Palliative and End-of-Life Care in PACE: A Good Death for our Participants

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Objectives

- Understand the philosophy of palliative and end-of-life care in PACE

- Define Palliative and End-of-life Care in PACE

- Describe ways to identify and transition participants to palliative and end-of-life care PACE Pathways.
Introduction

- Our population
- C.M.S. PACE Guidelines
- NPA Palliative and EOL Workgroup Guidelines
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 addresses physical, psychological, social, and spiritual needs of the participant and family in the setting of serious illness.
- Palliative care may be provided concurrently with curative strategies.
- Focus is clarified through the alignment of goals of 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.
Palliative and EOL Care in PACE

Curative

Palliative

Bereavement

Longevity  Functional  Comfort  13 month grief care

E.O.L.

Time

Death

13 month grief care
Physical
Psychological
Social
Spiritual
## A Good Death

<table>
<thead>
<tr>
<th>Ppt and family</th>
<th>Palliative/EOL Care</th>
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<tbody>
<tr>
<td>Control over the process</td>
<td>Participant and family at center of care at all times</td>
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<td>Environment of their choice</td>
<td>Open communication</td>
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<td>Trust in caregivers</td>
<td>Management of pain</td>
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<td>Treated with Dignity and Respect</td>
<td>Symptom control</td>
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<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>
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Culture Change

- Leadership Support
- Capitalize on Staff Experience
- Education of Staff
- Environment that Supports EOL Care
- Involve participants as much as possible
PACE & Palliative and End-of-Life Care: Three Models

- Disenroll and elect Hospice
- Collaboration with Hospice
- In-house EOL program
EOL Circle of Care: Takes the Team

- Registered Dietician
- Physical Therapist
- Occupational Therapist
- Recreation Therapist
- Speech Therapist
- Massage Therapist
- Beautician
Provider and Pharmacy

- Goals of Care
- Medical Oversight
- Family Care Conference
- Care Planning
- Visits
Comfort Medication
Nursing and In-Home Services

- R.N. Visits
- CNAs/PCAs Visits
- Pain & Symptom Control
- Family Education
- Pronouncing Death
Social Work

- Advanced Care Planning
- Visits/ Counseling
- Family Conference
- Support Bereavement

Provider
Pharmacy
Bereavement Program
Chaplain
Volunteer Program
Social Work
Participant
Nursing
In-Home Services
Friends
Family
NPA 2017 Annual Conference  October 15-18, 2017  Westin Waterfront Boston Hotel  Boston, MA
Introductory Packet

- Introductory Letter
- Reference Sheet
- Advanced Directives
- Family Contact Sheet
- Gone From My Sight
- Letter from Chaplain
- Anticipatory Grief
- Five Tasks of Dying
Communication Book

- EOL Reference Sheet
- Face Sheet
- Advanced Directives
- MPOA
- PACEPak MAR
- B.M. Tracking Sheet
- Communication Notes
Volunteer Program

- Volunteer Role
- Living Legacy
- Wish Granting
- Care Baskets
Care Baskets
Chaplain & Bereavement Program

- Spiritual care
- Informing Participants
- PACE Memorial Service
- Bereavement Program
- Grief Acknowledgement

Provider
Pharmacy
Bereavement Program
Chaplain
Nursing
In-Home Services
Volunteer Program
Social Worker
Participant
Friends
Family
Volunteer Program
Provider
Pharmacy
Bereavement Program
Chaplain
Nursing
In-Home Services
Volunteer Program
Social Worker
Participant
Friends
Family
Communication is key

- Colleagues
- Participants
- Families
- Outside agencies

BEFORE AND AFTER DEATH
Who’s Ready
For Palliative
and End-of-Life Care
Three Common Death Trajectories

- **Cancer**
  - Rapid Decline

- **Organ Failure**
  - Decline with Exacerbations

- **Dementia/Neurological**
  - Slow & Inexorable
Challenges and Victories

**Challenges**
- Paradigm Shift for many programs
- Communication
- Ethical Issues

**Victories**
- Continuum of Care
- Family and Staff Involvement
- Good Deaths
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Tom is passionate about educating others on palliative and end-of-life care. He is the co-chair of the National PACE Association’s Palliative and End-of-Life Workgroup. As an employee of Volunteers of America, he works with teams in PACE, skilled nursing facilities, and assisted living facilities to implement structure, education, and culture change to increase palliative and end-of-life quality of care.
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Sharon is the medical director for PACE sites in Burlington and Pittsboro, NC. She developed her interest in managing end-of-life care while taking care of elderly patients in a rural community in Virginia where she would work with Hospice to maximize quality of life for patients. She is on the NPA End-of-Life Committee.