Clinical Practice Guidelines for Quality Palliative Care, 4th edition

✓Guidelines improve care and safety for patients and families:

- Defines structures and processes of care
- Sets expectations for providers
- Guides clinical decision making
- Promotes standardization
- Creates a foundation for accountability

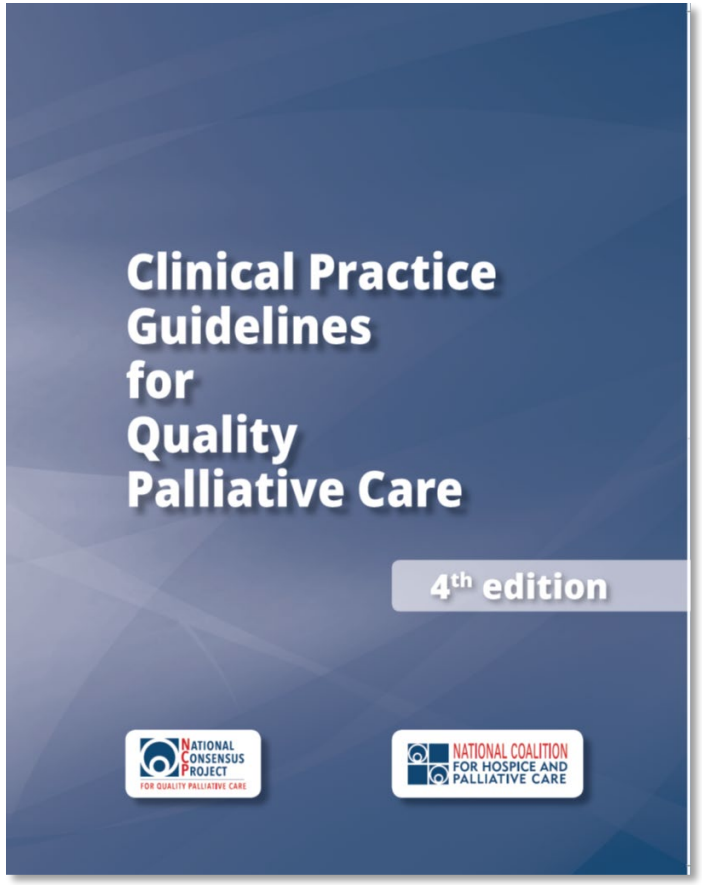
✓Guidelines provide the essential elements for standards, policies and best practices – inform policy and payment structures

✓**Specifically these guidelines help to define the Essential Elements of Quality Palliative Care**

National Consensus Project for Quality Palliative Care (NCP)

- **Began in 2001** to define and improve the delivery of palliative care and to defined the essential elements of quality palliative care
- Three prior editions of the NCP Guidelines published: 2004, 2009, 2013
- **National Coalition for Hospice and Palliative Care** serves as organization home of NCP, stakeholder involvement has expanded
- **4th Edition - Systematic review of research evidence**:
  - Completed by the RAND Evidence-based Practice Center
  - Published in the Journal of Pain & Symptom Management
- **Endorsements**:
  - Received from more than 80 national organizations
- **Publication**: **October 31, 2018**
- Fourth Edition revision funded by the Gordon and Betty Moore Foundation

Easily accessible….



Available at:

www.nationalcoalitionhpc.org/ncp

PDF

E-PUB

ONLINE

PURCHASE

Serious Illness

A health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life or excessively strains their caregiver.*

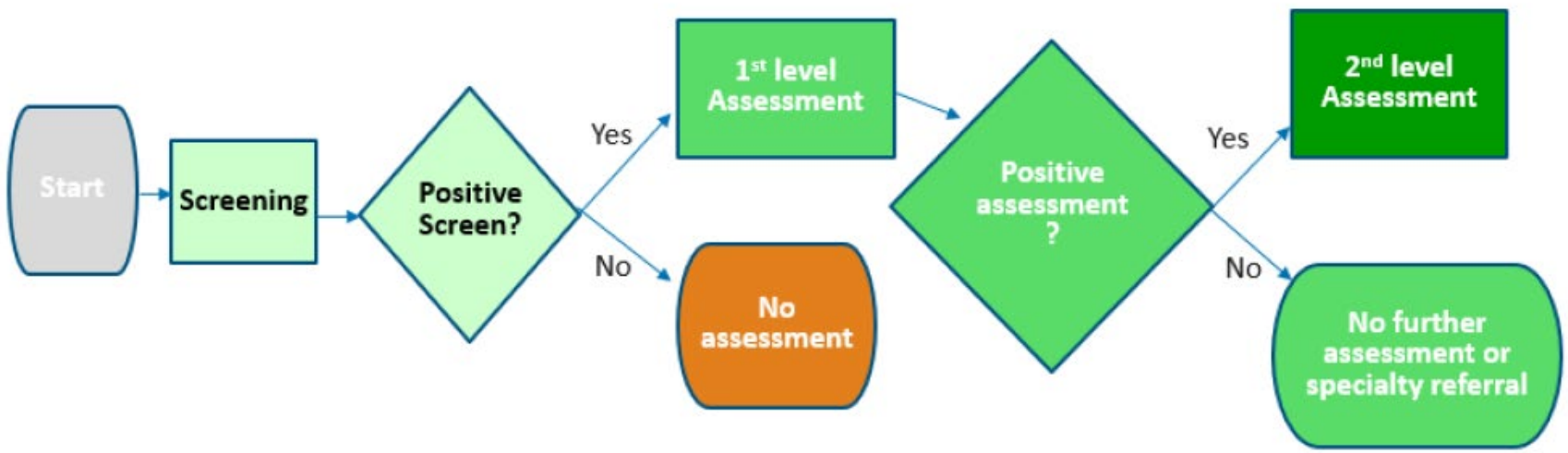
*Kelley, AS, Bollens-Lund, E. Identifying the population with serious illness: the "denominator" challenge. Journal of Palliative Medicine. Volume: 21 Issue S2: March 1, 2018.

Key Themes:

- Interdisciplinary Care
- Each domain addresses:
  - Comprehensive assessment
  - Care coordination
  - Care transitions
  - Caregiver needs
  - Cultural inclusion
  - Communication

Stepwise Approach to Measuring Function and Preferred Tools

Accomplishment



Domains of Palliative Care

Domain 1: Structure and Processes of Care

Domain 2: Physical Aspects of Care

Domain 3: Psychological and Psychiatric Aspects of Care

Domain 4: Social Aspects of Care

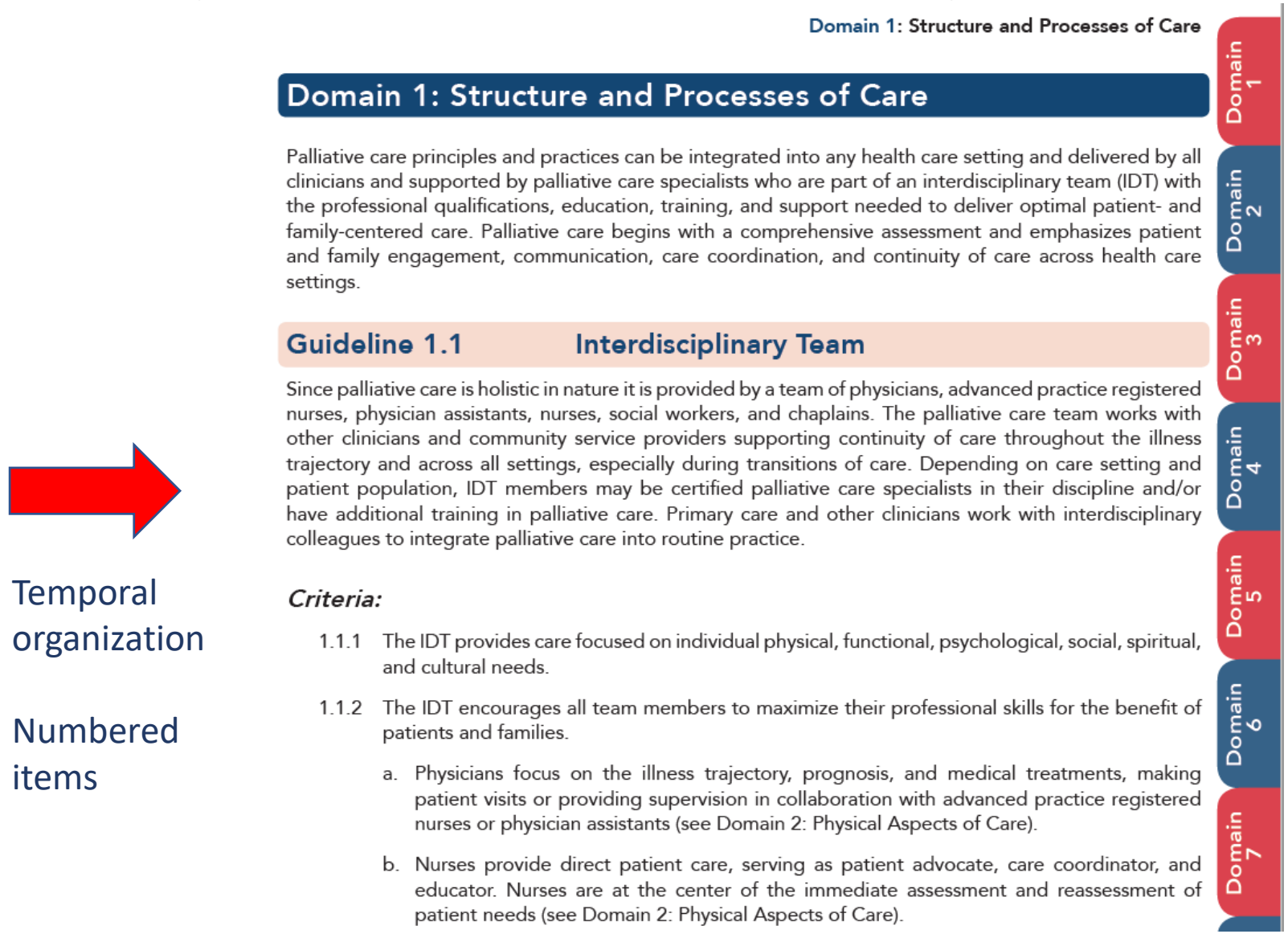
Domain 5: Spiritual, Religious, and Existential Aspects of Care

Domain 6: Cultural Aspects of Care

Domain 7: Care of the Patient Nearing the End of Life

Domain 8: Ethical and Legal Aspects of Care

Anatomy of a Domain: Example 1



Temporal organization

Numbered items

Expanded introductions

Bleed tabs for easy access

Anatomy of a Domain: Example 2

Clinical implications

Clinical and Operational Implications

Clinical Implications

In all care settings, palliative care seeks to improve physical comfort and optimal functional status. Physical concerns, including ongoing access to medications, can be exacerbated as patients transfer across settings of care. Services align with the goals, needs, culture, ages, and developmental status of the patient and family. Expert symptom management focuses not only on physical factors but also emotional, spiritual, religious, and cultural factors, which set the foundation of palliative care and promote comfort and quality of life.

Operational Implications

Clinicians develop and follow policies and protocols related to the assessment and treatment of physical symptoms, including controlled substances. Systems are in place to facilitate communication and coordination of care, especially during care transitions, to ensure the patient's plan of care continues to be implemented.

Operational implications

Application for ALL clinicians

Essential Palliative Care Skills Needed by All Clinicians

All clinicians need expertise in the assessment of patient symptom burden, functional status, and quality of life, and in the development of a palliative treatment plan that is consistent with patient and family needs and preferences. Clinicians need the skills to identify and treat symptoms associated with serious illness and related treatments, including pain, nausea, constipation, dyspnea, fatigue, and agitation.

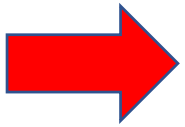
Palliative care specialists can assist other clinicians as consultants or care coordinators based on the specific needs of the patient, particularly in instances of complex and intractable symptoms. Consultations with specialist-level palliative care can assist when patients have complex pain and symptom management needs.

Key Research Evidence

The systematic review addressed the following key question: KQ2) *What is the impact of palliative care interventions on physical symptom screening, assessment, and management of patients?* Forty-eight systematic reviews were identified pertaining to KQ2. The evidence table in the systematic review describes the key findings of each included review. The summary of findings table summarizes the research evidence across identified reviews and describes the quality of evidence. The complete findings are published online in the *Journal of Pain and Symptom Management* (doi: 10.1016/j.jpainsymman.2018.09.008).

Key research evidence overview

Anatomy of a Domain: Example 3



Diverse practice examples

Practice Examples

Practice Example D1-A

A **Federally Qualified Health Center** recognizes that its aging population will benefit from the integration of palliative care into its care model. The leadership of the organization accesses training in palliative care for the nurse care navigators and two express interest in pursuing advanced certification in hospice and palliative care to serve as "champions" within the health center. The navigators traditionally assist patients with coordinating services and ensuring appointments with specialty providers, as well as primary care follow-up. Each navigator is the primary contact and liaison between patient and providers, thus ensuring that the patients' needs are met. With enhanced palliative care skills, navigators learn to screen for unmet needs in all the domains of care in the NCP Guidelines and then facilitate assessments and access to support as indicated. The navigators serve as contacts for hospital-based palliative care programs to enhance coordination of care post-discharge. They also have relationships with community home health and hospice programs to facilitate referrals and care coordination to traditional home health and hospice services, as well as home-based palliative care.