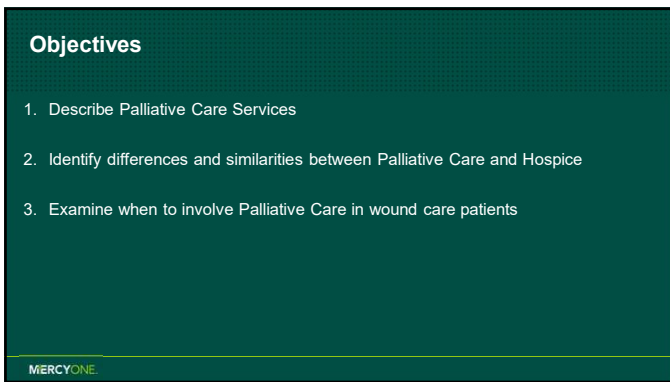
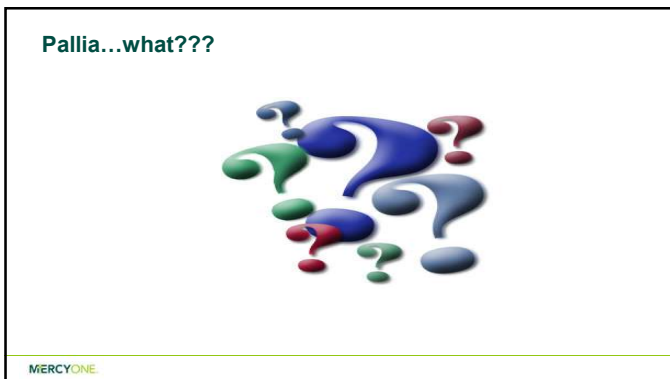




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Palliative Care is...

- Specialized medical care for people with serious illnesses
- Focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness
- Provides family and caregiver support



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Palliative Care is...

- Provided by a team of providers, nurses and other specialists who work with a patient's other doctors to provide an extra layer of support
- Appropriate at any age, at any stage in an illness, and can be provided together with curative treatment



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Goals of Palliative Care

- Improve patient's control over their care by devoting time to intensive family meetings and patient/family counseling
- Enhance communication among healthcare team
- Enhance quality of life by providing expertise in pain and symptom management
- Provide emotional and spiritual support to patient/family/caregiver
- Assist to resolve questions and conflicts between families, patients and physicians on achievable goals for care

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When to involve Palliative Care:

1. Requires assistance in weighing benefits and burdens of treatment options
2. Refractory/difficult symptom management
3. Communication of suffering
4. Poor social support/fatigued caregiver
5. Wishes to have additional community resources
6. Wound(s) not likely to heal due to multiple comorbidities
7. Decline in functional status
8. Exhibits existential suffering
9. Desires to discuss prognosis
10. Wound care is affecting quality of life

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Palliative Care and Hospice...



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Palliative Care and Hospice

All of hospice is palliative care, but not all of palliative care is hospice

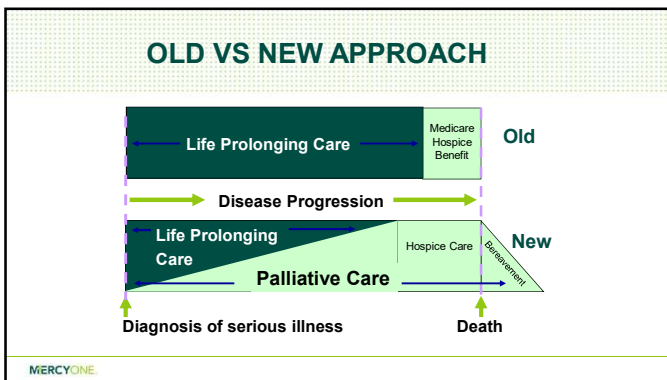


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| PALLIATIVE vs. HOSPICE | | |
|---|--|--|
| SERVICE | PALLIATIVE | HOSPICE |
| Goal of care: | Active/Aggressive/Curative/Rehabilitative /Comfort/Symptoms managed to achieve best quality of life | Comfort/Symptoms managed to achieve best quality of life |
| Prognosis: | Appropriate at any stage of life limiting illness | Normal trajectory of disease indicates final phase of life |
| Team: | Interdisciplinary | Interdisciplinary |
| Realistic compassionate care for patient and family | Includes emotional and spiritual support | Includes emotional and spiritual support |
| Setting of visits: | Inpatient/Outpatient clinic | "Home" / LTC/AL/ Hospice House (Routine, inpatient, respite and continuous -daily r&b fee may apply) |
| Paid by: | Office co-pay/Hospitalization/Private Insurance/Private Pay/VA. (Confirm with your insurance for your eligibility) | Hospice Benefit: Medicare (Part A)/Medicaid/Private Insurances/VA (Hospice can confirm with your insurance for your eligibility) Medications, DME, oxygen and other supplies are covered related to terminal illness |
| After hours service: | Varies per provider | 24 hours per day |
| Bereavement: | Included, up to 13 months | Included, up to 13 months |

10



11

Serious Illness Conversation: Communication is our intervention

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Serious Illness Conversation

Goals

- "If your health situation worsens, what are your most important goals? Biggest fears?"
- "What abilities are so critical to your life that you can't imagine living without them?"
- "If you become sicker, how much are you willing to go through for the possibility of gaining more time?"
- What does a "good day" look like?
- What gives your life meaning?

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Serious Illness Conversation

Explore emotions and empathize

- "What does this news mean for you?"
- "What are your biggest fears about the future with your health?"
- "How much does your family know about your priorities and wishes?"
- Prepare for the patient's emotional response and your own
- Be aware of both verbal and non-verbal communication

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Serious Illness Conversation

Strategy and summary

- Summarize key goals, priorities and options
- Acknowledge medical realities
- "Hope for the best, prepare for the worst"
- "Help to live as WELL as possible for as LONG as possible"
- Follow up, next steps

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Symptom Management

- Pain
- Nausea
- Constipation
- Anxiety
- Shortness of breath
- Agitation
- Depression
- Existential suffering



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Psychosocial Support

Supportive counseling and crisis intervention

- Adjustment to illness
- Anxiety
- Coping strategies
- Depression
- Complicated family dynamics
- Anticipatory grief and loss
- Bereavement support x 13 months



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Spiritual Support

Definitions of spiritual suffering

- Includes threats to one's beliefs and purposes
- Unable to find sources of meaning, hope, love, peace, comfort, strength and connection in life
- Fear/dread of imagined future rather than reality of the present
- Anger that can be directed inward or outward

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Quality of Life Support

- Assess religious/spiritual practice needs
- Normalize/validate emotional reactions to coping with serious illness/major loss
- Motivational interviewing
- Reflective listening
- Relaxation techniques
- Life review



"What we have here is a quantity of life issues."

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**“Although the world
is full of suffering, it
is full also of the
overcoming of it.”**

**Helen Keller
*Optimism, 1903***

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Patients who benefitted from Palliative Care and wound care

- 54 y.o. male: spina bifida, stage IV decubs, CKD 4, LLE amp 2 years ago. Independent at home with HHC. Admit for necrotic RLE wounds, needs amp. Patient declines, “rather go home and let nature take its course”. Full code.
- 70 y.o. male: bedbound x 30 years post stroke, wife and son primary care providers, has family caregivers and HHC. Multiple hospitalizations with heart valve vegetation, necrotic decubs, etc. Patient not decisional, wife insists on “everything being done”.

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Mercy's Palliative Care Services

Inpatient Team
515-643-4203

Outpatient Clinic Team
515-643-4915



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"There's no easy way can tell you this, so I'm sending you to someone I who can."

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Thank you

Mercy One Des Moines
Palliative Care

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24
