### **Readmission and End of Life: Everything's Better With Palliative Care**

### Jennifer Moore Ballentine, MA CEO





# About us.







### Collaborative approach



Committed to improving serious illness care

## **Objectives**

- Differentiate palliative care from hospice
- Compare Advance Health Care Directive and POLST as tools for advance care planning
- Place ACP conversations in continuum of care
- Implement effective approaches to advance care planning and POLST



# Why Advance Care Planning and Palliative Care?

• Proven to reduce readmissions and hospitalizations

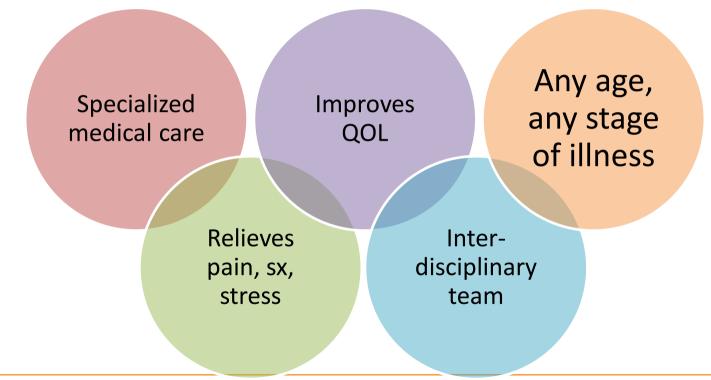
Kernick et al. 2018 <b>Systematic Review</b>	Auerbach et al. 2015 Preventable Readmissions	Searle et al. 2022 Systematic Review of RCTs	O'Connor et al. 2015 PC to Prevent Hospital Readmissions	Baxter et al. 2018 PC Across the Continuum
<ul> <li>ACP ↓ hospitalizations</li> <li>ACP ↑ use of PC</li> <li>Supported deaths in desired location</li> </ul>	<ul> <li>Inadequate sx mgmt</li> <li>Poor care coordination &amp; monitoring of pt</li> <li>Pt need for addl svcs</li> <li>Lack of ACP/GOC</li> </ul>	<ul> <li>ACP &amp; PC intervention "significant" ↓ hospitalizations from NHs</li> </ul>	<ul> <li>PC consults in hospital reduced readmissions by 50%</li> <li>When ACP/GOC included, reduced by 75%</li> </ul>	<ul> <li>PC in NH ↓ readmissions from NF from 26% to 10%</li> </ul>





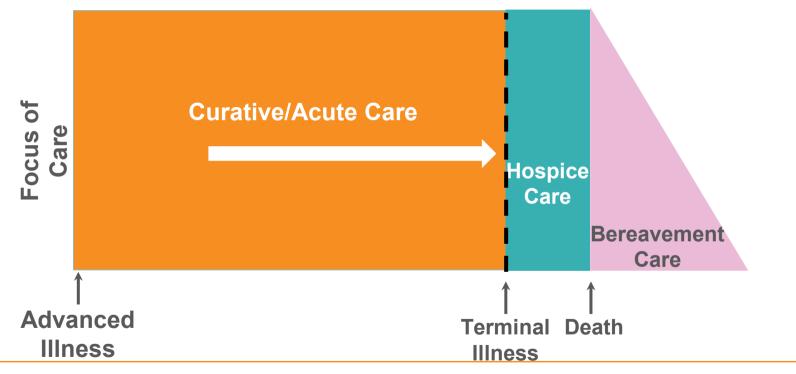
# **Palliative Care**

### What Is Palliative Care?



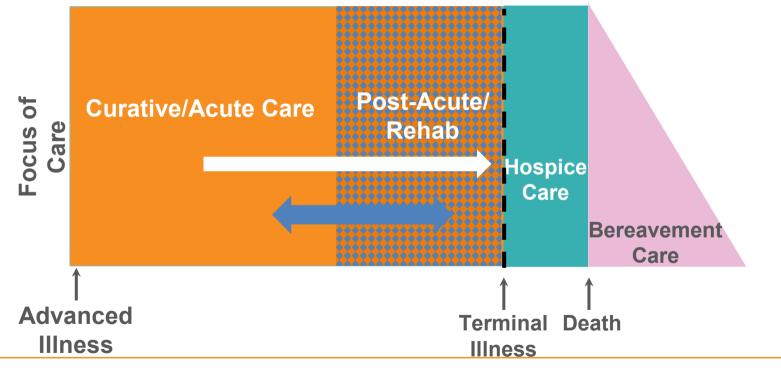


### **Traditional Medical Model**



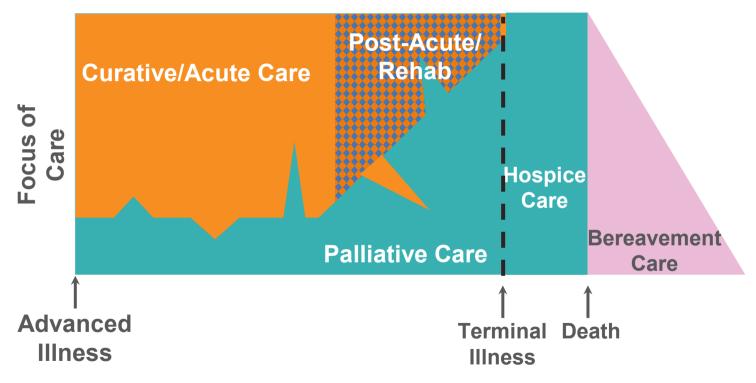


## **Linear Medical Model**





## **Integrated Care Model**



# Twin Pillars of Palliative Care





### Palliative Care v. Hospice



Hospice Terminal illness ≤ 6 months prognosis No curative tx Regulated, standardized Set per-diem rates



### Palliative Care v. Hospice

Team-based care focused on relieving pain, improving QOL, supporting patient and caregiver preferences and needs

prognosis

julated, standardized

Set per-diem rates



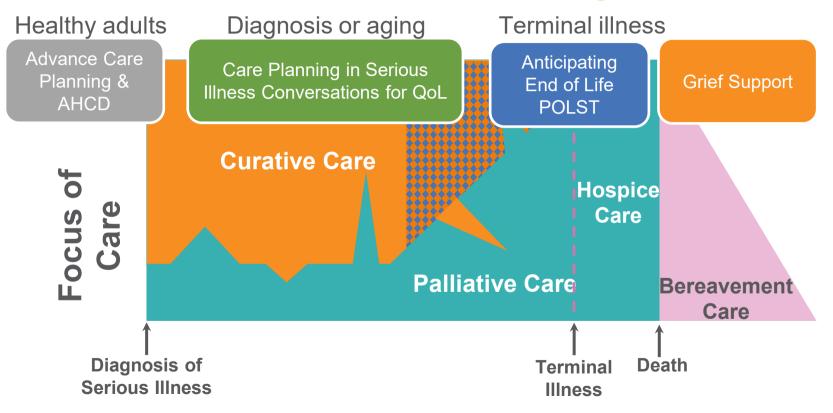
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# **Care Planning**

## **Focus for Care Planning**



## **Advance Care Planning**

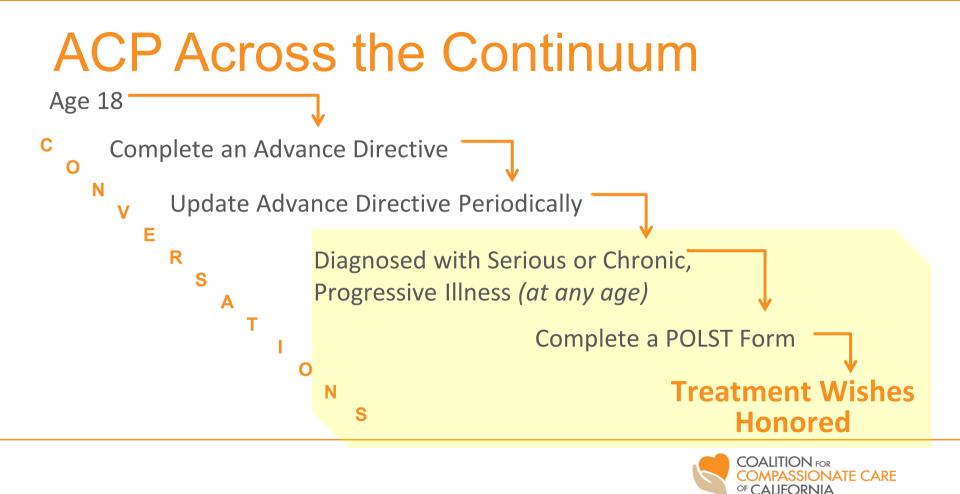
### ACP is a process that supports a person

- At any age or stage of health
- In understanding & sharing personal values, life goals, and preferences
- Regarding future medical care

### The goal of ACP is to

- Identify a trusted surrogate decision maker
- Help ensure that people receive medical care consistent with their values, goals and preferences during serious or chronic illness





### **ACP Process**

### A series of conversations about

### The realities facing the individual

• Diagnoses, abilities, limitations, resources, treatment preferences

### What is important to the individual

• Hopes, goals, and concerns about the future

### **Completing documents**

• AHCD, POLST

### Honoring wishes





# POLST

### POLST: Physician Orders for Life-Sustaining Treatment

- Physician's/APP's Medical Order
- Provides instructions regarding specific medical treatment NOW
- Must be accepted/honored across healthcare settings
- Valid if appropriately signed
- ALWAYS VOLUNTARY

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### Advance Health Care Directive vs POLST

### California Advance Health Care Directive

This form has 3 parts. It lets you:

This form lets you have a say about how you want to be treated if you get very sick.



Part 1: Choose a medical decision maker.

A medical decision maker is a person who can make health care decisions for you if you are too sick to make them yourself.

Part 2: Make your own health care choices.

This form lets you choose the kind of health care you want.



Part 3: Sign the form.

It must be signed before it can be used.

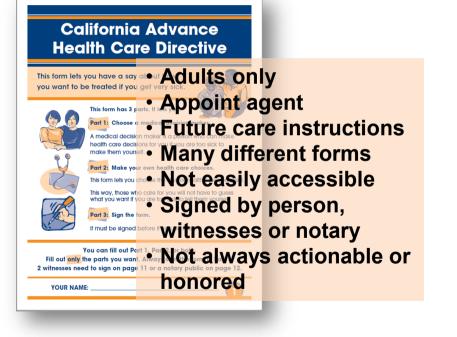
You can fill out Part 1, Part 2, or both. Fill out only the parts you want. Always sign the form in Part 3. 2 witnesses need to sign on page 11 or a notary public on page 12.



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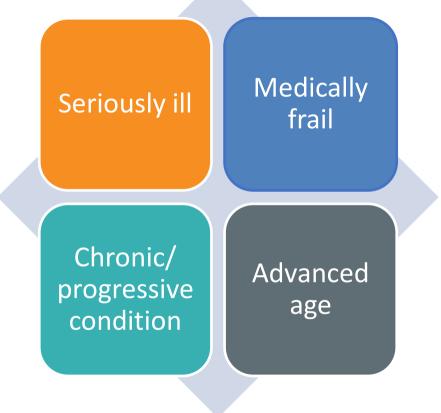
### Advance Health Care Directive vs POLST







# Indications for POLST





	A PERMITS DISCLOSURE OF POLST TO	OTHER HEALTH CARE	PROVIDERS AS NECESSARY						
SEDICA			Treatment (POLST)						
	First follow these orders, then Physician/NP/PA. A copy of the sign	contact Patient Last Name							
EL COL	form is a legally valid physician order. A not completed implies full treatment for th	Any section   Patient First Name	e: Patient Date of Birth:						
EMSA #	DOLOT	ective and Patient Middle Na	me: Medical Record #: (optional)						
A	CARDIOPULMONARY RESUSCITATION								
Check One	If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B								
	Do Not Attempt Resuscitation/DNR ( <u>Allow Natural Death</u> )								
B	MEDICAL INTERVENTIONS:	If patient is found	with a pulse and/or is breathing.						
Check One	Full Treatment – primary goal of prolonging life by all medically effective means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.     Trial Period of Full Treatment.								
	Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.     In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and     IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid     intensive care.     Request transfer to hospital only if comfort needs cannot be met in current location.								
	<u>Comfort-Focused Treatment</u> – primar Relieve pain and suffering with medication treatment of airway obstruction. Do not use with comfort goal. <i>Request transfer to hos</i> Additional Orders:	by any route as needed; use treatments listed in Full and	oxygen, suctioning, and manual Selective Treatment unless consistent						
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Additional Contact   None					
Name:	ship to Patient:		Phone #:		
Direction	ns for Hea	alth Care Pr	ovider		
Completing POLST					
<ul> <li>Completing a POLST form is voluntary. Califor and provides immunity to those who comply in god or a nurse practitioner (NP) or a physician assistan appropriate orders that are consistent with the pat</li> <li>POLST does not replace the Advance Directive ensure consistency, and update forms appropriate POLST must be completed by a health care provide a legally recognized decisionmaker may enclude a Directive, orally designated surrogate, spouse, reg- person whom the patient's expressed wishes</li> <li>A legally recognized decisionmaker may excute 1 decisionmaker's authority is effective immediately.</li> <li>To be valid a POLST form must be signed by (1) a the supervision of a physician and within the scopi orders are acceptable with follow-up signature by I fa translated form is used with patient of decision</li> </ul>	od faith. In Int (PA) acti ient's prefe a. When av oly to resolv der based of ic court-appo gistered dor ves best kn a and value the POLST a physician, physician/N	the hospital sing under the sing under the sing under the sing under the single, review e any conflicts on patient prefixing the conservement of the state of the	etting, a patie supervision of v the Advance 5. erences and r ator or guardi , parent of a n the patient's known. e patient lack practitioner c y law and (2) rdance with fa	nt will be as the physicia Directive an nedical indic an, agent de ninor, closes best interest s capacity o or a physicial the patient o cility/commu	sessed by a physician n, who will issue and POLST form to eations. signated in an Advan it available relative, or and will make decisic r has designated that in assistant acting und or decisionmaker. Ver inity policy.
<ul> <li>Use of original form is strongly encouraged. Photo should be retained in patient's medical record, on Using POLST</li> <li>Any incomplete section of POLST implies full treat</li> </ul>	Ultra Pink p	paper when po		orms are leg	al and valid. A copy
Section A: If found pulseless and not breathing, no defibrillate should be used on a patient who has chosen "Do I Section B:	or (including Not Attemp	g automated e t Resuscitatio	n."	,	
<ul> <li>When comfort cannot be achieved in the current s should be transferred to a setting able to provide o Non-invasive positive airway pressure includes co (BiPAP), and bag valve mask (BVM) assisted resp</li> <li>IV antibiotics and hydration generally are not "Con Treatment of dehydration prolongs life. If a patient o Depending on local EMS protocol, "Additional Ord</li> </ul>	comfort (e.g ntinuous po pirations. nfort-Focus desires IV fl	, treatment of ositive airway ed Treatment. uids, indicate "	f a hip fracture pressure (CP/ " Selective Trea	∋). AP), bi-level atment" or "F	positive airway pressi ull Treatment."
Reviewing POLST					
It is recommended that POLST be reviewed periodica • The patient is transferred from one care setting or • There is a substantial change in the patient's healt • The patient's treatment preferences change.	care level	o another, or	ded when:		
Modifying and Voiding POLST					
<ul> <li>A patient with capacity can, at any time, request al to revoke. It is recommended that revocation be de in large letters, and signing and dating this line.</li> </ul>					

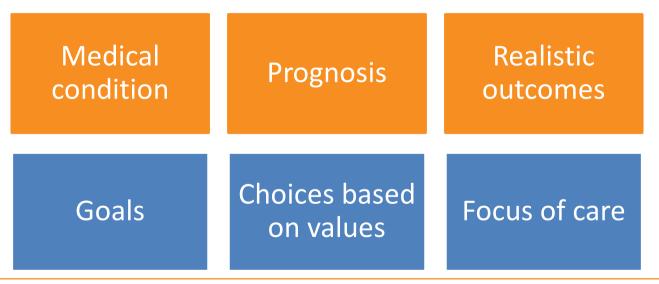
## POLST ...

- Is always voluntary for patients
- Is not indicated for all patients
- Should be revisited when an unexpected or significant change of condition occurs
- Can be voided or changed by patient at any time
- Surrogate can void or change in discussion with provider when circumstances change



## **POLST Is Not Just a Check Box**

### It represents a conversation

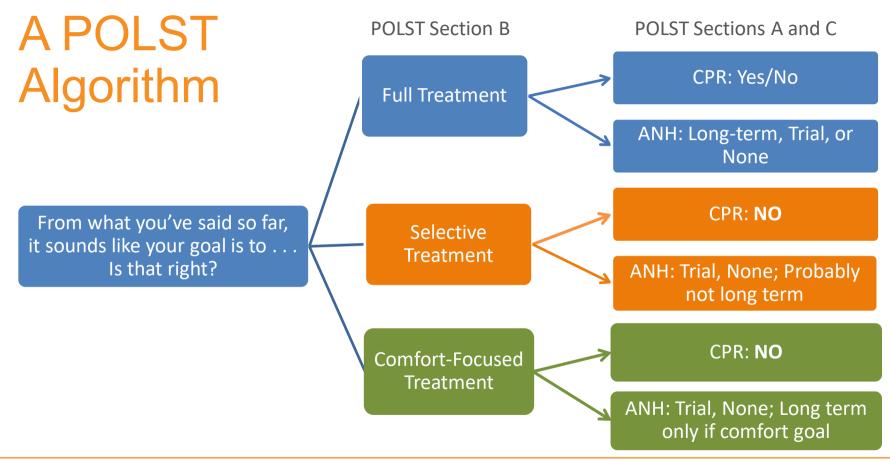




### **Conversation Starters**

- Let's talk specifically about a few important medical choices we might need to make in a hurry.
- This is a POLST form. We use it to record those choices so anyone caring for you will know what you want. Once it's done and signed, it's a medical order – like a prescription. You keep it with you, even when you go home. Any doctor or emergency responder has to follow the orders as we've marked them.
- We don't have to use this form, but we've found that it's really helpful so everyone can be on the same page. Sound good?







## **Decision Aids**

# Patient-friendly explanations of key medical procedures to aid treatment decisions

### Available in English, Spanish, Chinese, & Vietnamese



#### CPR Decision Aid

#### What is CPR?

CPR (Cardio-Pulmonary Resuscitation) is an attempt to restart a person's heart when the heart has stopped beating or cannot pump blood.

#### How is CPR done?

Many people have seen CPR on television. TV often makes CPR look quick and easy. But it is not.

#### During CPR:

- The chest is pushed down two (2) or more inches many times each minute to make the heart pump.
- Strong electrical shocks may be given through the chest to make the heart beat at a normal rate.
- Medicine may be given, usually through an IV (intravenous) line.
- A mask may be placed on the face or a tube in the windpipe (trachea). These are often used to assist with breathing.

#### When do people need CPR?

It is needed when someone's heart stops. When this happens, healthcare providers will try CPR unless the person has completed a DNR (Do-Not-Resuscitate) order or a POLST (Physician Order for Life-Sustaining Treatment) that says they do not want CPR.

#### How might CPR help a person whose heart has stopped?

- The goal of CPR is to restart a person's heart.
- CPR can pump blood and support the body's organs, like the brain.
- CPR may give the medical team time to keep the heart beating after restarting.
- CPR may give the medical team time to try to find and try to treat the medical problem that caused the heart to stop pumping.

#### Ventilator Decision Aid

Aid

#### What is a ventilator?

A ventilator (also called a breathing machine) does the work for the lungs when someone is unable to breathe on their own.

#### What happens when someone is attached to a ventilator? How is it done?

- A tube is placed through the mouth or nose down into the person's windpipe (trachea).
- A machine (the ventilator) pushes air through a tube into the lungs.
- Medicines are often given in an IV (intravenous) line to make a person sleepy so they feel less pain or discomfort.

#### When do people need a ventilator?

It may be needed for people who cannot breathe normally on their own. Breathing problems may be short-term (temporary) or long-term (permanent).

It is standard medical practice to use a ventilator to treat people who cannot breathe on their own, *unless* the person has chosen not to have it.

#### Reasons for short-term ventilator use may include:

- Surgery with anesthesia (medicine that makes you sleep).
- A sudden, serious illness, or a severe injury.
- Problems caused by serious lung disease, such as COPD (chronic obstructive pulmonary disease), emphysema, asthma, or pneumonia.
- Fluid in the lungs from heart problems or swelling.

#### Reasons for long-term ventilator use may include:

- Extreme weakness, when the breathing muscles do not work well.
- Being in a coma, when the brain and nerves that control breathing do not work normally.
- Diseases of the muscles or nerves, injury to the spinal cord, or severe lung damage.

Some people might permanently lose the ability to breathe on their own.

### ATE CARE

### Tube Feeding



### Decision Aid

#### What is tube feeding or artificial nutrition?

Tube feeding (also called artificial nutrition) is a medical treatment that provides liquid food (nutrition) to the body.

#### How is tube feeding given?

It is given as a liquid through one of the following kinds of tubes:

- An NG tube (nasogastric tube) inserted through the nose into the stomach.
- A PEG tube (percutaneous endoscopic gastrostomy tube) or G-Tube (gastrostomy tube) which is placed by surgery through the skin into the stomach. This surgery is used if nutrition is needed for more than a few weeks.

#### When do people need tube feeding?

When a person cannot eat normally or enough by mouth, or they have problems swallowing. These problems may be short-term (temporary) or long-term (permanent).

#### Reasons for short-term tube feeding may include:

- A sudden, serious illness, surgery, or a severe injury.
- Brief loss of alertness or awareness.
- To cope with special treatments, like radiation.

#### Reasons for long-term tube feeding may include:

- Inability to eat enough food by mouth.
- Loss of ability to eat normally or to swallow safely due to illness, stroke, or injury.
- Brain injury with a loss of alertness or awareness.
- Loss of ability to use (digest) food normally (for example, from bowel disease or stomach surgeries).

#### Who should use this guide? This decision gid is for

people with serious illness. It can be used to support medical decision-making and conversations about tube feeding (artificial nutrition).



Who should use this guide? This decision aid is for people with serious illness.

It can be used to support

medical decision-making

and conversations about

CPR





Who should use this quide?

people with serious illness.

It can be used to support

medical decision-making

and conversations about

treatment with a ventilator.

Note: This document does

not discuss options for non-

invasive breathing support.

you breathe without using a

That means ways to help

ventilator.

This decision aid is for

#### may include: that makes you sleep).

## Summing up

- "Cure sometimes; relieve often; *comfort always*"
- Plan ahead so care can match patient goals and preferences
- Palliative care + ACP + POLST = improved QOL & satisfaction; lower utilization of ED, hospital





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