Palliative Care

Interdisciplinary care that focuses on:

(1) Pain and symptom management
(2) Coordination of care: team
(3) Communication with patient and family and team
Why does it matter?

- 42.1-61.6 million family caregivers
  Estimated economic value of caregiver unpaid contribution: $450 BILLION

- In an already aging population, we are all sicker for longer; dying is slower.

- Health care staffing crisis looming. Nurse, specialist, and general practice shortage.
The Joint Commission accredits and certifies more than 19,000 health care organizations and programs in the United States

- Address patient communication needs
- Monitor changes in patient’s communication status
- Involve family

National Consensus Project Guidelines for Quality Palliative Care

- Communication is a key element in palliative care
  - Developmentally appropriate and effective sharing of information
  - Active listening
  - Determination of goals and preferences
  - Assistance with medical decision-making
  - Effective communication with colleagues

[http://www.nationalconsensusproject.org](http://www.nationalconsensusproject.org)
National Cancer Institute

- Patient-centered communication improves patient health outcomes

The Old System: The Cure - Care Model

Life Prolonging Care

Hospice Care

Disease Progression

Death
Palliative and hospice care can change this story.
PALLIATIVE care AND ITS PLACE IN ILLNESS

- Life Prolonging Therapy
- Diagnosis of serious illness
- Palliative Care
- Medicare Hospice Benefit
- Death
Palliative Care and Oncology

- ASCO Quality Oncology Practice Initiative to move palliative care into mainstream oncology practice

- NCCN requirements for distress screening of patients to initiate psychosocial services

- Benefits of palliative care and oncology
  - better quality of life
  - less depressive symptoms
  - live longer than receiving routine care (in some cases)
Palliative Care and Oncology

• Palliative care communication includes:
  – Basic discussions about prognosis
  – Basic discussions about goals of treatment
  – Basic discussions about suffering
  – Basic discussions about code status
Benefits

• Lower re-admission rates for seriously-ill, hospitalized, Medicare-age inpatients who received consultation from a palliative care team

*The Hospitalist, 2013, February*
COMFORT*

- Communication (narrative clinical practice)
- Orientation and opportunity (culture and health literacy)
- Mindfulness
- Family
- Openings
- Relating
- Team


COMFORT training

- Oxford textbooks in nursing practice
- Its own dedicated teaching text
- Training with health practitioners in the educational setting (ELNEC)
- Training with health practitioners in the practice setting
- Dissemination through CE credits
Continuing Education Credit

Robert Wall – Case Study

- **July 10** --- Robert thinks he has pneumonia and sees a local family GP with his wife. His symptoms include labored breathing and exhaustion. He is diagnosed with gall bladder inflammation.

- **July 11** --- Dr. A orders tests and identifies liver involvement. Robert and spouse are summoned to local ER.

*When determining serious diagnosis what communication goals should be prioritized as most important?*
Results

292 modules were completed by 177 participants (at least one on-line module)
- 105 nurses
- 25 physicians
- 47 other professionals, students
Clinical Communication Experiences

- **MOST CHALLENGING:**
  - End-of-life care and recurrence of disease

- **LEAST CONFIDENCE:**
  - Talking with patients and families about treatment and with information beyond medical information (nurses)
  - Understanding the patient’s life prior to the visit (physicians)

- ‘Other’ clinicians were less confident overall
- Cultural differences reduce the quality of care they deliver
Assessment

• All participants reported high evaluation scores, noting that content was useful to practice.
• Nurses provided the highest evaluation scores overall.
• All disciplines across all modules scored 70% or better on knowledge quizzes completed after the curriculum.
Useful Learning Skills

Communication

• a comprehensive narrative approach and active listening techniques

Opportunity/ Orientation

• cultural inclusion and the importance of accommodation

Family

• knowing what to listen for when interacting with family members

Team

• how to communicate better within their team
COMFORT Training
Available for research and educational assessment purposes

C-communicating from a narrative approach
O-orienting to the health literacy levels and cultural diversity of patients/families
M-mindful presence
F-family caregiver communication
O-openings that allow for patient/family transition in care
R-relating and building trust
T-team effectiveness
Clinical Communication Collaborative

For more information, visit our Website: www.clinicalcc.com

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