Palliative Care
Case Study and Discussion

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Disclosure

There are no relevant conflicts of interest to disclose for presenters associated with this presentation.
HIPAA

- Information in this case study is not to be shared outside learning environment.
- Patient/family information has been altered to protect their identify.
Objectives

1. Describe impact of informed consent on patient outcomes
2. Explain the importance of honoring Advance Directives
3. Demonstrate influence of multicultural background of health care providers and the care perspective
4. Explain how an interdisciplinary Palliative Care Team utilizing a transdisciplinary approach impacts patient outcomes
Transdisciplinary Team Approach

“A transdisciplinary team allows members to contribute their own knowledge and expertise, but efforts are collective in determining best ideas or approaches, according to the North Central Regional Educational Laboratory overview of the topic. When transdisciplinary teams are used in health care, providers from multiple disciplines collaborate and share ideas from the beginning to create a total health care plan that covers all necessary diagnoses and treatment for a patient.”

Neil Kokemuller, Demand Media, www.smallbusiness.chron.com
Presenters

- Judith Burke, LCSW
  - Married
  - Caucasian
  - Master’s Trained Licensed Clinical Social Worker
  - Completed fellowship in advanced psychoanalytic theory and practice

- Anna Lee Hisey Pierson, MDiv, BCC-HPCC
  - Married
  - Middle aged
  - Caucasian
  - Board Certified Hospice and Palliative Chaplain
  - Background in nursing and social work
Hospital Culture

- Level I Trauma Center
- Community, non-academic hospital
- Licensed for 333 beds
- Heterogeneous physicians
- Homogenous clinical staff
- Located in a wealthy suburban county in Illinois
- Interdisciplinary Palliative Care Team (Palliative certified or in process=Physician, Nurses, Social Worker, Chaplain)
Case Study

- Patient Demographics
  - Age Mid 80+ female
  - Caucasian
  - Lutheran
  - Divorced
  - Three children
  - Independent
  - Retired Academic
  - Middle Class
  - Grandparent, great grandparent

- Activities
  - Family
  - Cards
  - Dancing
  - Lunch with friends
  - Church involvement
Medical History

- Chronic Atrial Fibrillation
- C-Diff
- Hypertension
- Hyperlipidemia
- 1954 Hysterectomy
- 1970 Lumpectomy bilateral breast
Chronology of Events

Day 1 – Emergency Room – Ambulance admit
Unresponsive to verbal commands, not in acute distress
-CT head-acute appearing infarct viewed
-MRI-very large cerebral infarct
-MRA-showed occlusion of left middle cerebral artery

Day 2 – Inpatient Admission Telemetry
Chest x-ray-cardiomegaly with large pleural effusion bilaterally
NG-feeding placed
Events continued

Day 3 – Code status- **No Intubation/No CPR**

Day 4 – Rapid Response Team (RRT) - Rapid VR and high BP - Family at bedside

**Ist Ethical Dilemma**

Palliative Care Triggered consult - await CCU bed

Poor prognosis documented

Day 5 – RRT - Hypoxia, 70% O2, copious secretions
Events continued

Day 6 – CCU
    Health Care Power of Attorney provided by family, naming daughter as agent

Day 7 – Family refusing Palliative Care Consult
    Patient opened eyes for first time

Day 8 – Palliative Care Goals of Care phone conference

Day 9 - Restraints placed
Events continued

Day 10 – Follows no commands

Day 11 – Palliative Care Meeting Scheduled
New Cardizem Drip - Atrial Fibrillation

Day 12 – Family requested DNR, hospice

Day 13 – Hospice meet with family
Attending physician reports improvement and denies hospice
Events Continued

Day 13 – Pneumonia diagnosis

Day 15 – Ethics Consult
   Hospice reconsulted per daughter request
   Peg tube placement on hold-atrial Fibrillation

Day 16 – Hospice evaluation
   Cancelled Peg Insertion
   POLST-Full DNR, comfort
   Attending physician agreed with hospice
Events Continues

Day 17 – Transferred to Skilled Nursing Care Facility on Hospice
“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening 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.”

http://www.who.int/cancer/palliative/definition/en/
Palliative Care

• "Provides relief from pain and other distressing symptoms;
• Affirms life and regards dying as a normal process;
• Intends neither to hasten or postpone death;
• Integrates the psychological and spiritual aspects of patient care;
• Offers a support system to help patients live as actively as possible until death;"

http://www.who.int/cancer/palliative/definition/en/
Palliative Care

• “uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
• will enhance quality of life, and may also positively influence the course of illness;
• is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.”

• http://www.who.int/cancer/palliative/definition/en/
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 Imminently Dying Patient
Domain 8: Ethical and Legal Aspects of Care

www.qualityforum.org/Projects/Palliative_Care_and_End-of-Life_Care...
Psycho-Social

- Obtaining information from the patient regarding who the patient perceives to be their most important support person(s)
- Identify the primary caregiver(s)
- Discuss Advanced Care Planning with patient, family, friend(s), and/or caregiver(s)
- Explain to patient/family/caregiver(s) what services and resources can be provided by the palliative team
- Conduct a needs assessment, including social, psychological, spiritual, cultural, financial, vocational, and practical aspects of functioning
- Link patient and family to needed community resources, i.e.: public assistance, food pantries, clothing and utilities assistance etc…
Spirituality

Spirituality refers to the way we seek and express ultimate meaning and purpose in our lives. It is also the way we experience our connectedness to others, to nature, and to God or the sacred.

# Psycho-Social /Spiritual Identifiers

<table>
<thead>
<tr>
<th>Needs</th>
<th>Interventions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflicted Belief System</td>
<td>Discussed faith tradition and God’s Plan</td>
<td>Family discussing plan of care together though varied beliefs</td>
</tr>
<tr>
<td></td>
<td>Explored impact of Physicians beliefs on informed consent</td>
<td></td>
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<tr>
<td>Complicated grief with death of estranged brother</td>
<td>Explored integration of sense of guilt and loss of brother</td>
<td>Glimpse of grief and dialogue of impending loss</td>
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<tr>
<td></td>
<td>Validated sense of sadness of mother’s loss functionality</td>
<td></td>
</tr>
<tr>
<td>Expressed importance of prayer, scripture and music</td>
<td>Explored source of strength</td>
<td>Comforted through sharing prayer, scripture and music</td>
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<tr>
<td></td>
<td>Provided scripture, prayer, music</td>
<td></td>
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<tr>
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<td>Interventions</td>
<td>Outcomes</td>
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<tr>
<td>Existential Concerns</td>
<td>Explore understanding of Suffering</td>
<td>Reduced feeling of God’s punishment</td>
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<tr>
<td></td>
<td>Discuss God’s Plan</td>
<td>Restored belief in God</td>
</tr>
<tr>
<td>Anger at Physicians</td>
<td>Diffused anger</td>
<td>Reduced shock of altered functioning</td>
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<tr>
<td></td>
<td>Explored sense of health realities</td>
<td>Coping realistically with prognosis</td>
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<th>Needs</th>
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<tbody>
<tr>
<td>Physician/associate cultural/religious Influences</td>
<td>Explored physician/associate belief system</td>
<td>Physician communicated informed consent</td>
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<td></td>
<td>Facilitated Ethics Consult</td>
<td>Congruent medical information provided by all physicians and associates</td>
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<tr>
<td></td>
<td>Supported nursing/management associates</td>
<td>Associate moral distress reduced</td>
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<tr>
<td>Lack of informed consent</td>
<td>Explored meaning of patient’s Advance Directive wishes</td>
<td>Agent able to act on patient’s Advance Directives wishes</td>
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<tr>
<td></td>
<td>Educated on role of agent</td>
<td>Desired quality of life respected</td>
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<td></td>
<td>Facilitated Ethics Consult</td>
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<td></td>
<td>Facilitated consensus of medically indicated prognosis</td>
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Impact of Transdisciplinary Palliative Care Team

- Interdisciplinary trained Palliative Care Professionals
- Daily Morning Huddle
- Palliative program longevity and continuity of staff
- Transdisciplinary engagement-patient/family interventions
- Recognition of Palliative Care as integral aspect of patient care
- Ethical awareness and integration of cultural/religious diversity
- Comprehensive, trust-filled, valued interdisciplinary team of experts challenging one another and continuing to learn
Conclusion

- Aligned patient’s plan of care with values
- Agent followed patient’s Advance Directives
- Physicians provided informed consent
- Physicians supported medically indicated plan of care
- Supported faith and values
- Moral Distress of associates resolved
Questions
Thank You
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