

Palliative Medicine and The Nurse Practitioner



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Palliative Medicine and the Nurse Practitioner

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- 1. WHAT IS PALLIATIVE MEDICINE**
- 2. HOW DOES IT DIFFER FROM HOSPICE**
- 3. WHY SHOULD WE PROVIDE PALLIATIVE MEDICINE**
- 4. WHAT ARE THE SETTINGS FOR PALLIATIVE MEDICINE**
- 5. HOW TO BECOME PALLIATIVE MEDICINE PROVIDER
- A.K.A. EDUCATION AND SKILLS NEEDED TO BE A
PALLIATIVE NP**

Our objectives

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1. Identify what palliative medicine is within the definition of AMA and WHO
2. Be able to list three things that are the same and three things that are different between hospice care and Palliative medicine.
3. List 3 diagnosis that are appropriate for a Palliative nurse practitioner to treat.
4. Name three sites where palliative medicine can be provided.
5. Where to get the education to be a Palliative Medicine provider.

What is Palliative Medicine

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Birth of a New Specialty (2006): Hospice and Palliative Medicine



Co-Sponsoring Boards:

Internal Medicine

Anesthesiology

Obstetrics and Gynecology

Physical Medicine/ Rehab

Psychiatry and Neurology

Family Medicine

Surgery

Pediatrics

Emergency Medicine

Radiology

Original Practice model of Hospice/Palliative Care

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- **Curative Treatment**

H
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Palliative care VS traditional care model

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Palliative Care: Not an “Either-Or”

**Traditional
Care
Model**



Diagnosis of
serious illness

“Shift” focus
to comfort

Death

**“Integrated”
Care
Model**



Hospice
benefit

What is Palliative Medicine/ Palliative Care

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- A philosophy of care
- A consult service
- An adjunct to home health care
- Goals of care meeting
- Care program
- Pre-hospice care or “hospice lite”
- A specialty service that provides symptom management.
- WHO definition of PC

Conditions that can be helped by Palliative Medicine

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- CHF
- Parkinson's
- AIDS
- ALS
- Liver disease
- Diabetes
- Kidney disease
- Cancer
- COPD
- Alzheimer's Dementia
- Multiple Sclerosis
- Chronic pain in populations with life limiting disease

Symptoms or questions that Palliative Medicine can address:

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- **Pain**
- **Nausea/vomiting**
- **Difficulty Sleeping**
- **Loss of Appetite**
- **Shortness of Breath**
- **Fatigue**
- **Confusion about what the Doctor said?**
- **Confusion about multiple medications that don't seem to be helping?**
- **A need for coordination of multiple providers or specialties?**
- **Confusion about different treatments offered?**

Tool for Assessment and plan

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- **Using OLDCART**
 - Onset
 - Location
 - Duration
 - Characteristics
 - What aggravates pain
 - What relieves pain
 - What treatments have been tried and what happened

Pain what's the basic info I need

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- **Pain assessment tools:**
 - 1 to 10 scale
 - Face scale
 - Types of pain
 - ✦ Somatic pain
 - ✦ Neuropathic pain
 - ✦ Visceral pain
 - ✦ Nociceptive pain
 - Treatments
 - Analgesics
 - Narcotics
 - Adjunction medications

Pain principals & Equianalgesic Tools

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NEW HAMPSHIRE HOSPICE AND PALLIATIVE CARE ORGANIZATION – Equianalgesic laminated pocket cards Available at:

<http://www.nhhpco.org/orderform.htm>

CANCER PAIN MANAGEMENT REFERENCE CARD

**The Southern California Cancer Pain Initiative c/o
City of Hope • 1500 E. Duarte Road
Duarte, California 91010**

626 256-4673 Ext. 63202 Fax: 626 301-8941

Email: sccpi@coh.org

Website: <http://:sccpi.coh.org>

Symptom assessment and plan

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- **Constipation assessment**
 - Use of daily log to track elimination patterns
 - Use of high fiber diet,
 - Encourage fluids unless on fluid restriction
- **Dyspnea**
 - Identify possible causes
 - Assess current pharmacologic treatments
 - Assess non pharmacologic treatments
- **Fatigue**
 - What are the possible causes
 - What are the non-pharmacologic treatments
 - What are the pharmacologic treatments.

PALLIATIVE MEDICINE

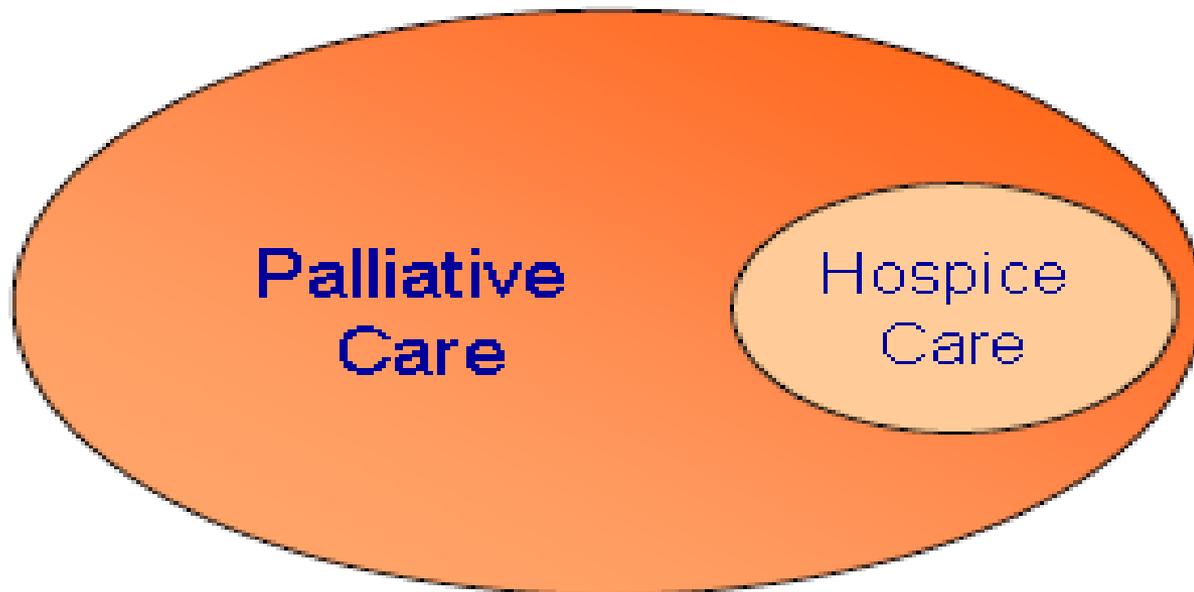
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HOW DOES IT DIFFER FROM HOSPICE

Palliative Medicine / Hospice care

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Hospice: One Form of Palliative Care



Palliative Medicine how it differs from Hospice

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- **Palliative Medicine /Palliative Medicine**
 - A medical specialty focused on pain and symptom management associate with serious illness
 - Palliative medicine can be offered at any point during patient treatment of a serious illness that develops undesirable symptoms
 - The delivery of palliative medicine can be along side any curative treatments the patient is receiving
 - Palliative medicine is for persons with a serious life threatening illness not necessarily terminal.

Hospice Care & Palliative Medicine

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- All hospice is palliative care; however not all palliative care is hospice
- Palliative medicine/care can be provided during any phase of the illness. This includes curative treatments like chemotherapy.
- Hospice is limited by Medicare Benefit to the terminal phase of an illness
- Palliative care can occur anywhere in the trajectory of the illness
- Hospice is funded by Medicare, insurance as a specific program
- palliative medicine/ care is not reimbursed as a program

Misconceptions about Hospice Care

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- 6 month timeframe then your discharged
 - – it is not limited by time only by progression of disease
- Once one is on hospice they can't get off hospice
 - `May extend past 6 months, may revoke or re-enroll at any time
- Hospice care will hasten the death;
 - Hospice neither hastens or prolongs the dying process.
- When is it “TIME FOR HOSPICE”?
 - When the patient is ready to die (hours to days from death)
- What if the patient/ family “not ready”
 - PALLIATIVE Medicine may be helpful

The Palliative trained NP in Hospice

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- There is a very clear place for palliative trained NP's in hospice care today.
- Under the new Face to Face regulations for hospices all patient who have received 180 days of hospice care or two cert periods can not be recertified for hospice care unless they have been evaluated by a MD or a NP that works for the hospice.
- Though the MD can be a contracted provider the NP must be an employee of the hospice.

TYPE OF PATIENT WHO'D BENEFIT FROM PALLIATIVE MEDICINE

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- Patients for whom the physician would not be surprised if the patient died within the next year or two.
- Patients with multi system organ failure.
- Patients with severe trauma that are not likely to improve.
- Frail elderly patients with chronic illnesses which are deteriorating and are impacting patient functional status and ability to maintain independence in home setting.
- Frail elderly patients with signs of decline whose AD or POLST indicate they want comfort care, non-aggressive treatment and no hospitalization.

TYPE OF PATIENT WHO'D BENEFIT FROM PALLIATIVE MEDICINE *[CONT]*

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- Patients with multiple spread of disease not responding to treatment.
- Surgery patients with a grave prognosis and or untreatable illness.
- Patients wishing to discuss burden of life support, dialysis or life sustaining treatment.
- Patients or family members requesting discussion of end of life wishes, palliative or hospice services, advanced care planning or goal setting.
- Patients with multiple admitting to the hospital.

Similarities of Palliative and Hospice Care

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- Hospice and Palliative medicine are both focused on “quality of life” and support a person’s choice in how they want to live
- Both programs help patients to achieve emotional and physical comfort so that they can concentrate on living life as fully as possible with their medical conditions

Hospice vs. Palliative Care

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	Hospice	Palliative Care
Homebound Criteria	No	Depends on Condition and program
Visits at the patient's place of residence	Yes	Can be arranged, or visits in Clinic if ambulatory
Prognosis of <6 months	Yes	No
Medications Covered	Yes	No, but may be covered under Medicare Part D
Hospitalization?	Not generally	Yes
Home Health Aid	Yes	No
Medical Social Worker	Yes	A LCSW may be referred by the MD /NP
Supplies and Equipment?	Yes	No
Chaplain & Bereavement?	Yes	No
Volunteers	Yes	No

Setting where Palliative Medicine is provided

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- 1. HOSPITALS**
- 2. SKILLED NURSING FACILITIES**
- 3. AMBULATORY CLINICS**
- 4. HOME (VISITS)**

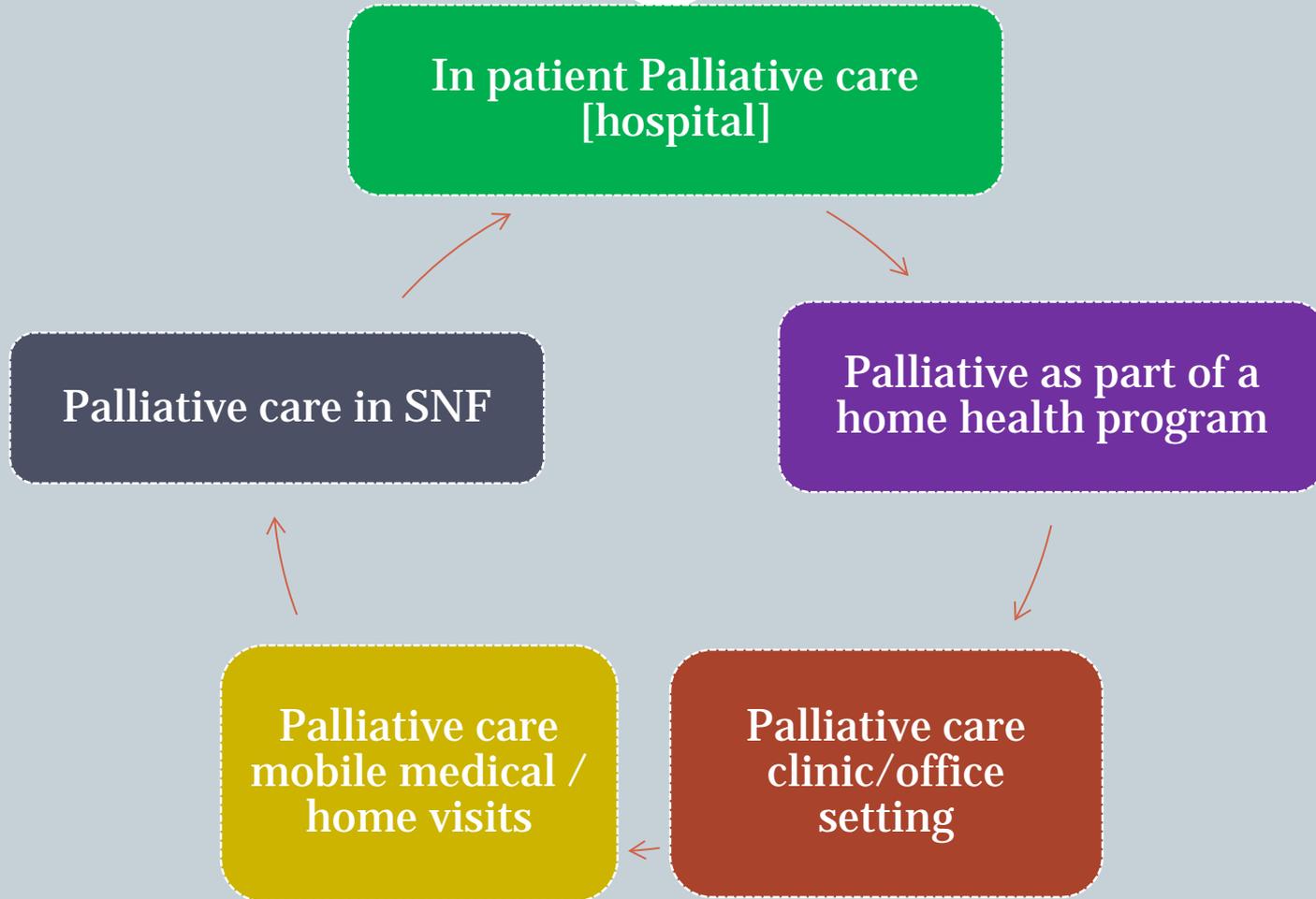
Populations served by Palliative Medicine

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all patients and their families that have a chronic or Life-threatening Illness, condition or injury.

The settings where palliative Medicine can be provided

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The Nurse Practitioner Role as an member of a in-hospital Palliative Medicine/ Care Team Member

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- **Coordinates the Palliative care team**
- **Arranges family meetings**
- **Coordinates with hospital care managers, hospitalist and discharge planners to assist patients and families in making goals based on patient wishes and current health situation.**
- **Providing symptom management via NP protocols**
- **Patient/family education**

Training needed to provide Palliative Medicine as a NP

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- 1. NP LICENSURE**

- 2. FURNISHING ABILITY**

- 3. TRAINING IN:**

1. Pain management
2. Symptom management
3. Knowledge about end of life signs and symptoms
4. Empathy and compassion
5. Grief and bereavement training/resources
6. Case management skills (also very helpful)

Where to get training/education about EOL care:

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- **ELNEC- End of Life Nursing Education**
- **HPNA – Hospice & Palliative Nurses Association**
- **CHAPCA-California Hospice and Palliative Care Association.**
- **CAPC – Center to Advance Palliative Care**
- **California Coalition of Compassionate Care**
- **On the job training – Mentors**

Definitions:

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- **WHO=World health organization**
- **NHPCO-National hospice and Palliative Care organization**
- **AMA=American Medical Association**
- **CHF=congestive Heart Failure**
- **COPD=Chronic Obstructive Pulmonary Disease**
- **ALS-=Amyotrophic Lateral Sclerosis**
- **AIDS=Acquired Immune Deficiency Syndrome**

Resources / references

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- www.hpna.org
- www.coloradopalliativecare.org
- www.nhpco.org
- www.aahpm.org
- www.capc.org
- www.who.int/cancer/palliative/definition/
- <http://www.getpalliativecare.org>
- www.growthhouse.org/palliative
- www.capolst.org
- www.nationalconsensusproject.org
- www.qualityforum.org

Resources / references (continues)

- Kuebler, K, Davis, M, Moore, C 2005, Palliative Practices and interdisciplinary approach.
- Clinical Practice Guidelines for Quality Palliative Care, National Consensus Project.
- Pesut, B, Sawtzky, R, et.al; Educating Nurses for Palliative Care, journal of Hospice & Palliative Nursing . February 2014 (16) 1:47-
- NHPCO, 1998 Hospice Care a Physician's guide.
- Matzo, M, & Sherman, D, 2004, Gerontologic Palliative Care Nursing, Mosby.

Resources / references (continues)

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- **NHPCO – Certification and recertification of Hospice terminal illness – maps to guide hospice admissions- www.nhpco.org item # 821733
3/29/2011**
- **Hospice Fundamentals – Guide to Hospice care
Contains: COP's (code of Federal regulations Title 42.
Part 418 – hospice care and California state
operations manual . www.hospicefundamentals.com**

Questions?

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Additional notes:

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