

Palliative Care



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What is Palliative Care?

Defining Palliative Care

Palliative Care is a philosophy of care that focuses on

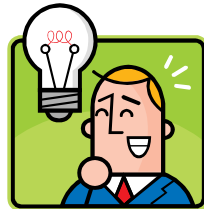
- optimizing quality of life
- by anticipating, preventing, and treating suffering



Defining Palliative Care

Palliative Care throughout the continuum of illness involves

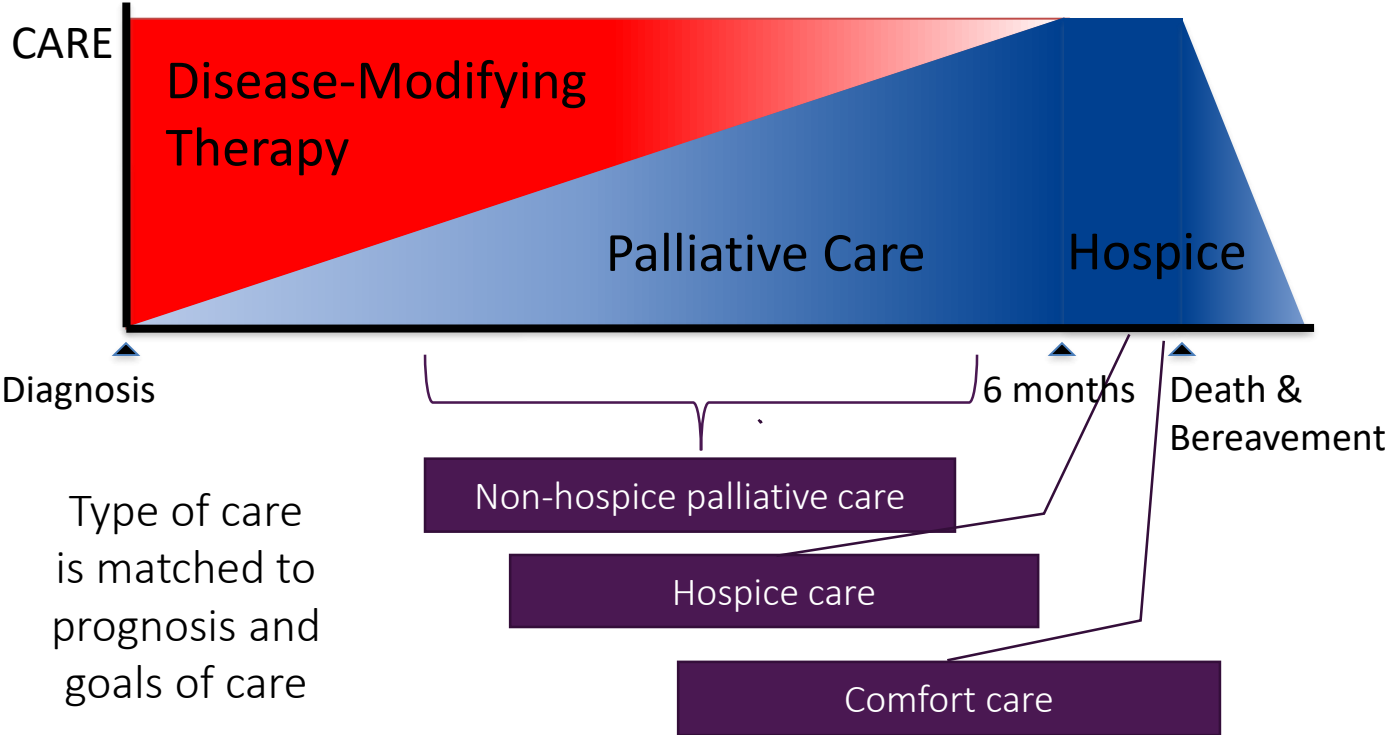
- Addressing physical, intellectual, emotional, social and spiritual needs
- To facilitate patient autonomy, access to information, and choice



Defining Palliative Care

Appropriate at any age and at any stage in a serious illness and can be provided **along with curative treatment**

From Diagnosis to Death



Primary vs. Specialty Palliative Care

Primary Palliative Care

- A philosophy of care:
 - All palliative care is focused on improving quality of life for patients living with serious illness.
 - It is an important part of routine medical care and can be provided together with curative treatment.
 - Any health care provider can provide primary palliative care

Primary Palliative Care Skills

- Pain and symptom management
 - First line
 - Acute pain
- Initial goals of care discussions
- Verifying code status
- Coordination of care
- Discharge planning for smooth transitions

Specialty Palliative Care

- Palliative care is a distinct medical specialty that works with a patient's other doctors to provide an extra layer of support
- Using interdisciplinary teams, it provides extra support to help patients and families manage the stresses of serious illness
- *"Compensates for the fact that **nobody is in charge.**" - Diane Meier, M.D.*

Specialty Palliative Care Referrals

- Complex pain and symptom management related to chronic illness
- Support for family conferences (prognosis, goals)
- Advance care planning
- Patient or family counseling and support
- Care coordination
- Support for health care team
- Build relationships for transition throughout disease trajectory
 - Earlier = better



- The goal of specialty palliative care services is often to help the patient/family identify their goals and make informed choices



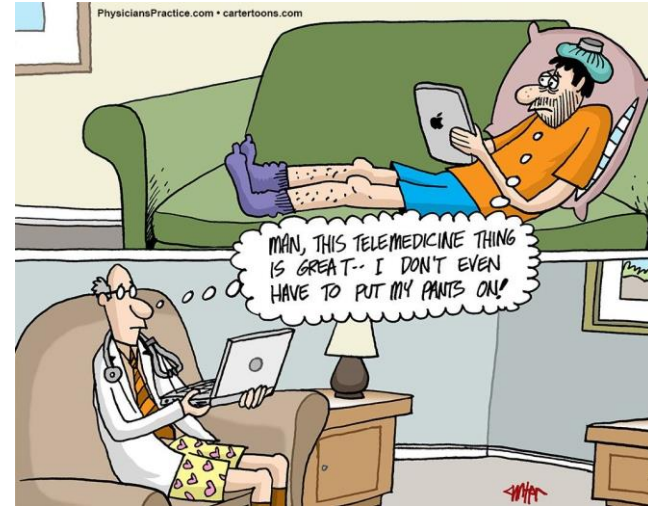
Hope for the Best
Plan for the
Worst



Palliative Care Service within Advocate Aurora

Types of Palliative Care Provider Services

- Inpatient teams
- Outpatient clinics
 - General
 - Specialty clinics
 - Oncology
 - Advanced Heart Failure
- Community based services
- Virtual clinics

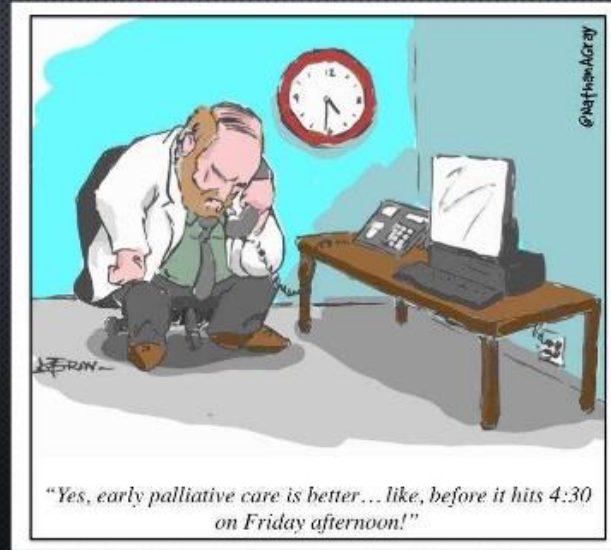


Insurance Coverage

- Coverage is based on insurance and services provided
- Palliative care providers (APCs and physicians) bill as independent providers



When to Refer to Palliative Care



When to consult

- Uncontrolled symptoms (Pain, SOB, N/V, constipation or other symptom)
- Moderate-to-severe distress related to diagnosis and/or treatment
- Serious comorbid physical (late stage disease), psychiatric, or psychosocial conditions
- Estimated life expectancy of < 1 Year
- Patient/family concerns about course of disease and decision-making
- Patient/family requests for palliative care

Pain/symptom management

- Methadone
- Ketamine
- Opioid conversion
- Titration of high dose opioids
- Transition for safe care

Palliative Care is not...

- An attempt to cure
- Strictly Hospice care
- Only end-of-life care
- The end of readmissions
- Arm twisters

Tips and Resources

Tips

- Do not confuse patients and families by interchanging the terms hospice and comfort care
- Avoid saying:
 - There is nothing more we can do
 - We have nothing more to offer



- Everyone wants to make their own choices in their own time
- Instead talk with patient about their goals in light of their disease trajectory

Resources

- Fast Facts
 - One page sheets on hundreds of palliative care topics
- CAPC- Center to Advance Palliative Care
 - Free CMEs on primary palliative care topics
 - Available to all AAH employees
- Stop Light tool
- “What you should know” pamphlet

COVID-19 Palliative care Resources

- CAPC COVID-19 Response Resources Hub
- Free and membership not required
- AAH COVID-19 Information Center
 - Post Acute and Palliative Care Section
 - Palliative Care: Inpatient comfort care/end of life order set
 - Advanced Care Planning/Shared decision making

How to Refer

EPIC order

- Inpatient
 - Inpatient consult to palliative care
 - Helps to have a provider name attached to order
- Outpatient clinics
 - Service to Outpatient Palliative Care (non-hospice)
 - Helps to have a provider name attached to order
- Home Care services
 - Service to home care- allows you to choose hospice, palliative, etc

**We're the Fire Department,
Not the Fire**

Outpatient Palliative Care

When to Refer

<p>DEFER</p> <p>Not warranted/ out of scope</p>	<ul style="list-style-type: none">• Hospice placement/referral• Chronic non-malignant pain management• Management of psychiatric disorders including substance abuse• Any patient, including elderly or frequently admitted, without advanced chronic or acute life-threatening condition and complex palliative needs• Chronic disease management
<p>WAIT</p> <p>Things to address first</p>	<ul style="list-style-type: none">• Identification of decision maker, contact with surrogate• Preliminary goals of care discussion including diagnosis, prognosis, and potential treatment options• Further workup/specialty input that may help determine diagnosis/prognosis/treatment options• Palliative care involvement discussed with patient/surrogate
<p>GO!</p> <p>Consult Palliative Care</p>	<ul style="list-style-type: none">• Patient with advanced chronic condition or life-threatening illness (you would not be surprised if patient died in the next year) AND any of the following:<ul style="list-style-type: none">- Uncertainty regarding appropriateness of treatment options- Complex symptom needs- Family distress impairing surrogate decision making- Ethical dilemmas- Two or more hospitalizations within a 3-month period- Unintentional weight loss or poor nutritional status- Persistent functional decline- Poor social support• Multi-organ failure• Consideration of non-orally ingested nutrition/hydration in a cognitively impaired, seriously ill, or dying patient, or for any neurological condition• Patient/family requests for palliative care involvement• Patient has previously been seen by palliative care provider

How to Order

EPIC outpatient order: SERVICE TO OUTPATIENT PALLIATIVE CARE [NON-HOSPICE]. (aka PALLIATIVE) **This is *not* the Service to Nursing Therapy order for Aurora at Home (VNA).**

Order and Order Set Search

PALLIATIVE

Order Sets & Panels

ID	Name	User Version Name
1573	HOME CARE SERVICES	

Medications (No results found)

Procedures

Name	Px Code	Summary	Status
HOSP IP COMFORT CARE END OF LIFE ORDER SET (PPO #5395) (aka PALLIATIVE)	NUR2055		
SERVICE TO OUTPATIENT PALLIATIVE CARE NON HOSPICE (aka PALLIATIVE)	NB213		
IP CONSULT TO PALLIATIVE CARE	CON27		
SERVICE TO HOME CARE (aka PALLIATIVE CARE WI ONLY)	NB246		
SERVICE TO HOME CARE PHARMACY IV AND ENTERAL (aka PALLIATIVE CARE)	NB249		
SERVICE TO HOME CARE PHARMACY IV AND ENTERAL (aka PALLIATIVE CARE)	NB249		

Use this (points to NB213)

Not this (points to NB246)

Complete screen to include: REFERRAL TO: “[insert provider]”; COMMENTS: Please include reason for the referral (ie. Symptom management recommendations, Goals of care counseling, Advance care planning, etc.)

SERVICE TO OUTPATIENT PALLIATIVE CARE NON HOSPICE

Accept Cancel

Process Inst.: Patients seen by these providers require non hospice palliative care. Primary services performed include symptom management, counseling and care coordination.

Patients referred to these services will be seen by Physicians or Nurse Practitioners with a Palliative Care Specialty.

Non hospice palliative care services are performed at multiple locations and we will make every attempt to schedule at a location convenient for the patient.

Priority: Routine STAT ASAP Today Routine

Class: Internal AH Internal AH External Pre-Auth

Indicate all needed services

Comments: + Add Comments (F6)

Referral: Location/POS: From: # of Visits: 1

To: Expiration Date: 10/30/2020

Show Additional Order Details

Next Required

Accept Cancel

After the order is placed, a PSR will follow-up by calling your patient to schedule their appointment and provide additional instructions.

ADDITIONAL NOTE: Consulting the Palliative Care Team does not replace or preclude services by Aurora at Home (for instance, home nursing or home palliative care). If the patient is admitted to hospice, the Palliative Care Team will no longer follow the patient.

Palliative Care

What You Should Know

Palliative Care (pronounced pal-lee-uh-tiv) is specialized medical care for people with serious illness. This type of care is focused on providing 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 provided by a specially-trained 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 it can be provided along with curative treatment.

1 WHERE DO I RECEIVE PALLIATIVE CARE?

Palliative care can be provided in a variety of settings including the hospital, outpatient clinic and at home.

2 DOES MY INSURANCE PAY FOR PALLIATIVE CARE?

Most insurance plans, including Medicare and Medicaid, cover palliative care.

3 HOW DO I KNOW IF PALLIATIVE CARE IS RIGHT FOR ME?

Palliative care may be right for you if you suffer from pain, stress or other symptoms due to a serious illness. Serious illnesses may include cancer, heart disease, lung disease, kidney disease, Alzheimer's, HIV/AIDS, amyotrophic lateral sclerosis (ALS), multiple sclerosis, Parkinson's and more. Palliative care can be provided at any stage of illness and along with treatment meant to cure you.

4 WHAT CAN I EXPECT FROM PALLIATIVE CARE?

You can expect relief from symptoms such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. Palliative care helps you carry on with your daily life. It improves your ability to go through medical treatments. It helps you better understand your condition and your choices for medical care. In short, you can expect the best possible quality of life.

5 WHO PROVIDES PALLIATIVE CARE?

Palliative care is provided by a team including palliative care doctors, nurses and other specialists.

6 HOW DOES PALLIATIVE CARE WORK WITH MY OWN DOCTOR?

The palliative care team works in partnership with other doctors to provide an extra layer of support for you and your family. The team provides expert symptom management, extra time for communication about your goals and treatment options and help navigating the health system.

7 HOW DO I GET PALLIATIVE CARE?

You have to ask for it! Just tell your doctors and nurses that you would like to see the palliative care team. You can start with the Provider Directory on [GetPalliativeCare.org](https://www.getpalliativecare.org). That's where you can find palliative care in your area, quickly and easily.

To learn more about palliative care, go to [getpalliativecare.org](https://www.getpalliativecare.org)

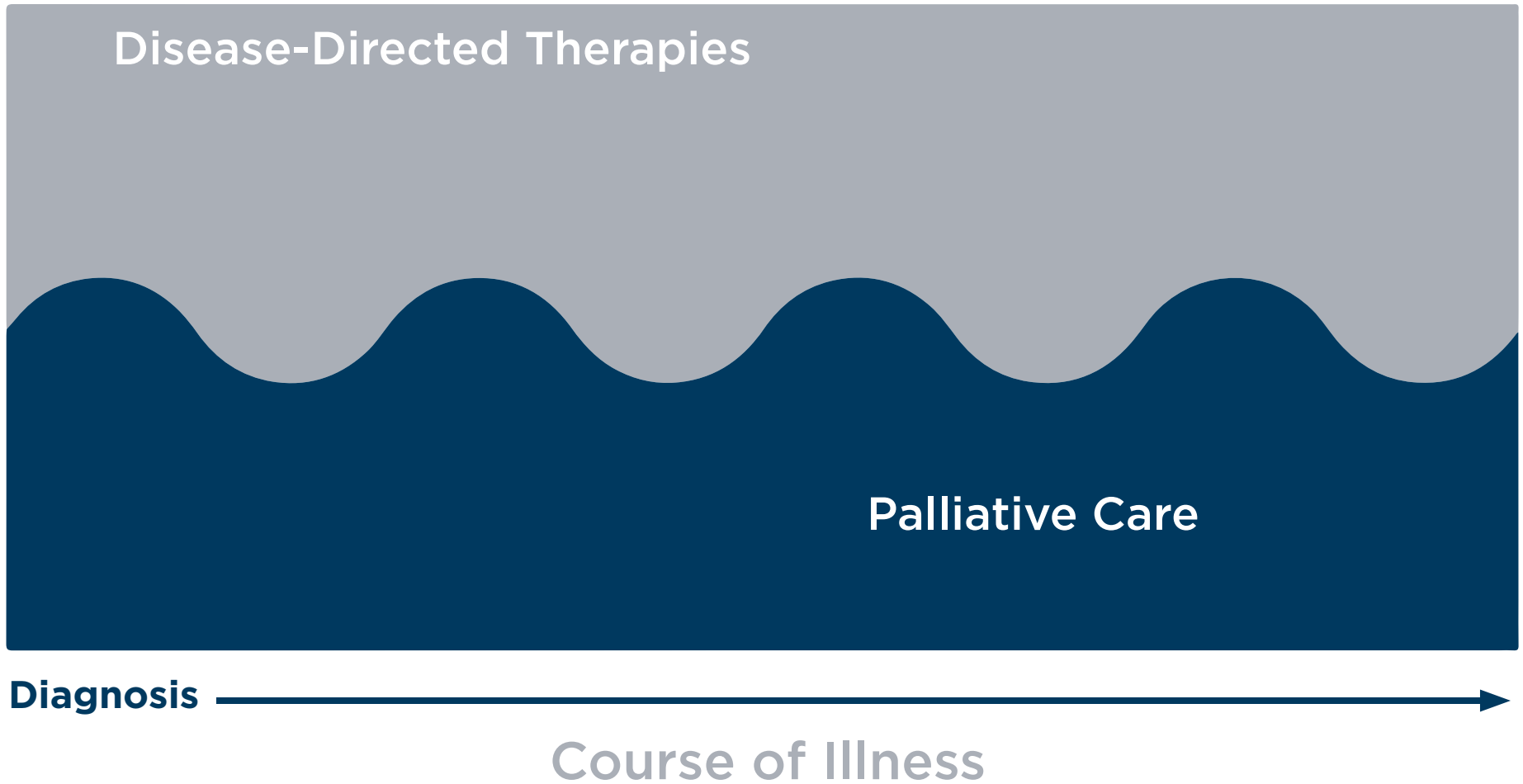
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We are  AdvocateAuroraHealth

GET PALLIATIVE
CARE

Palliative Care Is Appropriate at Any Point in a Serious Illness



Source: Center to Advance Palliative Care