



[®]
Innovative
CARE SOLUTIONS

Thank you, thank you, thank you



- On behalf of my colleagues, I humbly accept this award...



Inpatient Palliative Care and Beyond

**Theresa Kern, MS, APRN, AGCNS-BC,
ACHPN**

Palliative Care Services
Innovative Care Solutions



Objectives

- Define Palliative Care
- Compare and contrast palliative care versus hospice care
- Define patients appropriate for palliative care referral



How Do YOU See Palliative Care?



Definition of Palliative Care

- **World Health Organization**
 - **Palliative care** is an approach that **improves** the **quality of life** of patients and their families facing the problems associated with life-threatening illness, through the **prevention** and **relief** of **suffering** by means of **early identification** and impeccable **assessment** and **treatment** of **pain** and **other problems, physical, psychosocial and spiritual**

Definition of Palliative Care

- **Center to Advance Palliative Care**
 - Specialized medical care for people living with serious illness. It focuses on providing relief from the **symptoms** and **stress** of a **serious illness**—whatever the diagnosis. The **goal is to improve quality of life** for **both** the **patient** and the **family**.



Palliative Care and Hospice

- The “H” word?
- Hospice always means palliative care BUT
palliative care does not always mean
hospice

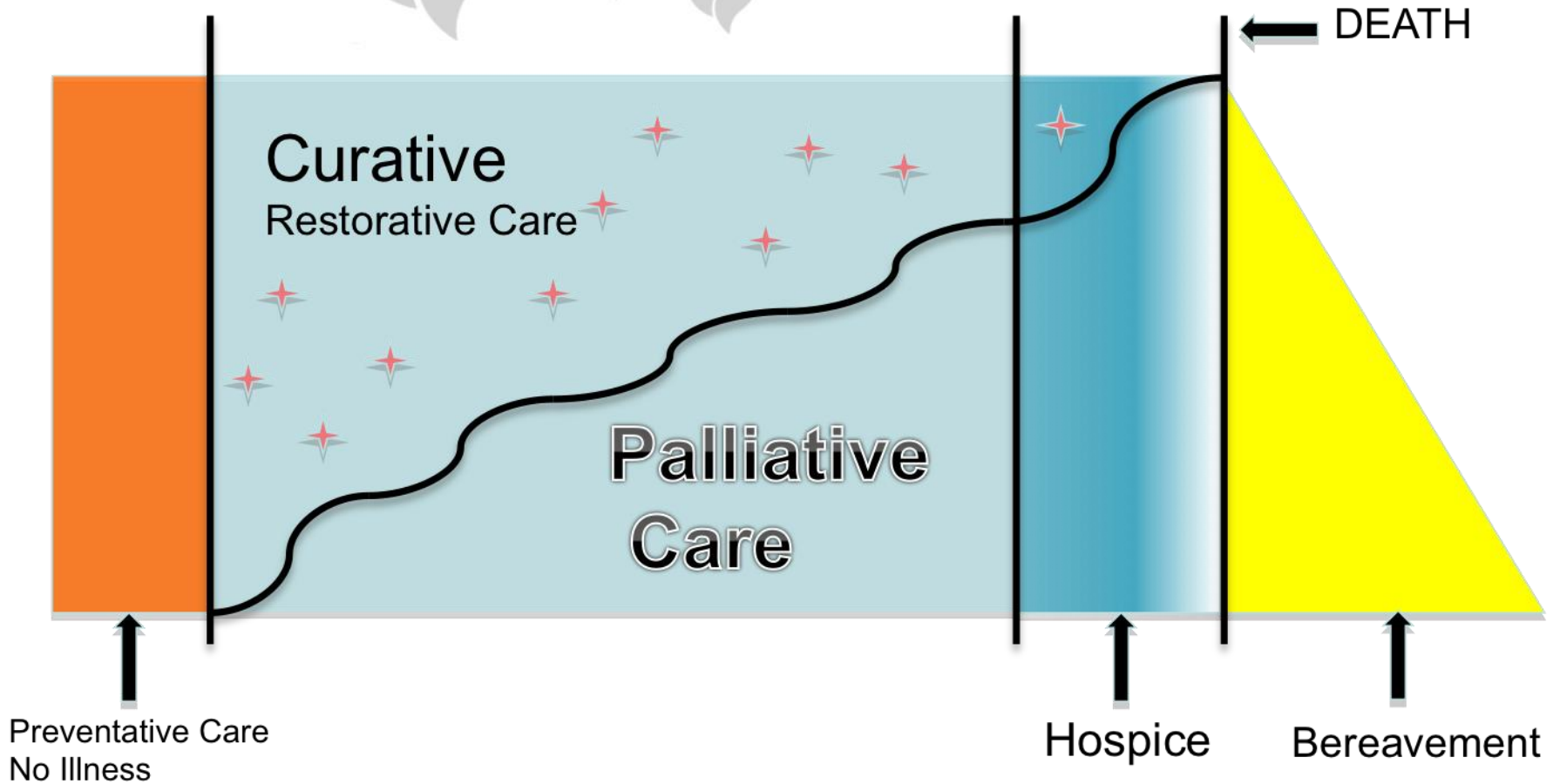


So, what's the difference?

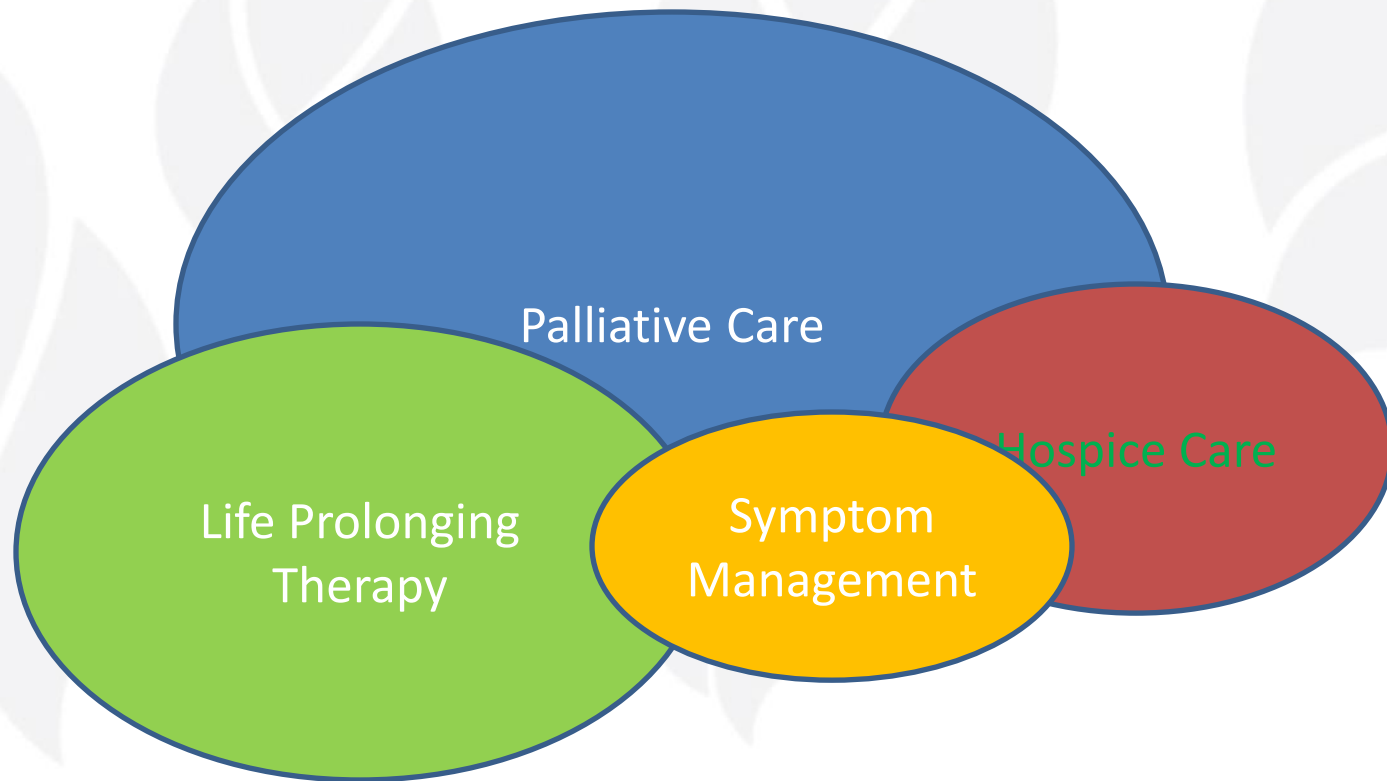
| Palliative Care | Hospice Care |
|---|--|
| Serves patients of any age, at any stage of advanced and life-threatening illness | Patient with expected life-expectancy of 6 months or less |
| <ul style="list-style-type: none"> *Provided throughout illness and simultaneously with other treatment. *Comprehensive, coordinated pain and symptom control. *Care of psychological and spiritual needs *Family support *Assistance in making transitions between care settings. | <ul style="list-style-type: none"> *At the end of life and when curative treatment not wanted or effective *Comprehensive, coordinated pain and symptom control *Care of psychological and spiritual needs *Family support *Assistance in making transitions between care settings *Bereavement services for survivors |
| Life expectancy: No requirement | Life expectancy: Less than 6 months |
| <ul style="list-style-type: none"> *Program open to all seriously ill patients *Patients do not have to forgo curative care *Coordinates care from a variety of health care providers and specialists. | <ul style="list-style-type: none"> *6 month prognosis required by Medicare regulations *coverage includes outpatient medications and supplies related to terminal diagnosis. |

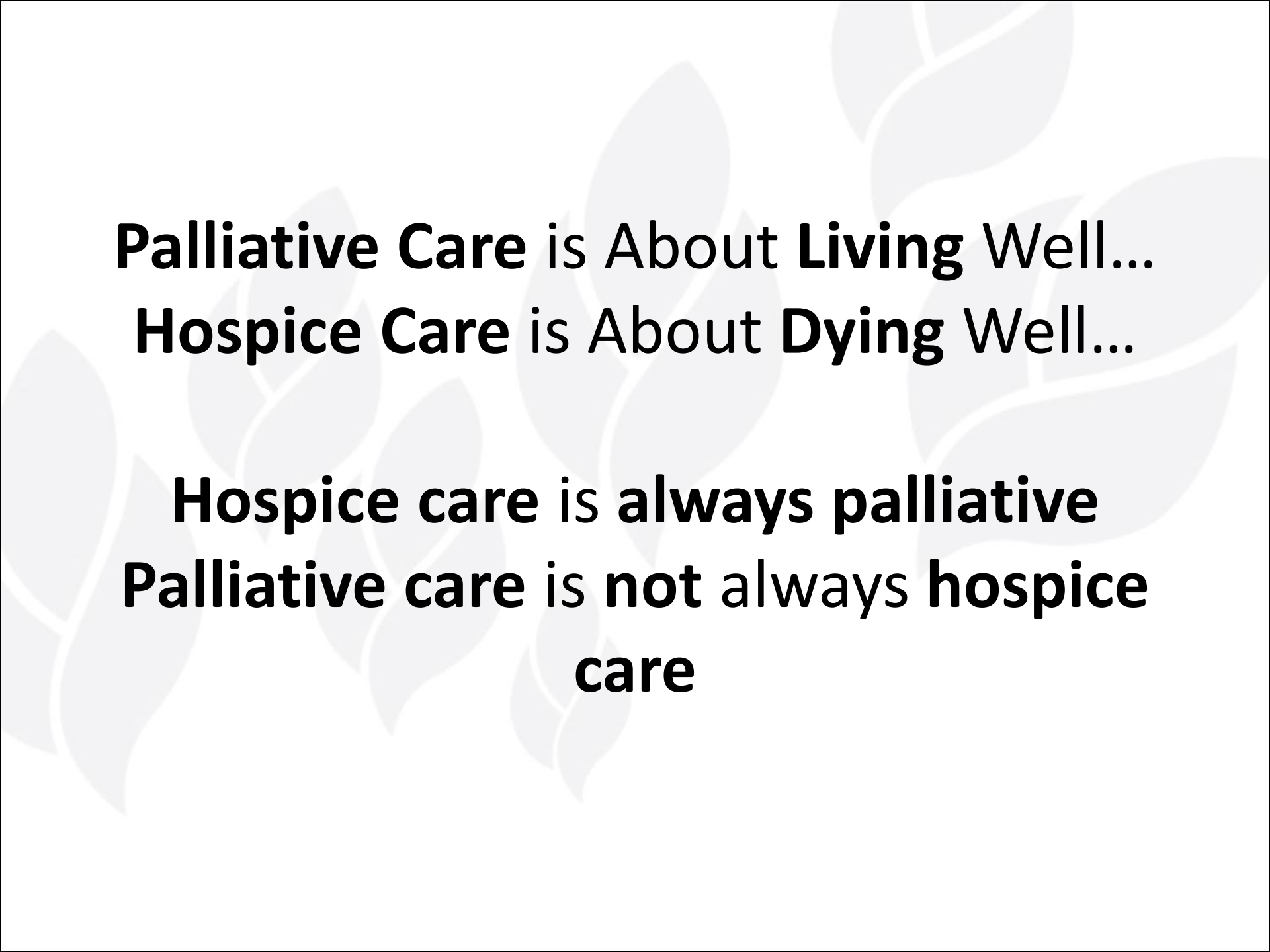


Continuum of Care



Palliative Care vs Hospice Care





Palliative Care is About Living Well...
Hospice Care is About Dying Well...

Hospice care is always palliative
Palliative care is not always hospice
care

Palliative Care

- Provided across the **continuum of life-threatening illness**
- May be offered in **combination** with **aggressive medical treatment**
- Provides the patient and family the opportunity to **explore treatment options** beyond aggressive medical care

Why Palliative Care?

- #1 Reason: Medical Advancement...
 - Has changed the way we live
 - Has changed the way we are sick
 - Has changed the way we die

Social Shift in How We Live

- **Medicine focus from comfort to cure**



DO NOT ALLOW TECHNOLOGY AND OUR ABILITY TO
KEEP A BODY FUNCTIONING BLUR YOUR DEFINITION
OF LIFE.....

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www.martybucella.com



"I'd like to run a few more tests just
to rule out 'Baseball Fever.'"

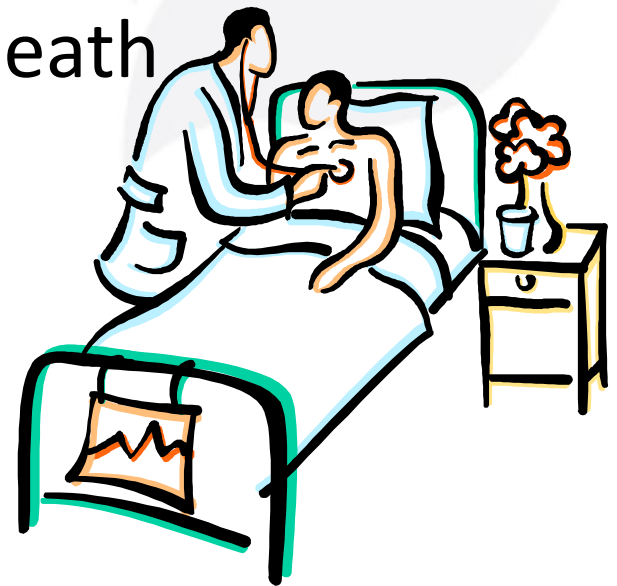
Social Shift in How We Live

- **Site of death from home to institution**

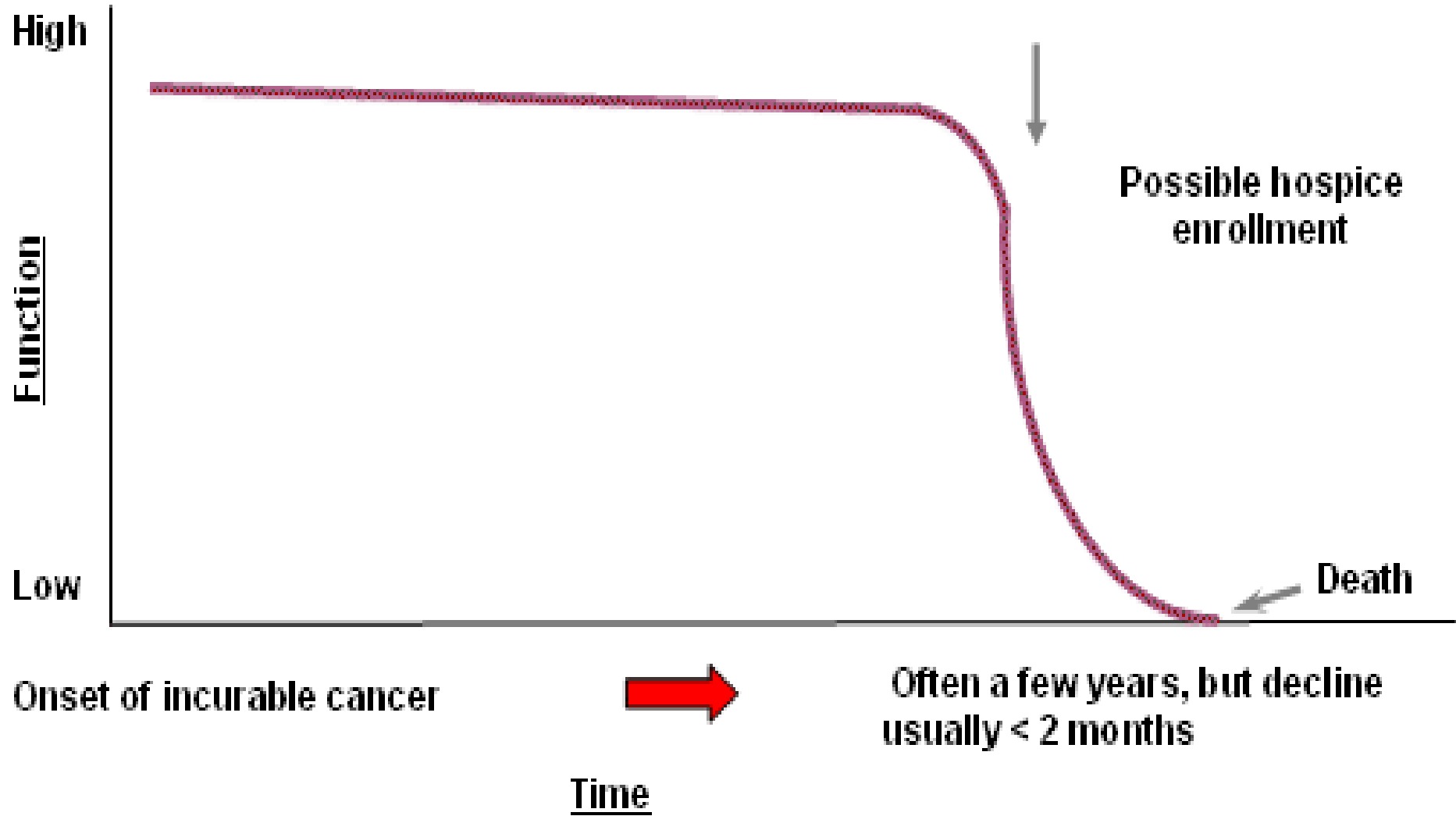


End of Life in America Today

- Modern Health Care, some cures, lots of chronic illness, prolonged dying process.
- How we die:
 - <10% Sudden or unexpected death
 - >90% Protracted illness with differing trajectories



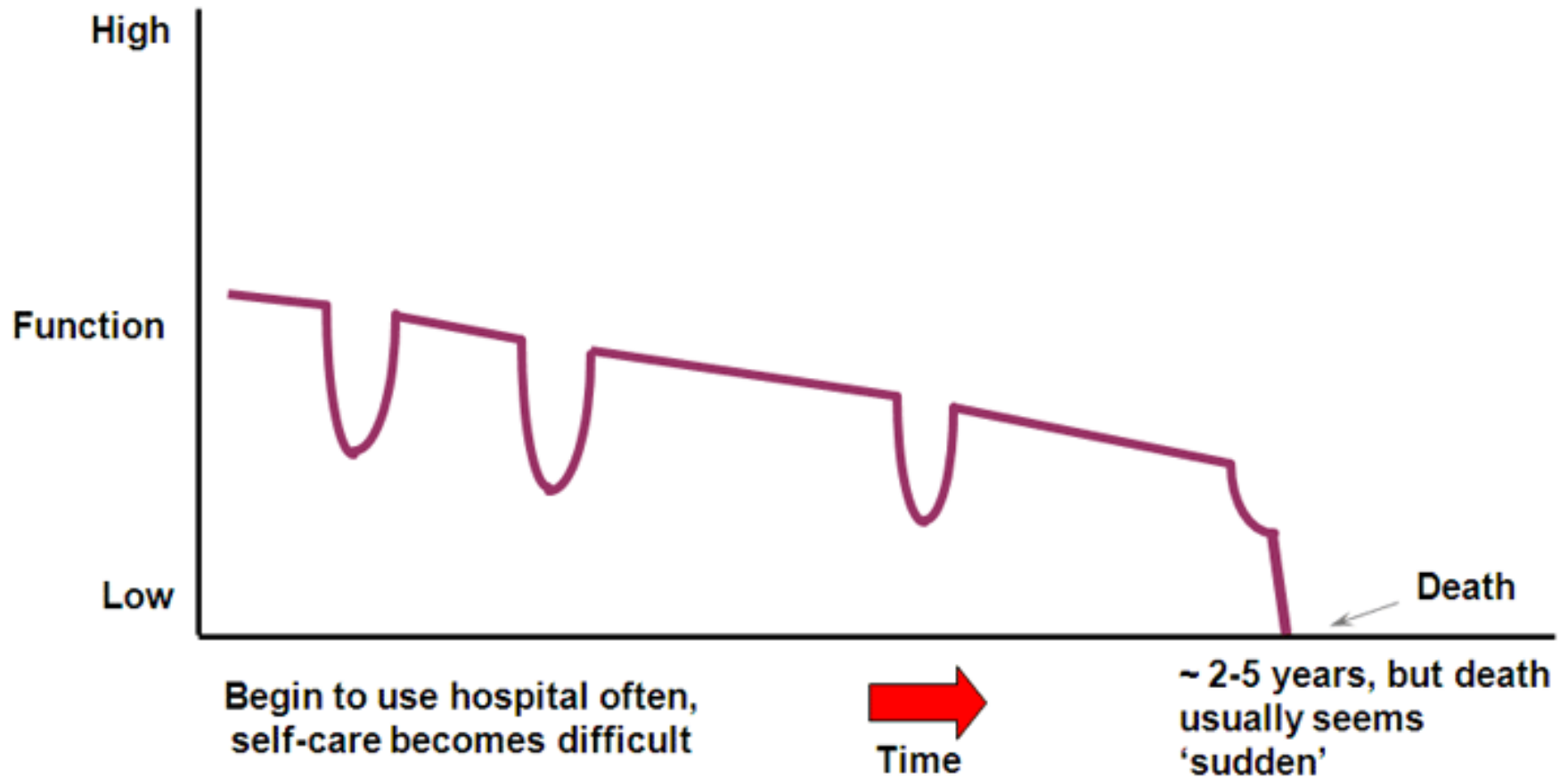
"Cancer" Trajectory, Diagnosis to Death



Disease Trajectory: Cancer

- Period of reasonable QOL with gradual decline in function
- Accelerated, dramatic deterioration in advanced stages with rapid death (change in status over hours as death nears)

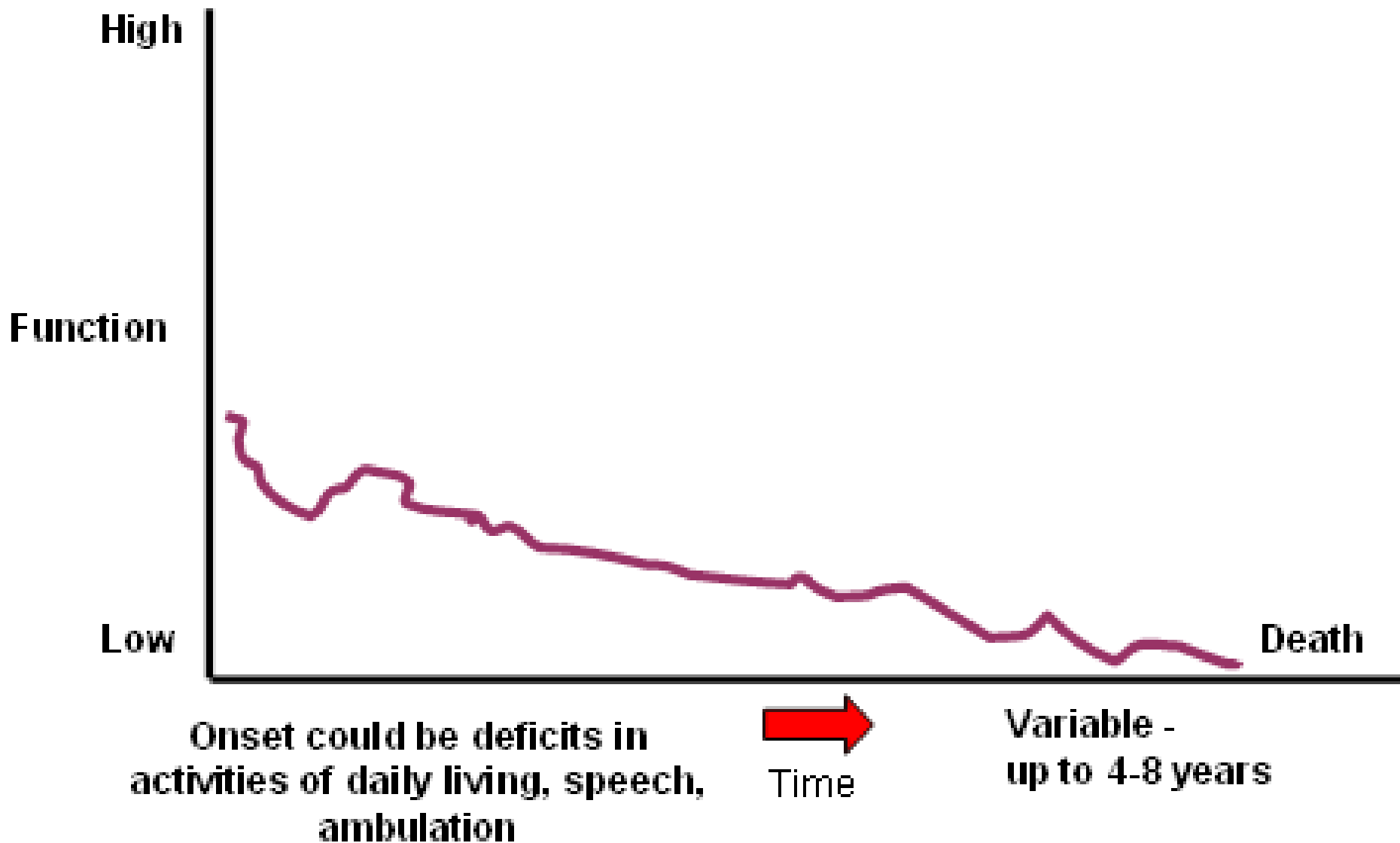
Organ System Failure Trajectory



Disease Trajectory: End Stage Organ Disease

- Persons disabled over a long period of time, suffering from periodic episodes of exacerbation and recovery
 - Congestive heart failure
 - End stage lung disease
 - ESRD, ESLD

Dementia/Frailty Trajectory



Disease Trajectory: Dementia

- Prolonged, gradual course
- Low function



Modern End of Life

- 85% of people in the US will experience one of these trajectories at the “end of life”
 - * 20% Cancer
 - * 25% Organ Failure
 - * 40% Dementia/Frailty
- Average American 2-4 years of disability before death

Social Shift in How We Live

- **Life expectancy continues to increase**



"WHAT YOU SEEM TO BE SUFFERING FROM
IS LONGEVITY."

American Health Care Today

- Living much longer with chronic illness

As a result...

- Dying process is also prolonged

And thus...

- Significant suffering is often inflicted



“Sorry I’m late, but they had me on a life support system for two months.”

Role of Palliative Care

- Provide relief from pain and other distressing symptoms
- Affirm life and regard dying as a normal process
- Intends to neither hasten or postpone death
- Integrates the psychosocial and spiritual aspects of patient care

Role of Palliative Care

- Offers a support system to help patients live as actively as possible
- Offers a support system to help the family cope during the patient's illness and in their own bereavement
- Uses a team approach to address the needs of patients and their families
- Enhance the quality of life

General Referral Criteria

- Presence of a serious **life-limiting illness** and one or more of the following
 - New diagnosis of life limiting illness for symptom management, patient/family support
 - Progressive metastatic cancer
 - Difficult to manage physical or emotional symptoms in the setting of life limiting illness

General Referral Criteria

- Presence of a serious **life-limiting illness** and one or more of the following
 - Conflicts regarding use of Artificial Nutrition or Hydration in cognitively impaired, seriously ill or dying patients
 - Patient, family, or physician request for information regarding hospice eligibility
 - Patient or family psychological or spiritual distress

General Referral Criteria

- Presence of a serious **life-limiting illness** and one or more of the following
 - Frequent hospitalizations related to a life-limiting illness
 - Patient or family insistence on non-beneficial care
 - DNR order conflicts

Disease Processes

- **Chronic illnesses** such as ...
 - Cancer
 - Cardiac Disease
 - Lung Disease
 - Kidney Failure
 - Alzheimer's Disease
 - Parkinson's Disease
 - Amyotrophic Lateral Sclerosis
 - And many more...

How can we help?

- Providing **symptom management** related to **life-limiting illness**
 - Pain
 - Dyspnea
 - Nausea
 - Pruritus
 - Anxiety
 - Depression

How can we help?

- Establishing **goals of care**
 - Illness understanding and care preferences
 - What is your understanding of your illness and what do you expect of it?
 - Do you feel you have control of your care?
 - What are your most important hopes?
 - What are your fears/anxieties?
 - What brings you joy?
 - What is a good day?

How can we help?

- Establishing goals of care
 - Illness understanding and care preferences
 - Code status discussion
 - If you were to die?
 - Do you picture yourself dying at home or in a hospital?
 - Advance care planning
 - Advance Directives
 - Community Do Not Resuscitate

How is this accomplished?

- Ensuring consistent and sustained communication between patient, family and providers
 - Observational studies suggest nondisclosure is associated with lower QOL, greater utilization of non-beneficial intensive care and higher rates of depression

© Cartoonbank.com



"There's no easy way I can tell you this, so I'm sending you to someone who can."

Barriers to Palliative Care Referral

- A culture that values prolonging life through advanced technology more than compassionate care at EOL
- Uncertainties in prognostication
- Inadequate training in palliative medicine
- Poor (“undeveloped”) communication skills
- Discomfort managing highly emotional situations

Support Study

- Intervention
 - Trained RN had multiple contacts with patient, family, physician to elicit preference, improve understanding of outcomes, encourage attention to pain control, facilitate advance care planning and patient/physician communication

Support Study

- Results
 - Shortcomings in communication
 - Only 47% of physicians knew when patients preferred to AVOID CPR
 - 46% of DNR order were written within 2 days of death
 - 50% patients who died in hospital had moderate to severe pain at least half of the time

More Evidence...

- Results
 - Likelihood of a family meeting was 63% higher
 - Time to family meeting was 41% shorter
 - Among those who died in the hospital, ICU LOS was 19% shorter in the intervention group
 - Hospital LOS was 26% shorter with intervention group
 - PTSD symptoms of families decreased from 20.7% to 9.1% following intervention

More Evidence for Unmet PC Needs

- Conclusion
 - Proactive palliative care involvement on ICU rounds was associated with **more** and **earlier family meetings** and **shorter LOS**

How Palliative Care Reduces Length of Stay and Cost

- Clarifies goals of care with patients and families
- Helps families to select medical treatments and care settings that meet their goals
- Assists with decisions to leave the hospital, or to withhold or withdraw death-prolonging treatments that don't help to meet their goals

“The Comprehensive Care Team: A Controlled Trial of Outpatient Palliative Medicine Consultation”

- Year long controlled trial in primary care setting
- Diagnoses included advanced CHF, COPD, cancer with prognosis ranging from 1- 5 years

“The Comprehensive Care Team: A Controlled Trial of Outpatient Palliative Medicine Consultation”

- Intervention included advance care planning, psychosocial support and family caregiver training
- Results
 - Consultation by palliative care led to improved dyspnea, anxiety and spiritual well being

What is your next step?

- A physician consult is required...

The screenshot shows a software window titled "Order and Order Set Search" with a search bar containing "PALLIATIVE CARE". The interface is divided into several sections:

- Order Sets & Panels:** A table with columns for Name, User Version Name, and Type. One entry is visible: "Oral Ketamine Administration for Palliative Care Management" with Type "Order Set".
- Medications:** A section indicating "(No results found)".
- Procedures:** A table with columns for Name, Type, Code, Pref List, and Code. One entry is visible: "IP Consult to Palliative Care" with Type "Consult", Code "CON27", and Pref List "IR FACILITY PREFERENCE L...".

At the bottom of the window, there are buttons for "Select And Stay", "Accept", and "Cancel". Below the window, a status bar shows a list of items: "X) IVPB 600 mg", "600 mg, Intravenous, at 300 mL/hr, Administer over 60 Minutes, EVERY 12 HOURS (2 times)", "Modify", "Discontinue", "Remove All", and "Save Wor".

Referral information that is required...

The screenshot displays a medical software interface with a referral form and an 'Item Select' dialog box. The background form is titled 'IP Consult to Palliative Care' and includes fields for 'Consult: From:', 'Priority: Routine', 'Process Inst.: For KH; please page 937-334-4208 For Soin H', and 'Reason For Exam'. A 'Comments' field is also present with the text 'Click to add text (F6)'. The 'Item Select' dialog box is open, showing a search bar and a list of 7 items. The first item, 'End-of-Life Care', is selected. The dialog box has 'Accept' and 'Cancel' buttons at the bottom. The background form also has 'Next Required' and 'Link Order' buttons, and 'Accept' and 'Cancel' buttons at the bottom right.

ations

vide 250 mL bolus

Intravenous, Administer over 6.25 Administration, Starting Thu 8/2/ 250 mL to be hung for each unit volume to be infused that is orde bags. IV Rates over 999 mL/hr ca

IP Consult to Palliative Care

Consult: From: []

Priority: Routine Routine STAT

Process Inst.: For KH; please page 937-334-4208 For Soin H

Reason For Exam []

Comments: Click to add text (F6)

Item Select

Search: []

Title

- End-of-Life Care
- Goals of Care/Medical Decision Making
- Multiple Hospitalizations due to Chronic Illness
- Family Support
- Pain with Life Limiting Illness
- Intractable Symptoms
- Withdraw of Care/Terminal Withdrawl

7 items loaded.

Accept Cancel

Next Required Link Order

Accept Cancel

in the Respiratory Care group

Jump to linked group

One last step...

- We need to talk!
- Please call or page us after consult is placed.
- We want to be clear about how we can help and this information is best coming from you!
- We are available in AmCom
- We can be paged directly at 937-334-4208
- The operator can always help you!

When and where are we available?

- Currently our credentialing allows us to provide services at Kettering Medical Center, Soin and Sycamore hospitals.
- We do not currently provide services at Southview, Grandview or Greene.
- Our typical in-hospital hours are Mon – Fri 7-5 pm.
- After hours/weekends we are available by phone.




Step into our Future



“The Business Case for Palliative Care: Translating Research into Program Development”

- **Community-based Palliative Care**
 - improves symptoms
 - coordinates care
 - reduces ED visits
 - hospitalizations near EOL

A person is walking away from the camera on a paved path that curves through a misty, golden landscape. The scene is bathed in warm, low-angle light, creating a hazy, ethereal atmosphere. The person is silhouetted against the bright light, and their shadow is cast on the path. The background shows rolling hills and trees, all shrouded in a thick mist. The overall mood is contemplative and serene.

“We cannot change
the outcome, but we can
affect the journey.”

ANN RICHARDSON

Questions? Comments?

