The Cleveland Clinic Foundation
Harry R. Horvitz Palliative Care Center

Abstract In 1994, the Harry R. Horvitz Palliative Care Center opened as a dedicated inpatient palliative care unit within a comprehensive Palliative Care Program in the United States. The program is designated by the World Health Organization as a national and international demonstration project in the provision of palliative care. The mission of the program and the inpatient unit is to provide excellent care for patients with advanced cancer and their families throughout the illness and during bereavement. The need for the 23-bed inpatient unit was documented by the increasing number of cancer deaths each year and the complex physical and psychosocial problems patients and families experience throughout the course of their illness. Health care professionals specially trained in palliative care are an essential component of a dedicated program within a cancer center.

Key words Palliative care inpatient unit • Horvitz Center • Cancer Center • Symptom control • Palliative home care • Hospice home care • Family conference

Introduction

Despite the increasing number of cancer deaths each year in the United States [1], most emphasis is placed on curative approaches to cancer management [6]. The majority of patients with advanced cancer experience complex physical and psychosocial problems [2]. Specific problems, including chronic pain, anorexia and weight loss, severe constipation, dyspnea, ineffective coping, depression, to name a few, offer great challenges for patients and their families [2]. Until recently, there has been little emphasis on the education of health care professionals in symptom management and psychosocial issues in advanced cancer [6]. Hospice programs within the United States have made great strides toward improving the care of patients in the home. Historically, hospice programs have lacked strong medical support in pain and symptom management. To improve the quality of life for patients with advanced cancer and carry out treatment plans in a cost-effective way, health care professionals must be trained in the area of palliative and hospice care regardless of the patient care setting. This article provides an overview of an existing Palliative Care Program (PCP) at the Cleveland Clinic Foundation and the role of the Horvitz Center, an acute inpatient palliative care unit and the first of its kind in the United States.

History

The PCP within the Cleveland Clinic Foundation was originally developed in 1987. The service began following a successful pilot study with a full-time physician, clinical nurse specialist, and a part-time social worker. The PCP functioned primarily as an inpatient consultative service at its inception, but has since evolved into a comprehensive program providing services, including consultation, outpatient clinics, research, education,
hospice and palliative home care, and a dedicated inpatient unit [5]. The PCP now comprises a multidisciplinary team, including a medical director, two additional attending physicians, three clinical fellows, three nurse clinicians, a social worker, two music therapists, and a dedicated inpatient and hospice home care staff (Fig. 1). As a program within a large tertiary care hospital, the PCP has access to all other specialty services within the hospital. The PCP has grown and has been well received and currently treats over 600 new patients each year (Fig. 2). The majority have advanced cancer; however, over the years more non-cancer patients are seen and helped by the program's symptom-management expertise [7]. With the development of the hospice service in 1990, the PCP was able to expand its services to patients outside the Cleveland Clinic Foundation hospital and into the community. The PCP is the first in the United States to provide comprehensive outpatient, inpatient, and home care services, in addition to research and education activities, under one management team. As a result, the PCP was designated in 1991 by the World Health Organization (WHO) as a national and international demonstration project in palliative care [8].

**Philosophy**

The mission of the PCP is: to provide excellent care for patients with advanced cancer and their families throughout the illness and during bereavement; to advocate effectively for patient comfort, dignity, and choice; and to be recognized internationally as a program based on clinical excellence, comprehensive research activities, and commitment to education at all levels [5]. Despite the advances in the cure of a few types of cancer, over 500,000 people die of cancer in the United States each year [1]. The goal of palliative care is to assist patients in achieving and maintaining their maximum physical, emotional, spiritual, and social well being despite the complex limitations they must face as a result of disease.

**Structure**

The existing PCP is modeled after The Palliative Care Program in Montreal, Canada. Currently, the PCP provides the following direct patient care services:

1. The inpatient palliative care services include a 23-bed dedicated acute inpatient care unit (The Harry R. Horvitz Center), which opened in June 1994. The unit was designed and developed, keeping in mind the special needs of the advanced cancer patient population. It is an acute care unit with emphasis on acute pain and symptom management. The unit is also used for our hospice home care patients requiring acute inpatient care. Inpatients can be new patients, former patients with exacerbated problems, hospice patients, or anesthesia service pain-management patients. A dedicated palliative care attending physician, clinical fellow, three physician assistants, nurse clinician, and social worker work closely to develop and guide all inpatient care. All staff is trained in symptom management. Specific symptom-care tracks, standing orders, and protocols have been developed for the unit.

2. The palliative care consult service provides immediate access to palliative care services for both inpatients and outpatients. Consult patients are referred by other physicians within the Cleveland Clinic hospital or by outside referrals. A dedicated palliative care attending physician, clinical fellow, and nurse clinician comprise the consult service team. The consult team evaluates each new patient and offers suggestions to the referring physician in overall management and symptom

![Fig. 1 Members of the Palliative Care Program](image1)

![Fig. 2 Palliative Care Program – patient activity](image2)