# Holy Cross Palliative Care Program

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Define Palliative Care

Scope of Palliative Care

 Palliative Care Services at Holy Cross Hospital

## **Definition of Palliative Medicine**

- Prevent and relieve suffering and promote and enhance the person's quality of life.
- WHO definition: "... an approach that improves the quality of life of patients and their families facing the problems associated with a 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 Medicine**

### Palliative Care - - -

- Provides relief from pain and other distressing sx
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychological and spiritual aspects of the person
- Offers a support system to help the family cope during the patient's illness and in their own bereavement

# **Definition of Palliative Medicine**

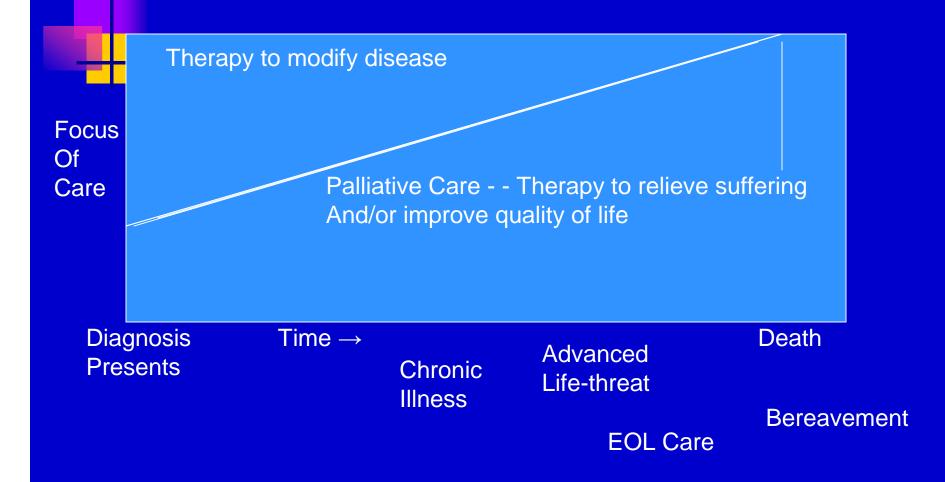
- Uses a team approach to address the needs of patients and their families, including bereavement counseling
- Will enhance quality of life and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life... and includes those investigations needed to better understand and manage distressing clinical complications.

## Palliative Medicine's Scope

#### Available to persons of any age

- For anyone with a diagnosis that causes suffering
  - CHF, COPD, hepatic failure, renal failure, stroke, ALS, AIDS, Cancers, Arthritis, etc
- At any time patients or families have a need and are willing to integrate palliative care with therapies to manage the disease process
- In any setting where patients receive care -
  - Home, palliative units, hospice units, LTC, SNF, OP Palliative Care Clinic, etc.
- With the patient's primary health team -
  - Family Physician, Internist, Geriatrician, Cardiologist, Pulmonologist, Intensivist, Nurses, NP's, etc.

## Integration Of Palliative Care





## Core Elements of Palliative Care – National Quality Consensus Guidelines

- 1. Patients of all ages who experience a debilitating chronic or life-threatening illness, condition or injury.
- 2. Patient and family-centered care.
- 3. Timing: begins at the time of diagnosis, continues through cure or until death, and through the family's bereavement period.
- 4. Comprehensive Care: multidimensional assessment - relieve or diminish the physical, psychological, social, spiritual dimensions of suffering.
- 5. Interdisciplinary Teams: physicians, NP's, nurses, social workers, chaplains, pharmacists, volunteers, music therapists, etc, etc.
- 6. Attention to relief of suffering: Multi-modal approaches, pharmacologic and non-pharmacologic therapies for distressing symptoms.

# **Core Elements of Palliative Care**

#### **7.** Excellent communication skills:

- active listening
- determine goals and preferences
- assist with medical decision-making
- effective communication with other health providers, family members, caregivers.
- 8. Skills in the care of the dying and bereaved
  - S/S of imminent death
  - Prognostication
  - Care and support of the dying patient and family
  - Understanding normal and aberrant grief
  - Understand normal bereavement processes
- 9. Continuum of Care Processes
- **10. Equitable Access to Palliative Services**
- **11. Quality Improvement of Palliative Care**



#### **Structure and Processes of Care**

- Comprehensive interdisciplinary assessment of patient and family
  - Patient and family interview
  - Review of medical records, discussions w docs and nurses and other care professionals
  - Pt examination
  - Review of labs, radiology, etc
- Document disease status, dx, prognosis
- Document comorbid conditions
- Document biopsychosocial-spiritual and cultural issues
- Document patient and family values, expectations and goals for care, treatments, and life after this hospitalization

#### Structure and Processes of Care

- Emotional Support is available for palliative staff and other hospital staff and volunteers
- Palliative Care is part of the continuum of care with hospice program
- The hospital physical space facilitates excellent palliative environments throughout the hospital

#### Physical Aspects of Care

- Pain, nausea, restlessness, dyspnea, and other symptoms are managed with the best EBM approaches for treatment.
- Regular, ongoing assessments and education of staff, pt and family members
- Incorporate pharm and non-pharm approaches
- Educate the family and patient regarding expected outcomes, SE's, impact on functional capacity, etc.

### Physical Aspects of Care

 Appropriate referrals to other specialists in symptom management – PT and OT and Physical Medicine and Rehab, etc.

### Psychological Aspects of Care

- Ongoing assessment of psych symptoms anxiety, restlessness, depression, stress, grief, etc.
- Assess pt and family coping strategies
- Pt and family understanding of impact and consequences of this illness on the pt and the family structure and dynamics
- Approp pharm and non-pharm tx for sx
- Approp referrals to MH professionals

- Social Aspects of Care
  - Family structure and dynamics
  - Relationships important to pt.
  - Communication styles
  - Cultural networks
  - Medical decision-making styles
  - Finances
  - Sexual issues
  - Living arrangements
  - Caregiver issues
  - Community resources
  - School and work issues ....

### Spiritual/Religious Domain of Care

- Exploration and discussion of spiritual or religious or existential issues
  - Life review, assessment of hopes and fears, meaning, purpose, beliefs about life and death, guilt, forgiveness and life completion tasks
  - Sensitivity and response to symbols and other cultural expressions of spirituality
  - Facilitate religious or spiritual rituals
  - Appropriate referrals to pastoral care or other spiritual leaders as needed
- Cultural Aspects of Care
  - Address cultural needs of patient and/or family

#### **Cultural Aspects of Care**

- Respectful conversations with the patient and family
  - Respect and accommodate cultural practices of patients
  - Appropriate use of interpreter services
- Care of the Imminently Dying Patient
  - Disclosure, truth-telling and decision-making

#### Sensitively communicate the s/s of imminent death

- Change in consciousness, social withdrawal, cool or cyanotic extremities, \$\overline\$ BP and P, cheyne-stokes breathing, significant change in eating pattern
- PPS of 10 %
- EOL concerns and tx goals are discussed, identified, respected and carried out.

- Document patient and family preference for care setting for death
- Palliative Wean from Ventilator
- Appropriate and timely hospice referral
- Ethical and Legal Aspects of Care
  - Patients goals, choices and preferences are respected and form the basis for the plan of care
  - Include surrogate when necessary in decision making
  - Patient guides the care plans and input is sought on a regular basis: 5 Wishes discussion.

## **Palliative Care Domains**

### Ethical and Legal Aspects

- Able to address and facilitate discussions about complex ethical treatment issues
- Obtains appropriate ethics consults
- Care is consistent with professional codes of ethics and palliative care standards



# HCH Palliative Care Services

- Inpatient Consultation Services
- Team Members
  - Medical Director
  - Nurse Practitioner
  - Pastoral Care Chaplain
  - Pharm. D.
  - Executive Adm Asst.

# **Future Plans**

- Team Members
  - Social Worker
  - Additional physicians
  - Additional NP's
- Clinical Programs
  - OP Palliative Care Services
  - IP Palliative Care Unit
- Education Programs

# Summary

- Palliative Care can be involved from the time of diagnosis of a stroke through hospital recovery, rehab and re-entry into the community.
- At Holy Cross Hospital contact us through:
  - Intranet :
    - https://hch.palliativecare.webexone.com
  - Phone: 301-754-7253
  - Pager: 2-1686

