




Welcome to the Series on Palliative Care for the Licensed Vocational Nurse.



My name is Ilene Decker and I am a faculty member and Associate Dean for Academic Affairs at the University of Texas Health Science Center San Antonio School of Nursing

I am pleased to be here today to present an overview of the palliative care series for LVNs and to present Module 1 that provides an overview of palliative care and the important role of the licensed vocational nurse as a member of the interdisciplinary team




Palliative Care Series

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In order to be actively involved in planning and providing quality palliative care, LVNs need to possess a thorough knowledge of palliative care concepts and practices.




Palliative Care Series

- The goal is to enhance the palliative care knowledge base and skills of LVNs working in all clinical settings, including long-term care, hospitals, home care, and hospice.



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We understand that some of the content presented may exceed your scope of practice in some settings. However, we present these materials to set the standard for quality palliative care and to recognize that LVNs are deeply committed to their work and want to provide the highest level of care.



Palliative Care Series	
Module 1	Overview of Palliative Care
Module 2	Communication in Palliative Care
Module 3	Interdisciplinary Collaboration
Module 4	Patterns of Disease Progression
Module 5	Pain Management in Palliative Care
Module 6	Management of Symptoms in Palliative Care
Module 7	Cultural Considerations in Palliative Care
Module 8	Spiritual Care
Module 9	Family Caregivers
Module 10	Ethical Considerations in Palliative Care
Module 11	Loss and Bereavement
Module 12	Care at the Time of Dying
Module 13	Personal and Professional Development


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The palliative care series is organized into 13 modules that are listed on the slide.

Two faculty members, Professor Deborah James and Professor Mady Stovall, will join me in presenting the series.

We have included in the series materials a short biography of who we are and our background in the education and practice of palliative care.



Acknowledgments

- **Materials for this series has been adapted from the following sources:**
 - Core Curriculum for the Licensed Practical/Vocational Hospice and Palliative Nurse; Second Edition (2010) Tami Borneman, editor
 - The End-of-Life Nursing Education Consortium (ELNEC) Project is a national end-of-life educational program administered by City of Hope (COH) and the American Association of Colleges of Nursing (AACN) designed to enhance palliative care in nursing. The ELNEC Project was originally funded by a grant from The Robert Wood Johnson Foundation with additional support from funding organizations (Aetna Foundation, Archstone Foundation, California HealthCare Foundation, Cambia Health Foundation, Milbank Foundation, National Cancer Institute, Oncology Nursing Foundation, Open Society Institute and US Department of Veterans Affairs). Further information about the ELNEC Project can be found at www.aacn.nche.edu/ELNEC. Copyright City of Hope and American Association of Colleges of Nursing, 2006; Revised 2013.
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The palliative care series is based on the work of three important projects.

The first is the Core Curriculum for the Licensed Vocational Hospice and Palliative Nurse. Fifteen leading experts in hospice and palliative care across the country contributed to the development of this curriculum.

The second is the End-of-Life Nursing Education Consortium known as ELNEC. ELNEC is administered by City of Hope (COH) and the American Association of Colleges of Nursing (AACN) designed to enhance palliative care in nursing.


The third is the Toolkit for Nurturing Excellence at End-of-Life Transition known as TNEEL developed at the University of Washington to provide education materials for palliative care.



Now we will begin the series with an overview of palliative care.

This overview will outline the key principles and goals for palliative care.


The models that follow will provide an in depth exploration of each of the key concepts in providing high quality palliative care.



Module Objectives


At the completion of this module participants will be able to:

1. Describe the philosophy and principles of palliative care that can be integrated to effect quality care.
2. Discuss aspects of assessing physiological, psychological, spiritual, and social domains of quality of life





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Role of the LVN in Palliative Care

- The cornerstone of LVN practice is the physical, emotional, psychosocial, and spiritual care in collaboration with the family, the RN, and other members of the interdisciplinary healthcare team.




Licensed Vocational Nurses (LVNs) play an important role in providing palliative care to older adults and their families.


The cornerstone of LVN practice is the physical, emotional, psychosocial, and spiritual care in collaboration with the family, the RN, and other members of the interdisciplinary healthcare team.



Role of the LVN in Palliative Care


- The LVN is in constant interaction with the older adult and their families and, as such, are well-positioned to observe the physical, psychosocial, and spiritual symptoms common to those individuals and families






Nurses are the health care providers who spend more time with the patients and their families than any other member of the health care team.


The LVN is in constant interaction with the older adult and their families and, as such, are well-positioned to observe the physical, psychosocial, and spiritual symptoms common to those individuals and families.



Role of the LVN in Palliative Care

- LVNs can contribute substantially to both treatment planning and implementation of the care plan.



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Utilizing the expertise and combined efforts of interdisciplinary team members is the key to providing holistic, comprehensive care, since no single discipline can fully address the many concerns that patients and families face.

The LVN is an integral member of the interdisciplinary team who provides excellent information to the team members ultimately responsible for the plan of care.

The LVN monitors symptoms and changes, and reports these changes to the RN in charge of the patient's care.

Philosophy and Principles of Palliative Care



- Philosophy of Care
- System of Care

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Palliative care is defined as “both a philosophy of care and an organized highly structural system for delivering care” (National Consensus Project [NCP], 2013).

Palliative care emerged in response to continued demands for improvements in the care and support of patients and families facing life-limiting or life-threatening illness.

Palliative care focuses on the physiological, psychological, social and spiritual needs of patients and their families and can be initiated from the time of diagnosis of an illness or at any stage of the illness.

Services extend across the trajectory of the illness.



Goals of Care

- Prevent and relieve suffering
- Support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies
- Promote decision-making
- Provide opportunity for personal growth





Palliative care has as its goal to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies

Expands traditional disease-model medical treatments to include the goals of enhancing quality of life for patients and family members, helping with decision-making, and providing opportunities for personal growth.



Curative and Palliative Approaches to Care

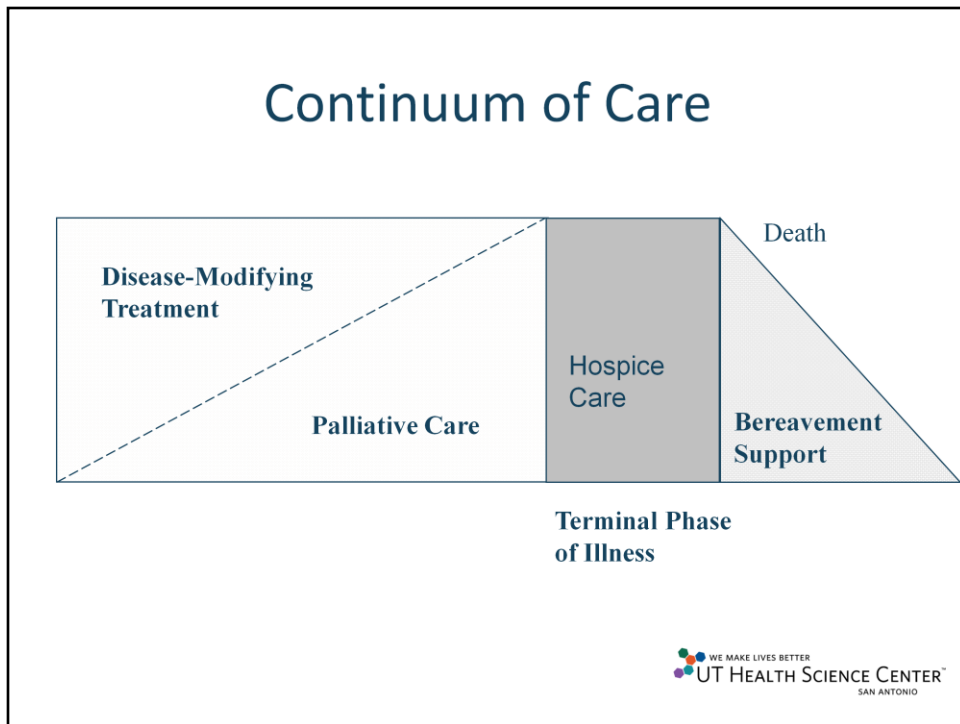
<u>Curative/Disease Focus</u>	<u>Palliative Focus</u>
<ul style="list-style-type: none"> Diagnosis of disease Treatment of disease Alleviation of symptoms Curing of disease 	<ul style="list-style-type: none"> Identify unique goals Assess how symptoms, issues are helping or hindering reaching goals Interventions to assist in reaching goals





In addition to the diagnosis, treatment and curing of a disease, palliative care focuses on identifying the unique goals of the individual and their families and interventions to help the meet those goals.



Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.



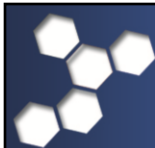
Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice (Federal Register 2008)."

Since the goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies, it can be delivered concurrently with life-prolonging care or as the main focus of care.

Palliative care is best achieved through close coordination and partnerships between palliative care and hospice programs from diagnosis to the end stages of an illness across the continuum of care settings and living situations.

 <h2>Palliative Care and Hospice</h2>	
Hospice	Palliative Care
<ul style="list-style-type: none"> • Certify that the patient is terminally ill with life expectancy of six months or less, if the disease runs its normal course • The patient chooses to receive hospice care rather than curative treatments for his/her illness • The patient enrolls in a Medicare-approved hospice program 	<ul style="list-style-type: none"> • Anyone with a serious illness that is not dependent on the prognosis • The patient may choose to receive curative treatment along with palliative care • May or may not be covered by insurance
	

- *Hospice care* is a service delivery system that provides palliative care for patients who have a limited life expectancy and require comprehensive biomedical, psychosocial, and spiritual support as they enter the terminal stage of an illness or condition. It also supports family members coping with the complex consequences of illness, disability, and aging as death nears. Hospice care further addresses the bereavement needs of the family following the death of the patient.
- *Palliative care* refers to patient- and family-centered care throughout the continuum of illness addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. Of particular importance, palliative care services are indicated across the entire trajectory of a patient's illness and its provision should not be restricted to the end-of-life phase.
- Both hospice and palliative care is provided in the in the home, residential facilities, hospitals and nursing facilities, and other settings (e.g. prisons).



Payment for Hospice and Palliative Care

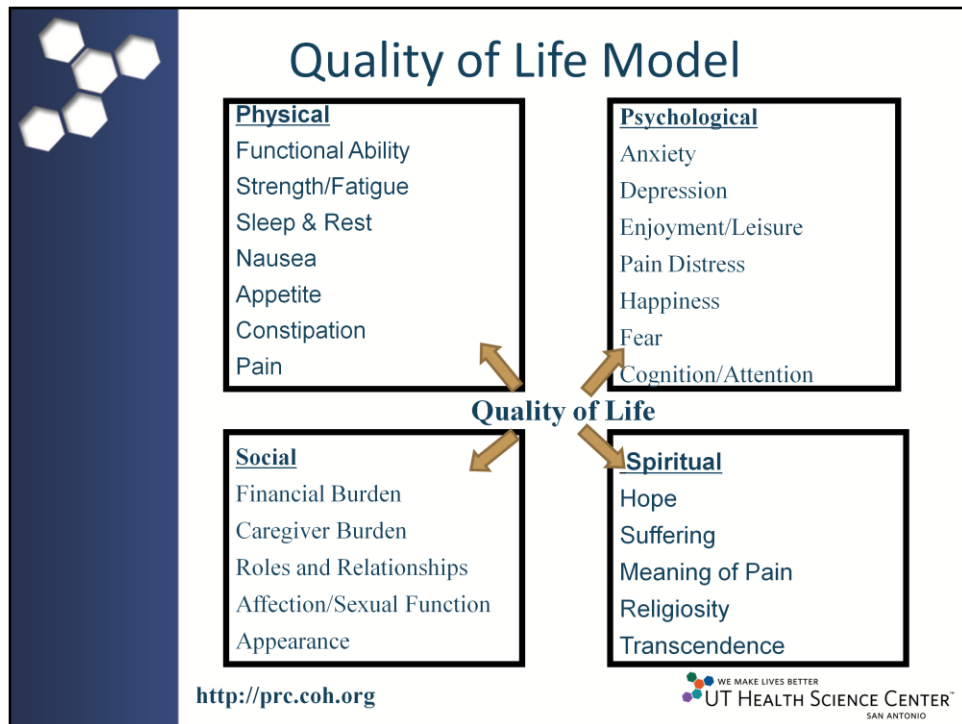
Hospice

- Medicare
- Medicaid
- Most private health insurers

Palliative Care

- Philanthropy
- Fee-for-service
- Direct hospital support






Palliative care is grounded in the Quality of life (QOL) model. QOL encompasses the physical, psychological, social and spiritual dimensions of a person. A person's experience of well-being, health and illness impacts all dimensions.

Meaning of QOL differs from person to person. QOL can only be defined by the patient based on their own life experience. It is important to examine aspects of each dimension from the patient's and family's perspective. Do not assume what "quality" means to them.


Because these dimensions are interrelated, relevance of one or several of the aspects within the dimensions may be affected by change in individual circumstances.

Focus on both negative and positive attributes. Only assessing and focusing on fears, for example, misses the opportunity to help patients and families realize their hopes.



Key Concepts in Palliative Care

- Affirms life
- Regards dying as a normal process
- Provides relief from pain and other distressing symptoms
- Integrates psychological and spiritual aspects of the person
- Offers support systems to the person and their family



Every day, nurses are invited to be present at the time of diagnosis to the last moments of a patient's life; to care for a person and their family across the continuum of care

Early identification means that palliative care can be started sooner, allowing patients and families to set and achieve goals (Coyle, 2010).

Ensuring quality end-of-life closure: At the end of life, nursing care shifts from a focus of wellness/recovery to an understanding of healing



Precepts of Palliative Care

- Respect for the person's goals, preferences and choices
- Comprehensive holistic care that is flexible and person-family-centered
- Uses strengths of interdisciplinary team
- Acknowledges caregiver concerns and need for support



Goals of care change as the disease progresses and the person approaches death. Frequent reassessment and clarification of goals is therefore necessary.

Comprehensive holistic care provided by the interdisciplinary team addresses all the dimensions of quality of life (QOL) creates the opportunity to experience tremendous growth and healing even when facing a serious illness or death.

Professional caregivers support and aggressively advocate for the needs of the individual and their families in order that people might live out their lives with dignity and die in a manner that is meaningful to them.



Core Principles of Palliative Care

- Family is the unit of care
- Meaning of disease, suffering, life and death are addresses within the unique family unit




There is no to live and die, no cookbook approach. Crises and difficulties arise along with unexpected and profound joys.

A flexible approach is essential to meet the changing needs of the patient and family.


As disease progresses and there is physical decline, the psychological, social and spiritual dimensions take on added meaning and purpose (Egan & Labyak, 2001).

Patients and families are given the opportunity to find meaning through life review and working toward the accomplishment of personal goals. Many find meaning and growth as they explore their relationship with others and to God.



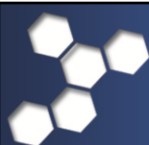
Issues in Palliative Care

- Supporting the transition from curative care to palliative care to hospice care
- Provide continuity of care across healthcare settings



Lack of understanding of what comprehensive palliative care and hospice services programs offer leads to confusion over when it is appropriate to consult or transfer care to these services.

More timely referrals are necessary in order for patients and families to reap the full benefit of hospice and palliative care services.



Let's Practice a Case Study

- 38 year-old male with sickle cell disease
- Had a stroke 8 months ago
- Lives in a skilled nursing facility
- Frequent exacerbations of pain over the past 6 months (8 hospitalizations)



Questions

1. Would this person benefit from palliative care?
2. What services would this person most likely need now?
3. How would you describe the differences between this patient receiving “hospice care” vs. “palliative care?”
4. How would you describe similarities between “hospice care” vs. “palliative care?”



Answers

- See Handout



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Final Thoughts

- Quality palliative care addresses quality-of-life concerns
- Increased nursing knowledge is essential
- “Being with”
- Importance of interdisciplinary approach to care



Some final thoughts:

Quality palliative care encompasses physical, psychological, social, and spiritual aspects and includes the family as the unit of care.

Since nurses cannot practice what they do not know, increased knowledge is essential to improved care via professional development.

Palliative nursing is not only “doing for”, but is also largely “being with” patients and families.

Palliative care is best provided by nurses functioning as part of an interdisciplinary team.

