Bringing an Inpatient Palliative Care Program to a Teaching Hospital: Lessons in Leadership

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Most people in the United States die in hospitals. In 2004, more than 50% of critically ill patients died in acute care settings (National Center for Health Statistics, Centers for Disease Control and Prevention, 2005). Patients in intensive care units (ICUs) have a mortality rate of 5%-40%, depending on type of critical care unit and severity of illness (Knaus, Wagner, Zimmerman, & Draper, 1993). Studies suggest that patients still die in hospitals with poor quality of life. The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT) documented in detail that many critically ill hospitalized people undergo prolonged deaths characterized by use of invasive life-sustaining medical technologies and that physician-patient-family communication is inadequate (SUPPORT principal investigators, 1995). Other studies have reported similar findings, including poor symptom control at the end of life for patients in ICUs (Desbiens, Wu, Broste, Wenger, & Connors, 1996; Hawryluck, Harvey, Lemieux-Charles, & Singer, 2002; Lynn et al., 1997) and family dissatisfaction with care that includes inadequate (SUPPORT principal investigators, 1995). Studies have demonstrated substantial reductions in direct and indirect costs associated with hospital palliative care compared with conventional care (Campbell & Guzman, 2003; Gilmer et al., 2005; Schneiderman et al., 2003; Smith et al., 2003). Researchers have shown that proactive consultation with the palliative care team improves decision making, conflict resolution, and patient-family-physician communication, which, in turn, improves patients' quality of care and reduces lengths of stay in the ICU (Aulisio, Chaitin, & Arnold, 2004; Campbell & Frank, 1997; Campbell & Guzman; Carlson, Devich, & Frank, 1988; Dowdy, Robertson, & Bander, 1998; Field, Devich, & Carlson, 1989; Schneiderman, Gilmer, & Teetzl, 2000; White & Luce, 2004).

This article describes the process of developing an inpatient palliative care proposal, using a leadership model combined with business planning. The project was done as part of the lead author’s participation in the Oncology Nursing Society’s (ONS’s) Leadership Development Institute. The project team, led by two advanced practice nurses, completed a pilot project in the ICU and then presented a proposal to hospital administration for an inpatient consultative palliative care team.