

Palliative Care in the United States

Example from Supportive Care Service:
OSF Health Care



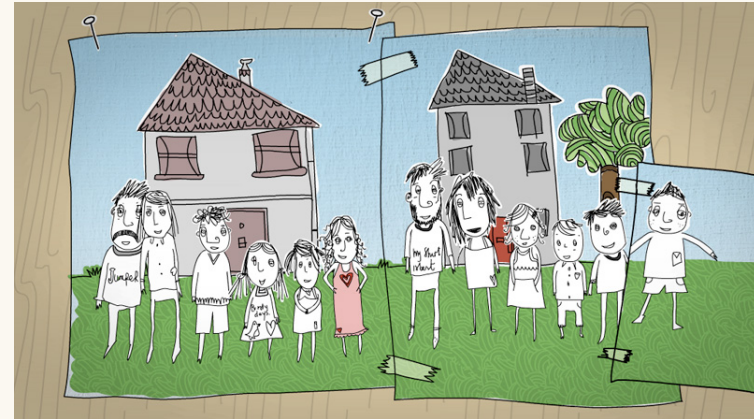
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Family



Definition of Palliative Care

- Palliative care is specialized medical care for people with serious illnesses, focused on providing patients with relief from the symptoms, pain, and stress of a serious illness regardless of diagnosis.
- The goal is to improve quality of life for both the patient and the family.
- Palliative care is provided by a team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support.
- It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

What are the Outcomes of Palliative Care?

Patients have better symptom management and improved quality of life in all dimensions.

Patients and their families are more satisfied with the care and treatments they receive. Several recent studies have shown that patients who are given Palliative Care live longer than those “matched patients” who did not receive Palliative Care as an extra layer of support.

Palliative Care also decreases moral distress for physicians, nurses, and family, because futile, unwanted care lessens as patients make their own care decisions.

Primary and Specialty Palliative Care

■ Primary:

- Basic management of pain and symptoms
- Basic Management of depression and anxiety
- Basic discussions about
 - Prognosis
 - Goals of treatment
 - Suffering
 - Code status (DNR)

Primary and Specialty Palliative Care

- **Specialty Level Palliative Care:**
 - Management of refractory pain or other symptoms
 - Management of more complex depression, anxiety, grief, and existential distress
 - Assistance with conflict resolution regarding goals or methods of treatment
 - Within Families
 - Between staff and families
 - Among treatment teams
 - Assistance in addressing cases of near futility

Palliative Care /Care Decisions ®

- Palliative Care Consult (within 24 hrs) with multi-disciplinary team
- Family meeting
- Advocacy
- Spiritual Care
- Bridging the gap or filling the gap of physicians / specialist
- Help patient and family to determine the course of care

Supportive Care

Advance
Care
Planning

Palliative Care

Primary Palliative
Care

Specialized
Palliative Care

Hospice

Advanced Care Planning (ACP) /Care Decisions ®

ACP is one of the Advanced Directives –

“ What type of care would you like to receive when you are no more able to communicate – and make a decision for yourself ? ”

“ Who would you like to advocate for you?”

Advanced Care Planning /Care Decisions ®

- **Helps the patient plan for their needs as a whole person at end of life:**
 - **Spiritual**
 - **Physical**
 - **Social**
 - **Family**
 - **Cultural**

Advanced Care Planning /Care Decisions ®

- **51% of our patients had chronic or late stage chronic disease**
- **82% of those with ACP who died had chronic or late stage chronic disease (Stroke, COPD, CVD, Reno failure, Cancer etc..)**
- **High Risk patients with ACP had lower overall costs of care in last 6 months of life by \$1500-\$3000 (inclusive of Rx and Medical)**

Consider conversation... (会話を始めることを考えましょう。)

- *End-of-life discussions are associated with less aggressive medical care near death and earlier hospice referrals. Aggressive care is associated with worse patient quality of life and worse bereavement adjustment.*

- Associations Between End-of-Life Discussions, Patient Mental Health, Medical Care Near Death, and Caregiver Bereavement Adjustment

Wright et al *JAMA*. 2008;300(14):1665-1673

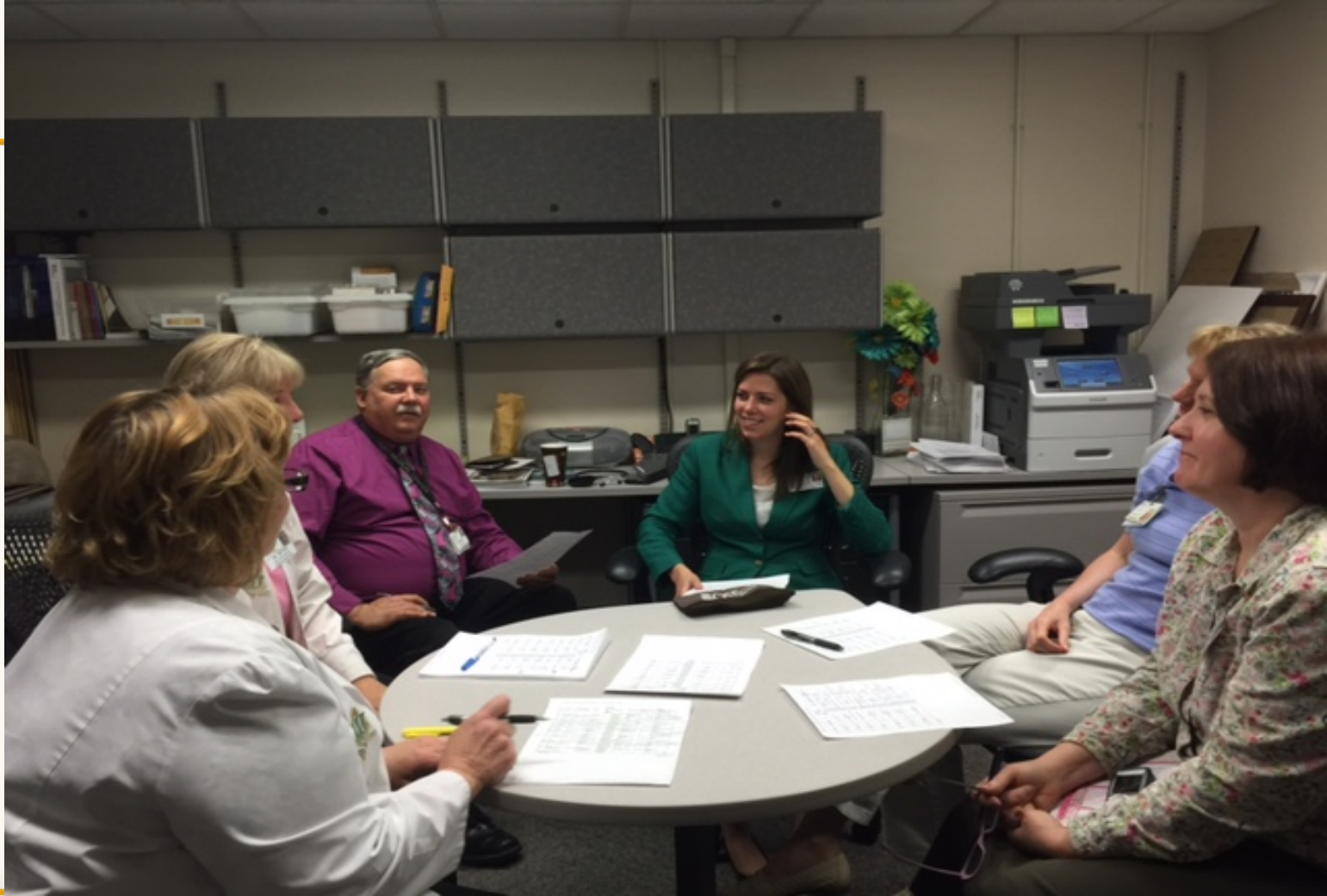
Interdisciplinary Meeting (IDT)

- **Bring multiple discipline to discuss about the palliative care consults cases**
- **Discuss ethical and legal issues and consult with an ethicist (Surrogate act/ QOL and Burden/ Ethical Religious Directives of Catholic Healthcare Services)**
- **Debrief moral distress and difficult encounters**
- **Bring different perspectives to the table**
- **Team building**

Successful Palliative Care Programs Included

- **Interdisciplinary team (IDT)**
- **House calls**
 - MD available to consult over the phone with APN (Advanced Practice Nurses) provider visit as needed
 - APN to make the provider home visit
 - RN to make skilled need visits and triage whether or not APN needs to make house call
 - As needed MSW(Social Workers) and Pastoral Care visits
- **Outpatient clinic**
- **IDT meetings**
 - Regular meetings to discuss patients in order to most effectively utilize the team, so each member is not duplicating work and plan of care is up to date, reflecting patient's goals and wishes

Interdisciplinary Meeting (IDT)



Best Practice

- **National Consensus Project for Quality Palliative Care, 3rd Edition (2013)**
 - **Clinical Guidelines for Quality Palliative Care**
 - **“Promote quality palliative care, foster consistent high standards in palliative care, and encourage continuity of care across settings”**
 - **Accomplished through a consensus process among representatives from leading palliative care and hospice organizations**
 - **Covers 8 Domains**

Best Practice

■ **Eight Domains include the following:**

- **Domain 1: Structure and Processes of Care**
- **Domain 2: Physical Aspects of Care**
- **Domain 3: Psychological and Psychiatric Aspects of Care**
- **Domain 4: Social Aspects of Care**
- **Domain 5: Spiritual, Religious and Existential Aspects of Care**
- **Domain 6: Cultural Aspects of Care**
- **Domain 7: Care of the Patient at the End of Life**
- **Domain 8: Ethical and Legal Aspects of Care**

Best Practice

- The Clinical Practice Guidelines for Quality Palliative Care have been endorsed by the following organizations:
 - American Academy of Hospice and Palliative Medicine
 - American Academy of Nursing
 - Center to Advance Palliative Care
 - Supportive Care Coalition
 - Hospice and Palliative Nurses Association
 - National Palliative Care Research Center
 - In addition to 48 other professional organizations

Best Practice

- **Center to Advance Palliative Care**
 - **National framework and preferred practices for palliative and hospice care**
 - Reinforces the recommendations provided by the Clinical Practice Guidelines for Quality Palliative Care
 - **Provides Established Palliative Care Tools for Clinical Practice**
 - Available online
 - Evidenced Based
 - <http://www.capc.org/tools-for-palliative-care-programs/national-guidelines/nqf-brochure.pdf>

Questions? ■ Thank you very much!



References

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