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OPTIMISTIC

TRANSFORMING CARE

Stories from Palliative Care in Extended Care Facilities

Tom Ledyard, M.D., Medical Director
Community Health Network,
Palliative Care Services

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CME Learner Information

OPTIMISTIC Providers Learning Community Webinar

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Learning Objectives

At the conclusion of this activity, participants should be able to:

- Identify barriers and facilitators to the provision of palliative care in the nursing home;
- Describe a model for providing palliative care in the nursing home setting; and
- Discuss common clinical issues for nursing home residents receiving palliative care.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Indiana University School of Medicine and the University of Indianapolis. The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

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SCHOOL OF MEDICINE

INDIANA UNIVERSITY

Objectives

1. Identify barriers and facilitators to the provisions of palliative care and nursing homes
2. Describe a model for extended care facilities
3. Describe clinical palliative care issues in extended care facilities

Ralph

- 87-year-old widowed, retired iron worker and now currently living in long-term care memory unit.
- Co-morbid conditions of CHF, COPD and fast 6 dementia
- 4 children including 2 daughters (one local 1 Kentucky), one son in Georgia and a deceased daughter
- 3 admissions to hospital in past 6 months with the last for aspiration pneumonia and failed swallow study
- Trigger tool for palliative care consult from the administrator of the facility

Palliative Care Screening Tool

Patient Name: _____ DOB: _____

Criteria: Please consider the following criteria when determining the palliative care score for the patient.	Scoring
<p>1. Basic Disease Process</p> <ul style="list-style-type: none"> a. Cancer (Metastatic/Recurring) b. Advanced COPD c. Stroke (with decrease function of at least 50%) d. End Stage Renal Disease e. Advanced cardiac disease (EF < 25%) f. Other life limiting illness 	<p>Score 2 points each</p> <p>_____</p>
<p>2. Comorbid Conditions</p> <ul style="list-style-type: none"> a. Liver disease b. Moderate renal disease c. Moderate COPD d. Moderate CHF e. Other condition complicating cure 	<p>Score 1 point each</p> <p>_____</p>
<p>3. Other criteria to consider in screening</p> <ul style="list-style-type: none"> a. Has frequent visits to the ED (>1 x mon for same diagnosis) b. Has more than one hospital admission for the same diagnosis in the last 30 days c. Has unacceptable level of pain (>24 hours) d. Has uncontrolled symptoms (i.e. nausea, vomiting) e. Has uncontrolled psychosocial or spiritual issues 	<p>Score 1 point each</p> <p>_____</p>
<p>4. Check the reason for the palliative care consult:</p> <ul style="list-style-type: none"> <input type="radio"/> Chronic disease symptom management <input type="radio"/> Discuss treatment options and goals of care <input type="radio"/> Advanced directives and life goals (code status) <input type="radio"/> Discuss end of life care/futile care <input type="radio"/> Provide assistance with chronic disease management to decrease readmissions <input type="radio"/> Other _____ 	
<p>Scoring Guidelines: Total Score 2 or less = No intervention</p> <p>Total Score 3-4 = Observation and reevaluate if changes are noted</p> <p>Total Score greater than 4 = Refer for Palliative Care Consult</p>	

JoAnne

- 45-year-old teacher with aggressive ALS
- 2 children ages 8 and 12
- Husband moved on post diagnosis 5 years ago and has custody of children. He has allowed for some visitation.
- Extensive total pain from guilt
- Mother and sister are still involved in her care

Patient in distress

Bobby and Billy

- 28-year-old twins with profound developmental delays
- Were living long-term in group home until Bobby was hospitalized with recurrent sepsis and now living in long-term care
- Bobby currently in long-term care and social worker asked for symptom needs from wounds as help with guardianship

Sally

- 54 year old with metastatic liver ca
- Met in hospital on palliative care service
- Aggressive pain meds started
- Pt. declined and meds slowed. Discharged to ECF
- FU in facility with rapidly advancing disease
- prior relationship helped recognize decline
- Able to get her comfortable and have a graceful death

Bob

- 60 year with cerebral palsy
- Greater than 50 procedures with extensive PTSD
- Has a brother who believes patient has substance use disorder
- Worked with LCSW, counselor and pharmacy to find solution

Questions?