Palliative care isn’t limited to the final stages of a cancer diagnosis. You can apply its principles across all settings of care and throughout the entire cancer trajectory, from diagnosis to survivorship. Learn what this means for your practice, especially as the population of patients with cancer continues to age. You’ll tackle the eight domains of palliative care, including the physical, social, ethical, legal, and cultural aspects of care.

Objectives:
At the end of this session, participants will be able to:
1. Describe the increasing need for palliative care integration.
2. List eight domains of quality palliative care.
3. Apply principles of palliative care to patients with cancer.

Content Outline:
I. The need for palliative care in oncology
   A. The aging oncology population
   B. Palliative care opportunities for nurses
      1. Diagnosis
      2. Treatment
      3. Survivorship
      4. End of life
II. Domains of palliative care
   A. Domain 1. Structure and Processes of Care
   B. Domain 2. Physical Aspects of Care
   C. Domain 3. Psychological and Psychiatric Aspects of Care
   D. Domain 4. Social Aspects of Care
   E. Domain 5. Spiritual, Religious and Existential Aspects
   F. Domain 6. Cultural Aspects of Care
   G. Domain 7. Care of the Imminently Dying Patient
   H. Domain 8. Ethical and Legal Aspects of Care
Empowering Oncology Nurses to Integrate Palliative Care

Betty Ferrell, PhD, RN, MA, FAAN, FPCN, CHPN
Tami Borneman, RN, MSN, CNS, FPCN

Objectives

1. Describe how palliative care evolves in the cancer care continuum.
2. Discuss the support of palliative care team from diagnosis to end of life.
3. Review guidelines used to identify patients appropriate for palliative intervention.

The National Consensus Project for Quality Palliative Care

Promoting Quality and Excellence: The 3rd edition of Clinical Practice Guidelines for Quality Palliative Care

What is The National Consensus Project for Quality Palliative Care?

What do the guidelines mean for oncology nursing?

National Consensus Project Mission

1. Create clinical guidelines that improve quality of palliative care in the United States.
2. Promote quality palliative care.
3. Foster consistent and high standards in palliative care.
4. Encourage continuity of care across settings.

The Clinical Practice Guidelines serve as manual or blueprint to create new programs, guide developing programs, and set high expectations for excellence for existing programs.

The National Consensus Project:

Consortium of six key national palliative care organizations:
- American Academy of Hospice and Palliative Medicine
- Center to Advance Palliative Care
- Hospice and Palliative Nurses Association
- National Association of Social Workers
- National Hospice and Palliative Care Organization
- National Palliative Care Research Center
## National Consensus Project Task Force Members 2011-2013

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## History of the NCP and Clinical Practice Guidelines

- **2004** – Release of the first edition
  - Endorsed by 40 organizations and associations in 2004
- **2005** – Disseminated to 90 other organizations and associations
- **2006** – Used as guiding document for NQF’s *A National Framework and Preferred Practices for Palliative and Hospice Care Quality: A Consensus Report*
  - Used for review of health care reform under the Obama Administration
- **2011** – Used as underlying principles in The Joint Commission for Palliative Care Advanced Certification
- **2013** – Third edition
  - Endorsed by 53 organizations and associations

## Palliative Care Philosophy Characteristics

- Care is provided and services are coordinated by an interdisciplinary team.
- Patients, families, palliative and non-palliative health care providers collaborate and communicate about care needs.
- Services are available concurrently with or independent of curative or life-prolonging care.
- Patient and family hopes for peace and dignity are supported throughout the course of illness, during the dying process, and after death.

## National Consensus Project Tenets of Palliative Care:

- Palliative care is patient and family centered care.
- There is comprehensive palliative care with continuity across health settings.
- Early introduction of palliative care should begin at diagnosis of a serious or life threatening illness.
- Palliative care is interdisciplinary and collaborative.
- Palliative care team members have clinical and communication expertise.
- The goal of palliative care is the relief of physical, psychological, emotional, and spiritual suffering of patients and families.
- Palliative care should focus on quality care.
- There should be equitable access to palliative care services.

## Palliative Care Definition

Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. 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.

National Quality Forum 2006
Federal Register 2008

## Palliative Care Delivery

Palliative care is operationalized through effective management of pain and other distressing symptoms, while incorporating psychosocial and spiritual care with consideration of patient/family needs, preferences, values, beliefs, and culture. Evaluation and treatment should be comprehensive and patient-centered with a focus on the central role of the family unit in decision making.

NCP 2004
Palliative Care Delivery

Palliative care affirms life by supporting the patient and family’s goals for the future, including their hopes for cure or life-prolongation, as well as their hopes for peace and dignity throughout the course of illness, the dying process, and death.

NCP 2004

Application to Oncology Nursing Across the Cancer Trajectory

2013 Revision

› Necessitated by maturation of the field:
  - Increased numbers of hospice and palliative care programs since 2009
  - Increased palliative care representation across the health care system
  - Developments in the palliative care evidence base over the last five years

2013 Revision

› Essential to reflect seminal events since 2009
  - Health Care Reform (Patient Protection and Affordable Care Act of 2010) which has critical elements of palliative care
  - Advanced Palliative Care Certification by The Joint Commission initiated in 2011
  - New Quality Measures designed in 2010, 2011, and 2012

2013 Revision

› Indicate the significant research in the field
  - Early intervention palliative care in the Bakitas Study of 2009 and the Temel Study of 2010
  - Work with special populations and non-cancer diagnoses
  - A broader and more inclusive document, applicable to all health settings.

Summary of 2013 Revisions
The Eight Domains of Care

- 1. Structure and Processes of Care
- 2. Physical Aspects of Care
- 3. Psychological and Psychiatric Aspects of Care
- 4. Social Aspects of Care
- 5. Spiritual, Religious, and Existential Aspects of Care
- 6. Cultural Aspects of Care
- 7. Care of the Patient at End of Life – New Domain Title
- 8. Ethical and Legal Aspects of Care

Domain 1: Structure and Processes of Care

- Accentuates the current state of the field with emphasis on interdisciplinary team (IDT) engagement and collaboration with patients and families.
- Emphasizes coordinated assessment and continuity of care across healthcare settings.
- Describes specificity of interdisciplinary team composition, team member qualifications, necessary education, training, and support.
- Incorporates the new mandates for quality under the Patient Protection and Affordable Care Act.

Domain 2: Physical Aspects of Care

- Emphasizes the assessment and treatment of physical symptoms with appropriate, validated tools.
- Acknowledges that management of symptoms is multidimensional with pharmacological, interventional, behavioral, and complementary interventions.
- Recommends the utilization of explicit policies for the treatment of pain and symptom management, as well as safe prescribing of controlled medications.

Domain 3: Psychological and Psychiatric Aspects

- Significant revisions on the collaborative assessment process of psychological concerns and psychiatric diagnoses.
- Defines essential elements include patient-family communication on assessment, diagnosis, and treatment options for common conditions in context of respect for goals of care of the patient and family.
- Describes required elements of a bereavement program.
Domain 3: Psychological and Psychiatric Aspects - Case

- Demographics
- Predominant Sx
  - SOB, Anxiety, Depression, Ruminaton
- IDT Assessment & Plan of Care
  - SOB
  - Anxiety, Depression
  - Ruminaton
  - Re-evaluation
- Outcomes

Domain 4: Social Aspects of Care

- Emphasizes interdisciplinary engagement and collaboration with patients and families to identify, support, and capitalize on patient and family strengths.
- Defines essential elements of a palliative care social assessment.
- Describes the role of the professional social worker with a bachelor’s or master’s degree in social work.

Domain 4: Social Aspects of Care - Case

- Demographics
- Predominant Sx
  - Cough, Anxiety, Depression, Fatigue
- IDT Assessment & Plan of Care
  - Cough
  - Anxiety, Depression
  - Fatigue
  - Re-evaluation
- Outcomes

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

- Includes a definition of spirituality, stressing assessment, access, and staff collaboration in attending to spiritual concerns throughout the illness trajectory.
- Offers requirements for staff training and education in provision of spiritual care.
- Emphasizes the responsibility of the interdisciplinary team, inclusive of an appropriately trained chaplain, to explore, assess, and attend to spiritual issues of the patient and family.
- Promotes spiritual and religious rituals and practices for comfort and relief.

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

- Demographics
- Predominant Concern
  - Anger at God, Uncertainty
- IDT Assessment & Plan of Care
  - Anger at God
  - Uncertainty
  - Re-evaluation
- Outcomes

Domain 6: Cultural Aspects of Care

- Defines culture and cultural competence for the interdisciplinary team, underscoring culture as a source of resilience and strength for the patient and family.
- Accentuates cultural and linguistic competence including plain language, literacy, and linguistically appropriate service delivery.
## Domain 6: Cultural Aspects of Care - Case

- Demographics
- Predominant Concern
  - Fear of losing insurance
  - Fear of lingering & being a burden
- IDT Assessment & Plan of Care
  - Cultural assessment
  - Basis of existing fears
  - Re-evaluation
- Outcomes

## Domain 7: Care of the Patient at the End of Life - Case

### Domain 7: Care of the Patient at the End of Life

- Highlights communication and documentation of signs and symptoms of the dying process in the circle of care: the patient, the family, and all other involved health providers.
- Underscores the importance of meticulous assessment and management of pain and other symptoms.
- Emphasizes the essential attention to family guidance as to what to expect in the dying process and the post death period.
- Stresses bereavement support.
- Underscores social, spiritual, and cultural aspects of care throughout the process.

### Domain 7: Care of the Patient at the End of Life - Case

- Demographics
- Predominant Concern
  - SOB, Fatigue, Wt Loss, Cough
- IDT Assessment & Plan of Care
  - Signs
  - AD
  - Hospice
  - Re-evaluation
- Outcomes

## Domain 8: Ethical and Legal Aspects of Care

- Separates into three sections: advance care planning, ethics, and the legal aspects of care.
- Emphasizes the responsibility of the palliative care team to promote ongoing discussion about goals of care along with completion and documentation of advance care planning documents.
- Affirms and acknowledges the frequency and complexity of ethical issues in palliative care. Offers team competencies in ethics and counsel from ethics committees.

### Domain 8: Ethical and Legal Aspects of Care - Case

- Under legal issues, acknowledgement of the complex legal and regulatory issues that arise in palliative care that require team members to understand their respective scope of practice within the provision of palliative care.
- Emphasizes access to expert legal counsel, essential for navigating the intricate and sensitive legal and regulatory issues in palliative care.

### Domain 8: Ethical and Legal Aspects of Care - Case

- Demographics
- Predominant Issues
  - SOB, ↓ Appetite, Anxiety, Rapid Progression
- IDT Assessment & Plan of Care
  - Signs
  - DNR
  - Hospice
  - Re-evaluation
- Outcomes
How can the National Consensus Project Clinical Practice Guidelines be utilized by nurses with or without access to specialty palliative care.

Why Adopt the National Consensus Project Clinical Practice Guidelines?

Palliative Care’s Crucial Role

- Palliative care plays a crucial role in healthcare value. It reduces the need for high intensity, high cost services, such as hospital and home care stays.
- Palliative care has repeatedly been demonstrated to improve quality of care. Specifically, it improves quality of life for the person and their family in terms of symptom burden, family well being and practical supports, communication about what to expect in the future and treatment options concordant with person and family-determined goals for care.

Quality, Consistent, and Continuous Palliative Care

- The Clinical Practice Guidelines serve as a manual or blueprint to create new and guide developing programs that can achieve important health system objectives.