Welcome

Webinar Host:
www.nationalcoalitionhpc.org

Moderator:
Amy Melnick, MPA
Executive Director

Coalition Members

Speakers

Martha Twaddle, MD, FACP, FAAHPM
Co-Chair, NCP Steering Committee

Betty Ferrell, PhD, MA, FAAN, FPCN
Co-Chair, NCP Steering Committee

Kathy Brandt, MS
Writer/Editor, NCP Guidelines

Gwynn Sullivan, MSN
Project Director, NCP

Objectives

1. Define palliative care.
2. Explain how the 4th edition of the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care (NCP Guidelines) was developed.
4. Identify strategies to implement the NCP Guidelines within your health care team and organization.

Audience Poll: Question #1

What is your profession?

- Physician
- Advance Practice Professional (PA, APRN)
- Nurse
- Social Worker
- Chaplain
- Pharmacist
- Other
Audience Poll: Question #2
Do you have a copy of the NCP Guidelines, 4th edition?
- Yes
- No

Audience Poll: Question #3
Did you previously use the 3rd edition in your practice setting?
- Yes
- No

What is Palliative Care?

Palliative Care Definition
- Interdisciplinary care delivery system designed for patients, their families and caregivers
- Beneficial at any stage of a serious illness
- Anticipates, prevents, and manages physical, psychological, social, and spiritual suffering to optimize quality of life
- Delivered in any care setting through the collaboration of many types of care providers
- Improves quality of life for both the patient and the family through early integration into the care plan

Key Concepts
- Person-and family-centered approach to care
- Inclusive of all people living with serious illness, regardless of setting, diagnosis, age or prognosis
- A responsibility of all clinicians and disciplines caring for people living with serious illness

Serious Illness
A health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life or excessively strains their caregiver.

Community is Person-Centric

“Community” is defined:
• by the person living with serious illness
• as a lens through which their needs are assessed

- National Consensus Project
  Strategic Directions Summit
  June 2017

Why Clinical Practice Guidelines?

✓ Guidelines improve care and safety for patients and families:
  • Defines structures and processes of care
  • Sets expectations for providers
  • Guides clinical decision making
  • Promotes standardization
  • Creates a foundation for accountability
✓ Guidelines provide the essential elements for standards, policies and best practices

National Consensus Project for Quality Palliative Care (NCP)

• Began in 2001 to define and improve the delivery of palliative care
• Stakeholder involvement expanded over the last decade
• National Coalition for Hospice and Palliative Care serves as organization home of NCP

The 4th edition

• For all people with serious illness, regardless of setting, diagnosis, prognosis, or age
• Funded by the Gordon and Betty Moore Foundation
• Published by the National Coalition for Hospice and Palliative Care
• NCP leadership consisted of 16 national organizations

NCP Leadership Organizations

- National Consensus Project
  Hospice and Palliative Care Collaborative
**National Consensus Project Process (2017-18)**

- **Development:**
  - Steering Committee and Writing Workgroup formed
  - NCP Strategic Directions Stakeholder Summit held
  - Writing > reviews > revisions > approvals > consensus achieved
- **Systematic review of research evidence:**
  - Completed by the RAND Evidence-based Practice Center
- **Endorsements:**
  - Received from more than 80 national organizations
- **Publication:** October 31, 2018

**Domains of Palliative Care**

- Domain 1: **Structure and Processes** of Care
- Domain 2: **Physical Aspects** of Care
- Domain 3: **Psychological and Psychiatric Aspects** of Care
- Domain 4: **Social Aspects** of Care
- Domain 5: **Spiritual, Religious, and Existential** Aspects of Care
- Domain 6: **Cultural Aspects** of Care
- Domain 7: Care of the Patient Nearing the End of Life
- Domain 8: **Ethical and Legal** Aspects of Care

**Key Themes: the 6 C’s**

Each domain addresses:

- Comprehensive assessment
- Care coordination
- Care transitions
- Caregiver needs
- Cultural inclusion
- Communication

**Domain 1: Structure and Processes of Care**

- Principles and practices can be integrated into any health care setting
- Delivered by all clinicians and supported by palliative care specialists who are part of an interdisciplinary team (IDT)
- Begins with a comprehensive assessment and emphasizes:
  - Patient and family engagement
  - Communication
  - Care coordination
  - Continuity of care across health care settings

**Domain 2: Physical Aspects of Care**

- Begins with understanding patient goals in the context of physical, functional, emotional, and spiritual
- Focuses on relieving symptoms and improving or maintaining functional status and quality of life
- Emphasizes symptom management that encompasses pharmacological, non-pharmacological, interventional, behavioral, and complementary treatments
- Is accomplished through collaboration between all professionals involved in the patients’ care across all care settings
Domain 3: Psychological and Psychiatric Aspects of Care

- IDT addresses psychological and psychiatric aspects of care in the context of serious illness.
- IDT conducts comprehensive developmentally and culturally sensitive mental status screenings.
- Social worker facilitates mental health assessment and treatment in all care settings.
- IDT communicates to the patient and family the implications of psychological and psychiatric aspects of care.

Domain 4: Social Aspects of Care

- Addresses environmental and social factors that affect patients and their families.
- Social determinants of health have a strong influence on care outcomes.
- IDT partners with the patient and family to identify strengths and address needs.
- Social worker is essential to the IDT.

Domain 5: Spiritual, Religious, and Existential Aspects of Care

- Spirituality is recognized as a fundamental aspect of palliative care.
- Dynamic aspect through which individuals seek meaning, purpose, and transcendence, and experience relationships.
- Expressed through beliefs, values, traditions, and practices.
- IDT serves in a manner that respects all spiritual beliefs and practices, and when patients and families decline to discuss their beliefs or accept support.

Domain 6: Cultural Aspects of Care

- First step is assessing and respecting values, beliefs and traditions.
- Care plans incorporate culturally sensitive resources and strategies.
- Respectful acknowledgment and culturally sensitive support for grieving practices is provided.
- IDT members continually expand awareness of their own biases and perceptions.

Domain 7: Care of the Patient Nearing the End of Life

- Highlights care provided to patients and their families near the end of life.
- Particular emphasis on the days leading up to and just after the death of the patient.
- Comprehensive assessment and management of physical, social, spiritual, psychological, and cultural aspects of care are critically important near death.
- IDT provides developmentally appropriate education to patient, family, and others.

Domain 7: Care of the Patient Nearing the End of Life (continued)

- Interdisciplinary model of hospice care is recognized as the best care for patients nearing the end of life.
- Early access to hospice support should be facilitated whenever possible to optimize care outcomes.
- Palliative care teams, hospice providers, and other healthcare organizations must work together to find solutions for all patients and families in their final months of life.
Domain 8: Ethical and Legal Aspects of Care

- IDT applies ethical principles to the care of patients with serious illness, including honoring patient preferences, and decisions made by surrogates.
- Surrogates’ obligations are to represent the patient’s preferences or best interests.
- Familiarity with local and state laws is needed relating to:
  - Advance care planning
  - Decisions regarding life-sustaining treatments
  - Evolving treatments with legal ramifications (e.g., medical marijuana)

4th edition: Publication

Anatomy of a Domain: Example 1

Expanded introductions
Temporal organization
Numbered items

Bleed tabs for easy access

Anatomy of a Domain: Example 2

Clinical implications
Operational implications
Application for ALL clinicians
Key research evidence overview

Anatomy of a Domain: Example 3

Diverse practice examples

Practice Examples
Practice Example 01-A
A Federally Qualified Health Center recognizes that its aging population will benefit from the integration of palliative care into its care model. The leadership of the organization enhances training in palliative care for the nurse care navigators and two express interest in pursuing advanced certification in hospice and palliative care to earn as “champions” within the health center. The navigators traditionally assist patients with coordinating services and ensuring appointments with specialty providers, as well as primary care follow-up. Each navigator in the primary contact lessens contact between patient and providers, thus ensuring patient and family needs are met. The navigators also follow-up with patients and families to ensure that all patient needs are met in all domains of care in the NPCC Guidelines.

Additional Content

Glossary
Tools and Resources

Note: Words bolded in red are defined in the Glossary.
Systematic Review of Research Evidence

- Conducted by Rand Evidence-based Practice Center with Technical Expert Panel (TEP)
- Complete findings available, Journal of Pain and Symptom Management
  - https://www.jpsmjournal.com/article/S0885-3924(18)30468-8/fulltext
- Funded by:
  - Gordon and Betty Moore Foundation
  - Gary and Mary West Foundation
  - The John A. Hartford Foundation
  - Stupski Foundation

Practice Examples

Practice Example: Long-Term Care Setting

- A long-term care setting is incorporating palliative care
- Physician assistant and social worker lead efforts to improve advance care planning and completion of formal directives.
- Varying levels of decision-making capacity pose a challenge to completing advance directives
- Staff need help determining capacity
- Facility develops a consultative relationship with a hospital-based palliative care team and ethics consult service

Practice Example: Community Hospital

- Staff at a community hospital identify a trend re: after hours and weekend utilization of the ED with seriously ill children following a hospitalization
- Local hospice has a large home-based pediatric palliative and hospice program, with just one board-certified hospice and palliative medicine pediatrician.
- Hospital's pediatric service partners with a large community pediatric practice and the hospice pediatric physician, to implement a collaborative QI initiative

Practice Example: Rural Palliative Care

- A rural palliative care program provides care in patients' homes
- Staff is often alone on visits
- Team members stressed with ethical issues (e.g., requests for physician aid-in-dying, family conflicts)
- Program develops an online ethics forum for staff education
- Provides educational podcasts for team members
- Leadership facilitates dual visits of the practitioners and social workers to facilitate greater support

Next Steps
Read the Guidelines

Available at: www.nationalcoalitionhpc.org/ncp

Implement the Guidelines

1. Share the NCP Guidelines with your team and colleagues
2. Assess strengths, gaps and opportunities in your practice setting to apply the NCP Guidelines
3. Develop a plan to improve care for your patients with serious illness and their families/caregivers
4. Begin with easily attainable goals, and plan to grow and scale
5. Celebrate achievements

Communication Resources

Available at www.nationalcoalitionhpc.org/ncp

- Health Affairs blog
- JPM online article
- Press Release
- FAQs
- NCP blog
- NCP Stakeholder Summit Report
- About and History of the NCP

Questions

Thank You!

For More Information:

Visit: www.nationalcoalitionhpc.org/ncp
Follow: @coalitionhpc (#NCPGuidelines)
Contact: info@nationalcoalitionhpc.org