Palliative Care in the Care Center
Lakewood Health System
Dr Julie Benson
Stacy Line ADON Care Center
Care Center RN

How we started...
Met with administration-summer 2009
Met with CRA’s, LPN’s, RN’s, Activities, environmental workers, for
a three minute “Definition of Palliative Care”-summer/fall 2009
Staff recommended potential residents

Referrals
Started with five residents-Fall 2009
Referrals—Nurses, MD’s, and any Hospice graduate
Care Center nurses talk with family/resident and get informed
consent
Care Center RN’s talk with MD and receive order
RN/SW meet with resident/family admit
After admission

- IDT’s every two weeks
- Family meeting –goals of care
- Attend quarterly Care Conference
- SW meets weekly with resident
- RN goal see every two weeks

Why we want to continue...

- Collaboration of the team is great
- Get pain meds sooner
- Dr. Benson will give orders during IDT
- Smoother transition to hospice

Why we want to continue...

- Residents who need the support/goals of care...needs are met sooner because they do not have to meet Hospice criteria.
- Education materials from palliative care are being used for the dementia support group.
What we would like to see...

More volunteers

What’s next...

Listening/Seeing other programs

More education for staff

Any questions?

Thanks for your time!