

Hospice vs. Palliative Care

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Disclaimer

- ▶ This presentation is free of all commercial bias.
 - ▶ I have no financial relationships or conflicts of interest to disclose.
 - ▶ Sarah Marlow R.N.
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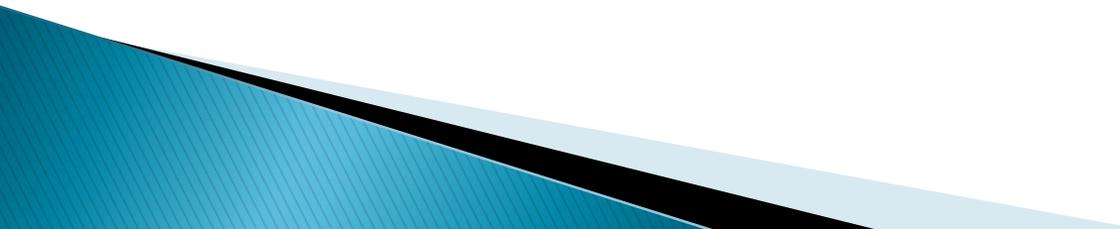
Objectives

- ▶ At the conclusion of this presentation, participants will be able to:
 - ▶ 1. Define and differentiate hospice care and palliative care.
 - ▶ 2. List three specific admission criteria under the hospice medicare benefit.
 - ▶ 3. Define hospice care as being appropriate in the U.S. for only patients with a life expectancy of six months or less if the illness runs its normal course.
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Palliative Care

- ▶ IS NOT HOSPICE CARE
- ▶ You do not have to be terminally ill or dying in order to receive it.

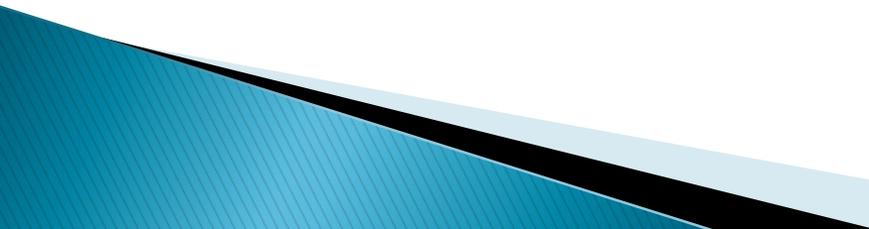
Palliative Care

- ▶ Medical Care that focuses on alleviating the intensity of symptoms of disease.
 - ▶ Palliative Care focuses on reducing the prominence and severity of symptoms.
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What is Palliative Care?

“An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.”

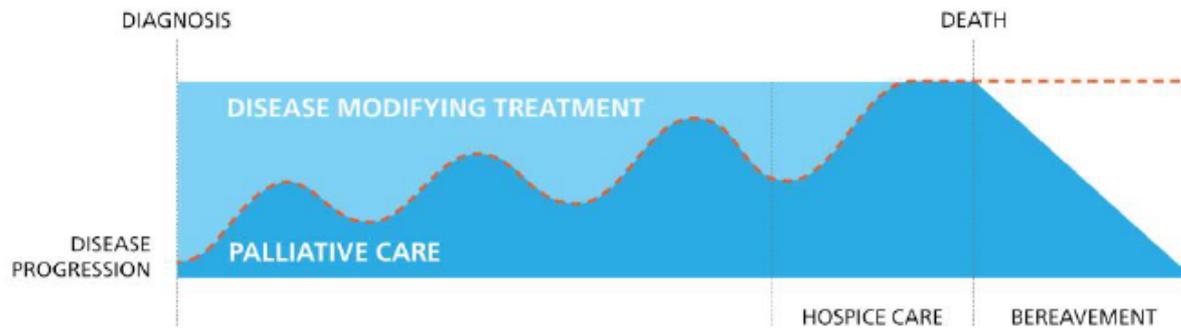
World Health Organization



Palliative Care

AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES

Timing of Palliative Care



Palliative Care

- ▶ To Cure Sometimes
 - ▶ To Relieve Often
 - ▶ To Comfort Always
 - Sir William Osler MD
 - Oxford Regis Professor of Medicine
 - 1918
- 

The Three Most Important Things in Palliative Care

- ▶ Patient, Family
 - ▶ Patient, Family
 - ▶ And Patient, Family
 - John B. Lee
 - CEO
 - Hospice of Southern Illinois, Inc 1988
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Palliative Care

- ▶ Reducing Suffering in all Three Realms of:
 - ▶ BODY
 - ▶ MIND
 - ▶ SPIRIT
- 

Unlike Hospice

- ▶ No treatments are forbidden
- ▶ All interventions are allowed

Palliative Care Conceptual Development

“It is the idea that relieving suffering and improving quality of life is not something that should just happen at the end of life. The relief of suffering and attention to quality of life need be appropriately integrated across the spectrum of illness and the lifespan.”

Charles von Gunten, MD, PhD, FACP

Palliative Care

- ▶ Interdisciplinary Team Members
 - Team Coordinator
 - Physician
 - Nurse Practitioner
 - Social Worker
 - Spiritual Care Coordinator
 - Pharmacist

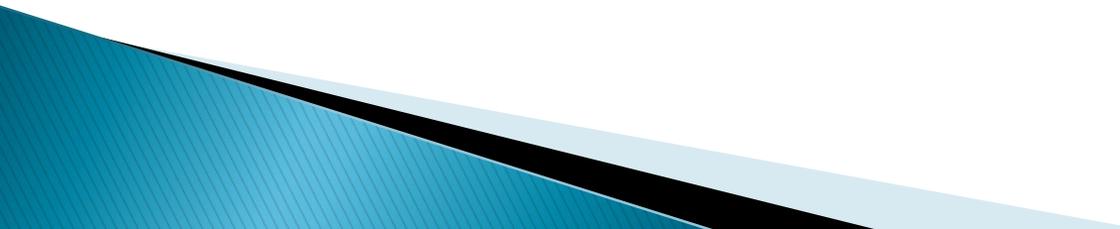
Who receives palliative care?

- ▶ Individuals with chronic diseases such as:
 - Cancer
 - Cardiac Disease
 - Kidney Failure
 - Liver Failure
 - COPD and Lung Failure
 - Alzheimer's Disease and Dementia
 - Severe Infections
 - Strokes, ALS
 - HIV Disease

Cancer and Palliative Care

- ▶ More than 40% of cancers can be prevented.
 - ▶ Other cancers can be detected early, treated and cured.
 - Pap smears
 - Mammography
 - Colonoscopy
 - ▶ Even with late-stage cancers, the suffering of patients can be relieved with good palliative care.
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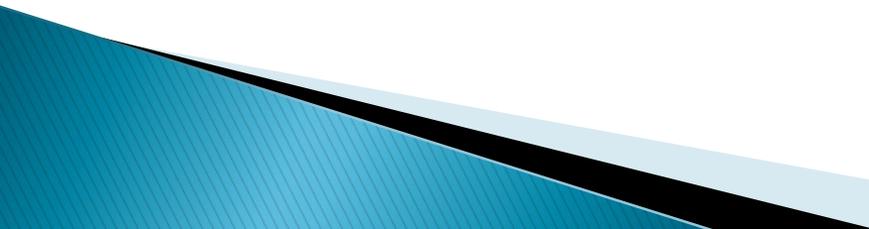
Palliative Care and Cancer Care

- ▶ Palliative Care is given throughout a patient's experience with cancer.
 - ▶ Care can begin at diagnosis and continue through treatment, follow-up care, and the end of life.
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Palliative Care and Cancer

- ▶ Everyone has a right to be treated and to die with dignity.
- ▶ The relief of pain—physical, emotional, spiritual, and social—is a human right.
- ▶ Palliative care is an urgent need worldwide for people living with advanced stages of cancer.

Catherine Le Gales–Camus M.D.
WHO Assistant Director–General



Key Domains of Palliative Care

Pain Management

Symptoms
Shortness of breath

Symptoms
Anxiety

Family Support
Psychological
Emotional
Spiritual

Communication
Disease prognosis
Goals of care

Approaches to Palliative Care

- ▶ Not a “one size fits all approach”
 - ▶ Care is tailored to help meet the specific needs of the patient
 - ▶ Since palliative care is utilized to help with various diseases, the care must fit the symptoms
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Palliative Care Patient Support Services

- ▶ Pain Management is vital for patient comfort and to reduce patient distress.
 - ▶ Health care professionals and families can collaborate to identify the sources of pain and relieve them with medication and other forms of therapy.
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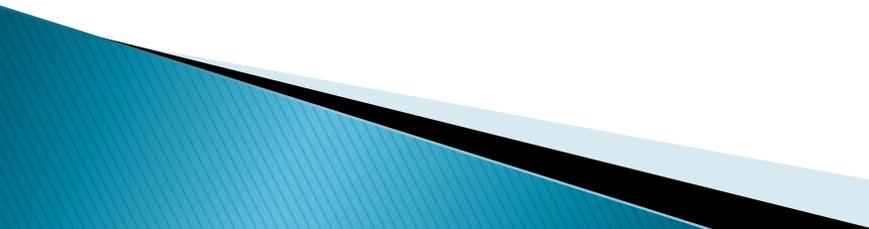
Palliative Care Patient Support Services

- ▶ **Symptom Management** involves treating symptoms other than pain such as:
 - Nausea and vomiting
 - Shortness of breath
 - Weakness and fatigue
 - Bowel and bladder problems
 - Mental confusion
 - Difficulty breathing

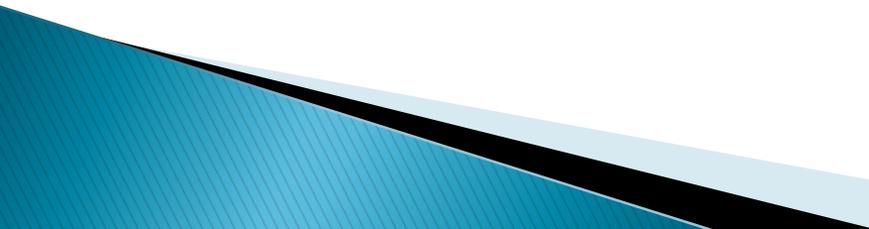
Palliative Care Patient Support Services

- ▶ **Emotional and Spiritual Support** is important for both the patient and family in dealing with them emotional demands of critical illness.

What does Palliative Care Provide to the Patient?

- ▶ Helps patients gain strength and peace of mind to carry on with daily life.
 - ▶ Aids the ability to tolerate medical treatments.
 - ▶ Helps patients to better understand their choices for care.
- 

What does Palliative Care Provide for the Patient's Family?

- ▶ Helps families understand the choices available for care.
 - ▶ Improves everyday life of the patient; reducing the concern of loved ones.
 - ▶ Allows for valuable support system.
- 

Approaches to Palliative Care

- ▶ A palliative care team delivers many forms of help to a patient suffering from a severe illness including:
 - Close communication with doctors
 - Expert management of pain and other symptoms
 - Help navigating the medical system
 - Guidance with difficult and complex treatment decisions
 - Emotional and spiritual support for the patient and their family

Provider–Family Conversation

Elicit family's goals and needs

Elicit understanding of prognosis

Provide emotional support



Family Meeting

- ▶ Ensure key topics are discussed
 - ▶ Ensure family understands information
 - ▶ Provide emotional support
- 

Palliative Care is Effective

- ▶ Successful palliative care teams require nurturing individuals who are willing to collaborate with one another.
- ▶ Recent studies proven by research show that patients who receive palliative care report improvement in:
 - Pain and other distressing symptoms, such as nausea or shortness of breath
 - Communication with doctors and family members
 - Emotional and psychological state

Where to find Palliative Care

- ▶ In most cases, palliative care is provided in the hospital
 - The process begins when doctors refer individuals to the palliative care team
 - In the hospital, palliative care is provided by a team of experts
 - ▶ More referrals are now being made to outpatient palliative medical practices or palliative home health care programs
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Cost of Palliative Care

- ▶ Most insurance plans cover all or part of the palliative care treatment given in hospitals
 - ▶ Medicare and Medicaid also typically cover palliative care
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Palliative Care is Growing

- ▶ Data suggest there is growth in palliative care program's throughout U.S. hospitals.
 - ▶ Larger hospitals, academic medical centers, not-for-profit hospitals and VA hospitals are significantly more likely to develop a program compared to other hospitals.
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Palliative Care: Whole Patient Assessment

- ▶ A comprehensive assessment that includes all the issues that can contribute to suffering

Whole Patient Assessment: Objectives

- ▶ Describe concepts of suffering
 - ▶ Identify 9 assessment areas
 - ▶ Use of validated screening tool to facilitate initial assessment
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The clinician's role

- ▶ Listen
 - ▶ Acknowledge
 - ▶ Analyze
 - ▶ Offer information, practical suggestions
 - ▶ Introduce sources of support
- 

Suffering

- ▶ Experienced by persons, not bodies
 - Meaning
 - Context
 - Coping

 - ▶ Persons exist in relation to families
 - Biological
 - Acquired
 - Chosen
- 

Concepts of Suffering

- ▶ Fragmentation of personhood
 - Eric Cassell
 - ▶ Broken stories
 - Howard Brody
 - ▶ Challenge to meaning
 - Ira Byock
 - ▶ Total pain
 - Dame Cicely Saunders
 - ▶ Relational distress
 - Betty Ferrell and Nessa Coyle
- 

The Nature of Suffering

- ▶ The relief of suffering and the cure of disease must be seen as twin obligations.
- ▶ Failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.

Eric Cassell, MD



The broad perspective

- ▶ A narrow focus will miss the target
 - Depression affects experience of pain
 - Medication useless if can't get it
 - Spiritual strength may enhance tolerance
 - Feeling abandoned may be expressed as physical suffering
 - Non-adherence to care plans, missing appointments, or becoming angry in interactions with healthcare personnel

Assessment overview

- ▶ Summarize patient illness/treatment history
 - ▶ Physical assessment
 - ▶ Psychological assessment
 - Decision-making capacity
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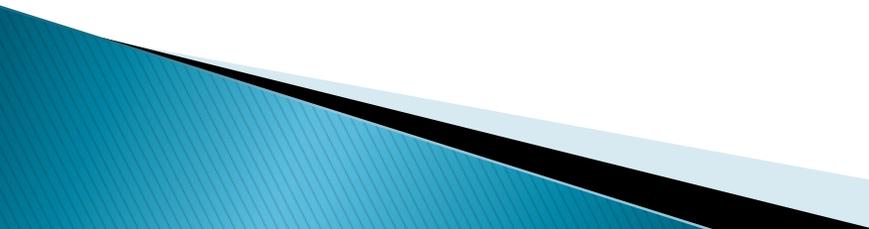
Assessment Overview

- ▶ Communication assessment
 - ▶ Social assessment
 - ▶ Spiritual assessment
 - ▶ Practical assessment
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Communication Assessment

- ▶ There are many different communication styles
 - ▶ Determine who is close to the patient
 - ▶ Ask how much information the patient wants to know
 - ▶ Ask who else should receive information and how much
- 

Decision-making capacity

- ▶ Implies the ability to understand and make own decision
 - ▶ Patient must
 - Understand information
 - Use the information rationally
 - Appreciate the consequences
 - Come to reasonable decision for him/her
 - Communicate their choice preference back
- 

Physical Assessment

- ▶ Perform physical and diagnostic tests
- ▶ Most common symptoms in advanced disease

Pain, weakness/fatigue, dyspnea, insomnia, weight loss, confusion
Constipation, anxiety, nausea/vomiting, and depression

- ▶ Inquire about each
 - Severity
 - Functionality

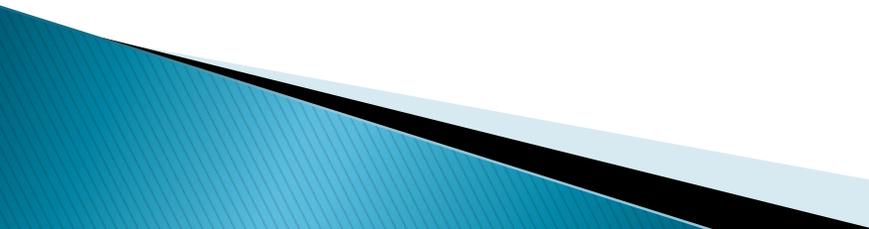
Psychological assessment

- ▶ Anxiety and depression are common and underdiagnosed
 - ▶ Let patient know emotional responses are normal
 - ▶ Discuss patient fears, unresolved issues, and goals of care
 - ▶ Determine patient capacity
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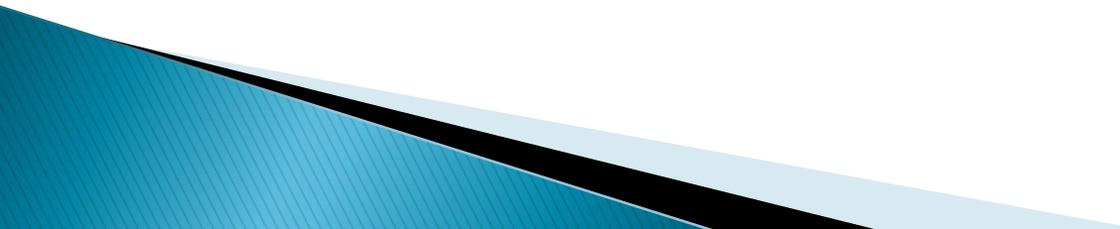
Social Assessment

- ▶ Culture
 - Learned, repetitive, characteristic way of behaving, feeling, thinking and being
 - A strong determinant in attitudes toward health, illness and dying
 - ▶ Look for care networks in a patient's community
 - ▶ Explore financial concerns
 - ▶ Allow the patient to express the meaning of their illness
- 

Spiritual Assessment

- ▶ Learn aspects of the patient's spirituality
 - Past and current spirituality, important religious rituals, who pastor is, etc.
 - Every human has a spiritual side of their being
 - ▶ Ask if there are spiritual activities a patient wants to practice
 - ▶ Be aware of and discuss spiritual crises
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Practical Assessment

- ▶ Ask about practical concerns and abilities, including functional status
 - ▶ Learn about family or informal caregivers
 - ▶ Make sure basic needs are being met
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NEST: 9 Areas to Screen

Needs

Social

Symptoms

Physical

Psychosocial

Existential

Personal spirituality

Spiritual distress

Therapeutic

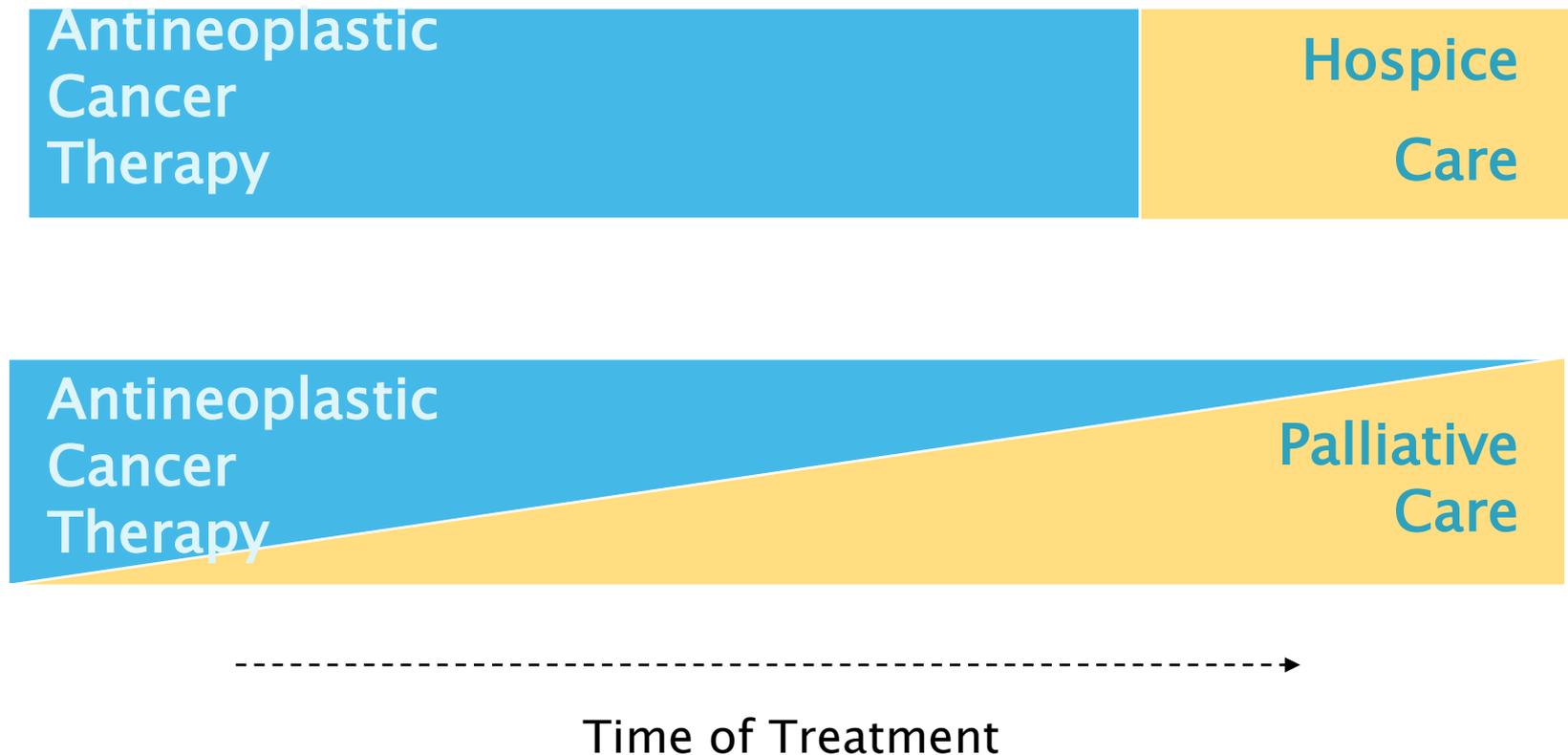
Personal characteristics

Decision-making

Information sharing



WHO recommendations for Hospice and Palliative Care



Hospice

- ▶ Is not a place.....

Hospice

- ▶ A program to care for patients who are terminally ill and their families
 - In their homes
 - In hospitals (general inpatient care)
 - In skilled nursing facilities
 - In independent hospice owned and operated inpatient units

Hospice Admission Criteria

- ▶ Terminally ill with a prognosis of six months or less, if the disease runs its normal course
- ▶ Lives within the service area of the hospice
- ▶ Presence of a caregiver
 - Family
 - Hired caregiver(s)
 - Nursing home staff

Hospice Care

- ▶ Provided by an interdisciplinary team of professionals
 - Physician
 - Nurse
 - Social Worker
 - Chaplain
 - Home health aide
 - Volunteer

Hospice

- ▶ Funded by The Hospice Medicare Benefit
 - ▶ Established 1983
 - ▶ Funded by medicaid and most health insurance companies and providers
- 

Hospice

- ▶ May be not-for-profit
 - Most common in the earlier years of hospice when community based hospices were prevalent
- ▶ May be for profit
 - More common recently

Hospice: Benefit Periods

- ▶ Initial 90 day benefit period
 - ▶ Second 90 day benefit period

 - ▶ After six months, patient must be re-evaluated for appropriateness for hospice by a face-to-face evaluation encounter by a physician or nurse practitioner
- 

Hospice: Extended Benefit Periods

- ▶ Infinite number of additional 90 day benefit periods as long as the patient remains terminally ill and appropriate for hospice care as certified by the hospice medical director
 - ▶ Requires ongoing face to face evaluation and assessment to assure appropriateness for care
- 

Multiple forms of palliative care

- ▶ MountainView Palliative Care and Memorial Medical Center Palliative Care Team
 - Inpatient palliative care consultation teams
 - ▶ MountainView Palliative Medicine
 - Outpatient palliative medicine practice (team)
 - ▶ Quantum Palliative Home Healthcare
 - Home health licensed specialty team
 - ▶ Hospices
 - Mesilla Valley Hospice (La Posada Inpatient Unit)
 - Ambercare Hospice
 - Hospice of the Southwest
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