Introduction to Palliative and End-of-Life Care in PACE

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NATIONAL PACE ASSOCIATION
Advancing Programs of All-inclusive Care for the Elderly
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Learning Objectives

• Understand the Philosophy of Palliative and end-of-Life care in PACE

• Define Palliative and End-of-Life Care in PACE

• Introduce Key topics in providing high quality palliative and end-of-life care in PACE.
Traditional Care Model

Aggressive medical care

Hospice care

Time

Death
Transitions Care Model

Curative

Palliative Care

EOL

Bereavement

Time

Death
Final Years in PACE

Curative
- Chaplain
- Social Work
- D.C.
- Rehab
- Surgery
- Living Legacy
- Provider

Curative/Palliative
- Chaplain
- Social Work
- D.C.
- Rehab
- Surgery
- Living Legacy
- Provider
- Nurses & In-Home
- Specialist

Palliative
- Living Legacy
- Chaplain
- Social Work
- Rehab D.C.
- Nurses & In-Home
- Provider
Palliative Care

- Palliative care in PACE is participant and family-centered care coordinated by the IDT which is directed toward improving quality of life and relieving suffering.
- It may be provided concurrently with curative strategies.
- Palliative care addresses physical, psychological, social, and spiritual needs of the participant and family in the setting of serious illness.
- Focus is clarified through the alignment of goals of care.
End-of-Life Care

• End-of-life Care in PACE is participant and family-centered care coordinated by the IDT which is directed toward improving quality of life and relieving suffering in the last months, weeks, days of life when the goal of care is no longer curative.

• It addresses physical, psychological, social, and spiritual needs of the participant and family in the setting of advanced life-limiting illness.

• Focus is clarified through the alignment of goals of care.
PACE & Palliative and End-of-Life Care: 3 Models

- Election of Hospice Benefit
- Collaboration with Hospice
- In-house Palliative & EOL program
Circle of Care

- Registered Dietician
- Physical Therapist
- Occupational Therapist
- Recreation Therapist
- Speech Therapist
- Massage Therapist
- Beautician
3 Common Death Trajectories

• Cancer
  • Rapid Decline

• Organ Failure
  • Decline with Exacerbations

• Dementia/Neurological
  • Slow & Inexorable
Total Pain

- Spiritual
- Physical
- Psychological
- Social

Participant

Family

Friends

Psychological

Friends
# A Good Death

<table>
<thead>
<tr>
<th>Ppt and family</th>
<th>Palliative/EOL Care</th>
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</thead>
<tbody>
<tr>
<td>Control over the process</td>
<td>Participant and family at center of care at all times</td>
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<tr>
<td>Environment of their choice</td>
<td>Open communication</td>
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<tr>
<td>Trust in caregivers</td>
<td>Management of pain</td>
</tr>
<tr>
<td>Treated with Dignity and Respect</td>
<td>Symptom control</td>
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<tr>
<td>Feeling supported</td>
<td>Address suffering</td>
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<tr>
<td>Address tasks of dying</td>
<td>Spiritual concerns</td>
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<tr>
<td>Closure</td>
<td>Honor wishes</td>
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</tbody>
</table>
NPA EOL Education Series Modules
Topic Areas

1. Palliative and End-of-Life care in PACE
2. Advanced Care Planning
3. Trajectories and Symptoms
4. Self-Exploration
5. Communication and Difficult Conversations
NPA EOL Education Series Modules

Topic Areas

6. Family Dynamics
7. Cultural Considerations
8. Loss, Grief, and Bereavement=
9. Ethical Issues
10. Final Hours
Bibliography/Resources


• End-of-Life Nursing Consortium (ELNEC)
• National Hospice and Palliative Care Organization (NHPCO)
• Center to Advance Palliative Care (CAPC)
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