

June 9, 2009

Dear Colleagues:

We are pleased to announce that MIMS physician, Shawn Charest, MD, will now be providing an inpatient Palliative Care Consult Service at Mercy Medical Center.

Dr. Charest is well experienced to provide this consultative service, having spent the majority of the last decade as a MIMS hospitalist providing care for your patients when they have been hospitalized at Mercy. He has a strong working relationship with the other hospitalists, case managers, chaplains, social workers, pharmacists, nurses and subspecialists at Mercy. Dr. Charest also serves as the Medical Director of Mercy Hospice and recently became Board Certified in Hospice and Palliative Care.

Palliative Care is the multidisciplinary coordination of care and management of symptoms in patients with a complex, life-limiting illness. It is much broader than hospice care, and may provide care at any point in the trajectory of illness, from diagnosis to death. Palliative Care may be provided in tandem with curative or life-prolonging interventions. Palliative Care involves navigating complex family dynamics through family meetings. These time-intensive encounters are the “procedure” of the palliatrician, and the most frequent stimulus for a consult from another provider. By interfacing with the primary inpatient provider, the palliatrician is able to provide an extra layer of support and allow them to focus on other key areas of patient care. The goal is to effect a higher level comfort, ease transitions, provide resources and help coordinate care between the various providers.

Palliative Care is not about “withdrawing care” as much as it is about providing an extra level of support and compassion at a very difficult time. Done well, it serves not to displace the primary internist, surgeon, or subspecialist but to ally in providing superior care in challenging situations. General criteria for Palliative Care referrals are included on the reverse side for your reference in determining when it could be helpful to request a Palliative Care consult.

This service may be accessed by calling 413-748-9371 at any time. Please feel free to contact Dr. Charest with any questions or to obtain additional information regarding this service. We are delighted to offer this new service to you and your hospitalized patients.

Sincerely,



Amanda Wilson, MD, FHM
Director, Mercy Internal Medicine Service
Chief, Department of Medicine

Mercy Palliative Care Consult Service

413-748-9371

Palliative Care Referral Criteria

General Referral Criteria

Presence of a serious illness and one or more of the following:

- New diagnosis of life-limiting illness for symptom control, patient/family support
- Declining ability to complete activities of daily living
- Weight loss
- Progressive metastatic cancer
- Admission from long-term care facility
- Two or more hospitalizations for illness within three months
- Difficult-to-control physical or emotional symptoms
- Patient, family or physician uncertainty regarding prognosis
- Patient, family or physician uncertainty regarding appropriateness of treatment options
- Patient or family requests for futile care
- DNR order conflicts
- Conflicts regarding the use of nonoral feeding/hydration in cognitively impaired, seriously ill, or dying patients
- Limited social support in setting of a serious illness (e.g., homeless, no family or friends, chronic mental illness)
- Patient, family or physician request for information regarding hospice appropriateness
- Patient or family psychological or spiritual/existential distress

Intensive Care Unit Criteria

Presence of a serious illness and one or more of the following:

- Admission from a nursing home
- Two or more ICU admissions within the same hospitalization
- Prolonged or failed attempt to wean from ventilator
- Multiorgan failure
- Consideration of ventilator withdrawal with expected death
- Metastatic cancer
- Anoxic encephalopathy
- Consideration of patient transfer to a long-term ventilator facility
- Family distress impairing surrogate decision making

Cancer Criteria

- Metastatic or locally advanced cancer progressing despite systemic treatments
- Karnofsky < 50 or ECOG > 3
- Brain metastases, spinal cord compression, or neoplastic meningitis
- Malignant hypercalcemia
- Progressive pleural/peritoneal or pericardial effusions

Neurological Criteria

- Folstein Mini Mental score < 20
- Feeding tube is being considered for any neurological condition
- Status Epilepticus > 24 hrs
- ALS or other neuromuscular disease considering mechanical ventilation
- Any recurrent brain neoplasm
- Parkinson's disease with poor functional status or dementia
- Advanced dementia with dependence in all activities of daily living