

A Primer in Palliative Care

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Innovations in Geriatric Nursing Care Conference

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Division of Hospital Medicine

Palliative Care Program

Department of Physiological Nursing

Acknowledgement

DorAnne Donesky, PhD, ANP-BC

Associate Adjunct Professor

Department of Physiological Nursing



Founder and Co-Director, Palliative Care Minor and
Interprofessional Continuing Education Program

Objectives

- Define palliative care, including primary and consultative models
- Field status update, including areas of need
- Describe key roles for nurses in the ongoing expansion of palliative care, including project examples
- Provide resources for further development

Confidence: Palliative Care Tasks

	Not Confident	Somewhat Confident	Confident	Very Confident
Ensure that patients receive palliative care when needed				
Describe palliative care to a patient family				
Communicate the value of palliative care to a physician				

Confidence: Palliative Care Tasks

	Not Confident	Somewhat Confident	Confident	Very Confident
Ensure that patients receive palliative care when needed	13%	41%	37%	10%
Describe palliative care to a patient family	8%	34%	45%	13%
Communicate the value of palliative care to a physician	10%	35%	42%	14%

What is Palliative Care?

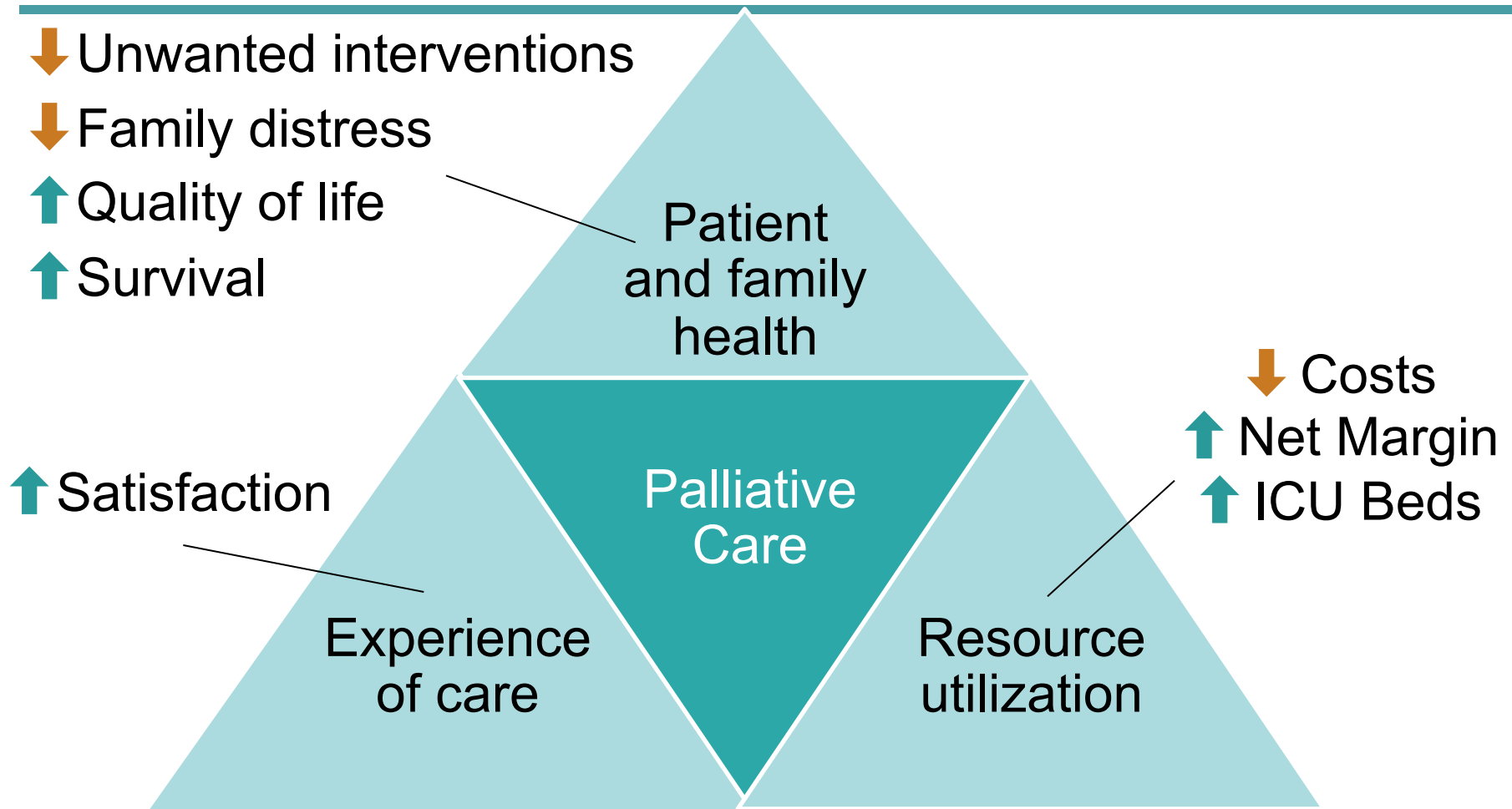


National Need for Palliative Care

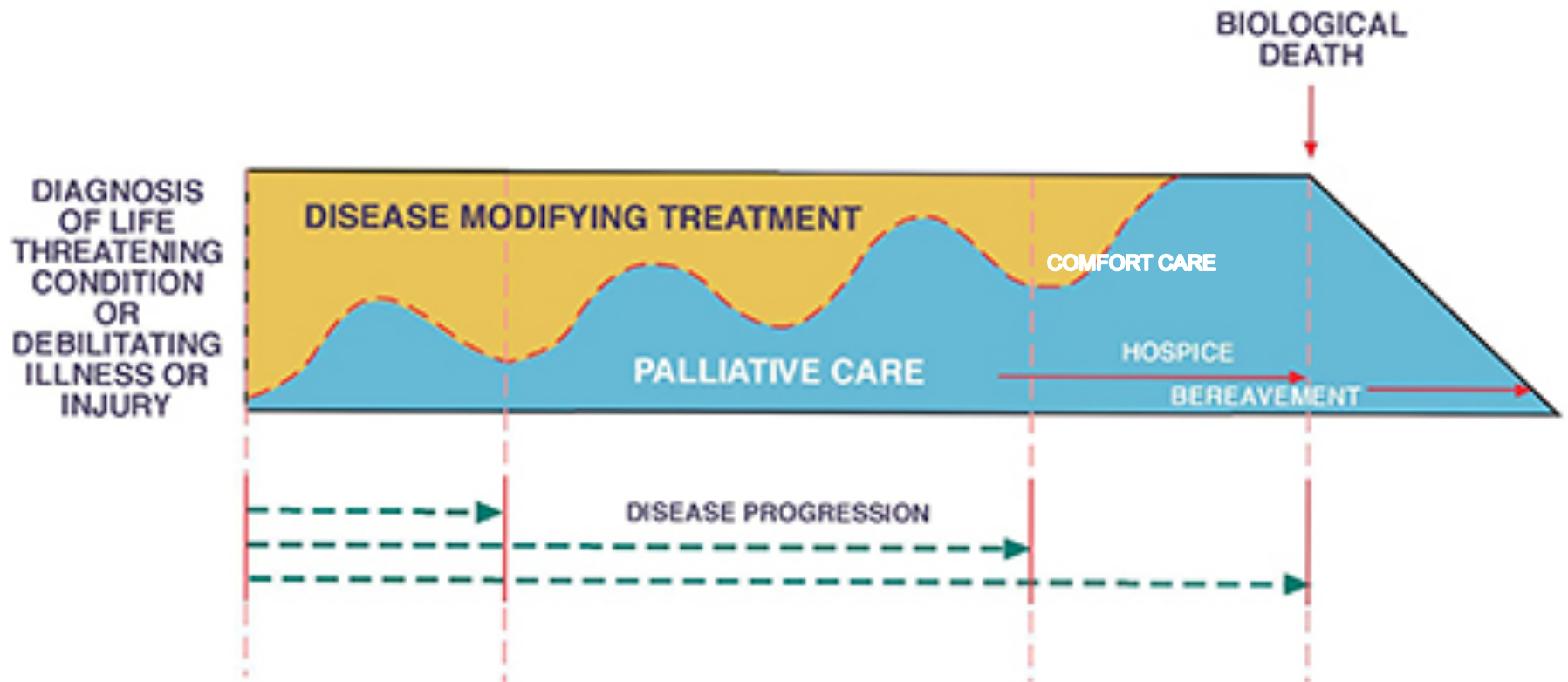
- High intensity care not in accord with most patient's wishes
 - ▶ 9 in 10 prefer to feel better vs. live longer
 - ▶ 1 in 2 die in hospital, 1 in 5 in ICU
- Poor pain control, support, care coordination:
 - ▶ 1 in 4 patients – inadequate treatment of pain
 - ▶ 1 in 3 patients – inadequate communication, discharge counseling and follow-up care
 - ▶ 1 in 3 families – insufficient emotional support
 - Prevalent PTSD, complicated grief

Lynn & Adamson RAND Health 2003
Martin et al Health Affairs 2012
Dartmouth Atlas of Healthcare
Angus et al Crit Care Med 2004
Stanton & Rutherford AHRQ 2005

The Triple Aim for Serious Illness

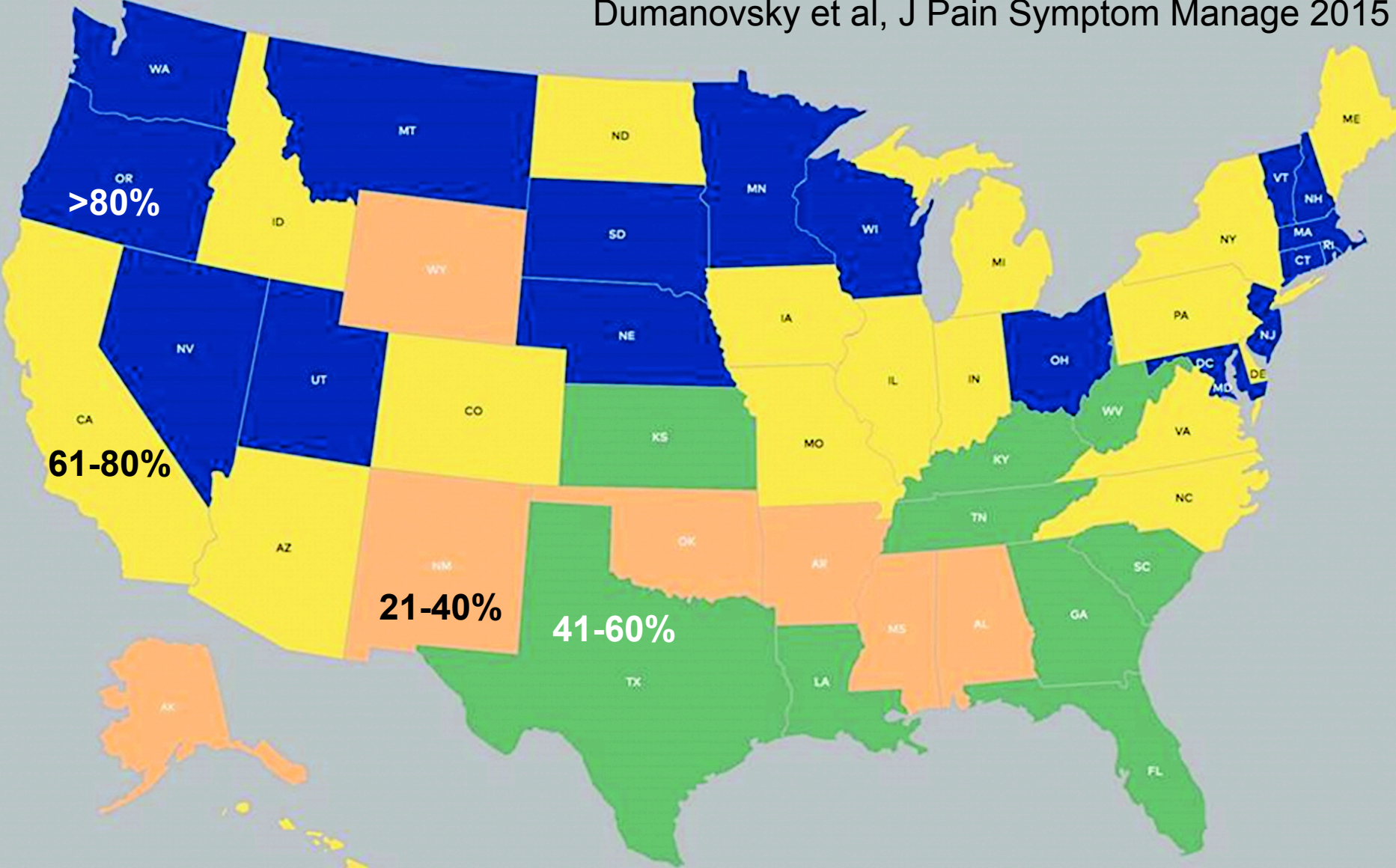


Timing of Palliative Care

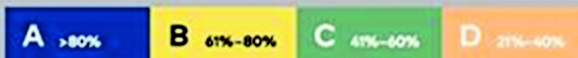


% Hospitals with Palliative Care Program

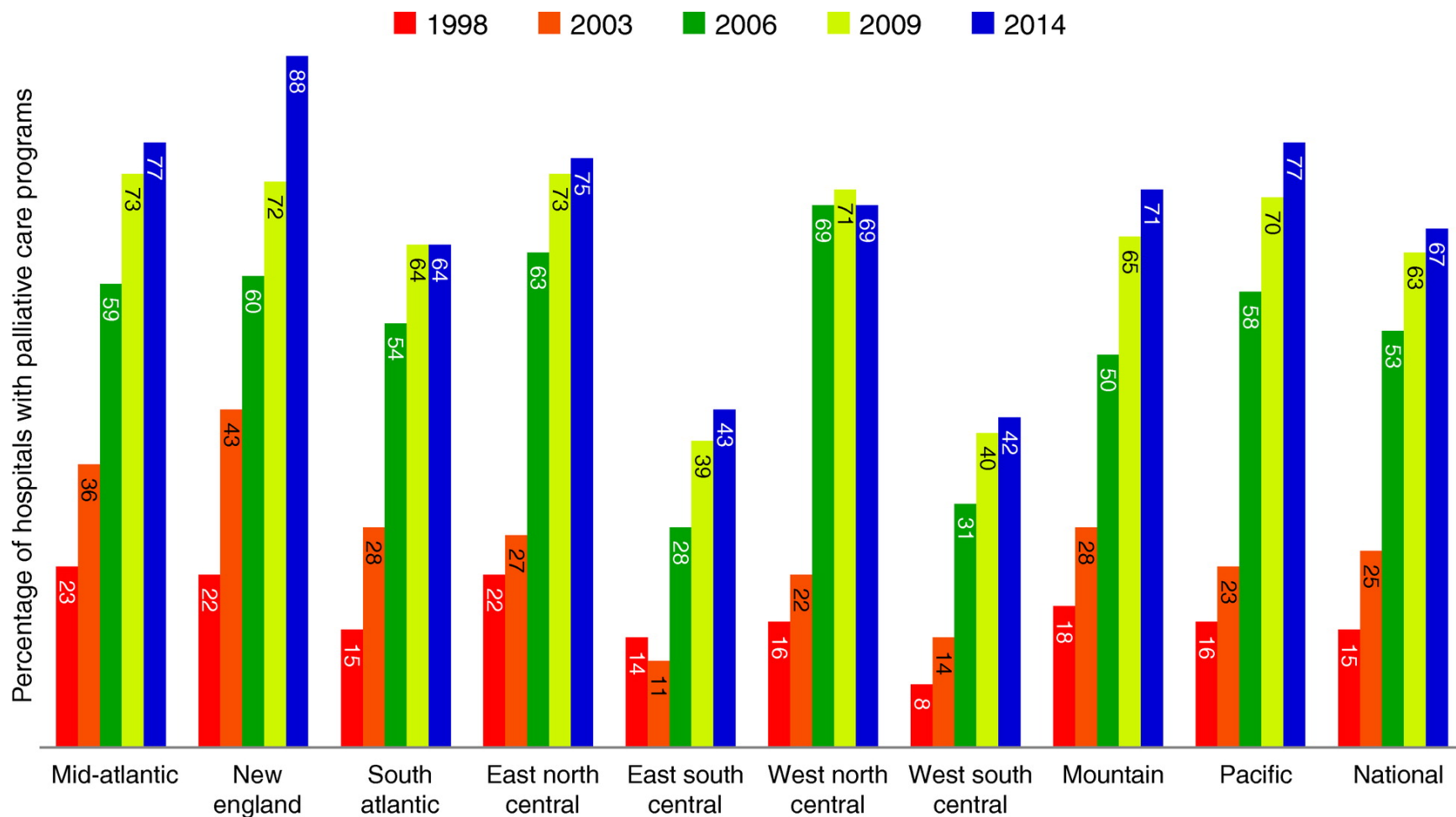
Dumanovsky et al, J Pain Symptom Manage 2015



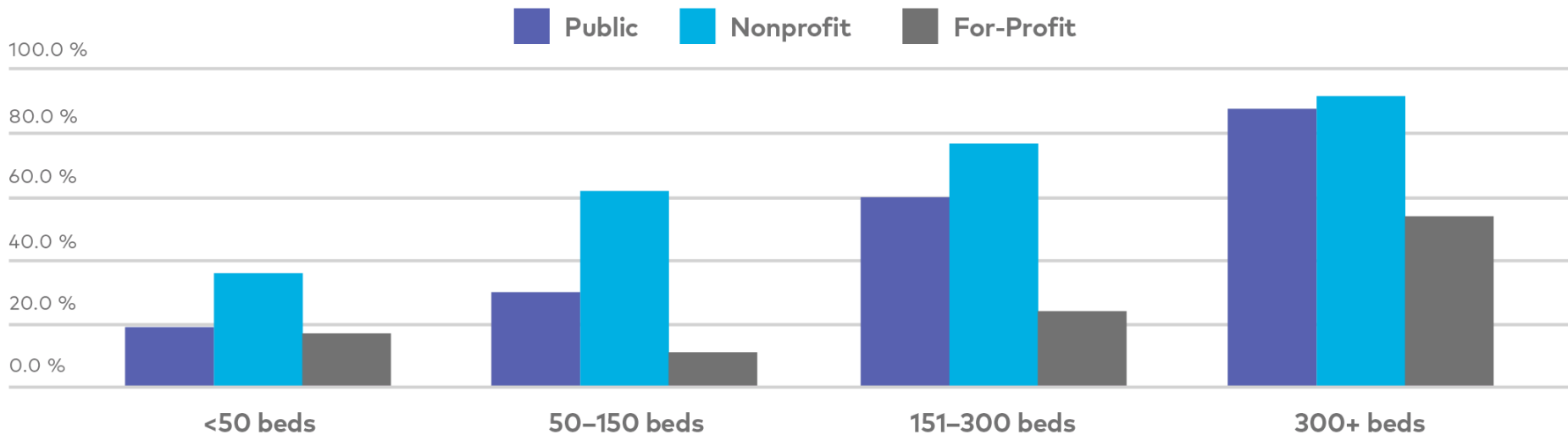
State grade by color:



Growth in Hospital Palliative Care

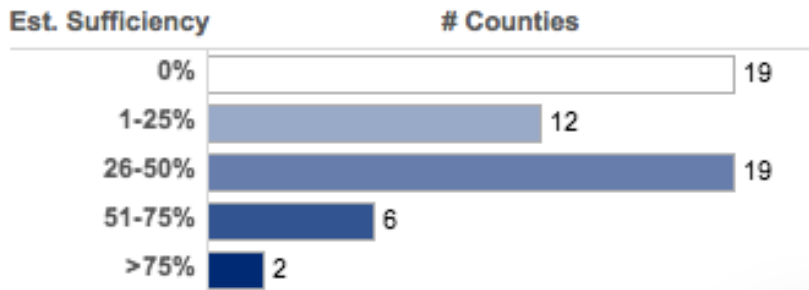
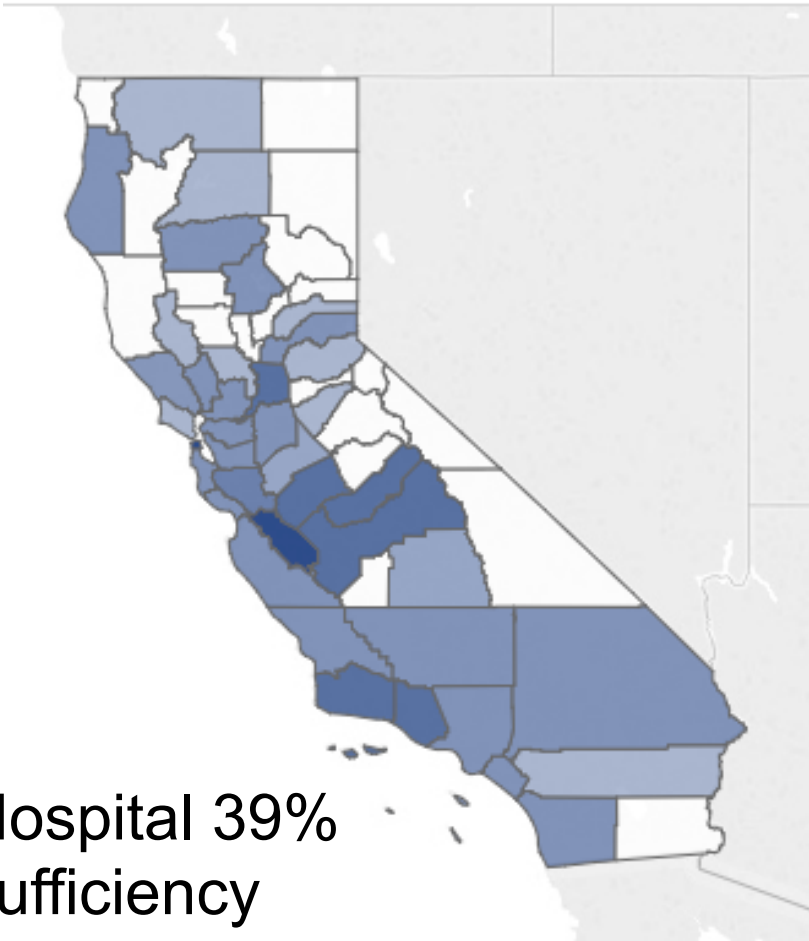


Areas of Need: Small, for Profit



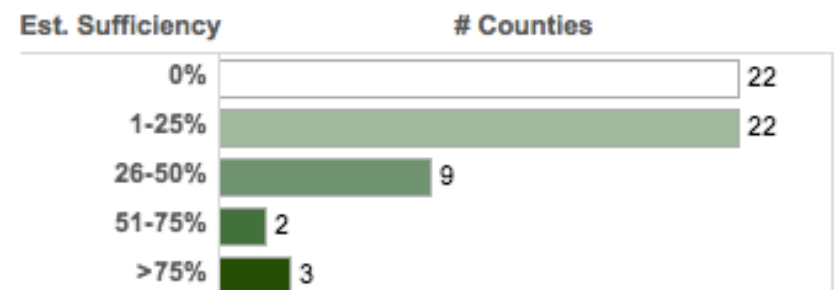
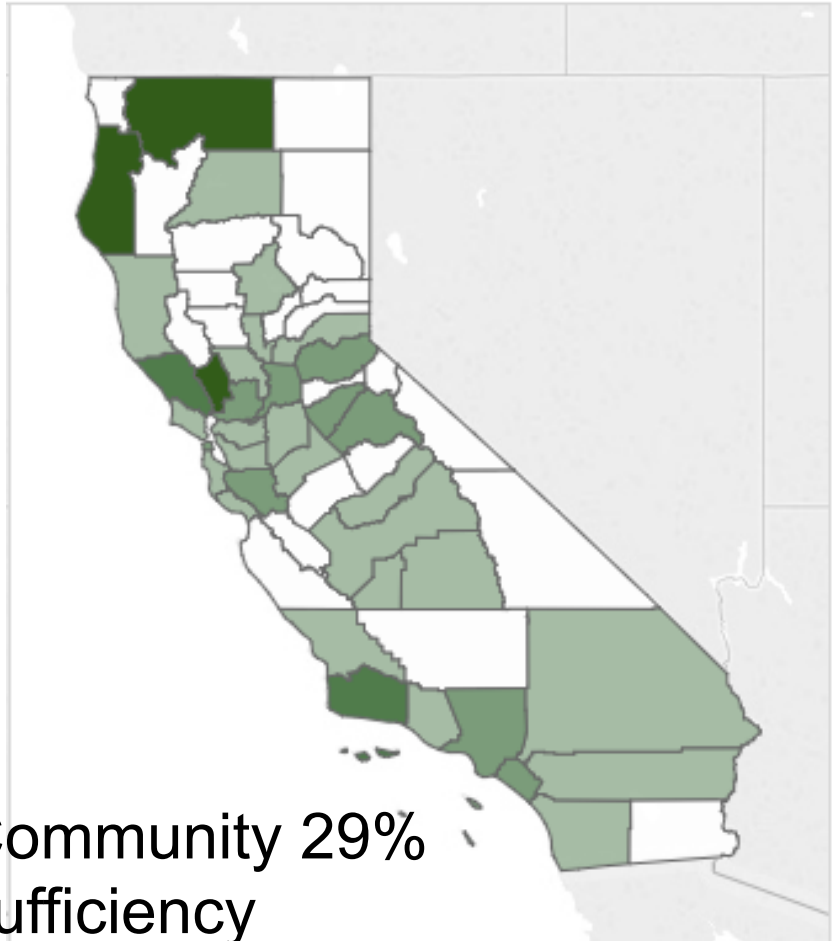
Estimated Inpatient PC Sufficiency

Inpatient PC Capacity as % of Need



Estimated Community-Based PC Sufficiency

Community-Based PC Capacity as % of Need



Primary & Specialty Palliative Care

Primary Palliative care

- Provided by all of patient's clinicians
- Basic management of pain and symptoms
- Emotional support of patient and family
- Basic discussions about:
 - Prognosis
 - Goals of treatment
 - Suffering
 - Code status

Specialty Palliative care

- Provided by interdisciplinary team of specialists
- 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
- Support & coaching of frontline clinicians

The Special Role of the Nurse

- Intimacy from nurse's physical role in care:
 - ▶ Restoring dignity & worth
 - ▶ Compassionate, human presence with suffering
 - ▶ Responding to emotions: sadness, fear, helplessness, hopelessness
 - ▶ Helping patients & families regain sense of control



The 4C's: Key Roles for Nurses

Key Roles for Nurses in Communication about Prognosis, Goals of Care, and Palliative Care

Convening	Make sure clinicians and families discuss prognosis, goals of care, and palliative care
Checking	<ul style="list-style-type: none">• Identify family needs for information• Ensure that clinicians clearly convey information that families want• Ensure that clinicians understand family perspectives
Caring	Identify emotions and respond to feelings
Continuing	Follow up after discussions to clarify and reinforce information and provide support

ICU Palliative Care Nursing



IMPACT-ICU

INTEGRATING MULTIDISCIPLINARY
PALLIATIVE CARE INTO THE ICU

UCDAVIS

UC Irvine

UCLA

UC San Diego

UCSF

- Help bedside nurses gain palliative care skills and integrate them into practice
- Trained hospital palliative care advance practice nurses and nurse educators to provide this education



IMPACT-ICU Project Components

Stakeholder Engagement

- Informed ICU Clinicians & leadership of project
- Addressed concerns
- ICU nurse survey

Communication Workshop

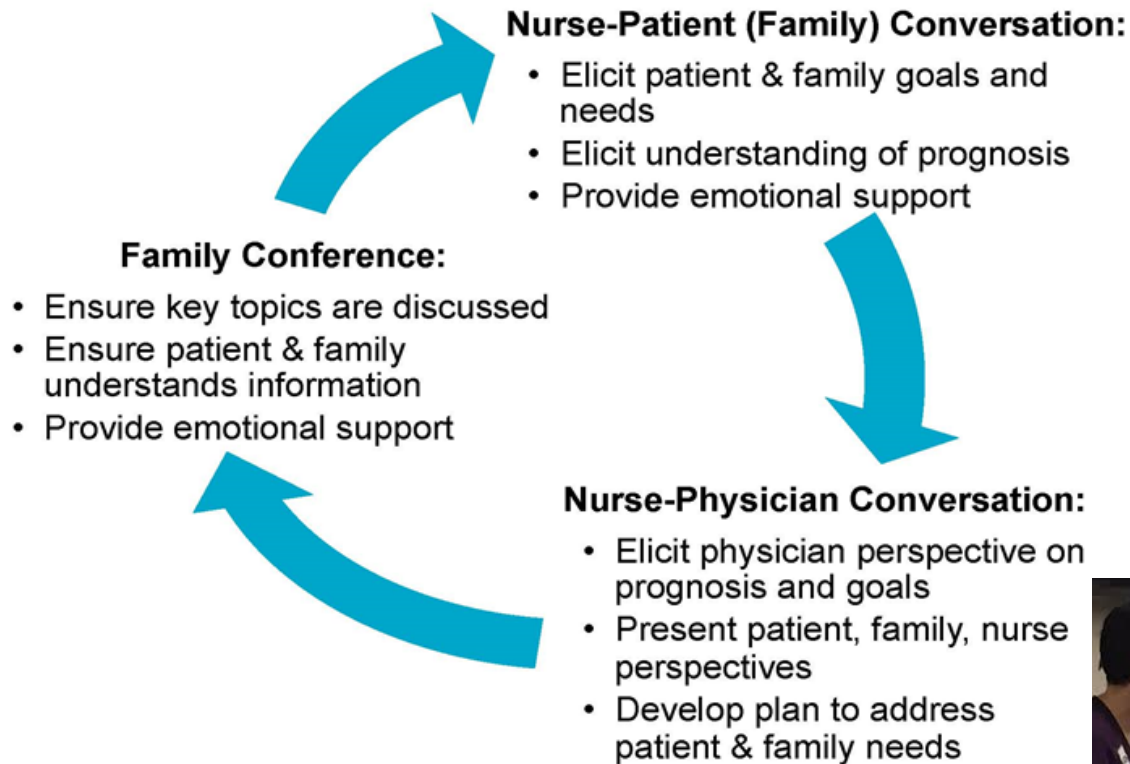
- 8-hour long small group workshop
- Role-play: Palliative care communication
- Reflection session: burnout & distress
- Led by palliative care teams & nurses

Rounding in Target ICUs

- Advance practice nurses and educators
- Mentor bedside nurses to assess and address palliative care needs
- Provide support at bedside



IMPACT-ICU Workshop: Nurses' Role



What is Your Comfort Zone?

Telling vs. Asking

Talking vs. Listening

Giving information vs. Responding to emotion



Skills Practice: “A Toolkit”

Table 3. The NURSE Tool Guides the Practitioner In Verbal Expressions of Empathy

Skill	Theme	Example phrase
Naming	State your observation of the patient’s emotion	“I can see you and your husband are concerned about your current condition.”
Understanding	Legitimize the patient’s emotion	“I can imagine this news may be shocking.”
Respecting	Praise or acknowledge the patient’s work	“I am so impressed with your...”
Supporting	Let the patient know she is not alone	“...”
Exploring	Ask the patient...	“...”

Table 1. The Ask-Tell-Ask Strategy: Sample Phrases and Rationales

Strategy	Example phrase for AP	Rationale
Ask	“I am hearing that you have a lot of questions that seem to be about your prognosis. I am happy to answer your questions. What worries you the most?”	This is a patient-centered method that draws upon principles of negotiation. This question allows the AP to know what kind of prognostic information to disclose at this particular time.
Tell	The AP discloses the prognostic information that the patient wishes to know at this particular time.	Disclosure of specific prognostic information that the patient wishes to know, fosters trust and the therapeutic relationship
Ask	“Did my response help answer your question?”	This question helps to clarify the patient’s understanding and need for information.

...d practitioner. Information from Back & Arnold (2006) and Campbell et al. (2010).

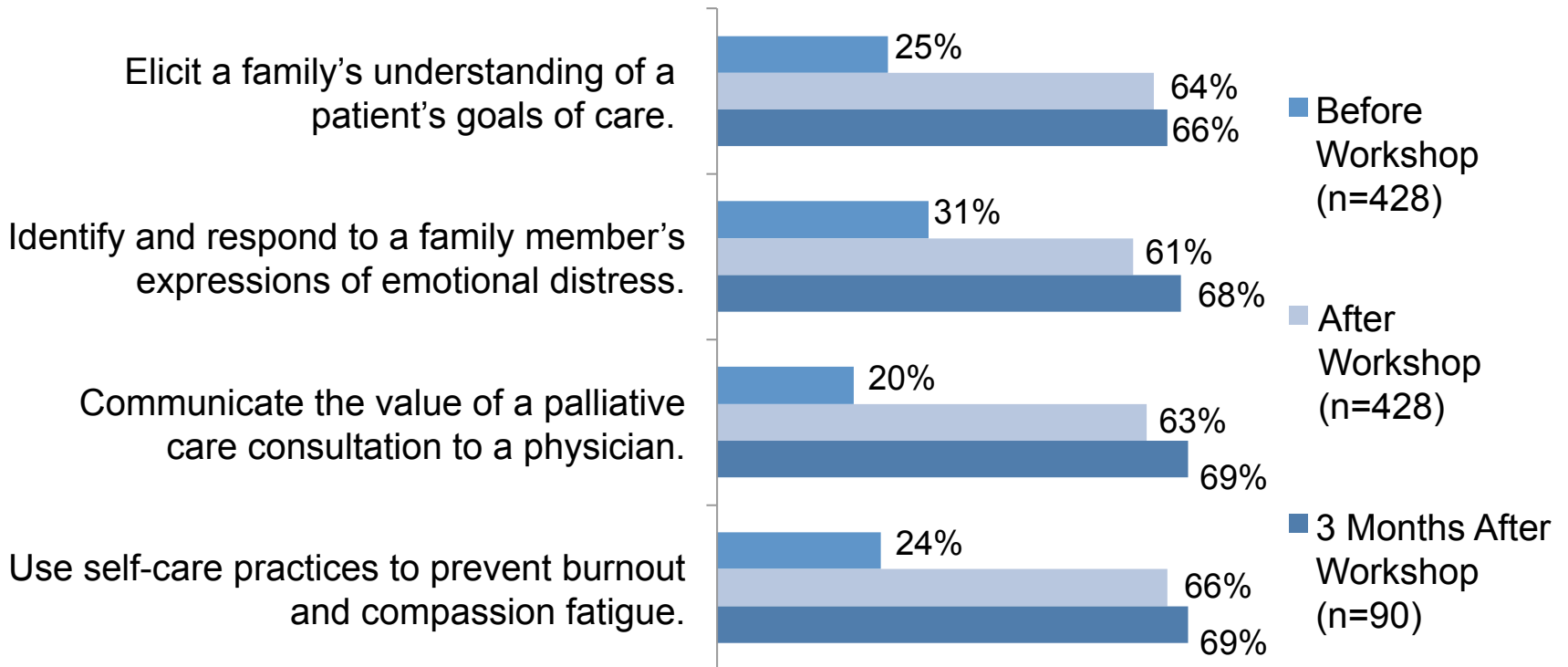
IMPACT-ICU Rounding



- Palliative care advanced practice nurses and educators
- Goal: 2 x month
- Focus:
 - ▶ Primary palliative care assessment
 - ▶ Plan to address needs
 - ▶ Support of the nurse

Results: Workshop

- 428 ICU bedside nurses completed workshop
- All 15 skills rated higher after workshop, $p < 0.01$



% of ICU Bedside Nurses Who Reported "Excellent" or "Very Good" Level of Skill

Results: Bedside Rounding

Identified palliative care needs (82% of patients):
symptoms (51%), family distress (50%),
communication (52%)

Support Provided by APNs & Educators	% (n=605)
Supported nurse	60 (365)
Family support and communication	49 (293)
Bedside nurse's role in palliative care	38 (232)
Assessing symptoms	36 (216)

Impacts: Themes from Project Leaders

- Increased scope of practice for bedside nurses
- Community and peer support among ICU nurses
- Improved quality of interdisciplinary communication
- Closer relationship between ICU bedside nurses, palliative care nurses and team
- Synergy with other ICU palliative care improvement efforts

UCSF Palliative Care Education



Continuing Interprofessional Education in Palliative Care: A Longitudinal Learning Experience

Winter - Spring 2017

Palliative care is an interprofessional specialty focused on quality of life for seriously ill patients and their families. It is holistic and person-focused, and improves patient and family health and satisfaction. To meet the palliative care educational needs of practicing clinicians, we developed an advanced interprofessional training program. This 2 quarter-long learning experience teaches:

- *Pain and Symptom Management*: Including assessing and creating multimodal management plans
- *Communication Skills Training*: To navigate discussions of serious illness, including prognosis, goals of care, family meetings
- *Psychosocial, Spiritual, and Cultural Issues*
- *Interprofessional Teamwork*: Understand roles of different disciplines and enhance cross-disciplinary collaboration
- *Ethical Issues in Palliative and End-of-Life Care*
- *Self-Care*: Techniques to foster resilience
- *Models of Integrating Palliative Care*: An array of settings across the continuum of care

Components & Schedule

-Winter 2017: N203—Palliative and End-of-Life Care Across the Continuum

Tuesdays 10 am – 1 pm, January - mid-March, 2017

-Spring 2017: N203A—Advanced Communication in Palliative Care

Wednesdays, 1-3 pm, April - early June, 2017

-Interprofessional Communication Training Sessions

-Mentorship and Consultation with Program Directors

PROGRAM DIRECTORS



DorAnne Donesky, PhD, ANP-BC
Associate Adjunct Professor
UCSF School of Nursing

Dr. Donesky co-directs the Adult-Gerontology Clinical Nurse Specialist program in the School of Nursing. Her areas of expertise include quality of life for patients with advanced pulmonary disease and communication skills training.
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Wendy Anderson MD, MS
Associate Professor
UCSF School of Medicine


Dr. Anderson leads a program of research, education, and quality improvement with the goal of improving care for seriously ill hospitalized patients. Her projects focus on palliative care in the ICU and interprofessional communication.

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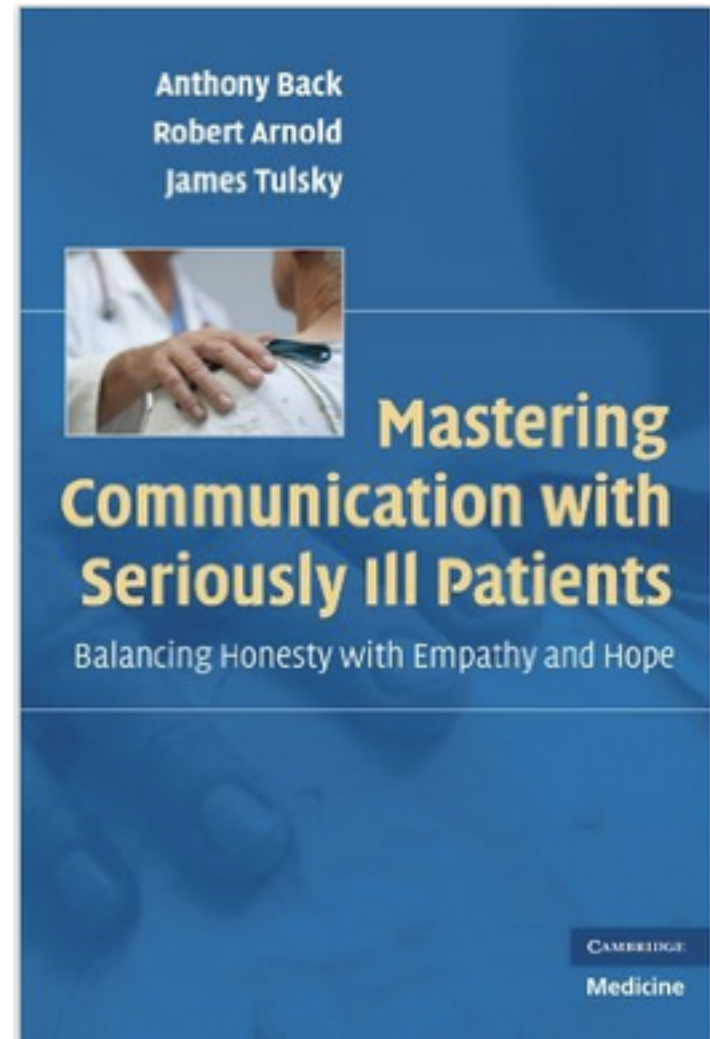
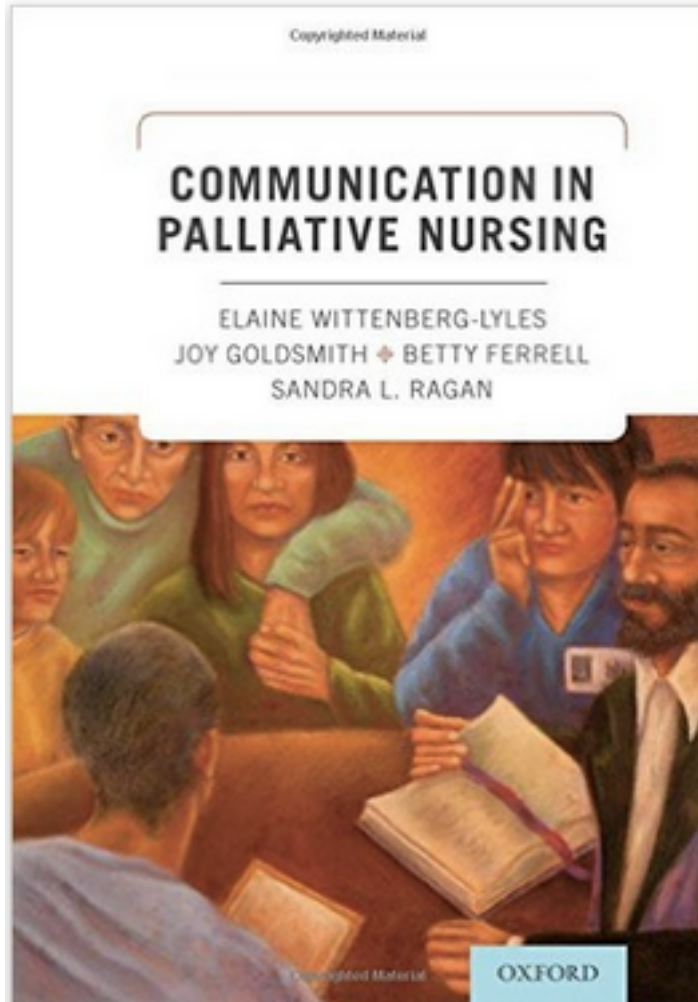
Cost & Registration

- Open to nurses, physicians, social workers, therapists, chaplains, pharmacists and other practicing clinicians
- Applications will be available in September 2016
- Course fee will include continuing education credits
- Contact: DorAnne Donesky, PhD, ANP-BC at doranne.donesky@ucsf.edu

Resources

- End-of-Life Nursing Education Consortium (ELNEC)
- VitalTalk Website, App, Online & In Person Trainings: <http://vitaltalk.org/>
- Center to Advance Palliative Care, OnLine Trainings: <https://www.capc.org/providers/courses/>
- Palliative Care Certificates: Washington, Colorado
- CSU OnLine: <https://csupalliativecare.org/>
-  **IMPACT-ICU** Project Guide & Materials: <https://ucsf.box.com/ImpactICUProjectGuide>

Reading



Contact

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