



# The Integration of Early Palliative Care

Jessica McMillan, DNP, APRN, FNP-BC

FLASCO

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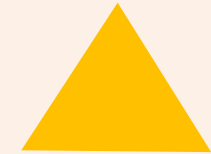
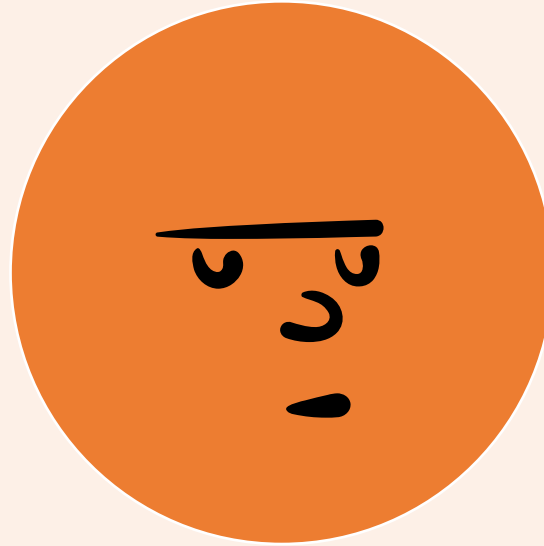
# Objectives

- Define Palliative Care
- Explore indications
- Discuss standards of palliative care
- Review palliative care management
- Evaluate the role of the multidisciplinary team
- Summarize the importance of early integration in the oncologic setting



First Word  
that Comes  
to Mind...

Palliative  
Care



# First Word that Comes to Mind... Hospice

## Origin

- Latin word "hospis"
- Host and guest
  - Place of rest and protection for the ill and weary

Support for patients,  
families and caregivers  
Comfort  
Increase quality of life  
for a long as possible

End of life

# Compare

## HOSPICE

- Chronic or progressive illness
  - Terminal
- Decline further curative treatment
  - Comfort care
- Life expectancy less than 6 months

## PALLIATIVE CARE

- Chronic or progressive illness
  - Anyone with a serious illness
  - Can continue curative, aggressive, or invasive treatment
- No life expectancy requirements



# What is Palliative Care?

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## World Health Organization

“specialized medical care that aims to optimize the quality of life and alleviate the suffering of patients”



## National Cancer Center Network

“approach to patient/family/caregiver-centered healthcare that focuses on optimal management of distressing symptoms, while incorporating psychosocial and spiritual care according to patient/family/caregiver needs, values, beliefs, and cultures”



## American Cancer Society

“ special approach focused on improving the quality of life for people living with a serious illness like cancer”

# It's All About the Patient!

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- The whole person
  - Patient
  - Family
  - Caregivers
- Empowers patient
  - Allows patients and caregivers to take part in their care
  - Gives options
  - Make decisions
- Relief of symptoms
- Incorporates specialized care based on need
  - Mental
  - Physical
  - Emotional
  - Social
  - Spiritual





# Standards of Palliative Care

- Process for integration of Palliative care
- All patients
- Integral part of comprehensive cancer care
- Interprofessional teams
- Institutional quality improvement programs



# Criteria for Consultation

- Limited treatment options
- Advanced disease process
- Persistently poor performance status
- Concerns regarding decision making
- Poor pain management
- High psychosocial distress
- Frequent emergency visits or hospital admissions
- Communication barriers



# Indications

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- Uncontrolled symptoms
- Moderate-to-severe distress related to cancer
- Serious comorbid physical and/or psychiatric conditions
- Patient/family/caregiver concerns about course of disease
- Request for palliative care
- Patient request for hasten death
- Advanced cancers with high morbidity or mortality

# Oncology Team Assessment

- Evidence of worsening prognosis, including:
  - Poor performance status ECOG  $\geq 3$  or KPS  $\leq 50$
  - Cachexia
  - Persistent hypercalcemia
  - Brain or cerebrospinal fluid metastasis
  - Persistent delirium
  - Malignant bowel obstruction
  - SVC syndrome
  - Spinal cord compression
  - Malignant effusions
  - Need for palliative stenting or venting gastrostomy



# When to Discuss?

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At time of initial visit



Appropriate intervals



NCCN Guidelines  
Version 2.2023

[palliative.pdf](https://palliative.nccn.org)  
([nccn.org](https://nccn.org))





# How do you Broach the Subject?

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- **Be Prepared!**
- Education
  - Know the history of the specific cancer diagnosis
  - Assess the patient/family/caregiver's understanding of disease and prognosis
- Determine
  - Values
  - Goals
  - Expectations (with and without treatment)
  - Quality of life (current and future)
  - Psychosocial or spiritual distress
  - Cultural factors that may affect care
    - Interpreters/translators
  - Determine readiness for palliative care

# Advance Care Planning Resources

- Remember discussion does not mean a decision NOW!
  - Palliative Care
  - Hospice Care
- Allow time to assimilate all the information
  - **Remember** – they are scared
  - Looking for answers
    - WHY ME?
- Resources are available to help the patient and family understand
- <https://www.cdc.gov/aging/pdf/acp-resources-public.pdf>

# Plan – I'm Ready!

- Place palliative care consultation
- Explain that they will have a team
- Initial consultation and then team will plan for follow-up visits
- These visits are for reassessment to make sure:
  - Adequate symptom management is maintained
  - Reduction of stress
  - Sense of control
  - Decreased caregiver stress and burden
  - Optimized quality of life



# Interprofessional Palliative Care Teams



- Palliative care physicians
- Advance practice providers
- Nurses
- Social workers
- Chaplains
- Pharmacist

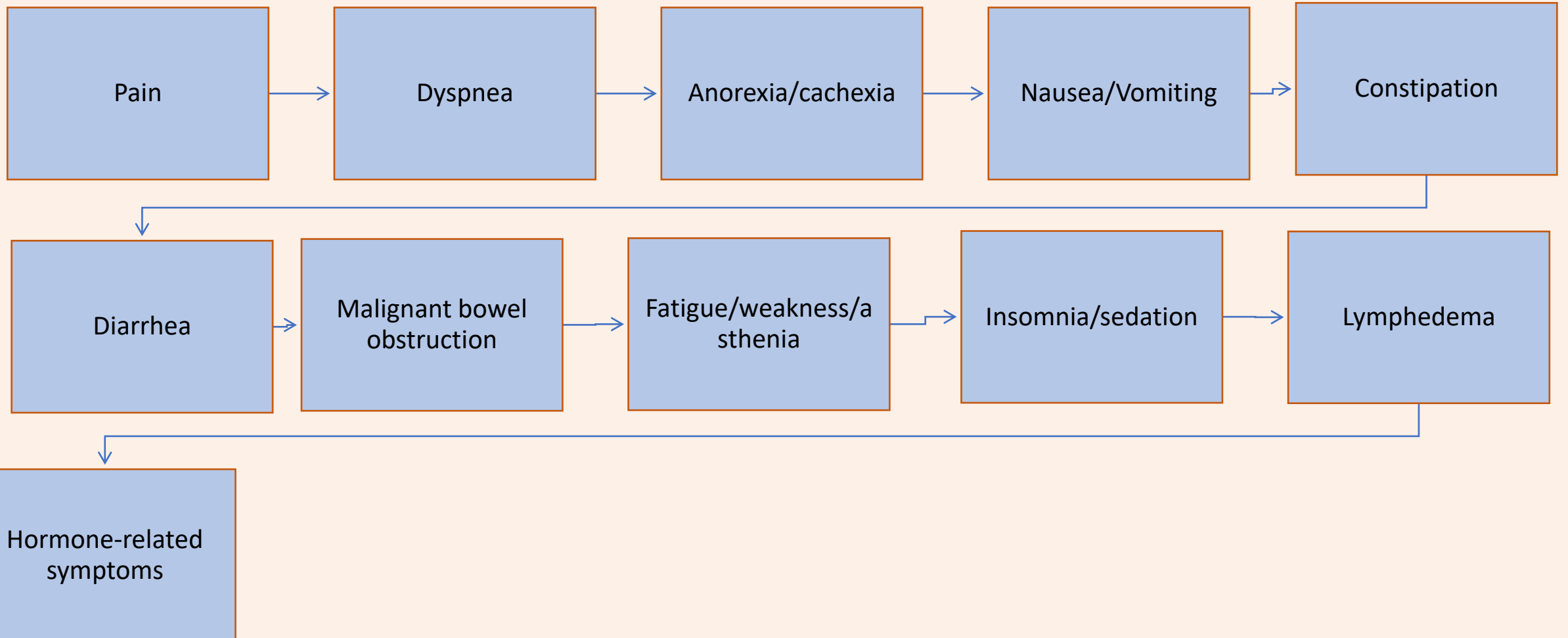


# Care Team Challenges

- Complex care coordination
  - Within and among multiple teams
- Intra or Inter-team conflict
- Compassion fatigue
- Moral distress and/or concerns
- Burnout
- Communication around complex decision making



# Management



# Complex Circumstances

- Family caregiver challenges
- Inadequate social support
- Substance abuse
- Intensely dependent relationships
- Financial limitations
- Family discord
- Patient concerns regarding care-giver wellbeing
- Dependent children and/or older relatives living in household



# Social Support Resources

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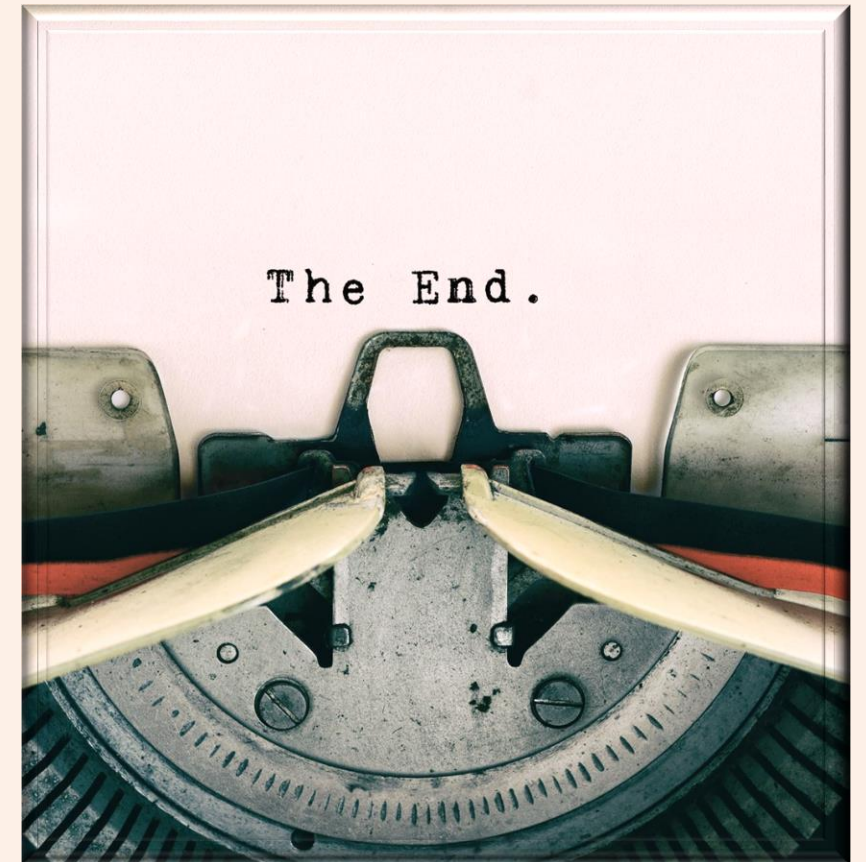
- Assess:
  - Coping and adjustment
  - Caregiver availability
  - Safe home environment
  - Family and community resources
  - Caregiver burden
  - Bereavement disorders
  - Respite care
- Constant Reassessment
  - Dynamics of disease constantly changing
- Acceptable outcomes:
  - Adequate management
  - Optimized quality of life
  - Decrease caregiver burden
  - Reduction of patient/family/caregiver distress
  - Regain sense of control



# Summary

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- Palliative care focuses on symptom management of serious illnesses
- It is not dependent on curative intent
- Palliative care is coordinated care provided by a multidisciplinary team of physicians, advance providers, nurses, social workers, chaplains, pharmacist, and other trained specialist with the overall goal to improve quality of life for patients/family/caregivers battling serious illnesses
- Early intervention and integration can help patients achieve and maintain a better quality of life. Thereby, improving overall quality of life for families and caregivers.





Questions...

# References

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