Medicine looked at eight diverse hospitals and assessed the impact on actual hospital costs, ICU length of stay, hospital length of stay, imaging costs and pharmaceutical costs. It found a highly significant reduction in hospital costs in matched patients who received palliative care as compared with controls who did not. This savings is primarily through ensuring more appropriate settings and types of care for very complex patients. When you think about the fact that hospitals' margin these days is around 2 percent, if they're doing OK, the level of cost savings we found is multifold higher than that.

HOW COMPLEX IS IT TO SET UP?

Because of the work of the Center to Advance Palliative Care, which provides technical assistance to hospitals wanting to set up and sustain high-quality palliative care programs, it has become very simple. We have done everything we can to reduce the opportunity costs, to standardize and make simple the process of doing the needs assessment, the business case, the staffing and the clinical model assessment, the marketing tools, and the impact measurement tools that clinicians and hospital administrators need to be able to run a responsible service line.

TELL ME ABOUT THE NATIONAL REPORT CARD ON PALLIATIVE CARE.

It is based on a paper that was published [in October] in the *Journal of Palliative Medicine* that used American Hospital Association annual hospital survey data. Not surprisingly, like every other aspect of our health care system, where you live matters. If you live in a major urban area on one of the two coasts, you're very likely to have access to a hospital palliative care program. If you live in the South, if the hospital in your neighborhood is for-profit, if you are a person who gets your care in a safety net or sole community provider hospital, you are much less likely to have access to a palliative care program. We hope regions of the country that are relatively less represented will take notice and make use of the resources available to them to start programs.

WHAT IS THE BEST-CASE SCENARIO FOR PALLIATIVE CARE IN FIVE OR 10 YEARS?

The day that I can retire and go garden, read novels or open a bakery somewhere is when the Joint Commission decides to require palliative care consultation programs as a condition of accreditation. Once that happens, the technical assistance that we've been providing will be provided by Joint Commission consultants and others because every hospital is going to have to do it; there will be a very large market for technical assistance and it won't need this level of philanthropic support in order to survive. But also it will mainly mean that a patient and a family can go to a Joint Commission accredited hospital with confidence that the services they are going to need will be there for them. ●

To listen to a podcast of this interview, go to www.hhnmag.com.

PRACTICAL ETHICS

Should Cell Phones Be Banned?

Two members of your staff took photos with cell phone cameras of patients in the emergency room. The photos were later posted on the Internet on social networking sites. Since then, you've dismissed the employees who were responsible, and it appears that the patients were unrecognizable in the photos. Still, there is concern in your organization that this could happen again—and potentially lead to HIPAA violations—and some think you should ban staff from having cell phones outside of employee-only areas as a precautionary step. What should you do?—HAYDN BUSH ●

Doug Vinsel
CEO, Duke Raleigh (N.C.) Hospital

The action taken has to be balanced and proportionate to the problem at hand. Certainly the scenario described is one that creates the potential for institutional embarrassment and liability. The dismissal of the employees involved and the presumed apologies to the patients/families is appropriate. While the thought of banning cell phones outside of employee-only areas is an understandable reaction, it is, I believe, an overreaction and an impractical way to address the misconduct of two employees. Employee education around the proper use of cell phones should be a requirement for department managers to ensure staff understanding of appropriate usage. However, the vast majority of staff can be trusted to use cell phones appropriately and understand the consequences of not doing so. We want to build a culture of trust and treating one another and our patients respectfully. Establishing a ban on cell phones is contrary to those principles.

Anthony Spezia
CEO, Covenant Health, Knoxville, Tenn.

We absolutely support and wholeheartedly agree with the terminations of the two employees. This is a clear violation of our corporate compliance program, code of conduct and our standards of behavior. I would not place the ban on staff. Our values are incorporated into our strategic plan, are utilized in many internal and external communications and are all approved by the board of directors. This is not a matter of compliance; it is a matter of conviction, faith and trust. If our culture is to be strong, we must trust employees to do the right thing in clear cases where a situation is covered by our policies and standards. This is such a case, and we would not support banning cell phones solely for the purpose of enforcing an articulated policy. We would not violate our employees' trust, nor would we diminish their commitment to act according to our norms by taking away their cell phones. Rather, we would trust them and our strong culture of accountability.

Have a comment on this topic? E-mail your thoughts to hhn@healthforum.com.