1. Palliative Care Statistics – Charlene Amato

Charlene Amato reviewed the statistics for the month of May. On her report, there were 14 patients seen by the Palliative Care service. Charlene did note that she did not have the statistics for the week in May in which she was on vacation. Rod Rutkowski emphasized the importance of having complete and accurate statistics. He asked if PSI would be able to furnish us with the names of all patients in which a Palliative Care consult was placed during the course of the month. Beth Chaitin indicated that she would be able to provide this list. A discussion occurred related to the number of patients who are seen for symptom management. This is a very positive number for a new program. Dr Balestrino noted that there appears to be a decline in the number of referrals that we are receiving in the past two weeks.

2. Feedback on Palliative Care Services

Rod reported that when the Palliative Care service began in November 2011, it was recommended that we conduct a survey of physicians and health professionals to determine their satisfaction with the services being provided. Beth Chaitin recommended that this survey be conducted after the program has been operational for one year. She noted that PSI would be able to develop a brief survey on Survey Monkey. She estimated that the survey should consist of 10 questions and take less than ten minutes to complete. The committee decided that the survey should be sent to all physicians, nurses and social workers. It is as important to obtain feedback from staff that use the service in addition to determining reasons why other staff have not used the service. It was agreed that we would target distribution of this survey in November 2012.
3. Rounding in ICU and Huddles on the Medical Floors

Charlene Amato and Debra Mackey have agreed to participate in the daily huddles on the medical nursing units. This will give the service additional exposure to the staff and would also be instrumental in identifying potential patients for the program. Charlene noted that they will plan to attend at least two huddles per week. She also stated that they have begun to round in ICU and noted that they have found these rounds to be very useful in helping staff understand the benefits of Palliative Care.

4. SMH Palliative Care Brochure

Beth Chaitin provided an update on the SMH Palliative Care brochure. PSI is waiting for Dr Balestrino to be photographed for the brochure. Once this has been completed, it is anticipated that the brochure will be ready for distribution in several weeks. The brochure can be given to patients and also used at health fairs and community programs.

5. Update on No One Dies Alone Program – Iris Douglas

Iris Douglas provided an update on the No One Dies Alone program which started in March 2012. The volunteers were trained in January and February. So far, the program has been used for three patients. All the patients were referred to the program by nursing. Criteria for inclusion in the program is that the patient must be expected to have a life expectancy less than 72 hours and have no family with them. The goal is to prevent people from dying in isolation. Referrals to this program can be made by calling the concierge desk at x 7300.

Iris also provided an update on the hospital’s memorial program. This program is held four times per year. All family members who have relatives who have died at St Margaret are invited to this service, which is held in the evening. They are also asked to sign a memorial book in their loved ones honor. Iris reported that between 35 to 40 people have attended each service and there has been positive feedback received from all who have attended. Hospital staff are also been invited to attend and this has been beneficial in aiding in their closure.

Iris also discussed how to place a consult for a chaplain. All calls can be placed to the concierge desk at x 7300. The concierge will then contact the hospital’s chaplain to see the patient.

6. Other business

Amy Haugh distributed a handout of several articles on Palliative Care that are available through the hospital’s library. She also provided a printout of articles related to Palliative Care which have been published in the last two months. She has informed all committee members that they can notify her of any article in which they are interested and she will obtain a copy for them.
Dr Balestrino noted that he has been asked to speak to the Tumor Board and the Surgical Committee on the Palliative Care program.

Trisha Klatt noted that she is continuing to work on collecting data on the benefit of pharmacy services for the Palliative Care program. She is hopeful of having this data to present at the next committee meeting.

Rod Rutkowski and Amy Haugh provided an update on the Ethics Committee. They noted that the Ethics Committee is requesting participation from the Palliative Care team and Charlene Amato and Debra Mackey have been asked to attend these meetings.

There was no additional business to discuss and the meeting was adjourned at 3:00 p.m.

Respectfully submitted,

Rodney L. Rutkowski, LSW