

## WHITING PALLIATIVE FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	<b>PATIENT FOCUSED FUNCTIONS</b>
<b>CHAPTER 2:</b>	Continuum of Care
<b>PROCEDURE 2.29:</b>	<b>Palliative Care Program</b>
<b>Governing Body Approval:</b>	6/10/18
<b>REVISED:</b>	

**PURPOSE:** To provide palliative care services as an active multi-disciplinary approach with the primary aim of relieving pain and providing comfort while paying attention to the emotional, social and spiritual needs/wishes of patients whose disease is considered terminal. The goal is to maintain patient autonomy, for as long as possible, improve the quality of life of patients and families and provide support to staff.

### **PROCEDURE:**

1. It is recommended that when any patient is diagnosed with a life threatening or terminal illness it is important to remember that Chaplaincy Services are available and should be considered. Through Chaplaincy Services patients and/or their significant others may find comfort, support and spiritual guidance during these very difficult times. Staff members can obtain support through the hospital's supervisory structure, EAP services and the CISM Team.
2. Patient participation in the Palliative Care Program is voluntary and consent can be withdrawn at any time. For patients that have a conservator of person or guardian, in place, both parties would be asked to provide consent.
3. A patient with a diagnosed terminal illness can elect to be evaluated for this program, or if the patient is deemed to not have capacity, the patient's healthcare proxy, conservator of person and/or designated next of kin can elect to have the patient evaluated for this program. Any primary care or psychiatric physician or APRN can initiate a discussion and educate any terminally ill patient, with a life expectancy of less than or equal to twelve months, about this program and determine if the patient would like to be evaluated for participation.
4. Every patient deemed eligible for the Palliative Care Program must have medical record chart documentation, from the patient's treating medical services clinician noting that the pt. has:
  - a. been diagnosed with a terminal illness;
  - b. has a life expectancy of less than or equal to twelve months and;
  - c. that the patient request to be considered for participation in the program.
5. Every referred patient deemed not eligible for participation in the program will have in his/her medical record chart documentation, by the treating medical services clinician, the rationale for the patient not being accepted in to the program.
6. The determination of eligibility will be made by the patient's treating medical services clinician within seven days of referral for evaluation.

If deemed eligible; participation in the Palliative Care Program is voluntary and requires written informed consent. This consent can be withdrawn at any time.

Participation in the Palliative Care Program does not require that the patient be on a DNR status and/or that treatment such as; chemotherapy, radiation therapy, intravenous therapy, etc. must be terminated, if such treatments are believed to maintain or increase the patient's comfort. Such decisions should be discussed by the treating medical services clinician with the patient or, if is believed the patient does not have capacity, the patient's healthcare proxy, conservator of person and/or designated next of kin.

**A. The basic core components that are addressed by the Palliative Care Program are:**

**General Medicine**

Care of medical conditions, understanding course of illness and prognostic factors, including common complications and symptoms that may be associated with the underlying illness(es).

**Pain and Symptom Management**

Appropriately manage pain and other distressing physical symptoms in a timely manner striving to achieve outcomes balanced with potential side-effects acceptable to the patient/family. Support the patient's wishes for integrative medicine interventions, as applicable and available.

**Emotional**

Support the patient and family expression of emotional needs by listening actively and use of open-ended questions. Facilitate the use of interventions to meet the emotional needs of the patient and family.

**Psychosocial**

Support the patient and family in the making of end of life decisions/planning, as appropriate. Actively engage family and other supports as per the patient's wishes. Help to facilitate natural and community supports to the patient and family and coordinate care with community resources and the treatment team. Facilitates family communication and provides anticipatory guidance for family members. This may also involve facilitation of making amends and/or reconciliation between family members. Prepares family for events that may occur after death, such as funeral arrangements, need to notify entitlement agencies, guidance in referrals for estate planning, etc.

**Spiritual/Cultural**

Encourage patient and family to utilize spiritual/cultural strengths, practices and traditions. Create an environment that allows integration of dialogue about spiritual issues within the care experience and communicate cultural care preferences of patient and family to the other care providers.

**Teaching**

Assess patient, family and unit staff knowledge and address questions and provide anticipatory guidance and reading materials about illness, possible treatments and outcomes, as appropriate.

### **Coordination with the Treatment Team**

Care that is provided is coordinated with the treatment team and is documented in the patient's treatment plan and in the Progress Notes Section of the medical record. The patient and family are considered integral members of the treatment team and honoring their care wishes is a very high priority.

### **B. Palliative Care Program Staff**

The attending psychiatrist and the unit nursing staff along with the other members of the treatment team; who, with the possible exception of family, have the largest role in supporting and caring for the patient with terminal illness; additional coordinated services are available as part of the Palliative Care Program:

### **General Medical Services Department**

The General Medical Services Department will provide recommendations and frequent re-evaluations on pain management and physical symptom relief, in addition to on-going disease management. A medical services position appointed by the CMO will serve in the role of clinical lead for the Palliative Care Program.

### **Social Work Department**

The Social Work Department will provide on-going support to the patient and family and help in the coordination of information and arrange meetings that involve family/significant others, the medical services clinician, conservators, and the treatment team including the patient. This may include assistance with entitlements, estate planning and funeral arrangements.

### **Rehabilitation Services Department**

The Rehabilitation Services Department will assess the patient's interest and skills in leisure type activities and provide interventions and activities that are consistent with these interest and skills.

### **Art Therapy and/or Music Therapy**

Art Therapy and Music Therapy can be very powerful tools in supporting self-expression and have the potential to relieve symptoms of anxiety, depression, fear, hopelessness and isolation; with the added potential benefit of enhancing pain management. These modalities can lower the perception of pain by decreasing negative feelings and anxiety which results in dampening the response from a structure of the brain called the amygdala which regulates emotions and feelings; often increasing anxiety and fear when stimulated. Through the use of these modalities, feelings that are too overwhelming or anxiety producing to be expressed verbally often times can be allowed expression. The art or music therapist may work with the patient in individual work or in combination with the patient's significant others.

Types of Music Therapy interventions:

Instrument Playing- playing an instrument strengthens hands and wrists, which assist with pain management and range of motion.

Song Writing- writing lyrics for songs helps patients articulate words and express thoughts and feelings.

Drumming- drumming assists with increasing range of motion and improves muscle tone.

<u>Guided Imagery-</u>	imagery allows for the visualization of a safe place; can assist with anxiety reduction and pain management.
<u>Singing-</u>	allows for relaxation as well as the expression and identification of thoughts and feelings associated with pain. It promotes breath work which allows for improved and proper breathing to aid in decreasing anxiety and pain management.
<u>Music Listening-</u>	listening to familiar/preferred music reduces elevated heart rates and anxiety.
<u>Song Discussion-</u>	allows for patients to talk about lyrics and express thoughts and feelings.
<u>Improvisation-</u>	allows for patients to increase their sense of self confidence, promoting a positive mood and enhanced self-esteem.

### **Physical Therapy**

Physical Therapy can help enhance or at least help preserve functioning, such as improving or maintaining mobility and providing an ancillary intervention for pain management. The physical therapist can provide recommendations/education on positioning for comfort, etc.

### **Speech Pathology**

The speech pathologist can assist in the evaluation of the patient's swallowing capabilities and the integrity of the gag reflex. Recommendations can be made to assist the patient and staff on maintaining PO feedings which assist with self-esteem, nutritional health and are important for quality of life.

### **Occupational Therapy**

The occupational therapist can assist in enhancing or maintaining functioning, including attempting to maximize the patients' ability to perform activities of daily living; again with the goal of enhancing or maintaining quality of life and self-esteem.

### **Integrative Medicine**

Various techniques and interventions that maybe classified under the umbrella of "Integrative Medicine" can provide comfort, pain attenuation and positively affect functioning. For example, **tai chi** and **yoga** can help with mobility, sense of well-being, and balance, **mindfulness** can provide centeredness, anxiety and fear attenuation, sense of well-being, **massage therapy** can help with circulation, muscle tone, pain attenuation and a sense of connectedness with others, etc.

### **Chaplaincy Services**

Clergy members will encourage and support patient and families to utilize spiritual/cultural strengths, practices and traditions while likely going through the stages of loss. The clergy member will assist in creating a treatment environment that allows integration of dialogue about spiritual issues within the care experience and communicate cultural care preferences of patient and family to the other care providers.

## **C. Palliative Care Program Status Meeting**

When WFH has patients involved in the Palliative Care Program every fourteen days the Director of General Medical Services will convene a Palliative Care Program Status Meeting. The attendees will be all staff members actively providing Palliative Care services, along with the medical services clinician for each patient involved in the Palliative Care Program. The purpose of the meeting is to share information as part of a clinical review and update the plan of care. By the next business day the medical services clinician will write a note in the patient's medical record with the heading *Palliative Care Program Note* in the Progress Note Section. This note will contain a synopsis of the meeting's status report and document any recommendations or planned changes in treatment as per the Palliative Care Program Status Meeting.

#### **D. Ethics Committee Referrals**

Decisions that concern end of life issues can be complex. There are frequently a number of stakeholders involved (often involving multiple perspectives secondary to family values, religious beliefs, cultural beliefs, etc.). The Ethics Committee can be a resource in providing an opinion and/or guidance in these matters.