

UC San Diego

Spring 2018 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing

Title

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Permalink

<https://escholarship.org/uc/item/01c5f9ds>

Journal

UC San Diego Health Journal of Nursing, 11(1)

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Publication Date

2018-04-01

Peer reviewed

The Development of an Inpatient Palliative Care Unit

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Palliative care is often confused with end-of-life care. The Journal of Palliative Care and Medicine defines palliative care as a holistic approach to maximizing the quality of life, offering comfort using expert symptom management and empathetic caring. Palliative care looks at the entire patient and focuses on the care of the physical, emotional, mental, spiritual and social domains.

The Oncology Division at UC San Diego Health, in Jacobs Medical Center hosts the first inpatient palliative care unit in the organization. The goal of this unit is to improve the quality of life for our oncology patients, their families and our staff through treatment of complex symptoms (pain, depression, nausea, delirium), the development of unit-wide expertise in addressing complex psychosocial /family dynamic issues, the co-ordination

of integrative services/volunteers (massage, acupuncture, music therapy, aromatherapy, volunteers), and multidisciplinary process meetings for difficult case debriefings.

The Palliative Care pod officially opened on August 28, 2017 at Jacobs Medical Center 5G. The Palliative Care pod is part of the 5FG Medical Oncology/Palliative Care unit. 12-beds are dedicated to palliative care with the additional resource of a palliative care attending, a social worker, a psychiatrist and a chaplain. A co-management model is used where the Palliative Care Team proactively manages patients on admission alongside Hospitalists. Palliative care is a necessary supplement to the oncology division as patients and families go through the continuum of care.

The development of the unit started with the staff attending palliative specific training provided by the Palliative Care Team. The nurse practitioners utilized the concepts from the End-of-Life Nursing Education (ELNEC). The goal of the 2-day 4 hour training course was to equip the staff in 5FG with the tools for self-care and management of complex symptoms in the complex oncology patient population.

Each day, the Palliative Care team collaborates with the charge nurse, nurse manager, assistant nurse manager, nursing supervisor, care coordination and the nursing staff to review care goals and plan appropriate disposition for each patient in 5G. Patients are cohorted appropriately through constant communication with the other Palliative Care consult services in La Jolla and the admitting Hospital Medicine providers. The daily communication and review ensures



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that patients are receiving the support and expertise of the Palliative Care team and the nursing staff. Focused Interdisciplinary Rounds are done at the bedside with patient and families. Rounds include Medicine Hospitalists, care coordination, pharmacy and physical therapy every day during the week to review the treatment and disposition plan.

Since opening, patients discharged from the 5G Palliative Care Pod have rated their experience at the top 1 percentile for Likelihood to Recommend, top 2 percentile for Nursing Communication, and top 22nd percentile for Pain Management compared to the national Press Ganey database. A sampling of patient's comments include: "all of your staff in hospitality are 5 star and I have been in the industry for 38 years – I know!", "Michelle was patient and kind, a great listener", "Angela must be a wonderful mother – treats patients like her own children", "Leilani has a fabulous personality and is kind, efficient, and thorough", and "Jenera gave me the best sponge bath I have ever received as a patient anywhere".

The unit staff are continuously looking for ways to improve care

in the Palliative Care Pod and hospital-wide. A few projects that are currently being deployed include: (1) Leora Chen, RN, MSN and DNP student is partnering with Hospital Medicine to develop MD/RN collaborative triggers for Palliative Care Consult on other acute care units, (2) Melody Akhonzedah, RN, MSN, CNL is implementing turn teams to decrease Hospital Acquired Pressure Injuries, and (3) Jason Gable, RN, MSN is collaborating with Palliative Care Fellow Ali Mendelson to study the impact of encouraging inpatients on Th 2E, JMC 3GH, and JMC 5G to bring in a photograph that represents how they want to be seen by clinicians as a way to bring dignity to patient and bring meaning to staff's work. It is clear that the staff on the Palliative Care Unit will have an impact on the patients they care for and on care throughout UC San Diego Health.

