

*Four available with opening of AIP 2*

# Palliative Care Beds Help Patients Make Peaceful Transition

*By Tyler Smith*

The inpatient towers at University of Colorado Hospital are home to a familiar and expected line of specialties: neurology, cardiology, oncology, and many more. Now, UCH has dedicated space to a specialty gaining prominence: palliative care.

The 96 beds that opened June 8 in the Anschutz Inpatient Pavilion 2 tower included four inpatient palliative care (IPC) beds on the new 11th floor Oncology/Gynecologic Oncology/Medicine Unit. The beds aren't specifically designated for IPC. Rather, they "float," depending on availability: if space isn't available in AIP 2, beds in the Oncology Unit on the 11th floor of the AIP can be used.



*PCCS Director Jeanie Youngwerth, MD, says the IPC beds offer specialized, team-based care to end-of-life patients and those suffering heavy symptom burdens.*

The idea behind the IPC beds is to ensure space is available for intensive, team-based care to patients with serious, life-limiting illnesses and "high symptom burdens," including extreme pain, said Jeanie Youngwerth, MD, a hospitalist and director of the hospital's [Palliative Care Consult Services](#) (PCCS). The PCCS, formally established in 2005, provides clinical, psychosocial and

spiritual care for patients battling difficult medical conditions that threaten their longevity and quality of life.

The PCCS generally focuses on patients' and families' goals of care, Youngwerth said, and makes clinical and psycho-social recommendations to provider teams who request a consult. By contrast, the PCCS determines which patients are eligible for IPC beds and "co-manages" their care with the primary team.

"Considering a patient for an IPC bed starts with a PCCS consult," Youngwerth said. "We are then responsible for managing intensive, specialty-level palliative care as we work hand-in-hand with the primary team."

**Most in need.** Patients indicated for IPC beds include those on complex medication regimens and those enduring a heavy burden of symptoms caused by serious illnesses. In addition, patients who need intensive comfort care as they go through the death process or await discharge to hospice would benefit from the IPC beds, Youngwerth noted.

In the works are plans for offering patients the option of end-of-life extubation from ventilators in an IPC bed, which would provide a calmer and more comfortable setting outside of intensive care units, she said.

**Growing importance.** The hospital's inclusion of IPC beds illustrates the discipline's coming of age in the past decade, both at UCH and across the country. In 2006, the American Board of Medical Specialties ruled that physicians in 10 specialties could be eligible for a single subspecialty in palliative care. Two years later, medical boards in Hospice and Palliative Medicine became

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available for the first time. Youngwerth was [one of four at UCH](#) who took and passed the exams that fall.

Late in 2010, the National Institutes of Health awarded the University of Colorado School of Medicine and Duke University a three-year, \$7.1 million grant to fund the [Palliative Care Research Cooperative](#) (PCRC), the aim of which was to boost the quantity and quality of palliative care research nationally. Jean Kutner, MD, MSPH, head of the School of Medicine's Internal Medicine Division, co-leads the PCRC, which in 2011 launched its [first clinical trial](#), a study of the benefits of giving cholesterol-lowering medications to patients with life-limiting illnesses.

**Beyond technology.** The goal of palliative care generally is to help patients and families reduce stress by focusing on improving symptoms, facilitating difficult end-of-life discussions and providing emotional, physical and spiritual support, said Kathy Bunzli, RN, a palliative care nurse and member of the PCCS.

Palliative care nurses play a key role in that endeavor, Bunzli said. They help to establish rapport with patients and caregivers, provide continuity of care, manage symptoms, provide education for making informed decision, and work with providers to gain a better understanding of the goals and values of the patient.

The tools of palliative care are often far from the technology-driven world of health care. Bunzli, for example, developed "comfort carts" for IPC patients and families after looking at patient settings in hospices around the Denver area.

*"I saw rooms that were beautiful and homey," she said. "Some patients experience severe symptoms which require medication adjustment and extended time in the hospital. Other patients may be transitioning to end-of-life care. I wanted to bring the comforts of home into the hospital."*

**Changing the scene.** With input from nurses and patients and funding from the Oncology unit and the hospital gift shop, Bunzli created wheeled, multi-drawer carts stocked with items that deliver comfort and diversion: lotions, battery-operated candles, games, paper and pens, puzzles, massagers, CD players and more. Soon, iPads will be included.

"It's all to make the environment less hospital-like," Bunzli said. "The carts set a different tone when we pull them into the room."

Most striking among the cart items are homemade quilts and Afghans that go home with patients and families. That idea began with a note Bunzli sent to friends and volunteers requesting help as she put the carts together. About a dozen of them gathered on a Saturday afternoon in March at Bunzli's church and turned out 16 brightly colored quilts.



*Palliative care nurse Kathy Bunzli displays one of the quilts included in "comfort carts" brought to IPC patients on the Oncology Unit.*

Bunzli said the medical literature shows that simple and relatively inexpensive efforts such as these benefit patients.

"Making the rooms more comfortable and home-like provides relaxation and ease," she said. "We are controlling symptoms. We are making sure that we are not only meeting the needs of the patient's physical being, but also the emotional and spiritual needs."

The IPC care also extends to families. For example, Jacklyn (JJ) Barton, RD, a dietitian with Food and Nutrition Services (FNS), developed the idea of "compassion trays" that nurses can order with a phone call. The trays, loaded with water, fruit, cookies and other food items, provide sustenance for family members supporting patients who are at the end of their lives.

"It is difficult to care for others when you have not cared for yourself," Bunzli said. "Staff can offer these trays to promote self-care."

The IPC beds didn't just happen, Youngwerth said. The PCCS team received important administrative support from UCH President and CEO John Harney and Chief Nursing Officer Carolyn Sanders, RN, PhD.

"The hospital has helped raise the level of patient-centered care we can offer," Youngwerth said.