

The Cloak

The VISN 3 Palliative Care
E-Newsletter

Vol. 2, No. 2 December 2004

Palliative Care within VISN 3:

Castle Point and Montrose Campuses of the VA Hudson Valley Healthcare System

By Bianca Lee, PharmD

Between 1999 and 2000, significant changes at the VA Hudson Valley Healthcare System prompted the administration to take an interest in palliative care. The Critical Care unit closed, and a need for symptom management for chronic and end of life patients became apparent.

Setting up the palliative care program was no easy task, as VHA Directive 2003-08 for Palliative Care Consult Teams (PCCT), was not issued until February 2003. This did not stop Joby David, APRN, BC, NP, Rakesh Mehta, MD, Paul Stolz, LCSW and Alexandra Allen, SW, who initially started the program. Policies and procedures were written, reviewed and implemented. A PCCT team was established, which, in addition to the original members, now consists of Rev. Robert Hershberger, Chaplain, and Joyce Dudley, RN. Other key players include Rev. Robert Tracy, Chaplain, Rabbi Doniel Kramer, Chaplain, and Anna Plichta, MD.

Although there is no designated palliative care unit within the VA Hudson Valley Healthcare System, the B2 Unit at Castle Point serves as the main location for “extended care with a palliative care focus.” When the palliative care program was first initiated, the PCCT encountered resistance from physicians and even hospice agencies. There were a lot of misunderstandings about palliative care, but the myths were gradually dispelled by informal one-to-one education of staff, patients and families, formal education of the house staff, and a demonstrated improvement in symptom management, quality of life and the completion of advance directives.

The PCCT meets about once a week to discuss significant issues regarding the palliative patients. Ms. David is the Palliative Care Coordinator and Pain Management Coordinator, and utilizes her skills for the optimal management of patients’ symptoms. Dr. Plichta, who is the attending geriatrician of the B2 Unit, works closely with patients in the extended care unit, which includes many palliative care patients. She often makes referrals to the PCCT, and recognizes the importance of interdisciplinary teamwork. “We work as a team. I interact with Joby, and it’s another level of expertise that benefits patients. It is a comprehensive evaluation with many issues that are addressed.” When patients seek palliative care, the PCCT coordinates with hospice agencies, patients and families. Bereavement counseling is provided on an ongoing basis, including phone calls, prayers, even a follow-up card and sometimes attendance at funerals.

Within the B2 Unit is a memory book, which consists of all the letters and cards sent from patients’ families. Ms. Dudley, the nurse manager for the B2 Unit, states, “Patients, family and staff are human. You can’t forget that.” Physical and emotional needs of the staff are addressed, as the patients and families are often looked at as part of their own family.



In This Issue

With each issue, we will focus on a separate campus within VISN 3. This month’s issue features the palliative care champions of the Hudson Valley Healthcare System.

Dr. Carol Luhrs and Therese Cortez, NP provided an update on the activities in VISN 3.

Chaplain Paul Swerdlow submitted an article about his palliative care experiences.

Summaries of the VISN 3 Quarterly Palliative Care Educational Conference, Team Training, and the first ever Palliative Care Fair are included.

Ariela Rodriguez, PhD, LCSW, reports on her visit to the hospice unit in the Bay Pines, Florida VAMC.

In closing, we have an inspirational poem in honor of Veterans Day.

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Vol. 2, Issue 2
December 2004

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The Cloak

is an educational leadership project of the Veterans Integrated Service Network (VISN) 3 Palliative Care Interdisciplinary Fellowship program. It serves as a forum for disseminating information about VISN 3 interdisciplinary palliative care services, programs and initiatives, and those that champion them.

Subscriptions

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Introducing...

Rakesh K. Mehta, MD



Dr. Rakesh K. Mehta is the chief and full time provider of oncological/hematological interventions at the VA Hudson Valley Health Care System which he joined after completing his fellowship training at the Cross Cancer Institute, Alberta, Canada and New York Medical College, Valhalla, New York. He has been providing comprehensive comfort care services much before the official inception of palliative/ community hospice services, when he also started coordinating these services for the veterans at Castle Point. He has been serving as a member of the Pain Management Team, Chair of Peer Review Committee and the Program Manager, Medical Specialties-Ambulatory Care line at VA Castle Point, Hudson Valley. He has been responsible for the development and maturation of hospice and palliative care services at Castle Point.

He is known as a gentle teacher, a tireless advocate of his patients and a source of inspiration to his colleagues and other caregivers. Throughout his career, Dr. Mehta has believed and consistently applied both the art and the skill to practice medicine. His reputation as a compassionate physician and champion of personalized care precedes him. He is known as a physician who takes time to listen to the concerns of the patients and their families with extreme patience and to guide them as his heart informs him. He takes pride in his work and taking care of his patients as a whole, not only in their active disease process but also of their families during their bereavement process after the death of the patients.

Patients learn his calm resolve with which he responds to the challenges of their disease. Here is a sample of the comments made by some of his patients and their family members:

- I do not mind waiting, he is well worth waiting for! He addresses all of my concerns, respects my wishes and gives me all the time I need. I trust his judgment.
- After we lost our father, Dr. Mehta called us to express his deep sympathy. Our family could not believe the compassion and caring Dr. Mehta showed. He is an exceptional human being.
- I just want to see him again. He is wonderful, the best doctor I ever had. I will never forget him. He saved my life years ago.

The admiration of his colleagues is articulated with equal fervor:

- Dr. Mehta is a caring, compassionate and ethical professional, who does not discriminate and treats all of his patients equally. He demonstrates effort above and beyond the call of duty to ensure that patients receive the most current treatment and optimal care.
- He is extremely patient with the staff, veterans and their families. He always puts the patients first, no matter what, whether lunch time or a snowstorm.

For his commitment to palliative and compassionate care, Dr. Mehta has been honored from time to time. He is a recipient of VA Secretary Hands and Heart Award in 2004 and VA Hudson Valley Pride in Public Service and the Shining Star Awards. He was also awarded International Man of the Year Award in 1993, IBC Cambridge, England.

VISN 3 Update: A Look Back and a Look Ahead

by Carol Luhrs, MD, and Therese Cortez, NP



With the close of FY 2004, our VISN Palliative Care Initiative continues to advance in all areas of program development, staff education, quality improvement, and community outreach. It is our teamwork and dedication to promoting Palliative Care that has led to the enormous growth of our program in such a short time.

A Look Back

Looking back at FY 2004, many of our accomplishments are in the forefront of the national initiative:

- Standardized Palliative Care templates for consult requests, consults, team meeting notes, and psychosocial and spiritual assessments
- Expansion of our centralized VISN 3 Electronic Report card
- End of Life training sessions at St. Albans, Castle Point, and Lyons Extended Care by the mobile VISN Palliative Care Education Team
- Development of Palliative Care Units at St. Albans, Castle Point, and Lyons Extended Care Centers
- Ongoing VISN Palliative Care V-tel Noon Case Conferences
- VISN Policy for VA funded home hospice
- Outpatient Palliative Care Clinics developed in Bronx and expanded in Brooklyn
- VISN Pilot of Family Satisfaction Survey for Palliative Care patients
- Establishment of our Hospice Veteran Partnership with VISN 2 and the state hospice associations of New York and New Jersey
- Establishment of local Hospice Veteran Partnerships at Northport and the Harbor
- Ongoing publication of the VISN Palliative Care Newsletter, *The Cloak*

We have seen a major expansion of the activities of our Palliative Care Consult Teams as well: the number of palliative care consults increased to 908, a 50% increase from FY 2003 and the percentage of patients who have died in our facilities and who have seen palliative care prior to death increased to 44%, a 40% increase from FY 2003.

A Look Ahead

Looking ahead, we have new and exciting initiatives that will expand the growth of our VISN Palliative Care Program. It is our hope to continue the success of our FY 2004 activities and advance in the provision of quality end of life care:

- Completion of VISN Standardized templates and effectiveness of symptom control by the PCCT will be a new quality indicator
- The Family Satisfaction Survey will be an ongoing quality monitor for the VISN
- Education in Palliative Care will continue with EPEC (Education for Professionals in End of Life Care) training at the Manhattan Campus in January 2005 and the implementation of a curriculum in the end of life for staff in the Palliative Care Units
- New VISN policies will be developed, including a Policy for Bereavement and Quality Standards for our Palliative Care Units
- Patient and Family Educational Initiatives in Palliative Care will be expanded and managed jointly with community hospice
- The Hospice Veteran Partnership will continue to grow at the state and local level with a two-day Educational Symposium planned for Spring, 2005. The attendees will include staff from the Palliative Care Programs of VISNs 2 and 3, and the state hospice associations of New York and New Jersey
- Incorporation of the Consensus Guidelines for Quality Palliative Care into all areas of program development

We look forward to another dynamic year and thank you for your enthusiasm and dedication to our VISN Palliative Care Initiative.

As we move forward into the next fiscal year, it is helpful to recall the Mission of our Hospice-Veteran Partnership: "To establish an enduring network of hospice and VA professionals, veterans, volunteers and other interested organizations working together to provide quality services through the end of life for veterans and their families."

Introducing...

Paul Stolz, LCSW

Paul Stolz is a licensed clinical social worker who has been employed at Montrose VA campus for approximately 16 years. He received his education from both Blauvelt Community College and Columbia University School of Social Work. His clinical training has allowed him to practice with a diverse population. Mr. Stolz's areas of practice include both inpatient and outpatient services. He is the coordinator for the VA's Homebased Primary Care Services and Respite Care. In these roles, Mr. Stolz provides visits to patients who are homebound with a chronic illness. He assesses the patient's home environment in addition to providing counseling and establishing linkage to community resources. He collaborates with the medical staff to ensure the patient's social concerns are addressed. His role as Respite Care Coordinator involves interaction and collaboration with the patient's caretaker. Exploration of concrete services and counseling intervention is assessed. He may also assist in establishing linkage to community resources.

Mr. Stolz's role as a PCCT member is very challenging. He provides consults on individuals who are coping with end of life issues. This interaction can evoke a great deal of emotional conflict between the patient and family members. Issues of loss, death and dying, advanced directives and unresolved family conflict issues are explored and assessed in great detail.

Mr. Stolz enjoys his role as a social worker and takes pride and comfort in being able to assist individuals and families with support. He recognizes the need to bridge the gap between inpatient and community resources. Mr. Stolz expressed his desire to expand his knowledge and skills within the palliative care setting. He is committed in helping patients deal with end of life issues.

Introducing...

Reverend Robert Hershberger

Reverend Robert Hershberger is affiliated with the Methodist Church and has been the Chief of Chaplains and Program Manager for the Hudson Valley, Montrose and Castle Point VA hospitals since 1996. Reverend Hershberger began as a Pastor in Martinsburg, West Virginia. In 1975, the local VA medical center asked him to provide intermittent Chaplain services, which he did until 1980. It was during that time he became an Army Reserve Chaplain in 1976 and after 26 years retired with the rank of Lieutenant Colonel. As an Army Reserves Chaplain, Rev. Hershberger worked with the Army one weekend per month, served the summertime 2 weeks tour and still would travel 100 miles one way to conduct his Tuesday night services.



In 1981, Rev. Hershberger became a full-time Chaplain for the VHA. He came from Baltimore to Castle Point. By 1990 he was Chief of Chaplains and in 1996 he appointed Program Manager for Hudson Valley's Chaplaincy at Montrose and Castle Point facilities.

Rev. Hershberger had been doing the work that we now describe as Palliative Care for years, so he had no difficulty assuming the role of Chaplain-team-member for the Interprofessional Palliative Care Team in Hudson Valley. He had always been there for vets, in life and in death. He comforted patients and families during difficult times and attended funerals and comforted the survivors after a vet died. As a member of the Team, he attends quarterly conferences, and participates in the weekly team conferences where the current status of palliative care patients is reviewed. Though very conscientious to remain true to the tenets of his religious base, Rev. Hershberger feels free to honor the diverse religious traditions of the vets he counsels. He feels that despite differences, the common factor is being able to listen and promote dialogue with non-religious people. Rev. Hershberger feels that the VA contributes to creating an ecumenical setting where all are welcome and can be helped. Rev. Hershberger feels that his supportive services are as much offered to and used by staff as they are by veterans and their families. In turn, he is grateful for the support he receives from other staff members, especially the other Chaplains and social workers.

His joy is in his calling, feeling that God has His hands on him to do the work of faith and having the affirmation from the Methodist church to work with veterans. For Rev. Hershberger, the motto is: "Even at death, we'll see that no veteran will be left behind."

Palliative Care for Dummies

Submitted by Chaplain Paul Swerdlow Northport VAMC

I have been part of the Palliative Care Team since its inception. I have attended quarterly conferences and participated in AACT II. I was instrumental in developing a palliative care spiritual assessment and initiated an effort to develop core competencies for palliative care chaplains. With all of this, I was finding it difficult to explain to others the meaning of palliative care. I was seeing the trees but could not see the forest. I knew it was the type of care that we offered to hospice patients. But it was something more than hospice care. I knew that palliative care addressed physical, emotional, psychosocial and spiritual needs. I knew and appreciated how each member of the team brought their skills to address palliative concerns. Yet there was something very amorphous about palliative care.

How could I explain palliative care to others if I couldn't define it for myself? This was the question that I was asking myself as I sat at a table at a health fair to promote the concept of palliative care. Then I glanced at a poster with a definition. Three words in that definition jumped out at me – quality of life. That was it. I understood. Everything that I had learned and everything that I had done began to make sense.

A patient arrives at the hospital with an acute injury or an acute disease. The medical team begins to address the injury or disease. This is our primary concern. But as we move away from the acute episode that triggered seeking medical intervention, we discover another need - to maximize the quality of life. It is palliative care that addresses the quality of life. There are physical needs, e.g., to reduce or eliminate pain and symptoms. There are emotional needs, e.g., concerns for one's family and worries about financial considerations. There are psychosocial needs, e.g., anxiety and dependency. There are spiritual needs, e.g., fears and what ifs.

There comes a time when no further medical intervention would help. It is at this point that palliative care, addressing the quality of life, becomes the primary type of care. Yet it is essential in our understanding of the treatment of a patient, that we follow two tracks: one addressing the disease or injury while the other addresses the quality of life. Each is equally important to the well being of the patient.

The medical team restores the patient to health; the palliative care team restores the patient to life.

In illness and in injury, the quality of life is strained. Palliative care reduces that strain and insures that the quality of life will be maximized during the period of injury and disease.

Palliative Care Team Training Goes on the Road

Submitted by Louisa Daratsos, LCSW

Judy Howe, PhD and Louisa Daratsos, LCSW have taken their interdisciplinary team training curriculum to three venues in the past month. Judy and Louisa first presented to hospice and palliative care managers at the NHPCO Management Conference in Washington, DC, where the workshop audience was composed of community hospice professionals eager to learn how the VHA fosters interdisciplinary teamwork. They next presented at Mount Sinai School of Medicine's Geriatrics Update and Board Review Course to assist geriatricians in implementing team practice at their work sites. Judy and Louisa were invited presenters at the Florida Society of Oncology Social Work, where they again presented on the VA model of team practice. That meeting was significant because they were able to interact with community social workers at the grassroots level of the Florida Veterans-Hospice Partnership (VHP). That workshop interactively educated community providers about the VHP as not everyone in the session had conceived veterans as a special population and the audience was called upon to consider team methods of moving palliative care upstream, while patients are on active treatment.

Upcoming Events:

November 18, 2004: VISN Palliative Care Noon V-tel Case Conference, Hudson Valley PCCT presenting

December 16, 2004: VISN Palliative Care Noon V-tel Case Conference, Lyons PCCT presenting

January 12, 2005: EPEC at NY Harbor

January 18, 2005: VISN 3 Quarterly Educational Conference; Distinguished speaker Dr. Scott Shreve will speak on the National VA Palliative Care Initiative

First VISN Palliative Care Education Fair – A great success!

It was a terrific idea that Beverly Wallace, the social worker for the palliative care team in the Bronx VAMC, came up with, and then the entire team just ran with it. In less than 2 months, the team put together the VISN's first Palliative Care Education Fair. The goal was to help educate patients, families, caregivers and staff about palliative care and the services available at the Bronx VA and in the community. Led by Ms. Wallace, the GRECC Palliative Care Interdisciplinary Fellows and the NYU Nurse Practitioner students created colorful and informative poster boards and pamphlets. Tables were filled with enticing give-aways to draw in the passers-by. Many people asked questions, took information and inquired about consultation services. Plans for the next education fair are already underway. Special thanks to all of those who contributed their time, effort, and creative talents in order to make this endeavor a real success.



Introducing...

Alexandra Allen, CSW



Ms. Alexandra Allen obtained her Master's Degree from Columbia's School Of Social Work and has been employed at the VA for approximately 13 years. She has multiple roles in that she provides social work intervention within Montrose Psychiatric Unit in addition to being a member on the PCCT. Ms. Allen's role includes providing supportive counseling, resource education, referrals, bereavement counseling and establishing linkages to community resources for patients and their families who are faced with a chronic illness. Ms. Allen also is participating in policy writing to ensure delivery of services is being carried out effectively.

Ms. Allen became interested in palliative care when she was caring for her father who was diagnosed with a chronic illness and required residential hospice care. Ms. Allen's main concerns were that her father was free from pain and that his death would be peaceful and respectful. She observed how the hospice team not only addressed her father's physical condition but also explored his emotional and spiritual well-being. Ms. Allen was also provided with support from the hospice team members. Ms. Allen took comfort in the fact that the team was utilizing a holistic approach in managing the care of her father.

Ms. Allen became more interested in palliative care and began to expand her knowledge on the role of social work in palliative care. She has focused on issues related to grief and bereavement, death/dying and end of life issues. Ms. Allen expressed feelings of satisfaction in being able to assist patients and their family with support in coping with chronic illness. She continues to work on increasing support systems for both patients and staff members in ensuring quality of care in addition to effective palliative care intervention.

Introducing...

Joby David, APRN, BC, NP Pain Management and Palliative Care Coordinator

Joby David came to the VA Hudson Valley Healthcare System in 1995 as the critical care nurse manager. However, the critical care unit was to close four years later. Formerly a critical care nurse, Ms. David was focused on “making everybody live,” especially patients with cardiac problems. She had not envisioned working with patients with advanced illness in need of palliative care, many of which are close to the end of life. But the dedication and compassion which Ms. David exemplifies is a sentiment shared by coworkers, patients and families alike.



At the same time the critical care unit closed, pain management and palliative care were beginning to take off. Ms. David soon became the Coordinator of Pain Management and Palliative Care at the VA Hudson Valley Healthcare System. Being in dual roles has not been an easy task, as the programs were still young and waiting to be developed by a motivated individual. In addition to developing policies and procedures, Ms. David states, “It was a big challenge in developing the program, and I had to learn from the beginning. [I learned through] self-education and conferences for pain management.” She now works closely with the physical medicine and pain management physicians in the Pain Clinic. She also manages around 200 patients in the Pain Clinic through clinic visits, phone evaluations, counseling, as well as drug diversion and screening. The pain management team addresses patients’ issues, meets biweekly to discuss difficult patients, and also focuses on mental health. On the operations side, she works on quality standards of pain management. Ms. David collaborates on an interdisciplinary planning committee consisting of a physician, social worker, nurse and psychologist, who provide recommendations to an advisory committee. She also works with the unit liaisons on an implementation committee, who act as champions for pain and palliative care.

A member of the Education and Training Workgroup for the VISN 3 Palliative Care Initiative, Ms. David provides a lot of informal education on the unit and helps to overcome individual barriers to the concept of palliative care. As the Palliative Care Coordinator, she answers all palliative care consults, follows up, and reevaluates based on the patients’ needs. Ms. David is primarily at the Castle Point campus, but she also drives 25 miles to the Montrose campus to answer a palliative care consult. She works with the community to arrange home hospice care and Hospital Based Primary Care, and keeps in touch with hospice patients by phone at least once a month.

Even though Ms. David wears many hats, she manages to set aside time for her patients, stating, “I spend a lot of time with patients regarding psychosocial aspects because I enjoy this, and this is what patients and families need.” Her dedication to her patients is felt by all members of the PCCT. It is not unusual for her to be writing consultation notes at 10:30 pm. Regarding Ms. David, fellow PCCT member and nurse, Joyce Dudley states, “She gets right at the bedside. She is a hands-on nurse with the patients. It shows the patients that she really cares, and also helps to identify with staff. We’ll call on her for anything – pain and symptom management, even with getting a patient out of bed... All the patients ask for her by name. That tells us something – she really connects with them.”

Ms. David really enjoys palliative care from a personal point of view – in taking care of her own elderly parents. She sees palliative care as a blessing. She enjoys the patient and family interaction, stating, “I learned everyday is a learning experience from my patients. What I gain out of my patients is more than what I gave to the patients.” And that feeling is shared by patients and families, as they will often ask for “Joby.”

Introducing...

Rabbi Doniel Z. Kramer

Rabbi Kramer recently retired from the US Army Reserves after having served for more than 30 years. He began to serve as Chaplain at the request of the VA in Newburgh in January 1, 1978. After Rabbi Kramer had moved to Brooklyn in 1989, he was asked to serve as Jewish Chaplain for the Castle Point facility. Later his duties were expanded to include the Montrose facility. Presently Rabbi Kramer is a permanent part-time Jewish Chaplain for both facilities. Even though Rabbi Kramer works 3 days per week, he has made it his job to visit all Palliative Care patients and their families regardless of religious affiliation. He serves as the Montrose-Castle Point Chaplain representative at the quarterly Palliative Care meeting held at the Bronx VA and reports back to the Montrose-Castle Point Chief of Chaplains, Pastor Hershberger.

Rabbi Kramer is board certified by the National Association of Jewish Chaplains. Part of his formal education included the two year Clinical Pastoral Education Program. As a part-time Chaplain, Rabbi Kramer does not do extended bereavement work and he doesn't assist families with funerals. He doesn't complete the VA's in-depth spiritual assessments but he does document every contact he has with the Palliative Care patients he visits. He visits them all, regardless of religious affiliation.

As a retired military person, he is well aware of the depth and breadth of those sacrifices. The hardest part of his job is seeing how veterans suffer as they experience the loss of their functional abilities. Rabbi Kramer's passion is pastoral care. He hopes that through his work he is able to "pay back to veterans for the sacrifices they are making for all of us".

On November 5, 2004, the Harbor Watch, a popular community newspaper, highlighted Rabbi Kramer's interest in preserving and promoting greater awareness of the Jewish traditions and the Hebrew language. The article in the Harbor Watch read "On Oct 15, Chaplain Steven Nagler presented an award to Rabbi Kramer for outstanding community service in observance days of remembrance". Kudos to Rabbi Kramer for his dedication to the spiritual needs of our diverse communities.



Introducing...

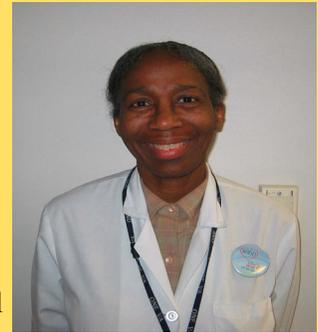
Joyce Dudley, RN Nurse Manager, B2 Unit

As a young nurse years ago, Joyce Dudley had an experience that she still remembers vividly today. A dying patient in a hospital bed wanted to hold her daughter. But because it was against hospital policy, the daughter was not allowed to sit on the bed and be in her mother's arms. The experience was very hard for Ms. Dudley, and fueled her desire to put an end to these situations. Soon after, she learned and became interested in palliative care.

Now a nurse manager of the B2 Unit within the Extended Care Unit, Ms. Dudley emphasizes the humanistic and holistic approach to treating patients. Patients are respected, and their wishes and preferences are respected. Even if the beliefs of the staff conflict with the patients' wishes, as with nutrition and hydration, the patients' wishes are honored. Aside from pain and symptom management, quality of life issues and advance directives, the PCCT works closely with patients, families and staff. If any concerns arise, difficult issues are resolved with the support of psychology and chaplaincy, including Reverend Robert Hershberger, who is a member of the PCCT. In addition to her role on the PCCT, Ms. Dudley works to ensure that the medical staff provides safe care within each individual's scopes of practice.

A more recent experience involved a patient who was dying. His wife wanted to hold him, even though she was unable to stand on her own from her wheelchair. Ms. Dudley and the staff helped the patient's wife stand up to hold her husband. One of his favorite songs was Amazing Grace. With Teresa Geter, ward clerk in the B2 Unit, singing Amazing Grace, his wife held him as he died in her arms. With tears in her eyes as she reminisces, Ms. Dudley states, "That's how she can remember him dying... we try very hard to make sure someone is at the bedside with patient and family for support. No one should die alone."

Ms. Dudley is truly an asset to the PCCT and B2 Unit, which is an Extended Care Unit with a focus on palliative care. Her experiences, whether negative or positive, have helped in her understanding and care for the patients. "It's a rewarding part of my profession to take care of veterans and patients at the end of life and goal to make patients as comfortable as possible and to have the best quality of life as possible and a peaceful death. Even though it's sad to lose a family, [it is important] to enjoy what life you have left."



VISN 3 Palliative Care Quarterly Meeting, September 21, 2004

Submitted by Valerie Menocal

Every three months, the VISN 3 Palliative Care Consult Teams meet face-to-face at the Bronx VA for an educational meeting to listen to a distinguished speaker, meet in Workgroups, and network over lunch. On Tuesday, September 21, Drs. Russell Portenoy and Marilyn Bookbinder, Principal Investigators of the New York State Quality Measurement Grant, presented the pilot test data from their project, "Palliative Care for Advanced Disease Pathway" (PCAD) in the Quarterly Meeting Distinguished Lecture.

Dr. Portenoy, the Chairman of the Department of Pain Medicine and Palliative Care, and Dr. Marilyn Bookbinder, the Director of Nursing, both at Beth Israel Medical Center, described the test as a guideline for the interdisciplinary management of imminently dying patients in the pilot units of Oncology, Geriatrics and Hospice. The study offers structure and instruments to track process and outcome data related to institutional end-of-life (EOL) care. The PCAD interdisciplinary team followed some key elements in conducting the study: respect patient autonomy, values and decisions; continually clarify goals of care; minimize symptom distress of EOL; support families by coordinating services and reduce any unnecessary interventions. Chart and process audits, a palliative care quiz, after-death interview, focus groups and qualitative comments were evaluation tools used to measure outcome, process, knowledge and family satisfaction.

The PCAD findings showed improvements across all units. The nurses' knowledge of palliative care significantly increased. The chart review for pre to post assessment of symptoms improved on PCAD units and comparison units. Dr. Portenoy summarized his findings by stating that institutional "culture change" takes time, organizational support, a systems shift, access to experts and local champions. PCAD can be an avenue to culture change, even if used sparingly.

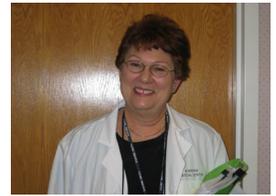
After the presentations, the workgroups for the Palliative Care Initiative, Standards of Care and Outcomes, Community Outreach and Education and Training, met to continue working towards their initiatives in researching and educating the staff, patients, families and communities on end of life care.

The next VISN 3 Palliative Care quarterly meeting will be held on Tuesday, January 18, 2005 at the Bronx VAMC. Dr. Scott Shreve, Head of the National VA Palliative Care Initiative, will speak on this initiative. Chaplain Lowell Kronick, Associate Director, National Chaplain Center and a liaison to VISN 3 will also present competencies for Chaplains and the National VA Policy on Bereavement. We hope to see you then!



Visit to VISN 8, Hospice Unit

by Ariela Rodriguez, PhD, LCSW



VISN 8's headquarters are located in Bay Pines Medical Center, near St. Petersburg, on the west coast of Florida. VISN 8 includes VA Medical Centers in West Palm Beach, Tampa, Miami, North Florida/South Georgia and San Juan, Puerto Rico. The Bay Pines VAMC provides comprehensive medical care including acute medical surgical and psychiatric care. It also provides extended medical and psychiatric care rehabilitative inpatient and outpatient care. Bay Pines supervises a community nursing home care system and is houses an exemplary hospice unit.

When I left Winter Park, my house had no electricity and rain was pouring through holes in the roof caused by flying tree trunks hurled by Hurricane Charley. When I arrived at Bay Pines I was impressed by the beauty of the place: the property is full of tall scrub pines and I knew we were very close to the open water of the Caribbean. Parking is not a problem and there are shuttles offering rides to visitors as they park their cars. Besides the modern main hospital building, there are many older two and three-story buildings of classical Mediterranean architecture reminiscent of early Florida's Spanish history, decorated with stucco bas-reliefs around the doorways and windows and finished with red roof tiles. The Nursing Home is made up of several modern one-story modular joined structures joined which form an enormous living area enclosing inner patios that houses aviaries and fish ponds. The patios lead to an enormous deck that overlooked beautiful Boca Ciega Bay. The Hospice unit is located in a secluded area on the main hospital building.

As I approached the Hospice space, I could hear softly played classical music, the floors became soft with carpeting and the furnishings were no longer of the Spartan institutional variety but were classic upholstered pieces like those found in a southern colonial home. The lights were turned comfortably dim. The unit has capacity for 10 patients. The average length of stay is 7 days. Staffing includes 13 health professionals, a Chaplain and a dedicated group of volunteers. Some volunteered after having experienced the services of the unit at the time of a spouse's or relative's stay there. The Hospice unit includes a social worker and a bereavement counselor. At the time of my visit the Bereavement Counselor was a Registered Nurse but that role has also been performed by Licensed Clinical Social Workers. The Bereavement Program serves the patients and their families as well as the nearby communities of Bay Pines and St. Petersburg. Individual and family supportive counseling are offered in addition to supportive groups. Memorials and special events are scheduled throughout the year.

The day of my visit coincided with the staff, volunteers and patients' brunch, cooked by their Chaplain right in the unit's lounge. One of the volunteers, a tiny lady, greeted me with an enormous bear hug; little did she know that I really needed that. Such a warm welcome took my mind off Charley's damages and set the tone for the rest of my day at Bay Pines.

The Palliative Care Team services are based at the Hospice unit. Deborah Grassman, an Advanced Practice Nurse, is the Coordinator of Palliative Care and the Hospice Unit. During the tour Ms. Grassman explained the many items and symbols that were used there. Images of angels were the primary spiritual symbols used. A refurbished closet had become a tiny chapel with two tiny benches on each side of a small table. What would have been the backside of the closet now had a lit stain glass-like painting featuring angels ascending. At one end of the main hall there was another small table set with embroidered linen doilies. On it was a small shaped-as-a-flame light bulb burning at the top of a candleholder. Beneath it, on a card, was the name of a patient who had died recently. Everywhere there were reminders that the unit's goal is to help patients "die healed". This goal is central to the "work" of every member of the staff. Everyone is trained and ready to respond should the patient ask for prayers, for a song, for a hug. Staff is ready to respond whenever a patient decides to begin the work of dying healed. There are posters in the patients' rooms and in the hallways that remind patients and staff that for many there are very important tasks yet to be accomplished. The posters say:

"What can I do to "Die Healed"?"

Consider these statements from and to your loved ones:

"Forgive Me"

"I Forgive You"

"I Love You"

"Thank You"

"Goodbye"

These simple thoughts may trigger patients' requests to contact long-lost family or friends with whom they have "unfinished business". On the walls along the main hallway there is a large mural depicting a roadway or a path with secondary paths diverting from the main one, almost like a tree and its limbs. Along the paths there were very small cement casts of footprints and along side them were small pieces of paper with written stories relating someone's very important experience while walking their path of life. I was encouraged to write one and leave it along one of the paths.

Remarks

The Honorable Anthony J. Principi Secretary, Department of Veterans Affairs Person-of-the-Year Award Presented by National Hospice and Palliative Care Organization



September 31, 2004, Alexandria, VA

Thank you, Chairperson Hinkelman. I thank you ... President Schumacher ... and the members of the National Hospice and Palliative Care Organization for your very generous recognition. I am most grateful for this high honor.

VA's time-honored mission is, and will always be, *"to care for him who shall have borne the battle."*

VA offers an array of programs, benefits, and services to improve the lives of America's veterans—physically, economically, and socially. Our quality health care—arcing from the research lab to a patient's bedside—delivers the newest breakthroughs in medical science. But the day must come when our care can no longer sustain life ... when the newest generation of drugs does not mean *'healing'* ... and when cutting-edge treatments do not mean *'getting well'* ... and it is then our responsibility to mediate a tranquil journey across life's last years ... last months ... last moments.

Over the past three years, the Department of Veterans Affairs dramatically transformed our ability to ease that journey and to illuminate the pathway to peace.

VA is tightly weaving the threads of hospice and palliative care into the fabric of our comprehensive health care services. More and more, in our hospitals ... nursing homes ... and hospice beds, veterans find their last needs and final wishes met by skillful hands ... warming smiles ... and reassuring words from men and women who bring to bear their special understanding of the unique life experiences of our Nation's defenders.

We have learned that the trauma of battle and the tumult of times past often re-emerge as disturbing issues as the end-of-life approaches. Our cadre of employees—schooled in the physical and emotional issues of older veterans—address, sensitively and effectively, the often painful memories that linger ... many times for decades after the guns of war have grown cold.

The comprehensive hospice programs we encourage, and the skilled palliative care services we offer, together, stand among the most personally gratifying achievements of my tenure as Secretary.

Ladies and gentlemen, I am most honored to receive the NHPCO's *Person-of-the-Year* Award. Yet grateful though I am, I must make clear that this honor more rightfully belongs to the remarkable men and women in my Department who push back the horizons of end-of-life care.





Veterans Day, November 11

It is the VETERAN
not the preacher
who has given us
freedom of religion

It is the VETERAN
not the reporter
who has given us
freedom of the press.

It is the VETERAN
not the poet
who has given us
freedom of speech.

It is the VETERAN
not the campus organizer
who has given us
freedom to assemble.

It is the VETERAN
not the lawyer
who has given us
the right to a fair trial.

It is the VETERAN
not the politician
who has given us
the right to vote.

It is the VETERAN
who salutes the Flag
who serves under the Flag
whose coffin is draped by the Flag.

-Father Denis Edward O'Brien, USMC