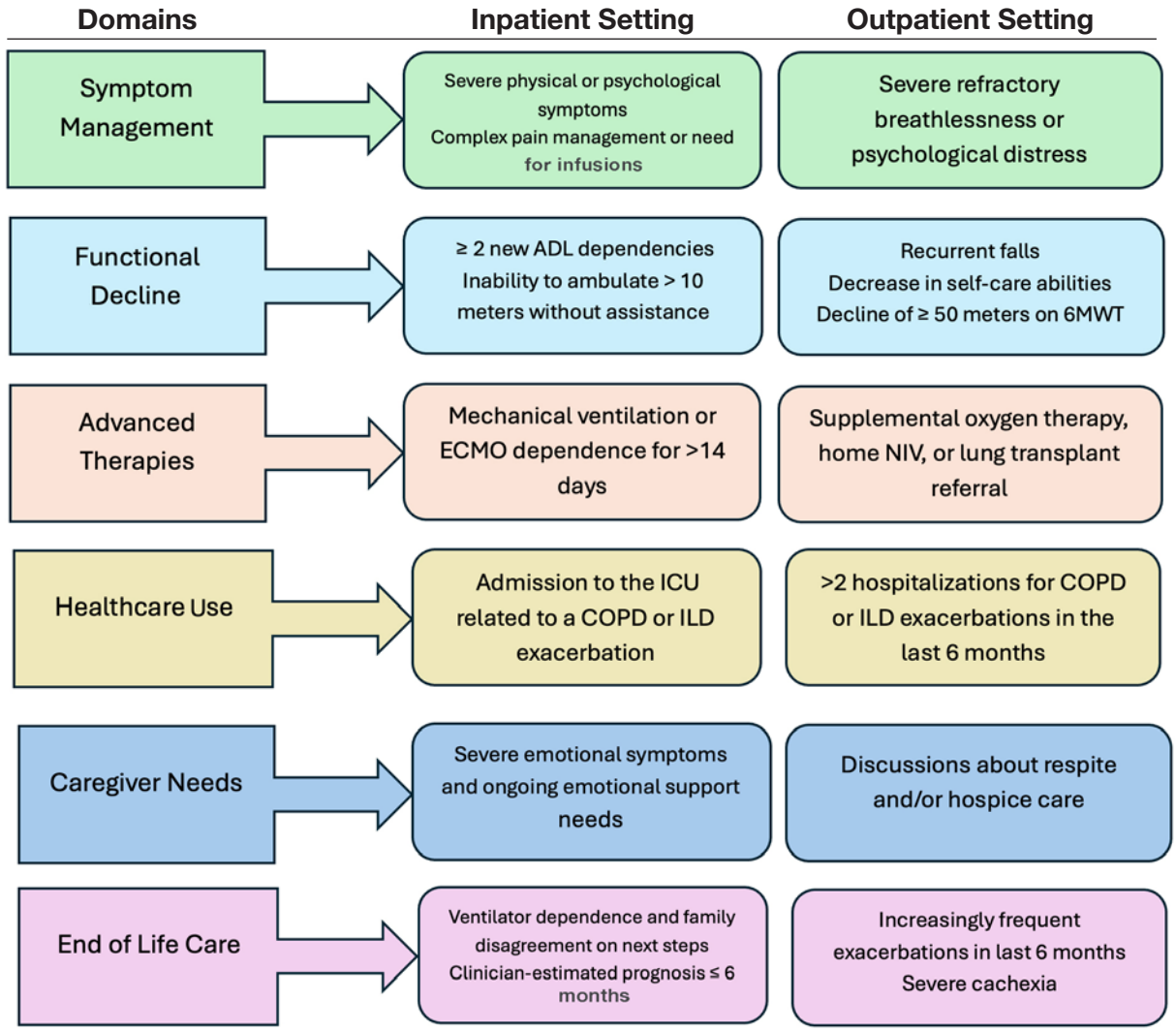
Indicators for Palliative Care Integration

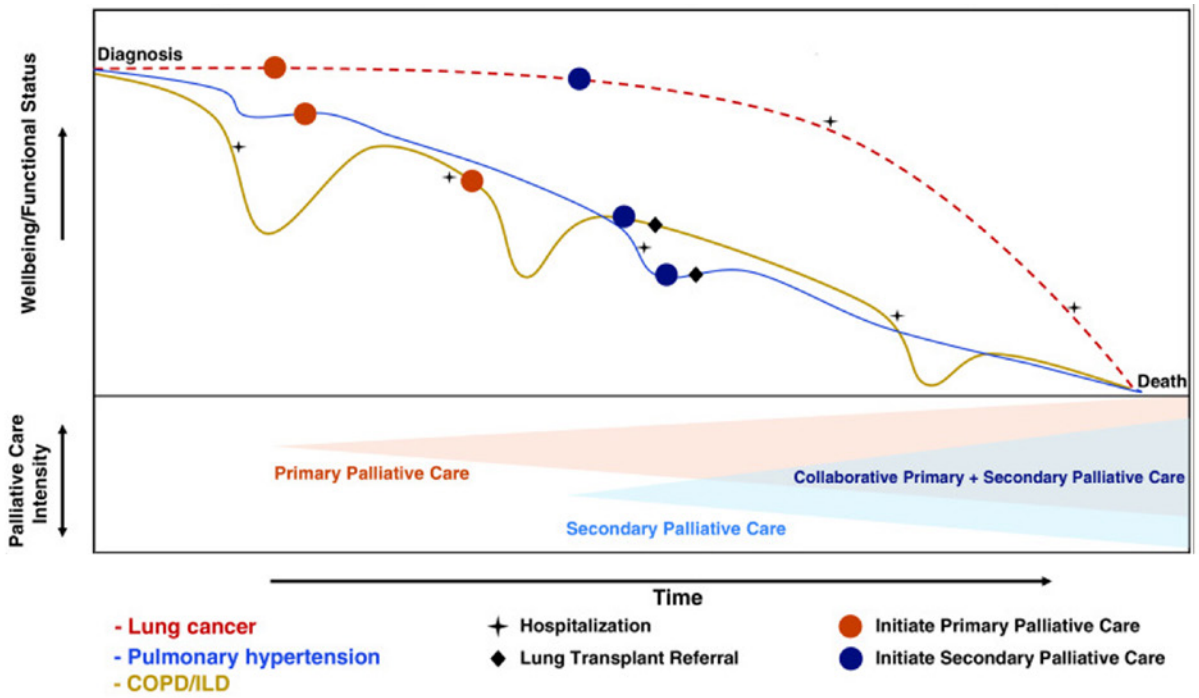
Hypothetical indicators or "triggers" for primary and specialist delivered palliative care (see glossary of terms) across care settings (e.g., intensive care unit [ICU], pulmonary clinic) and multiple domains: symptoms, functional decline, and advanced therapies among others are presented. Any one or multiple domains can suggest a threshold (e.g., worsening caregiver distress) for consideration of palliative care initiation. For instance, an individual can trigger consideration for palliative care integration when they are started on supplemental oxygen (advanced therapies domain). Also, a person can trigger consideration for palliative care when their breathlessness becomes severe (symptom domain).



Abbreviations: ECMO=extracorporeal membrane oxygenation, ADLs= activities of daily living such as dressing or bathing. COPD=chronic obstructive pulmonary disease, ILD= interstitial lung disease, NIV = non-invasive ventilation
Note: There will be overlap between inpatient and outpatient indicators

Indicators for Palliative Care Integration

Primary and Specialist Palliative Care Integration in Serious Respiratory Illness



Secodary palliative care is sometimes referred to as specialist palliative carel.

Adapted from: Ref #2

Primary and secondary palliative care integration into serious respiratory illness. In the top panel, the x-axis denotes patient wellbeing and function, and the y-axis denotes time. The top panel illustrates the hypothetical integration of palliative care across illness trajectories of serious respiratory illness (SRI), each punctuated by declines in wellbeing at hospitalizations (stars) and potential lung transplant referral (diamonds). The integration of primary palliative care (orange circles) starts early, and the integration of specialist palliative care (blue circles) is added later, but well before the end of life. In the second panel, the x-axis denotes palliative care intensity, and the y-axis denotes time. Primary palliative care increases in intensity after initiation (orange triangle) as SRI worsens, and specialist palliative care starts later and increases in intensity integrating with specialist palliative care (blue triangle).

Rererences

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Glossary

Serious Respiratory Illness
• Any pulmonary condition (or set of conditions) that carries a high risk of mortality, negatively impacts a person's daily function or quality of life, and/or imposes excessive strain on their caregivers
Patient-Centered Care
• Grounded in mutual respect, bidirectional communication, shared decision-making, and collaboration among the clinicians, patient, and family members • The goal is to ensure that the priorities, preferences, and values of the patient are upheld in all aspects of care delivery • Providing patient-centered care is shown to reduce healthcare utilization and costs while maintaining quality of care
Palliative Care
• Both an approach to care and an interprofessional subspecialty • The goal is to improve the quality of life in serious illnesses and reduce suffering for patients and their families • Provided throughout the illness trajectory, along with disease-directed therapies, via the delivery of holistic patient- and family-centered care • Delivered by front-line respiratory clinicians (primary palliative care) and experts (specialty trained palliative care) as indicated by patient and family needs • Focuses on management of pain and other distressing symptoms, information and decision support, spiritual support, psychological support, and practical support • This care can be delivered by teams that may include but are not limited to nurses, advanced practice providers (APPs), physicians, social workers, care managers, pharmacists, respiratory therapists, chaplains, occupational or physical therapists among others, depending upon the care setting
Hospice
• Specific component of palliative care (and a medical insurance benefit) that is provided to seriously ill patients and their families at the end of the illness trajectory when life expectancy is 6 months or less and they are no longer seeking disease-directed treatment • Patients enrolled in hospice receive care and support in all domains of palliative care (see palliative care) and medications for symptom relief, durable medical equipment, some home health assistance, and bereavement support for the family after their loved one's death • Patients can receive hospice care across settings such as in the home (most common), skilled nursing facilities, assisted living facilities, and rarely in the hospital

Glossary

Advance Care Planning
• A process where a person discusses their individual goals, values, and preferences regarding healthcare with their healthcare provider, and potentially their surrogate(s), in the context of their health status • Ideally it should occur throughout the illness trajectory and be revisited when/if values and clinical situations change • The goal is to prepare patients and surrogates (if designated), to make decisions about future care that are consistent with the patient's preferences and values • May or may not result in the creation of documents (advance directives, POLSTs, MOLSTs, etc.) that reflect the outcomes of the ACP process

Palliative Care Bow Tie Model

The bow tie model of 21st century palliative care. Canadian Virtual Hospice; 2015. Available from: http://www.virtualhospice.ca/

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