

# Advancing Palliative Care in the ED through Interdisciplinary Teamwork and the IPAL-EM Clinical Practice Guidelines

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**Tuesday, May 17, 2016**



# Join us for upcoming CAPC webinars and virtual office hours

## → Webinar:

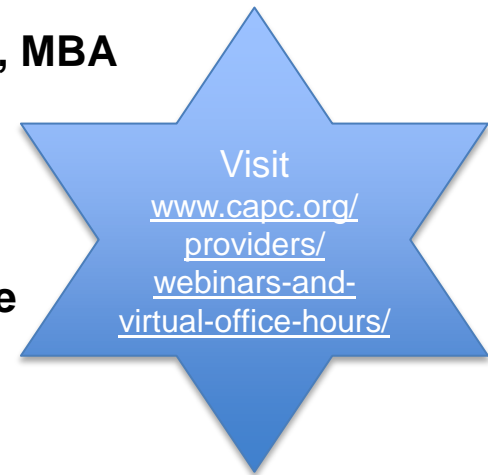
- **Developing and Expanding Office-Based Palliative Care Services for Cancer Patients**

Tuesday, June 14, 2016

Featured Presenter: Leslie Blackhall, MD, MTS

## → Virtual Office Hours:

- **Program Staffing and Clinical Protocols with Andy Esch, MD, MBA**
  - Thursday, May 19 at 3 p.m. ET
- **“Open Topics” with Diane Meier, MD, FACP**
  - Friday, May 20 at 2 p.m. ET
- **Billing and RVUs for Hospital-Based Palliative Care with Julie Pipke, CPC**
  - Friday, May 20 at 4 p.m. ET
- **Risk Assessment for Opioid Substance Use Disorder**
  - Monday, May 23 at 11 a.m. ET



# Learning Objectives

1. Describe the fundamental principles of palliative care as they relate to emergency departments (EDs)
2. List at least one resource for palliative care program development in EDs
3. Select at least one clinical practice guideline for EDs for a 90-day rapid process improvement project

# Audience Polling

→ Who is on the webinar?

- Physician
- Nurse
- Social Worker
- Chaplain
- Administrator/Other

# Palliative Care

→ 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 to facilitate patient autonomy, access to information, and choice.

[http://www.nationalconsensusproject.org/Guidelines\\_Download2.aspx](http://www.nationalconsensusproject.org/Guidelines_Download2.aspx)

# National Consensus Model

## Aspects of care in the Clinical Practice Guidelines for Quality Palliative Care

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

# Definition of Social Work

- Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people.
- Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work.
- Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, **social work engages people and structures to address life challenges and enhance wellbeing.**

# Definition of Social Workers

- Social workers help people increase their capacities for problem solving and coping, and they help them obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies.
- Social workers may work directly with clients addressing individual, family and community issues, or they may **work at a systems level on regulations and policy development**, or as administrators and planners of large social service systems.



# Definition of Nursing

→ Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, **alleviation of suffering** through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.

<http://www.nursingworld.org/EspeciallyForYou/What-is-Nursing>

# Definition of Emergency Nursing

- Emergency nursing is a specialty within the nursing profession.
- By definition, emergency nursing is the care of individuals across the lifespan with **perceived or actual physical or emotional alterations of health that are undiagnosed or require further interventions.** Emergency nursing care is episodic, primary, and typically acute and occurs in a variety of settings.

“Emergency Nursing Scope and Standards of Practice.” Emergency Nurses Association, 2012. iBooks. <https://itun.es/us/q6UTI.l>

# Definition of Emergency Medicine

→ Emergency medicine is the medical specialty dedicated to the **diagnosis and treatment of unforeseen illness or injury**.... The practice of emergency medicine includes the initial evaluation, diagnosis, treatment, coordination of care among multiple providers, and disposition of any patient requiring expeditious medical, surgical, or psychiatric care.

<https://www.acep.org/Clinical---Practice-Management/Definition-of-Emergency-Medicine/>

# ED Culture & Characteristics

- Sudden and unforeseen
- Across the lifespan
- Undifferentiated conditions
- Initial treatment or exacerbation of chronic condition
- Fast-paced
- Suboptimal levels of information
- Patients and families are in crisis
- Rescue-oriented
- Transition/transient
- Triage and stabilization
- Time-limited

Chan, GK (2004) *Academic Emergency Medicine*, 11(1), 79-86.



# Resources—Education

- Education in Palliative and End-of-life Care
  - Emergency Medicine (EPEC-EM®)
    - [http://www.epec.net/epec\\_em.php](http://www.epec.net/epec_em.php)
- End-of-Life Nursing Education Consortium
  - Critical Care (ELNEC-CC)
    - <http://www.aacn.nche.edu/el nec/about/critical-care>

# Resources—Practice Information

- Palliative Care Network of Wisconsin (PC NOW)
  - Fast Facts: <http://www.mypcnow.org/#!/fast-facts/c6xb>
- Improving Palliative Care in Emergency Medicine (IPAL-EM)/CAPC
  - <https://www.capc.org/ipal/ipal-emergency-medicine/>

# Resources—Textbooks

(Abbreviated List)

- *Palliative Aspects of Emergency Care.* (2013)  
Oxford University Press. ISBN: 0199895619
- *Oxford Textbook of Palliative Nursing.* (2015)  
Oxford University Press. ISBN 0199332347
- *Oxford Textbook of Palliative Medicine.* (2015)  
Oxford University Press. ISBN: 0199656096





# IPAL-EM Clinical Practice Guidelines (CPG) – Structures and Processes

Guideline 1.1 The ED screens patients and caregivers for palliative care needs.

Indicator 1.1 The ED uses explicit criteria to identify patients with unmet needs for palliative care

Table 5

**Proposed Screening Tool to Identify Emergency Department Patients for Palliative Care Referral/Resources**

Proposed Characteristics for Screening Tool to Identify Patients for Specialized Palliative Care Services (Inhospital or Community)	
Time to screen	1–2 minutes
Who performs screening	ED triage nurse (preferably no additional ED resources)
Staged process	1st tier ED screen process Detailed assessment if needed conducted by other qualified personnel such as social worker or palliative care nurse
Target population	<ul style="list-style-type: none"> <li>• Elderly &gt;65 and/or</li> <li>• Chronic life-limiting illness (suggest each ED identify to based on population served by institution, for example, metastatic cancer, end-stage congestive heart failure, etc.)</li> </ul>
Prognostication	“Would you be surprised” questions
Special considerations	<ul style="list-style-type: none"> <li>• Functional status of patient</li> <li>• Caregiver/social support</li> <li>• Frequent ED admits and hospitalizations (set time and definitions)</li> </ul>
Assess outcomes of screening process	<ol style="list-style-type: none"> <li>1. Completion rate of tool and number screen “positive”</li> <li>2. Referral to specialized inpatient or community resources (palliative team, hospice care)</li> <li>3. In those who screened “positive” and are referred to specialized or community services               <ul style="list-style-type: none"> <li>• Nature of intervention by specialized service</li> <li>• Frequency of repeat ED visits and hospitalizations</li> <li>• Time to disposition and discharge</li> <li>• Adequacy of symptom control</li> <li>• Patient and/or caregiver satisfaction</li> </ul> </li> </ol>

# IPAL-EM Clinical Practice Guidelines (CPG)- Structures and Processes

- Guideline 1.3 The ED has relationships and protocols with PC and community hospice agencies for referral.
  - Indicator 1.3.1 The ED has adequate access to hospice services
  - Indicator 1.3.2 The ED consults hospice services for patients meeting hospice criteria.
  - Indicator 1.3.3 The ED uses explicit criteria to identify patients with unmet needs for hospice.
  - Indicator 1.3.4 ED staff members are aware of the criteria governing hospice eligibility.
  - Indicator 1.3.5 The hospital palliative care committee includes members of the ED staff.

# IPAL-EM CPG Physical Aspects

- Guideline 2.3 Emergency nurses use nurse-initiated protocols to relieve symptom burden of patients.
  - Indicator 2.3 The ED uses nurse-initiated analgesic protocols.



## Position Statement

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## USE OF PROTOCOLS IN THE EMERGENCY SETTING

# IPAL-EM CPG Psychological Aspects

- Guideline 3.2 Debriefing is offered to ED staff members after difficult, complicated, or unexpected deaths.
  - Indicator 3.2.1 ED staff members participate in debriefing after difficult, complicated or unexpected deaths in the ED.
  - Indicator 3.2.2 ED staff members are offered counseling after unexpected deaths in the ED.

# IPAL-EM CPG Social Aspects

- Guideline 4.1: Comprehensive interdisciplinary assessment identifies the social needs of patients/families, and a care plan is developed to respond to these needs.
  - Indicator 4.1.1 ED staff members are aware of community resources to support caregivers.
  - Indicator 4.1.2 ED staff members provide information about community resources to support caregivers in need.
  - Indicator 4.1.3 ED social workers are available when needed.

# IPAL-EM CPG Spiritual, Religious, Existential Aspects

- Guideline 5.1: ED staff members have adequate referral resources for spiritual and religious needs.
  - Indicator 5.1.1 ED staff members have adequate referral resources for spiritual and religious needs.
  - Indicator 5.1.2 ED staff members can easily obtain information about clergy services within the community when needed.

# IPAL-EM CPG Cultural Aspects

- Guideline 6.1: ED staff members are comfortable honoring the various cultural backgrounds of those for whom they are providing and managing palliative care services.
  - Indicator 6.1 ED staff members are comfortable in managing palliative care issues for people with various cultural backgrounds.



# IPAL-EM CPG Care Of The Imminently Dying Patient

- Guideline 7.3: The ED has a policy and process for the option of family presence during resuscitation attempts.
  - Indicator 7.3.1 The ED allows family presence during resuscitation attempts.
  - Indicator 7.3.2 The ED has policies addressing family presence during resuscitation.



Position Statement

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## PALLIATIVE AND END-OF-LIFE CARE IN THE EMERGENCY SETTING

# IPAL-EM CPG Ethical & Legal Aspects

- Guideline 8.1: The ED has written policies for care of survivors in cases in which the police, coroner or medical examiner are involved.
  - Indicator 8.1 Written policies for care of survivors in cases where the police coroner or medical examiner is involved.

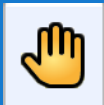
# Summary

- Nurses and social workers are essential to integrate palliative care principles in EDs.
- Palliative care = good patient care.
- Evidence and resources exist to meet IPAL-EM Clinical Practice Guidelines to improve the ED experience for patients and families.



# Questions and Comments

Do you have questions for the presenter?

Click the hand-raise icon  on your control panel to ask a question out loud, or type your question into the chat box.

