PALLIATIVE CARE: A FOCUS ON QUALITY

Summer Bates FNP-BC, ACHPN
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DISCLOSURES

None

WHAT IS QUALITY OF LIFE

- ✓ The standard of health, comfort, and happiness experienced by an individual or group
- ✓ For each person quality of life means something different.

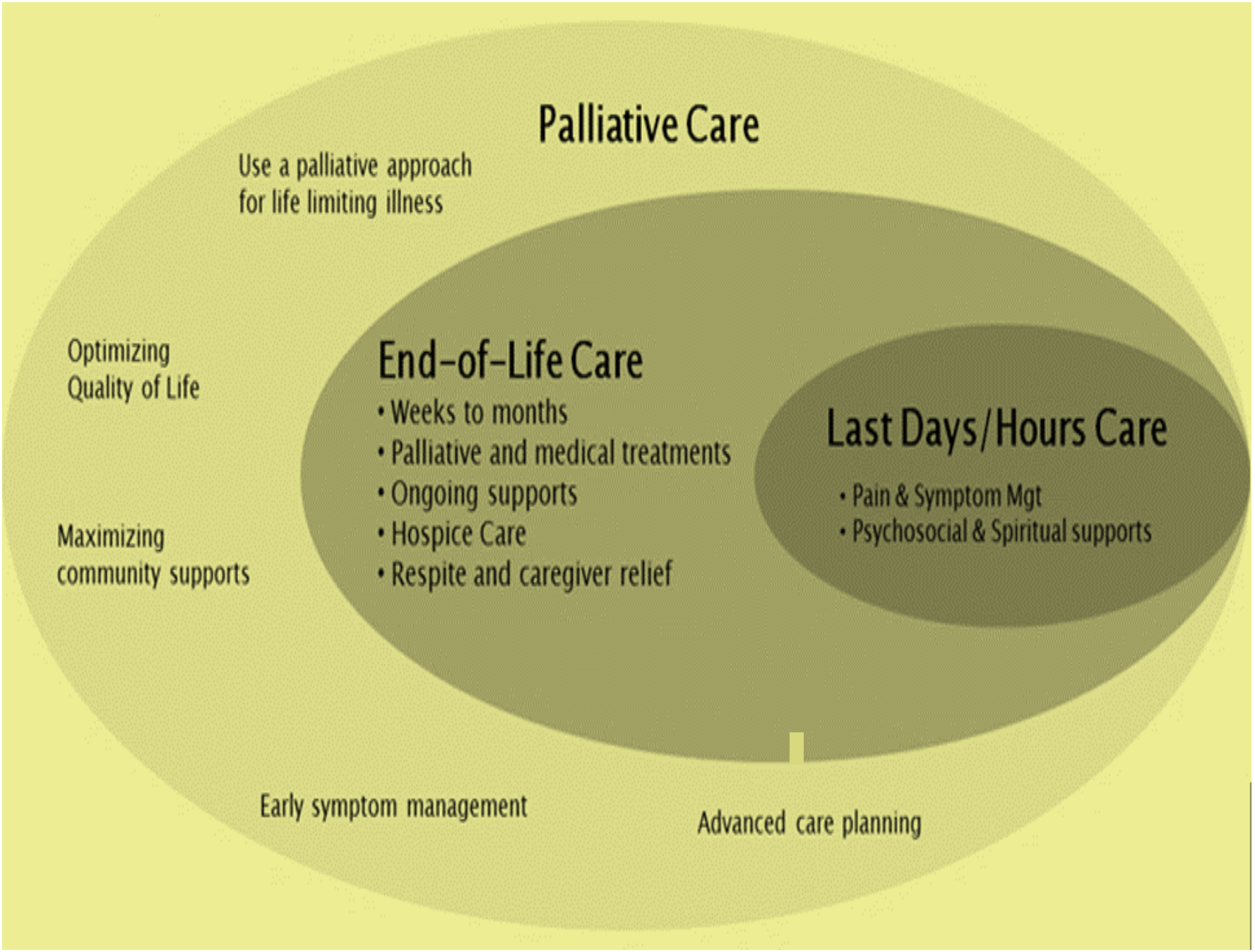
WHAT IS PALLIATIVE CARE REALLY ?

- Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.
- Palliative care is for anyone that has an illness that affects the quality of their life on a long term basis.
- It prevents or treats symptoms and side effects of disease and treatment.

Palliative Care

is not…

Just for the End of Life or Hospice



DIFFERENCES BETWEEN

PALLIATIVE CARE AND HOSPICE

Palliative Care	Hospice
➢Ideally begins at time of diagnosis of a serious or chronic illness or debilitating injury	➢Offered when patient considered "terminal" with generally less than 6 months to live
➢No disease specific criteria for care	➢No disease specific criteria for care
➢Provide holistic care	➢Provide holistic care
➢Goal manage symptoms for serious life limiting illness or injury	➢Manage symptoms for terminal illness
➢Interdisciplinary team approach	➢Interdisciplinary team approach
➢**All hospice is palliative care**	➢**Not all palliative care is hospice**
➢**May include aggressive, curative care**	➢Comfort Care ***without*** aggressive, curative care
➢Expenses are covered primarily by direct hospital support, philanthropy, fee-for-service	➢Expenses are covered by Medicare, Medicaid, and most private health insurers

WHAT DO WE DO…

- **Palliative care provides assistance with:**
  - Symptom Management
    - Dyspnea, Constipation, Fatigue, Nausea, Vomiting, Pain, Emotional Stress
  - Advance Care Planning
  - Goals of Care Discussions
  - Family Meetings

WHERE IS PALLIATIVE CARE DELIVERED…

- In home
- In skilled nursing facility
- In hospital
- Assisted living
- Adult foster care

HOW DO WE DO IT…

- Interdisciplinary team approach

Provided by an **interdisciplinary team,** who work *with* primary physician, providing an

"extra layer of support"

to patients of any age, at any stage of illness.

Palliative Care Team

Members

- Physician
- Advanced Practice Nurse (APN)
- Nurse
- Social Worker
- Pastoral Care

Ad Hoc

- Respiratory, Pharmacy, PMR, CRM, Outpatient Services

COVENANT PALLIATIVE CARE TEAM

Melodie Knicely, MD
Hospitalist, Palliative Care Physician Lead
989.280.4538
Mknicely@chs-mi.com

Tracy Bargeron, MSN, RN
Program Administrator
989.583.6292
tbargeron@chs-mi.com

Della Brown, BSN, RN
Advance Care Planning Facilitator
989.583.6080
DellaMBrown@chs-mi.com

Summer Bates, FNP-BC, ACHPN
Nurse Practitioner
989.583.4262
summer.bates@chs-mi.com

WHAT DOES THE INTERDISCIPLINARY TEAM DO…

- In depth chart review
- Comprehensive assessment
- Coordination of care
- Identification of appropriate care and resources
- Assistance with prognostication
- Support system involvement
- Follow up

SYMPTOM MANAGEMENT

1 Respiratory Symptom Managed by Palliative Care:

Dyspnea

DYSPNEA

- Sensation of difficult or uncomfortable breathing
- Over 50% of patients with serious illness experience dyspnea
- Dyspnea scale

Revised Borg Scale for Grading Severity of Dyspnea
0 - Nothing at all
1 - Just noticable
2 - Very slight
3 - Slight
4 - Slight-moderate
5 - Moderate
6 - Some difficulty
7 - Moderately severe
8 - Sever
9 - Very sever
10 - Panic level, maximal shortness of breath

- Not the same experience for everyone
  - **I feel**
    - Like I am smothering
    - Like my breath stops
    - Like I am smothering
  - **My**
    - Breathing requires effort
    - Chest feels tight
    - Breathing is short
  - **I Cant**
    - Catch my breath
    - Get enough air
    - Stop thinking about my breathing

DYSPNEA TREATMENT

- Optimizing management of the underlying condition
  - ✓ Antibiotics for infection
  - ✓ Inotropes and diuretics w/ exacerbation of LVHF
    - improve cardiac output
    - reduce interstitial pulmonary edema
    - correct hypoxemia
  - ✓ Optimize treatment of COPD with oxygen, bronchodilators and anti-inflammatory
  - ✓ Drain pleural or abdominal effusions
  - ✓ Handheld fan
  - ✓ Oxygen
  - ✓ Calm supportive presence
  - ✓ Optimal positioning
  - ✓ Energy conservation
  - ✓ Pursed lip breathing
  - ✓ Acupuncture

OPIOIDS FOR DYSPNEA

- **First line treatment…after other therapeutic options are optimized**
  - ✓ Mechanism of action is alteration of central perception of dyspnea and decreasing anxiety
  - ✓ Decreases subjective distress or awareness of dyspnea
  - ✓ Lower dose compared to pain control
    - ➢ Start at a low dose and up titrate to find lowest effective dose
    - ➢ 1-2mg of morphine concentrate is an appropriate starting dose
  - ✓ No research to support effectiveness of nebulized opioids

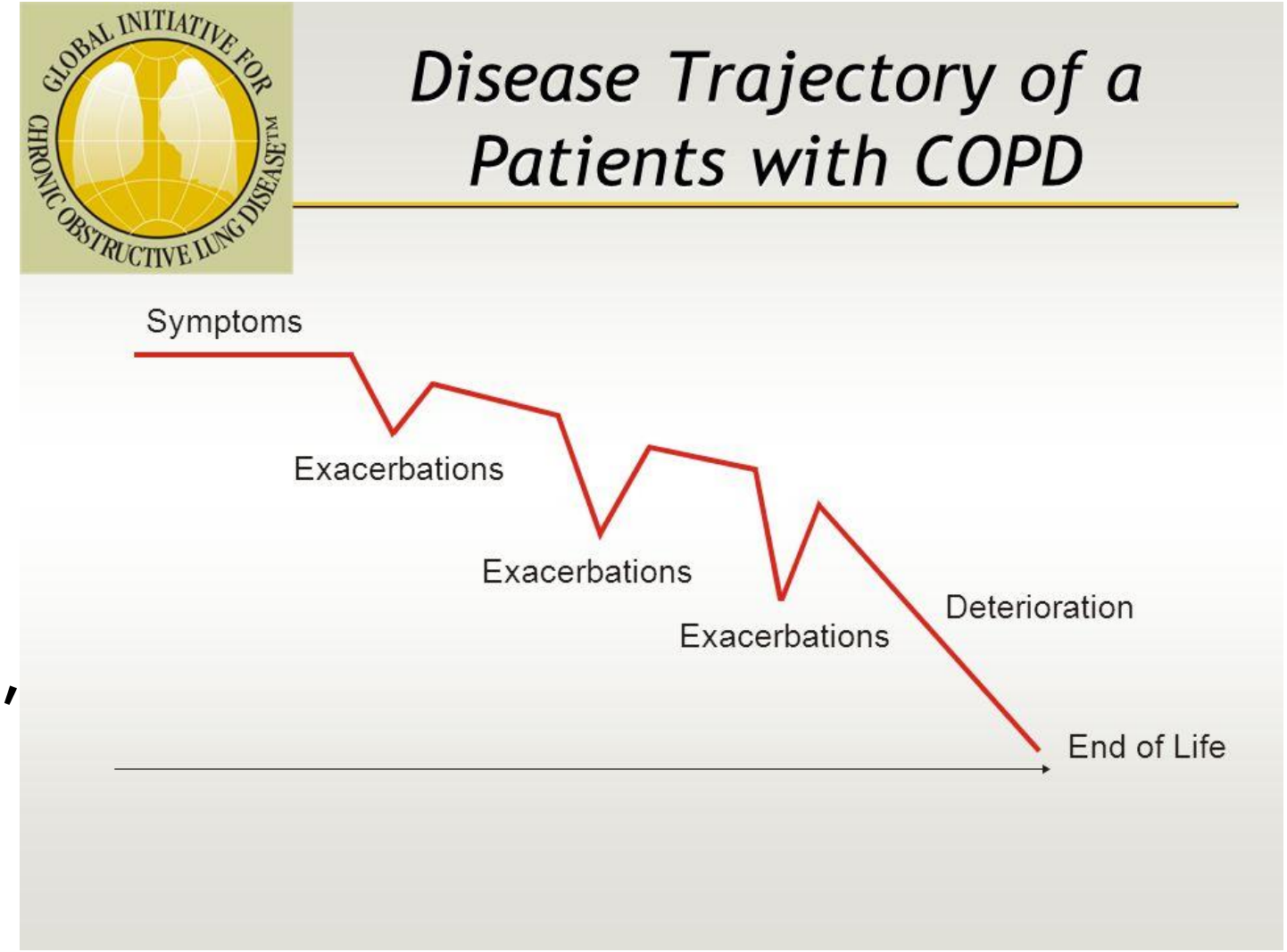
- **Misconception with benzodiazepines**
  - ✓ Not the first line therapy
  - ✓ Use in combination only in very advanced disease and be very cautious and start with lowest dose possible.

OTHER COMMON SYMPTOMS ASSOCIATED WITH LUNG DISEASE

- Musculoskeletal pain (chest wall pain, pain from avascular necrosis)
- Anorexia and cachexia
- Fatigue
- Constipation
- Social isolation
- Financial burdens
- Depression
- Anxiety

COPD

- Ideal disease process for palliative care
- Palliative care should start at diagnosis
- Multiple symptoms affect quality of life
  - Dyspnea, pain, depression, anxiety, social isolation, anorexia, fatigue, constipation, cachexia
- Somewhat predictable disease trajectory



ADVANCE CARE PLANNING

- ACP is a *process* of communication focused on planning for future health care decisions and how one's wishes would be communicated if they were unable to speak for themselves.
- Conversation should be tailored appropriately to each patient
- Discuss normal trajectory of the illness
  - Discuss treatment decisions that may come up in the future
- Often this will result in creating an Advance Directive
- Not just for patients with serious illness
  - Everyone over the age of 18 should have an advance directive completed

ADVANCE CARE PLANNING

1. Who would you want to make medical decisions for you if you couldn't make them yourself?
2. What are your goals for treatment?
3. Do you have any religious, personal, or cultural views that would affect your treatment choices?

HELP WITH ADVANCE CARE PLANNING

Tracy Bargeron, MSN, RN
Program Administrator, Advance Care planning specialist
989.583.6292
tbargeron@chs-mi.com

Della Brown, BSN, RN
Advance Care Planning Facilitator
989.583.6080
DellaMBrown@chs-mi.com

Free service to the community

Google: Covenant HealthCare Advance Care Planning or

http://covenanthealthcare.com/main/advancecareplanning.aspx

GOALS OF CARE DISCUSSIONS FAMILY MEETINGS

- Prognostication
- Advanced Communication Skills
- Time

DISCUSSING PROGNOSIS - COPYRIGHT VITALTALK 2017

Using the ADAPT tool to guide you through complex conversations

We designed this talking map to give you a just-in-time route through a complex conversation. Think of it as a series of signposts—you might find that not all apply to a particular patient.

Step	What you say
1. Ask what the patient knows, what they want to know	What have other doctors told you about what your prognosis, or the future? How much have you been thinking about the future?
2. Discover what info about the future would be useful for the pt	For some people prognosis is numbers or statistics about how long they will live. For other people, prognosis is about living to a particular date. What would be more helpful for you?
3. Anticipate ambivalence	Talking about the future can be a little scary. If you're not sure, maybe you could tell me how you see the pros and cons of discussing this. If clinically deteriorating: From what I know of you, talking about this information might affect decisions you are thinking about.

DISCUSSING PROGNOSIS CONT'

Step	What you say
4. Provide information in the form the patient wants	To provide using statistics: The worst case scenario is [25th percentile], and the best case scenario is [75th percentile]. If I had 100 people with a similar situation, by [median survival], 50 would have died of cancer and 50 would still be alive with cancer. To provide without statistics: From my knowledge of your situation and how you cancer has been changing /responding, I think there is a good/50-50/slim chance that you will be able to be around [on that date/for that event].
5. Track emotion	I can see this is not what you were hoping for. I wish I had better news. I can only imagine how this information feels to you. I appreciate that you want to know what to expect.

BENEFITS OF PALLIATIVE CARE

- Improved Patient/Family Satisfaction
- Support for staff and providers
  - Education
  - Assistance with difficult conversations
  - Assistance with prognostication
- Obtain patient goals and align treatment to reflect this
- Patients live longer (New England Journal of Medicine 2010)
- Improved quality of life
- Decreased Hospital LOS
- Decreased ICU LOS

QUESTIONS

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REFERENCES

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