Follow up of Palliative Care Patients

Relieves suffering, improves quality of life.

Presented by:
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Pain and Palliative care nurse
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Outlines

1- The Establishment of CMC PC Mobile Unit

2- Palliative Care Team Referring Process

3- Patient’s Needs and Nursing Care at End of Life

4- PC Service Effectiveness Monitoring Process
THE ESTABLISHMENT OF A MOBILE UNIT
Palliative Care Services at CMC Journey

NCPCPC recommendations
JCI standards
CMC mission / vision along with the increasing patient needs

Hospital Based PC Mobile Unit

Improve the quality of life, experience and financial performance in patients with serious life-limiting illnesses

Pain management services
End of life Care

2008 2017
The Palliative Care Mobile Unit was founded on below principles:

- Respecting patient Privacy
- Holistic Approach
- Provide the best quality of life for the patient and his family
- Personalized and Age specific
CMC Palliative Care Services Model: Patient and Family Centered
THE PROCESS OF REFERRING
By the attending physician / By Screening

The P.C. team will assess the patient and family

The P.C. team will develop plan of care and share it with patient/family and interdisciplinary team

The P.C. team will document their assessment and plan of care

The Plan of care will include goals of care of the patient

Pain Management  Nursing Care  Palliative care  Resuscitation and transfer to critical care area  Mechanical ventilation  Nutritional and Hydration  Advance Care Planning

The Plan of care will be reviewed on weekly bases and whenever needed with any change in patient condition / transfer to another level of care

The assessment elements include: physical, psychological including level of distress and spiritual aspects.
PATIENT’S NEEDS AND NURSING CARE AT END OF LIFE
Patient’s needs at the End of Life

Palliative Care

Patient and Family

Emotional Needs

Spiritual Needs

End of life care

Symptom Management

Curative Care

Hospice

Transitioning goals of care

Comfort Care

Pain Management

Patient's needs at the End of Life
Nursing Care at the End of Life

- Relief from physical symptoms
- Maintaining an independent patient
- Good death or dying well
- Achieving quality of life
- Reducing isolation, fear and anxiety
- Patient and family education
- Family support
- Relief for mental suffering and social isolation

Affirms life...
Promotes quality of life...
Provides treatment...
Supports the family...
<table>
<thead>
<tr>
<th>Reduce disease complications</th>
<th>Maintain personal hygiene</th>
<th>Promote patient comfort</th>
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</thead>
<tbody>
<tr>
<td>• <strong>Symptoms management</strong> of the below:</td>
<td>• Perform complete <strong>bed bath</strong> and/or Assist with bathing</td>
<td>• Perform back rub</td>
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<tr>
<td>• Nausea/Vomiting</td>
<td>• Tender cleaning/ respect patient wishes</td>
<td>• Make head of bed 45 degree</td>
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<tr>
<td>• Constipation/ Bowel obstruction</td>
<td>• Give mouth care/eye care</td>
<td>• Positioning</td>
</tr>
<tr>
<td>• Delirium / Agitation</td>
<td>• Apply Vaseline to keep lips moist</td>
<td>• Assess pain and <strong>Manage pain properly</strong></td>
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<tr>
<td>• Fever</td>
<td></td>
<td>• Reduce any interventions to only what is necessary</td>
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Maintain nutritional status

- At the level of the patient desires
- Allowing whatever food or fluids the patient can tolerate.
- Artificial feeding depends on patient’s condition. Its usually not beneficial

Maintain breathing pattern

- The only reliable measure is patient self-report
- Positioning is vital, turn semi-prone
- Oxygen/NIV can help
- A fan blowing air on the face relieves SOB
- Pharmacological interventions: opioids/anxiolytics/anticholinergics

Maintain skin integrity

- Keep skin clean and without irritants and humidity
- Institute preventive measures (positioning)
- In case of bedsore, assess then manage
<table>
<thead>
<tr>
<th>Psychological wellbeing</th>
<th>Spiritual and cultural support</th>
<th>Family support</th>
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<tr>
<td>• Ensure the attendance of other healthcare (psychologist)</td>
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<td>• Weave counseling into routine intervention</td>
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<td>• New coping strategies: meditation, relaxation, distraction</td>
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<tr>
<td>• Pharmacological management</td>
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<td>• Sit with the person, <em>hold their hand, listen and talk</em></td>
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<td>• Inform that hearing can be the last sense that a person loses at death</td>
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<tr>
<td>• Environment modification</td>
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<tr>
<td>• Ensure the attendance of spiritual/religious</td>
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<tr>
<td>• Involve the family in the care</td>
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<tr>
<td>• Provide family with <em>health education</em></td>
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<tr>
<td>• Help the family with <em>discharge planning or with grieving process</em></td>
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Healing the Healer

- Counseling Services for nursing staff
PALLIATIVE CARE UNIT MONITORING
CMC Palliative Care Services Monitoring Measurements

1- Structural measurement: service utilization: Rate of patient seen by the PC team

2- Process measurements: completion and accuracy of the interdisciplinary plan of care

3- Outcome measurements: Patient / Families satisfaction with End of life care. The survey is covering the below P.C. dimensions

   a- Physical symptoms management
   b-Staff respect to patient and family:
   c-Wishes regarding the plan of care
   d-Values / religious / cultural / social/spiritual and emotional concerns
   e-Privacy and confidentiality.
“You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.”
- Dame Cicely Saunders
Thank you
Monitoring Of Oncology Patients
Outline

- Quality in Oncology Care at CMC
- Chemotherapy two weeks prior to end of life (EOL)
- Appropriate use of anti-emetic to prevent chemotherapy induced nausea and vomiting
Clinical Oncology Pharmacy Care at CMC

- Rounding with attending oncologists as part of a **multidisciplinary team**.
- Actively involved in providing patient care through treatment plan development, medication order review, therapeutic monitoring, pharmacokinetics and interactive relationships with the health care team.
- Assuring safe, effective and cost-effective drug therapy
- Identifying, preventing and managing any drug related problem including drug choice, dosage, interactions, administration and side effects
- Centralized oncology pharmacy unit for chemotherapy preparation ...
- Patient education and counseling, and participating in Healthcare members education
- Developing supportive care for the management of chemotherapy-induced nausea and vomiting and other related side effects
- Monitoring chemotherapy administration induced side effects ....
JCI Standards on patient safety goals and quality of care

CMC Vision & mission

ASCO QOPI + Choosing Wisely Anti-emetic campaign

Chemotherapy two weeks prior to end of life

KPI for monitoring quality of care in oncology patients

Use of correct anti-emetic to prevent chemotherapy induced nausea and vomiting
Quality in Oncology Care at CMC

- Improve patient outcome and lower cost of health care
- Improve the quality of life of the cancer patients
- Evaluate clinical practice through outcome measurement
- Develop new clinical guidelines
- Improvement in clinical oncology care plans
- Reimbursement strategies assessment

Oncology Unit KPI outcome evaluation

CMC KPI and oncology quality Dashboard
Chemotherapy Two Weeks Prior to End of Life (EOL)

- Unrealistic expectations → patients may seek aggressive treatment that can decrease their QOL before death

- Oncologist desire to provide hope + families/patients lack of palliative care info + patients expectations → overuse of chemo at EOL → incur more costs + decrease quality of EOL care

- At CMC Oncology Unit data is collected on a monthly basis to calculate the % of patients who received chemo two weeks prior to end of life and then evaluated for reason of administration

Advancing Performance Measurements in Oncology Quality Practice Initiative Participation and Quality Outcomes. J. of Oncology Practice. 2011 May. 7(3S) :31s-35s
CMC anti-emetic use policy has been set to develop anti-emetic protocol that goes in alignment with the latest anti-emetic ASCO 2017 guidelines.

Chemotherapy protocols are assessed for the emetic risk and then the patients receiving chemotherapy are evaluated on a monthly basis for appropriate overuse or underuse.

Data is analyzed for future improvement plans that influence patients QOL, treatment adherence, and treatment costs...