-Dwyer, chief pharmacy and medication safety officer for the health system.

"We share information on near misses and medical errors," she said. "Our thought is, if it happens at one site it could happen at



another. We change the practice at one site and then share that so we can implement it system-wide.

"We are in the process of rolling out smart pump technology," she said. "These are IV infusion pumps that have safety parameters built around them. This makes the IV administration process much safer."

Furthermore, there is also an inpatient universal formulary, which is a medical list of drugs available.

"This is the same at all sites," Ms. Briscoe-Dwyer said. "There are 10,000 drugs available in general. We have developed a list of drugs that are the safest and best in class."

North Shore-LIJ pharmacists do more than just dispense medication. They ensure patient safety.

— Dana Klosner-Wehner

## Make a Gift, Get Income for Life

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Age	% Rate
60	5.3
65	5.8
70	6.3
75	7.0
80	8.0
85	8.9
90	10.3



Rates were effective July 1, 2011.

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## Introducing CEO Chat

There's a new way to connect with North Shore-LIJ President and CEO Michael Dowling.

Through a hotline and video message, on the second Tuesday of every month, you will be able to hear a message from Michael Dowling, president and CEO.

During this "chat," Mr. Dowling will present the latest health system news. You will also hear his answers to employee-submitted questions and surprise recognition of teams and facilities.

More information regarding CEO Chat and extended video of the chat will be available on HealthPort in the CEO Corner. Submit your questions for the CEO Chat to ceochat@nshs.edu. Questions will be selected at random and featured on the call.

The number is 855-CEO-CHAT.

