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# AGING TODAY

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Vol. XXIX, No. 3

PAGE 11

May–June 2008

ISSN: 1043-1284

[www.agingtoday.org](http://www.agingtoday.org)

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## ***2008 Healthcare and Aging Awards***

# ASA HONORS TWO CALIFORNIA INNOVATIONS IN PALLIATIVE CARE

“Most patients are in the hospital due to a health crisis. This crisis forces confrontation with the reality of illness and the decisions that need to be made about care,” said Susan Stone, an emergency room (ER) physician who directs Palliative Care Consult Service (PCCS), created in 2006 by the Healthcare Medical Center Network of Los Angeles County and the University of Southern California (LAC+USC Healthcare Network). PCCS provides inpatient-based consultations for vulnerable individuals, such as homeless people or elders with very low income, who frequently enter an ER with dire health status.

PCCS is one of two innovative California programs in palliative care to receive 2008 Healthcare and Aging Awards from the American Society on Aging (ASA) during the organization’s recent national conference in Washington, D.C. ASA’s Healthcare and Aging Network presents the awards, in collaboration with Pfizer Medical Humanities Initiative. Now in its 10th year, the awards program recognized a total of six outstanding programs from throughout the United States.

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### **BUREAUCRATIC LAYERS**

At PCCS, Stone explained, the palliative care service “provides a smooth transition for patients between the hospital and appropriate services, such as hospice, homecare or nursing home.” However, she commented, “Starting any new program is a challenge, especially in a large county institution, such as the LAC+USC Healthcare Network.” The county’s joint facility with the USC Medical Center, a collaboration dating back to 1885, is the largest nonprofit academic institution in the United States.

PCCS is county funded and serves as a safety net, Stone said. She felt it was important to include palliative care in the county health department budget rather than relying solely on grant support. Integrating the program with hospital case management staff has enabled PCCS to place patients based on their needs, in nursing facilities with hospice care or skilled nursing facilities, for example. “We care for a large number of homeless patients who would otherwise die alone and on the street,” she said.

Stone recalled that her first hurdle in gaining acceptance of the program within the large LAC+USC Healthcare Network bureaucracy was showing that the program could provide a measurable impact. She added that despite limited funds, PCCS was able to show that it could avoid costs, decrease length of stay in acute-care beds, and improve patient and family satisfaction. Among other benefits, the program has measurably improved patient outcomes through expert pain and symptom control; expedited communication and decision-making for patients, family members and healthcare providers; and increased coordination among healthcare providers.

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### **OUTREACH TO STAFF**

Convincing facility staff to include such interventions in the busy ER was another challenge, Stone said, “but this was overcome by the team’s presence in the wards, meeting and working with the providers and staff on various issues. We have worked hard to include all staff in education and patient conferences.”

The healthcare network serves patients from diverse ethnic backgrounds (67% Hispanic, 14% black, 12% white, 7% Asian), socioeconomic levels and cultures. In its first year, PCCS has served about 700 patients, consulting with them and their families on a full range of end-of-life care issues, from symptom management to advance directives and referral to hospice services.

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#### A DAY WITH PCCS

“In the course of a day at the hospital,” Stone said, “we may see a prisoner on the jail ward with advanced cancer and work to obtain a compassionate release while managing pain and emotional distress. Then we may see a patient from El Salvador who is non-English speaking but requires assistance with discussing goals of care. We care for patients with advanced AIDS, cancer, heart failure or liver failure in a single day. Each patient may have coexisting psychiatric illness or be cast out by family due to sexual preferences. Most of our patients are indigent and need help with even basic services, but the team has been able to pull together hospital resources to provide equitable care to all these patients.”

Stone went on, “The team understands the need to work with the patients since income might be limited.” She added, “Often the team will need to identify the surrogate decision makers since many of our patients are too ill to make their own decisions or may not want to, based on cultural issues. We conduct a family meeting to identify where the family is emotionally and what their capacity is to provide care in a nurturing and safe environment.”

For more information about PCCS, e-mail Stone at [sustone@lacusc.org](mailto:sustone@lacusc.org) or call (323) 226-6323.

## NATIONAL COURSE TO STOP PAIN

“Social work is the profession that provides the majority of mental health services in America,” said Shirley Otis-Green, a senior research specialist at the Southern California Cancer Pain Initiative (SCCPI) at the City of Hope (COH) National Medical Center in Duarte, Calif., near Los Angeles. “Elders are most at risk for undertreated pain across all healthcare settings and thus the group most likely to benefit from skilled interactions with competent and compassionate social work providers,” she added.

Otis-Green continued, “Yet too few social workers have been trained to maximize their responsibility in the field of pain and symptom management.” She noted that a 2003 review of prominent social work textbooks revealed that less than 3% of content addresses the provision of end-of-life care. “Not surprisingly,” she stated, “most social workers lack competence in basic principles of pain management and palliative care.”

To address this problem, SCCPI and COH developed a comprehensive, two-day annual course. The instructional program, Promoting Excellence in Pain Management and Palliative Care for Social Workers, has trained 275 social workers from 21 states and Canada in its first two years. SCCPI and COH modeled the social work program, which received one of this year’s ASA Healthcare and Aging Awards, on their successful Pain Resource Nurse training, held each fall.

The program teaches social workers about their role in pain management and palliative care with special attention given to vulnerable populations and the needs of the elders. Participants learn to identify key aspects of pain and symptom management, including nontraditional and culturally diverse strategies. They examine the contribution of social workers in completing a comprehensive bio-psychosocial-spiritual assessment, identify appropriate interventions and explore advocacy strategies to promote better pain management and palliative care.

Otis-Green, who co-chairs the course, explained that the program selected faculty who could serve as role models and mentors for participants. Instructors use a wide range of educational methods, such as lectures, case examples, role play, slides and video clips. Many of the materials from the course are available on the COH Pain and Palliative Care Resource Center website ([www.cityofhope.org/prc/](http://www.cityofhope.org/prc/)).

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#### NETWORK OF LEADERS

“Our program’s vision is to change the culture of social work through the creation of a network of social work leaders who are positioned to more effectively address pain and suffering for patients and their families,” Otis-Green said.

Patients in acute or chronic pain are most likely to interact with social workers, who often initiate referrals to psychologists, family therapists, chaplains or other mental health providers, said Sharon Jo Lucas, co-chair of the conference and a palliative care consultant. She emphasized that the program especially targets social workers serving older adults because elders are at particular risk for being

undertreated for pain.

In addition, Lucas noted, SCCPI and COH select instructors “based on their commitment to improve social justice and reflect diversity in setting and ethnicity.” Integral to the course, she said, has been ensuring that each presentation module has content that addresses the diverse needs of those in pain.

Key to getting the course started, said Otis-Green, was the fact that the nationally prominent social work faculty members contributed their expertise for only nominal honoraria and travel expenses. She added, “We recognized that social workers often lack institutional reimbursement to attend educational programs. We knew it was vital that we provide maximum value for the cost associated with attendance. We energetically campaigned for local sponsorships and vigorously sought grant support. We received donations of publications and discounts on many other materials to supplement the syllabus materials that we developed.”

For more information, contact Otis-Green at (626) 256-4673, ext. 62783, or at [sotis-green@coh.org](mailto:sotis-green@coh.org). The next annual course will be held in Pasadena, Calif., Aug. 7–8, 2008. Online course and registration information is posted at [www.cityofhope.org/scdpi/Social%20Workers%20Course/2008/SWCo8.htm](http://www.cityofhope.org/scdpi/Social%20Workers%20Course/2008/SWCo8.htm).

Other programs recognized by the ASA Healthcare and Aging Awards will be featured in upcoming issues of **Aging Today**. They include a program of the University of California, Los Angeles, School of Dentistry to prepare dental professionals to identify and respond to elder abuse and neglect; the Fit and Strong program, geared for people with arthritis, at the University of Illinois, Chicago’s Center for Research on Health and Aging; the Early Stage Memory Loss Project of the Alzheimer’s Association, California Southland; and the Geriatric Depression Screening and Referral Initiative of the New York City Department for the Aging and New York City Department of Health and Mental Hygiene. ❖