

WELCOME to Palliative Care ECHO 4.0

Improving Care for those with Serious Illness

October 2024 – June 2025



Table of Contents

- Oct-24 Trauma Informed Care
- Nov-24 Palliative Care ED
- Dec-24 LGBTQIA
- Jan-25 MAID
- Feb-25 Severe mental illness
- Mar-25 SICG in Dementia
- Apr-25 Spirituality Cultural Sensitivity
- May-25 Neurologic disease- care partner stres
- Jun-25 Neurologic disease- care partner stres



Trauma-Informed Approach to Serious Illness

Sarah E. Guarda, MSW, LICSW

Palliative Care Echo Session #1 October 1, 2024



Learning Objectives

By the end of this session, ECHO participants will be able to:

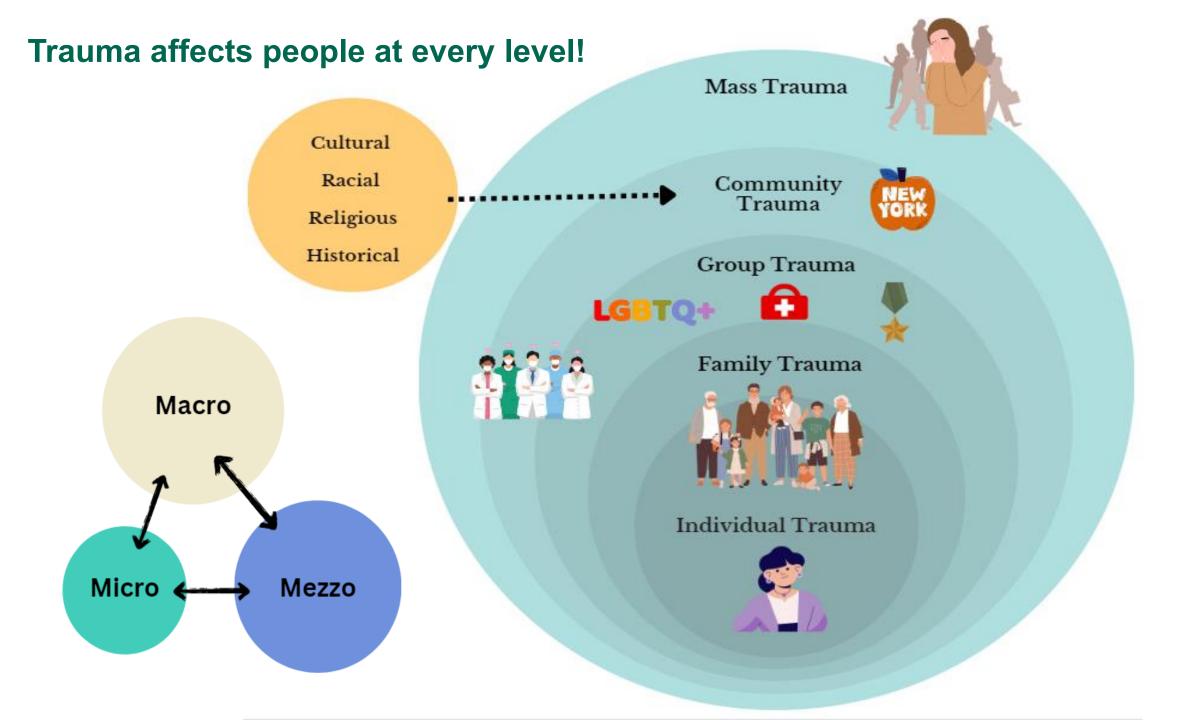
- Define trauma and identify trauma responses in our patients
- Demonstrate a trauma-informed approach to assessment, communication, and interaction with our patients
- Reflect on strategies to be a more trauma-informed provider



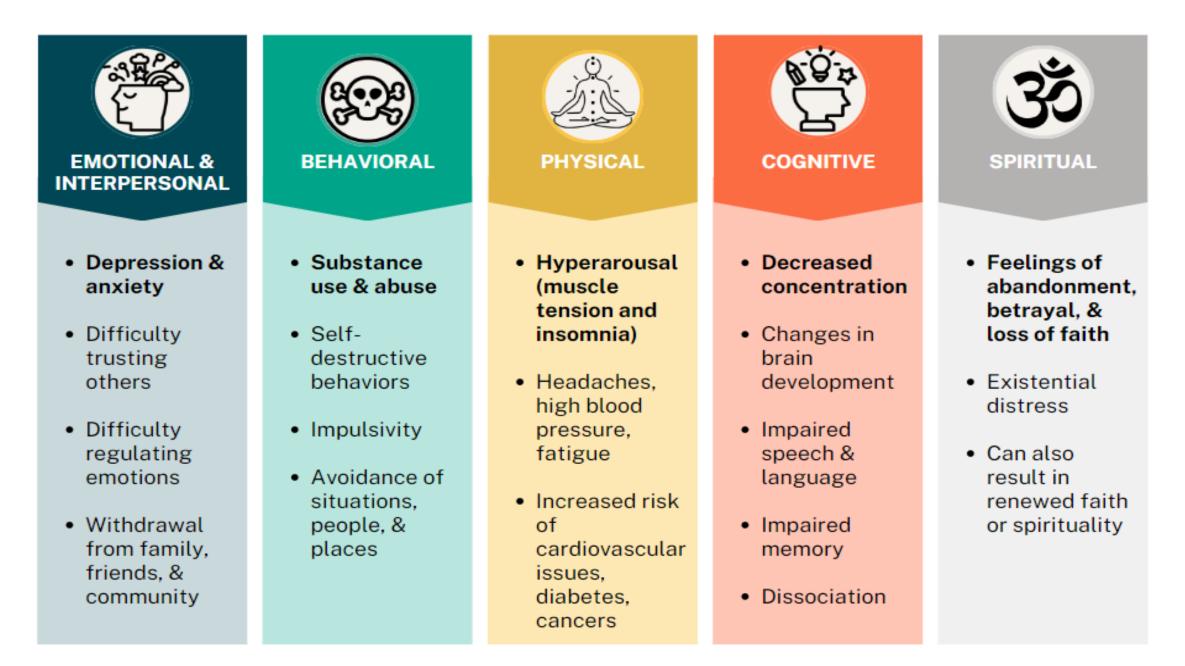
The "3 E's" of trauma: **event(s)** that someone **experiences** as harmful and have adverse **effects** on wellbeing.



$EVENTS \rightarrow EXPERIENCES \rightarrow EFFECTS$



TRAUMA CAUSES PHYSICAL AND MENTAL ILLNESS.



Trauma-informed approach is defined as:

"a strengths based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors to rebuild a sense of control and empowerment."







Trauma informed care **empowers** palliative providers to be their most effective.

- Trauma informed care is accessible
- Palliative philosophy aligns with trauma informed care
- Holistic and person-centered
- Improves positive patient and provider outcomes
- Fosters connection through individualized approach
- Prevents re-traumatization
- Supports pain management





Ask questions to assess an individual's trauma history.



"What can our team do today to help you feel safe?"





Use **empathy**, **reassurance**, and **sensitivity** when responding to disclosures of trauma.

- "I appreciate the courage it took to share that with me."
- "Thank you for trusting me enough to share these experiences today."
- "I wish that you had not been harmed/betrayed/hurt."
- "Please know that you deserve support."
- "You deserve to be safe."
- "I will keep these details private unless you tell me otherwise."
- "What can we do to help you feel safe while receiving care?"
- "How would you like me to document this information?"



Establish physical, psychological, and emotional safety first.

- Share preferred name and pronouns
- Determine how individuals prefer to receive medical information
- Limit jargon and avoid the "righting reflex"
- Be curious, ask clarifying questions, ask for feedback
- Mirror affect and match your patient's energy
- Respect boundaries and preferences, be mindful of known triggers
- Offer genuine validation and affirm patient experiences
- Be mindful of touch and personal space (don't block the door!)
- Watch for discomfort or distress- have tissues handy!

Self-care is essential to being a resilient and empathic provider.





Closing Reflections:

What is **one** thing you will do differently to incorporate a **traumainformed approach** while caring for people living with serious illness?

Please type your answers in the chat!



Thank you!





References

- Ferentz, L. (2017). *Trauma Informed Assessments.* The Ferentz Institute. <u>Ebook Trauma</u> <u>Informed Assessments_2017_Final_vs.2 (website-files.com)</u>
- Ganzel, B. L. (2018). Trauma-informed hospice and palliative care. The Gerontologist 58(3), 409-419. <u>https://doi.org/10.1093/geront/gnw14</u>
- Great Valley Publishing Company, Inc. (n.d.). Self-Care as a Trauma-Informed practice. <u>https://www.socialworktoday.com/archive/exc_1117.shtml</u>
- Maataoui, SL. Trauma informed care at end of life: The role of the team and culture. VA Maine Healthcare System, Maine Hospice Council. <u>Trauma Informed Care at End of Life: The</u> <u>Role of the Team and Culture (mainehospicecouncil.org)</u>
- McFarlane, AC. (2010). The long-term costs of traumatic stress: intertwined physical and psychological consequences. World Psychiatry. 9(1):3-10. doi: 10.1002/j.2051-5545.2010.tb00254.x.
- National Association of Social Workers. (2004). Standards for Palliative and End of Life Care. Washington, DC. <u>Standards for Palliative and End of Life Care (socialworkers.org)</u>



References

- National Hospice and Palliative Care Organization (NHPCO, 2022). Questions and answers about trauma-informed end of life care. NHPCO Trauma Informed EOL Care Work Group.
 <u>Q A Trauma Informed EOL.pdf (nhpco.org)</u>
- Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884.
 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Substance Abuse and Mental Health Services Administration. (2014). Trauma-Informed care in behavioral health services. In Treatment Improvement Protocol (TIP) Series 57.
- Statement of Principles of Palliative Care. (2019, September 1). ACS. https://www.facs.org/about-acs/statements/principles-of-palliative-care/
- Van Der Kolk, B. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. New York: Viking.

Palliative Medicine in the Emergency Department

Phil Lawson MD November, 2024





1. Recognize challenges of care in Emergency Departments (ED)



- 2. List ways to adjust and apply palliative interventions to the ED setting
- 3. Cite tools to assist ED providers in improving palliative care in the ED





- 84 yo comatose female brought to Critical Access Hospital GCS = 3
- AD's, POLST, P-DNR not with patient on arrival
- Intubated in ED with lines and tubes....
- Bilateral cerebral hemorrhage (brain bleed) -> call to neurosurgery -> helicopter on the way
- Friend arrives horrified stating she would never want this

GCS = Glascow Coma Scale; AD = Advance Directive; POLST = Portable Medical Order; DPOAH = Durable Power of Attorney for Healthcare





Best Practice Goals ED providers

Best Practice palliative care per ACEP includes:

- 1. Screening and assessing patients for palliative care needs
- 2. Managing patients with palliative care needs in the Emergency Department (ED)
- 3. Consulting palliative care specialists in/from the ED
- 4. Transitioning palliative care or hospice eligible patients from the ED

ACEP: American College of Emergency Physicians

Loffredo A et al. *United States Best Practice Guidelines for Primary Palliative Care in the Emergency Department.* Annals of Emergency Medicine Vol 78(5), Nov 2021, 658-669



Realities of the Venue

- Rapid Triage
- Variable wait times for care
- Focus is on the presenting complaint
 - Rule out what is life/limb threatening
 - Make a tentative diagnosis based on limited available information
 - Achieve disposition rapidly*





Realities of the Venue

- Loud, limited privacy, limited comfort
- Frequently interrupted patient/provider time
- Limited (sometimes no) available medical information
- Extensive testing (for the "rule out")
- A culture of "If in doubt, intervene..."





Conclusions from recent research

CPR on cancer patients in the ED

- Advance Directives (AD's) associated with:
 - Quicker adjustment to DNR status
 - Shorter ICU stay
 - Shorter hospital stay
 - No difference in mortality

Wechsler AH et al. Prior Advanced Care Planning and Outcomes of CPR in the ED of a Comprehensive Cancer Center. *Cancers* **2024**, *16*(16), 2835; <u>https://doi.org/10.3390/cancers16162835</u>



Recent Research

Advance Directives (AD's) are not available

- 20-25% reported having AD's; 7% available
- High variance amongst ED's: 1 48% had any form of AD's available

Patients and providers don't talk about AD's/goals of care in the ED

- @10% of elderly ill patients in ED are asked about AD's
- @80% thought ED providers should be aware
- <40% expressed desire to discuss goals of care

*References in chat

| Advance Care | Name (Principal's Name): DOB: | | |
|---|--|--|--|
| rarance care | Address: | | |
| Planning Guide | I. DURABLE POWER OF ATTORNEY FOR HEALTH CARE | | |
| Flaming Guide | The durable power of attorney for healthcare form names your agent(s) and, if you wish, sets limits or what your agent can decide. | | |
| How to think about, talk about and plan for serious illness | I choose the following person(s) as agent(s) if I have lost capacity to make health care decisions (cannot make health care decisions for myself). | | |
| or injuries which may keep you from making your own healthcare decisions. | (if you choose more than one person, they will become your agent in the order written, unless you indicate otherwise.) | | |
| | A. Choosing Your Agent: | | |
| | Agent: I appoint, of, and whose phone number is to be my agent to make health care decisions for me. | | |
| New Hampshire Advance Directives: Durable Power of Attorney for Health Care (DPDAH) Living Will | Alternate Agent: If the person above is not able, willing, or available, I appoint | | |
| | B | | |
| | B. Limiting Your Agent's Authority or Providing Additional Instructions | | |
| | When you can no longer make your own health care decisions, your agent will be able to make decisions for you. Rease review the Disclosure Statement that is attached to this Advance Directive for examples of how you may want to advise your agent. You may write in limits or additional instructions below or attach additional pages. | | |
| | | | |
| Foundation for Healthy Communities | | | |
| | I have attached additional pages titled Additionol Wishes for my Durable Power of Attorney fo Health Core to express my wishes. | | |
| | Page | | |

| | | | | | | REEIBED OR DISCHARGED, ATTACH PAR P. ONR FORM IF PATIENT HAS ONE. | |
|--|--|---|--|--|---|---|--|
| | New Hampshire | SEND ORIGINAL PINI | K FORM WITH PATIEN | a | | | |
| | HOND? | | | | The POLST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a | | |
| PORTABLE DO NOT ATTEMPT INSTANDANCE (P-DVR) OUDDER Image: Provide a status and provide status and provide a status and provide a status a | D.ut | WHEN TRANSPER | RED OK DISCHARGED | Budge Convention | | | |
| Image: An and Process Advanced Process Region Vision V | DORTARI | DO NOT ATTEMPT | PESUSCITATION (| P-DNR) ORDER | Patient Information. | Having a POLST form is always voluntary. | |
| In the second | FORTABL | E DO NOT ATTEMPT | | 1 Drug onden | | Patient Fest have | |
| | | | | | | Middle Name/Initial Preferred name | |
| Notice state and the state | | | First NumerHiddle faltial of Patient | | | Last Name: Suffix Gr. Sr. etc) | |
| Applies only when partners is use forwards and sequences that an adjuster manufactory adjusters There is a content is a sequences of the sequences of | terdat er reptikt | y areas, in discussed with the patient. | Deliveria their of Sixth | Lord 4 Berls of SSS | | DOB remittelener . State where form was completed | |
| Applied by due of years of a form the transfer gives of the state implicit neuroidate y digitary In the state intervent is and it. The state in | | | and the second second second second | | | | |
| Control And ender product and and a control of the second and control of the seco | Applies only | when patient is not breathing or ho | is to pulse. Check hos and earn | plicte monclattery signature | Electricity and a strategies of the | | |
| De 2007 ATTEMPT RESULTATION DE LA COMPACTION DE LA C | lines in section | ens A and B. | | | | | |
| More and NL ten / Sec More and NL t | | Not Attempt Resuscitation | nn (DNR) e genelet verileien. Ne delik i krae | e. No pharmacologie reselectation.) | defibrillation and cardiov | ersion. (Requires choosing Full Treatments (May choose any option in Section 8) Two will constitute a DNR order and no separate D | |
| The resonance of graph define waters of graph define the set of t | | | and the second second second | | B. Initial Treatment Orders. Folk | ow these orders if patient has a pulse and/or is breathing. | |
| Internet Control Control (1) Contrel (1) | ther lastrattices or | | And the second state of the second state | | | | |
| Bit of (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | | | | | | | |
| Before proceeding on the level of the second of the s | | | ANGE THIS FORM | | | | |
| | his form (P-DNR) | should be reviewed if | the start of the second start starts | and the second | | | |
| the form in the volume of | | | | | | son). May use non-investive positive anway pressure, antihestics and N flads as indicated. Avoid inter- | |
| PeriodsC, Marco Marcola, Marco Marc | | | te is substantial change in per en | "s/revolers"s health status, or | def bolistion and cardiovers | (OP) May use non-invasive positive anway pressure, antibiotics and N flads as indicated. Avoid inter- estiment words caving be met in current location. | |
| Subscript Conversion and y for provided. Control-provided Charter Training Topics Advances T | die patient is this form is to be | admitted to a new facility. socied, write the word "VOID" in 1 | arap letters, and then sign, date. | and turne the form. If | care. Transfer to hespital if th | extinent words cannot be met in curvent location. | |
| Channel Diverse and Other Private Winkes Down Impeted Tares also Down Impeted Tares and Impeted Tares | dise patient is this form is to be refucible, release to | admitted to a new facility. swided, write the word "VOID" in 1 duise the namerr to destrey his or he | arge letters, and then sign, date, r P-DNR wallet card or remove | and time the form. If his or her DNR bracelet or | Care. Transfer to hespital if the | extinent needs cannot be met in current location. ents. Goal: Maximum comfort through symptom management, allow natural death, Use oxyam, i | |
| Torrent protocols and reader Deach for protocols and reader | the patient is this form is to be opticable, please is ocklass. After you | admitted to a new facility. swided, write the word "VOID" in I dvise the perform to destroy his or he ding the form, a new form may be o | arge letters, and then sign, date, r P-DNR wallet card or remove | and time the form. If his or her DNR bracelet or | Care. Transfer to hospital if to Comfort-focused Treatment of air and manual treatment of air | estment needs carend be met in corrent location. ents: Goal: Maximum comfort through symptom management, allowinatural dipath, bis exymn, i way obstruction as needed for confort. Avoid treatments lated in full or select treatments unless con- | |
| Define Program A strategy of the National T 0 V/SI- Decrement investment. Lange NAT 0 V/SI- Decrement investment. 0 Capacity Times Dandedity 0 V/SI- Decrement investment. 0 Status Times Dandedity 0 V/SI- Decrement investment. 0 Status Times Times Times Times 0 V/SI- Decrement investment. 0 Status Times | the patient is this form is to be plicable, please is eklase. After you | admitted to a new facility. swided, write the word "VOID" in I dvise the perform to destroy his or he ding the form, a new form may be o | arge letters, and then sign, date, r P-DNR wallet card or remove | and time the form. If his or her DNR bracelet or | Care: Transfer to hexatial if to Comfort-focused Treatment and transact treatment of air with comfort goal: Transfer to | entrem tradit, caused la en el la conrent location. entre, <u>Goal, Massimar confect Honogh surgicipon management, allose ratural death</u> , bar engren, se adoutacion a malende for confect. Audo trasministi barral el 64 ar antes trasministi unidas con bargala del goal confect caused la confecta in conrent entre. INS. These anders are adattitors tabased alavos ling, plined products, delpois). | |
| Lings NUP No VTA: Descent leasts Organ V Dimession No VTA: Descent leasts Descent descent V Dimession Descent leasts Descent leasts Vision - State V Dimession Vision - State V Dimession Descent leasts Vision - State V Dimession Vision - State V Dimession Descent least Vision - State V Dimession Vision - State V Dimession Descent least Vision - State V Dimession Vision - State V Dimession Descent least Vision - State V Dimession Descent least Descent least Vision - State V Dimession Descent least Descent least Vision - State V Dimession Descent least Descent least Vision - State V Dimession Descent least Descent least Vision - State V Dimession Descent least Descent least Vision - State V Dimession Descent least Descent least Vision - State V Dimession Descent least Descent least Vision - | the patient is this form is to be plicable, please is eklace. After yet subditation may? | aformed to a new facility, worded, write the word "VOID" in 1 drive the primer to destroy this or he dring the form, a new form may be o the provided. | arge letters, and then sign, date, r P-DNR wallet card or remove | and time the form. If his or her DNR bracelet or | Care: Transfer to hexatial if to Comfort-focused Treatment and transact treatment of air with comfort goal: Transfer to | extense travels caused for met is carvert location. EntS. Cool, Maximum confort Hough sumption management, allow natural death, Live expen- ne colorations are been for connect-chood travamental land in full or select treatments unless con is hospital only if central cannot be achieved in current setting. | |
| Oppose These Densities No VSS. Opeosembleristic Image: Provide Section Sectin Sectin Sectin Section Section Section Section Sectin Section S | die patient is dus form is to be plicable, please n ektace. After von suscitation may Advance Dires Does the petier | admitted to a new facility, wedget, write the word "VOID" in 1 doise the partner to destroy his or he drag the form, a new Stein may be o the provided. they and Other Patient Wildes: they and | ange lement, and then sign. date, n P-DNR, weller card or terrore congletest. If no new form is co | and name the form. If no as har DNR bracelet or capileted, full invariancest and | Care: Transfer to hexatial if to Comfort-focused Treatment and transact treatment of air with comfort goal: Transfer to | entrem tradit, caused la en el la conrent location. entre, <u>Goal, Massimar confect Honogh surgicipon management, allose ratural death</u> , bar engren, se adoutacion a malende for confect. Audo trasministi barral el 64 ar antes trasministi unidas con bargala del goal confect caused la confecta in conrent entre. INS. These anders are adattitors tabased alavos ling, plined products, delpois). | |
| Contragonised Guessile Device & Device | die patient is, dies form is to be plicable, please n ektase. After von suscitation may Advance Dires Does the peter | admitted to a new facility, wedget, write the word "VOID" in 1 doise the partner to destroy his or he drag the form, a new Stein may be o the provided. they and Other Patient Wildes: they and | ange lement, and then sign. date, n P-DNR, weller card or terrore congletest. If no new form is co | and name the form. If no as har DNR bracelet or capileted, full invariancest and | care. Transfer to hexada if to Construction focused Treatment and remain leaders of alia with conduct gate. Transfer C. Additional Orders or Instruction | enterer serve is assess for men is cover largens. Men South Assessus can be than a largen to assessments, alles rateral data), has expen- sary obstances mended for under A and stremmentator for A and refer transmet, alless assigned with a conduct and stremmentator of a fair and refer transmet. Basis postuation is beinded in cargo stremmentator Basis postuation in thema allows (in g, timed postucin, delays). BAS postuation must be assessed in cargo stremmentation for A fair BAS postuation must be assessed in cargo stremmentation for the action BAS postuation must be assessed in cargo stremmentation for the action orders in this to BAS postuation must be assessed in cargo stremmentation for the action orders in this to | |
| Printer, Printer, Printer, Printer, Versiter, | the patient is this form is to be pleaseder, please to settlace. After you subscritterion many Advance Dires Does the parker Does the parker Does the parker | adiorent two new facility, winded, wrate the word "VOID" in 1 doise the prime to destroy this or had drug the form, a new form may be 6 the provided, others and Other Patient Withes: there are been of America for Hauthean? | Important and then sign. Live, in P-DNR wellse card or remove completes. If no new form is co- mentation of the second second second NO VIS- Decement NO VIS- Decement | and time the form. If its or her DNR bracket or captered, full exactment and leastern | czer. Tranfer to hospital if to Confort Pocused Treatment or in means Treatment of all web confort gain. Treatment C. Additional Orders or instructio D. Medically Assisted Neutrition (| entered werk assess for mer in source bases. Mer Gould Massess cannot for mer in source bases we plastice on entered for under Landon temperature for a fair and the source to a second source of the source of the mer The temperature and a sole to a source of the source of the source of the source of the mer The temperature of the sole of the source of the source of the source of the source of the (18) and the source of the sour | |
| Prace A priority of young to the standard of the contrastication of a contrastication of | the patient is the form is to be plicable, please to exhap. After you subdition may Advance Direct Does the peter Double P Loong With Organ or 1 | aufored to a new faceling, worked, wren the word "VOID" in 1 is so the purcer to deatroy this or be dring the form, a new Seen may be o be previoled. News and Other Patient Without there are an over all Alamency for Hauthound? It have them | Inter letters, and then ages, date, IP-DNR solide cost or remote completes. If no new form is co- letter in the second second second NO C VISS-Documenti NO VISS-Documenti NO VISS-Documenti | and note the form. If as on Ear DOR bracket or oppleted, full examines and learning | Construction of the instant of the Construct Treatment of the Construct Treatment of an are in construct goal. The data C. Additional Orders or Instruction D. Medically Assisted Neutrition [Construction of Construction of | enterer twee is assess for mer is come fuscani. Mer Sond Macazina constructions of the sond and second second second second second second for under A condition management, a files cataloxi data), fuor expensions any classical web (in other classical in a condition of the sond second sec | |
| Name Tangential Data and composition The next compositencomposition The next compositiencompo | the patient is this from is to be phable, please is phable. After your subsidiation may Advance Dires Does the perior Deable P Loning Wi Organ or 1 | aufored to a new faceling, worked, wren the word "VOID" in 1 is so the purcer to deatroy this or be dring the form, a new Seen may be o be previoled. News and Other Patient Without there are an over all Alamency for Hauthound? It have them | Inter letters, and then ages, date, IP-DNR solide cost or remote completes. If no new form is co- letter in the second second second NO C VISS-Documenti NO VISS-Documenti NO VISS-Documenti | and note the form. If as on Ear DOR bracket or oppleted, full examines and learning | Crew Transfer to because if the because is the because is the because is the because is the because it is the | extense taken to serve the more is convert baseds. Here Guid Maccines cannot the more is a convert based as program to an adjust the server, and the server is a solution of the convert to server the server to server to server the server to serve to server to server to serve to serve to ser | |
| Start Tate Tate Start Tate Start Point Start | the patient is the form in to be performed to please in performance of the patient advance Direct Does the patient Double P Long We Organ or Contropy | auforierd to a new faceling, worked, write the word "VOID" in 1 is so the purcer to deatroy this or ba dring the form, a new Seen may be o to provided. These second and their Patient Withes: a hear size. In the second of the second second and the second and the second second second former the second second second second former the second second second second second former the second s | Interference and them sign. Life, IP-DNR wallers card or remote completes. If no new form is co- VIS- Document NO C VIS- Document NO VIS- Document NO VIS- Document NO VIS- Document | and none the form. If as on that DOR booselet or copieted, full exertinest well increase for the second second second second for the second second second second second for the second second second second second second for the second second for the second | Core: Therefore the sequent of the Core of the sequent of the Core of the sequence of the Core of the | Tenter tareful cannot far mer in control targets. Meril Could Marcines cannot far mer in control targets. Meril Could Marcines cannot far targets a cannot target and far and targets targets and ta | |
| Concerning of the second | the patient is the form in to be performed to please in performance of the patient advance Direct Does the patient Double P Long We Organ or Contropy | auforierd to a new faceling, worked, write the word "VOID" in 1 is so the purcer to deatroy this or ba dring the form, a new Seen may be o to provided. These second and their Patient Withes: a hear size. In the second of the second second and the second and the second second second former the second second second second former the second second second second second former the second s | Interference and them sign. Life, IP-DNR wallers card or remote completes. If no new form is co- VIS- Document NO C VIS- Document NO VIS- Document NO VIS- Document NO VIS- Document | and none the form. If as on that DOR booselet or copieted, full exertinest well increase for the second second second second for the second second second second second for the second second second second second second for the second second for the second | Core: Therefore the sequent of the Core of the sequent of the Core of the sequence of the Core of the | enterer over lassen la men la contre lassen. Men Gard Massen contre la trans la porte lassen la segurar participar a porte la segurar la segurara segurar la segurar la segurar la segurar | |
| Saue of terms Papering Term Origination (International Conference | the patient is this form is to be pleasing please is pleasing please is pleasing please is advance Direc Does the patient Does the patient Does the patient Does are Contropy | automotion on new faceling, works, where the word "VOID" in it is see the parameter to destroy this or ba- dress the second second second second is provided. When the second second second second the second | Inter levens, and then sign. Like, P.D/R. solid or ord or remo- completes. If the new form is co- long VIS-Document NO VIS-Document NO VIS-Document NO VIS-Document NO VIS-Document NO VIS-Document Interfactors of Carchist Inform | and more the form. If as of the DOR basedor of payments, that excentees a suit investors foreigns basedon basedon | Construction of the second state of the s | Tenter tareful cannot far mer in control targets. Meril Could Marcines cannot far mer in control targets. Meril Could Marcines cannot far targets a cannot target and far and targets targets and ta | |
| SEXU DURIGNAL PISK FORM WITH PATIENT WHEN TRANSFEREND OR DISCHARGED Proved in home Proved in h | the partient is a drin form in to be phicacle, phene is beliace. After via substance Direct Darable P Long W: Organ or Contropy Patient, Parent | adored to a new facility. works work of work the work "OOD" in it is it is primer to deatery his refer to provide a second to the termine be do the provided. The termine of the termine be do the second the termine be do the second the termine be do the termine the termine be do the termine be do to the termine b | Inter forms, and then sign. Like, P. U.N. edite order or remote and the second or remote and the second or remote and the second order of the NO VIS-Descent NO VIS-Descent NO VIS-Descent INO VIS-DESCEN INO VIS-DESCENT INO VIS-DESCENT | and have the form. If as as the DNR backler or particle, that increases and herefore herefor | Construction of the second secon | enterer twee is some it mer in some taxes. We find that some and the thread is estimation and agreement, after a statust distat, low enserve, we plantase out in sended for under Locator speciments later to fail an viete treatment; and sea some and an advected for under Locator speciments later to fail an viete treatment; and sea some and the speciment and search and a specime speciment and the fail to fail an effect (MA) presents and a statustice to the lateration of the specime statustice of the specime of the specime specime and statustices and the specime of encoders of the specime of monoid or specific specime statustices and the specime of the specime of the specime on shares and specific specime statustices and the specime of the specime of the specime specime statustices of the specime of the specime specime statustices of the specime of the speci | |
| SEND OBJECTIVED. PENK FORM WITH FACTURENT WHEN TRANSFERRED OR DISCHARGED Prost Factors | des partient is a des forms no se philadelle, philase i celdade. A fler voi suscitations may l' Advance Direc Double Philase Double Philase Double Philase Cost rage Patient, Parent Statement | adored to a new facility. works were device with the "DOD" in 1 Are the protection of outers him or all are the protection. there are there are are there are there are | Inter forms, and then sign. Give, P.(D)R. Addin condition remains complete. If we are form in co- line of the second of remains (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | and there is the Terre II and the set of terre II copiered, field exacting and methods and terre II and the terre III and the | Provide Transformer Constraints Provide Transformer Const | The most encourse for ment is control transmissioners. It is a strate to show that the set of the s | |
| SEND ORIGINAL FIRE FORM WITH PATIENT WHEN TRANSFERRED OR DISCHARGED Print Files | die protein is dies form is to be privatelle please - debase. After von seuschatelien may Advance Dires Dendels - Long W Organise Contropy Patent, Parent Sklaue | adored to a new facility. works were device with the "DOD" in 1 Are the protection of outers him or all are the protection. there are there are are there are there are | Inter forms, and then sign. Give, P.(D)R. Addin condition remains complete. If we are form in co- line of the second of remains (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | and there is the Terre II and the set of terre II copiered, field exacting and methods and terre II and the terre III and the | C. Addisud Price Terminal Development Development | Terrent server to server to server the server to server. Terrent Server | |
| Print failure | des parient est en parient est en presente en conservation en conservati en conservation en conservation en conservation en conservation | adored to a new facility. works were device with the "DOD" in 1 Are the protection of outers him or all are the protection. there are there are are there are there are | Inter forms, and then sign. Give, P.(D)R. Addin condition remains complete. If we are form in co- line of the second of remains (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | and there is the Terre II and the set of terre II copiered, field exacting and methods and terre II and the terre III and the | Construction to the start of the start | enterer over known i en over known i enterer bener. Here Gault Alsence and enter thanks have for the strengerstep, the first point of data, i var very were any advances in sensitive fragments and the strengerstep and the strengerstep and the strengerstep and the strengerstep Here developeration and the strengerstep researched addates to best an orderer in the strengerstep (Mits and strengerstep and the strengerstep researched addates), to best an orderer in the strengerstep Here developeration and the strengerstep researched addates to best an orderer in the strengerstep (Mits and strengerstep), strengerstep and the strengerstep researched addates to best and strengerstep Here developeration and the strengerstep researched addates to best and the strengerstep Here developeration and the strengerstep researched addates and the strengerstep Here developeration and the strengerstep researched addates and the strengerstep Here developeration and the strengerstep researched addates and the strengerstep Here developeration and the strengerstep researched addates and the strengerstep researched addates and the strengerstep Here developeration and the strengerstep researched and the strengerstep researched addates addates and the strengerstep researched addates and the strengerstep researched addates | |
| | de partent és des forms so be plasades, plases e plasades, plases e coldade. A der voi estructuation mary A desarrer Dires du Dires de parten Dires du parten Dires du parten Dires du parten Dires du parten Dires du Sum of Press d | adionati na new facility. water water water water WDDP in 1 water water water water water water days the fores, a new keins may be there and Other Petitent Winkes- there and Other Petitent Winkes- there are and Charles Petitent Winkes- there are and Charles Petitent Winkes- there are and Charles Petitent Winkes- there are also and the petitent water water strates the Petitent "Anne Petitent Station are strong the "Anne Petitent | ang been, and bee ang day 1 + D2R + 42 for the new firms here any beta in the same firms here → NO → YHS - Decement → NO → YHS - Dec | and store to form: If an adverter of the store of the sto | Construction to the start of the start | enterest even is a conset is a more its a conset tearses. Here Good Maximum conset is a more its a conset tearses are expected with the conset. Here Good Maximum conset is a second tearses were its a more i | |
| DO NOT ALTER THIS FORM ! Suproving physical Claude | de partent és des forms so be plasades, plases e plasades, plases e coldade. A der voi estructuation mary A desarrer Dires du Dires de parten Dires du parten Dires du parten Dires du parten Dires du parten Dires du Sum of Press d | adionati na new facility. water water water water WDDP in 1 water water water water water water days the fores, a new kein may No days and Other Petient Winkes there and there are and Charter Petient Winkes there are and Charter Petient Winkes there are are the second of the Petient and Charter Petient Second Charter Petient S | ang been, and bee ang day 1 + D2R + 42 for the new firms here any beta in the same firms here → NO → YHS - Decement → NO → YHS - Dec | and store to form: If an adverter of the store of the sto | Prevention the second of the second sec | enterest even is a conset is a more its a conset tearses. Here Good Maximum conset is a more its a conset tearses are expected with the conset. Here Good Maximum conset is a second tearses were its a more i | |
| | de partient is- des frem so be- plisader, please is- soldade. After voi sundtation mary i- Advance Dires Dires the parties Dires the parties Dires the parties Dires the parties Dires the parties Dires the parties Sum of Person I Sum of Person I | adioration and see Seebig. seeds were the value "MOD" will have the process of set there have a set of the most set of the set of t | erg Stores, and how any down PLUM, will control more on PLUM, will control more on PLUM, will control more form NO VIS-Descent NO VIS-DEs | and store to form: If an adverter of the store of the sto | Control to the start of th | network were also accord to mere is convert borners. Feed, South Assessing county of thready accord temporary according to the south of the south | |

| | HIPAA PERMITS DISCLOSURE OF POLST ORDERS TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. ATTACH PINIC PONR FORM IF PATIENT HAS ONE. New Hampshire POLST Form: A Portable Medical Order | | | | | |
|---|---|--------------|---|---------------------|---|----------------------------------|
| Health care providers should complete this form only after a conversation with their patient or the patient's representative. The POLST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty (<u>www.polst.org/guidance-appropriate-patients-pdf</u>). | | | | | | |
| Pati | ient Information. | | Having a POLST | form is alw | ays voluntary. | |
| Thi | s is a medical or | rder, | Patient First Name: | | | |
| not | not an advance directive. Middle Name/Initial Preferred name | | | | | ne |
| For | information ab | oout | Last Name: | | | Suffix (Jr, Sr, etc): |
| PO | LST and to unde | erstand | STREET, COLORADO | | | |
| this | s document, visi | it: | DOB (mm/dd/yyyy):// | State wi | here form was cor | npleted: |
| WW | w.polst.org/for | rm | Gender: M F X Social | Security Num | ber's last 4 digits (| (optional) xxx xx |
| A. C | ardiopulmonary Re | esuscitation | Orders. Follow these orders if | patient has i | no pulse and is r | not breathing. |
| Pick 1 | A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing. Image: Second Secon | | | | Not Attempt Resuscitation. e any option in Section B) a DNR order and no separate DNR | |
| B. Ir | nitial Treatment Or | ders. Follo | w these orders if patient has a p | ulse and/or | is breathing. | |
| | | | th patient or patient representative r based on goals and specific outcome | | sure treatments a | re meeting patient's care goals. |
| Pick 1 | Selective Treatments. <u>Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care: Transfer to hospital if treatment needs cannot be met in current location. Comfort-focused Treatments. <u>Goal: Maximize comfort through symptom management; allow natural death</u> , Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting. | | | | | |
| C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.] | | | | | | |
| DA | Applically Assisted N | Nutrition (C | Offer food by mouth if desired by | nationt safe | and tolerated) | |
| | | | or existing surgically-placed tubes | | | tion desired |
| Pick 1 | | | ition but no surgically-placed tubes | | | |
| E.S | The second s | | Representative (eSigned docum | | | |
| I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the | | | | | | |
| patient's representative, the treatments are consistent with the patient's known wishes and in their best interest. | | | | | | |
| - | er than patient, | | | Authority: | | OLST form supersedes all |
| print | full name: | | | | | reviously completed POLST forms. |
| F. SIGNATURE: Health Care Provider (eSigned documents are valid) Verbal orders are acceptable with follow up signature. Thave discussed this order with the patient or his/her representative. The orders reflect the patient's known wishes, to the best of my knowledge | | | | | | |
| Note: Only licensed health care providers authorized by law to sign POLST form in state where completed may sign this order] | | | | | | |
| * | (required) | | | Date (mm/dd/yy / | yy): Required Pl | hone#: |
| Print | ed Full Name: | | | | Li | cense/Cert. #: |
| Supe | rvising physician dure: | N/A | | | Li | cense #: |
| A cop | copied, faxed or electronic version of this form is a legal and valid medical order. This form does not expire. 2023 | | | | | |

Out of hospital arrest

- Goal concordant vs goal discordant care
- POLST as a starting place in the ED



HIPAA PERMITS DISCLOSURE OF POLST ORDERS TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED, ATTACH PINK P-DNR FORM IF PATIENT HAS ONI

New Hampshire Forms

Page 13

Advance Care **Planning Guide**

How to think about, talk about and plan for serious illness or injuries which may keep you from making your own healthcare decisions.

New Hampshire Advance Directives Durable Power of Attorney for Health Care (DPOAH) Living Will

> Foundation for **Healthy Communities**

| DOB: | | |
|---|---|---|
| 2005. | | |
| Address: | | |
| I. DURABLE POWER OF ATTORN | IEY FOR HEALTH CARE | |
| The durable power of attorney fe what your agent can decide. | or healthcare form names your age | ent(s) and, if you wish, sets limits or |
| I choose the following person(s) (cannot make health care decision | as agent(s) if I have lost capacity to ons for myself). | make health care decisions |
| (If you choose more than one pe indicate otherwise.) | rson, they will become your agent | in the order written, unless you |
| A. Choosing Your Agent: | | |
| Agent: Lappoint | , of | , and whose |
| phone number is | to be my agent to ma | ake health care decisions for me. |
| Alternate Agent: If the person at | oove is not able, willing, or availabl | e, l'appoint |
| | , of | |
| is | to be my alternate agent. | |
| | decisions for you, a surrogate will b sibling, etc.), and will have the sam ardian may be assigned. | |
| B. Limiting Your Agent's Author | ity or Providing Additional Instruc | tions |
| When you can no longer make y | our own health care decisions, you the Disclosure Statement that is at | |

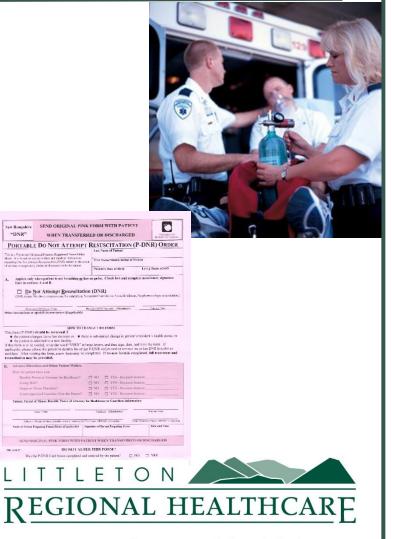
New Hampshire Advance Directive Form

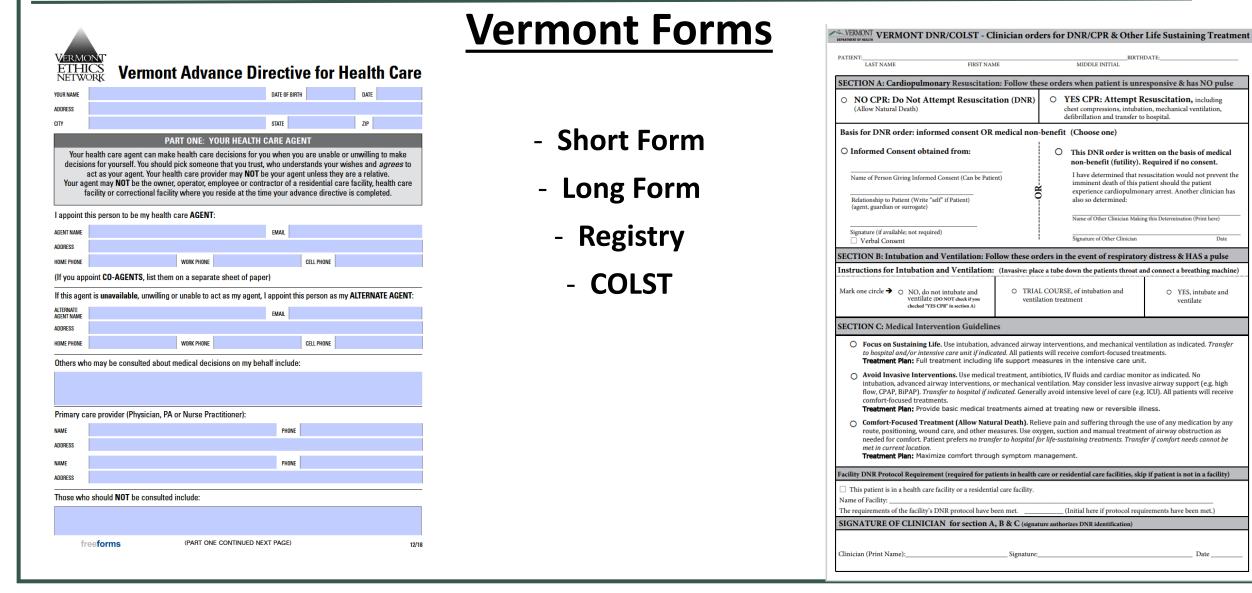
I have attached ______ additional pages titled Additional Wishes for my Durable Power of Attorney for Health Care to express my wishes.

| serious life-limiting medical co | ndition, which may include advanced frailty (www | w polst.org/gu | |
|---|--|--|--|
| Patient Information. | Having a POLST form is al | ways volunta | ıry. |
| This is a medical order, | Patient First Name: | | |
| not an advance directive | | Preferred | name |
| For information about | Last Name: | | Suffix (Jr, Sr, etc): |
| POLST and to understan | d | | |
| this document, visit: | DOB (mm/dd/yyyy):/State v | | |
| www.polst.org/form | Gender: M F X Social Security Nur | nber's last 4 dig | its (optional) xxx xx |
| A. Cardiopulmonary Resuscita | tion Orders. Follow these orders if patient has | no pulse and | is not breathing. |
| YES CPR: Attempt Res | uscitation, including mechanical ventilation, | NO CPR: | Do Not Attempt Resuscitation. |
| defibrillation and card in Section B) | ioversion. (Requires choosing Full Treatments | This will constit | oose any option in Section B) ute a DNR order and no separate DNR quired. RSA 137-J:26 V(b). |
| B. Initial Treatment Orders, F | ollow these orders if patient has a pulse and/o | | |
| | s with patient or patient representative regularly to e | | |
| Consider a time-trial of intervention | ons based on goals and specific outcomes. | | |
| | Goal: Attempt to restore function while avoiding inte version). May use non-invasive positive airway pressure if treatment needs cannot be met in current location. | | |
| defibrillation and cardio care. Transfer to hospital Comfort-focused Trea and manual treatment o with comfort goal. Transf | version). May use non invasive positive arway pressure if treatment needs cannot be met in current location. Itements: Goal. Maximum confort through symptom rainway obstruction as needed for comfort. Avoid treatment ier to hospital only if comfort cannot be achieved in curr Clinos. These orders are in addition to those above in the short of the short | , antibiotics and management; al nents listed in fu ent setting le.g., blood proc | IV fluids as indicated. Avoid intensive low natural death, Use oxygen, suct II or select treatments unless consiste |
| definitiation and cardio definitiation and cardio care. Transfer to hostat definitiation and cardio definitiati | serging). We use non-involve positive anno positive if treatment need-acons to be net in current location. Iternation, Soal, Maximuse comfort through symptoms annow obstruction as needed for comfort. And of treatment is in backet and in "Comfort cannot be achieved in cur- terion and annow the service of the service of the service [EMS protocols may limit emerges in [Offer food by mouth if desired by patient, and new or exoting surgically pleted tubes for anti- metrion both on surgically pleted tubes for anti- metrion both on surgically pleted tubes for service | , antibiotics and management; al nents listed in fu ent setting e.g., blood proc ncy responder : fe and tolerate icial means of n ed but no decisi | IV fluids as indicated. Avoid intensive low natural death, Use oxygen, such Il or select treatments unless consists suchs, dialysis), ability to act on orders in this section ability to act on orders in this section and act on orders and the section of the section of the section and act of the section of |
| defibrillation and cardio defibrillation defibrilla | sergion). We use non-involve positive alway pressure. If treatment needs cannot be mell in current location. Iternatis. Geal Maximum comfort through symptoms in always obstruction as needed for comfort. Avoid treats in the hospital only front for cannot be allowed in curr Ctions. These orders are in addition to those above [EMS protocols may limit emerge in [Offer food by mouth if desired by patient, sat new or easing surgicity placed tubes.]] to arti- burntion but no surgicity placed tubes.]] to pro- burntion but no surgicity placed tubes.]] borson and Representative (Solgned documents are vo | , antibiotics and management; al nents listed in fu- ent setting. (e.g., blood proc- ncy responder : fe and tolerate (cial means of n ed but no decisi- tid) | IV fluids as indicated. Avoid intensive low natural death, Use oxygen, such lior select treatments unless consiste ability to act on orders in this section ability to act on orders in this section (d) utrition desired on made (standard of care provided |
| defibrillation and cardio dentralitation dentralitation dentralitation dentralitation | serging). We use non-involve positive anno positive if treatment need-acons to be net in current location. Iternation, Soal, Maximuse comfort through symptoms annow obstruction as needed for comfort. And of treatment is in backet and in "Comfort cannot be achieved in cur- terion and annow the service of the service of the service [EMS protocols may limit emerges in [Offer food by mouth if desired by patient, and new or exoting surgically pleted tubes for anti- metrion both on surgically pleted tubes for anti- metrion both on surgically pleted tubes for service | , antibiotics and management; al nents listed in fu ent setting. (e.g., blood proc ney responder .) fe and tolerate icial means of n ed but no decisi lid) is of care with | IV fluids as indicated. Avoid intensive low natural death, Use oxygen, suct for select treatments unless consiste ducts, dialysis), ability to act on orders in this section ability to act on orders in this section and conserved on made (standard of care provided my provider. If signing as the |
| definitiation and cardio definitiation and cardio definitiation and cardio definitiation and the second and t | string). We use non-invalve positive arway pressure if treatment need-canot be me in a urrent location. Iteration is deal. Maximum comfort through symptoms arway obstruction as needed for comfort. Anoth treatment is in based and information are beneded in cur- tic tions. These orders are in addition to those above [EMS protocols may limit emerger in Offer food by mouth if desired by patient, at new or exoting surgicity placed tubes ho and interior to another string and place to be above interior to be above and the string and the above and Representative (Signed documents are up in New docussed in the terminer of the string of the string interior and the string the terminer options and pop | , antibiotics and management; al nents listed in fu ent setting. (e.g., blood proc ney responder .) fe and tolerate icial means of n ed but no decisi lid) is of care with | IV fluids as indicated. Avoid intensive low natural death, Use oxygen, suct for select treatments unless consiste ducts, dialysis), ability to act on orders in this section ability to act on orders in this section and conserved on made (standard of care provided my provider. If signing as the |
| deficitiation and cardio deficitiation and cardio care. Transfer to hospital deficit deficit of hospital deficit deficit deficit of hospital deficit | <u>sersion</u>). We use non-involve positive anx-o prosture if treatment needs cannot be mell in current location. threats: Goal Maximum comfort through symptoms anway obstruction as needed for comfort. Avoid treatment to hospital only if comfort cannot be achieved in our ctions: These orders are in addition to those above [CMS protocols may limit emerge (CMS protocols may limit emerge in [Offer food by mouth if desired by patient, sal new or existing surgically placed tubes multimob the surgically placed tubes prover the special only if the strengt way, I have discussed my treatment options and poa atments are consistent with the patient's known way | , antibiotics and management; al nents listed in for ent setting. (e.g., blood proo- ncy responder; (e.g. blood proo- cost) (e.g. blood proo- (e.g. blood proo- (e | IV fluids as indicated. Avoid intensive low natural death, Use oxygen, such lior select treatments unless consists sucts, dialysis), ability to act on orders in this section ability to act on orders in the section ability to act on the section ability to act on the section ability to act on the section ability to act on the section ability to act on the section ability to act on the section ability to act on the section ability to act on the section |
| definitiation and cardio definitiation and cardio deriver the sense of | griging). Way use non-involve positive annoy possure if internets, deal, Maximuse conflort through symptoms if internets, deal, Maximuse conflort through symptoms annow obstruction as needed for comfort. Anoth treats is tho based and price front content beat handed in cur- if conflort cannel beat should be a simulation to those above [EMS protocols may limit emerge in [Offer food by mouth if desired by patient, and new or existing surgically placed tubes in based in ourgically placed tubes in based and price of the treatment of the simulation in conflexible to the simulation in the simulation of the simulation in conflexible to the simulation in t | , antibiotics and management; all ments listed in fu ent setting. (e.g., blood proo- ney responder; (e.g., blood proo- ney responder; (e.g., blood proo- ney responder; (e.g., blood proo- ney responder; (f) and the set of the d but no decisi- list (f) and the set of the d but no decisi- list (f) and the set of the d but no decisi- list (f) and the set of the set | IV fluds as indicated. Avoid intensive low natural death, Use oxygen, suct for select treatments unless consiste ducts, diaysia), ability to act on orders in this section and experiments of the section of the section of the section of the provider. If signing as the experiment of the section of the section of the section of the section of the section of the section of the section of the provider. If signing as the protocols completed POLST form reacceptable with follow up signature readers to the beat of my knowledge |
| definitiation and cardio definitiation and cardio definitiation and cardio definitiation and cardio definitiation and the second and th | <u>strains</u> : Way use non-involve positive anway pressure if treatment needs cannot be mellin userent location. <u>Internets. Geal. Maximume comfort through symptoms</u> <i>internets.</i> Geal. Maximume comfort through symptoms and the integration is the location of through the one of the location of the locatio | , antibiotics and management; all ments listed in fu ent setting. (e.g., blood proo- ney responder; (e.g., blood proo- ney responder; (e.g., blood proo- ney responder; (e.g., blood proo- ney responder; (f) and the set of the d but no decisi- list (f) and the set of the d but no decisi- list (f) and the set of the d but no decisi- list (f) and the set of the set | IV fluids as indicated. Avoid intensive low natural death, Use oxygen, such lor select treatments unless consiste actus, dialysis), ability to act on orders in this sectio d) utrition desired on made (standard of care provided my provider. If signing as the basic interast. The most recently completed vall POLIST form spreaded vall POLIST form spreaded vall POLIST form spreaded vall previous/s completed POLIST form reacceptable action flow up Signer my sign this order). |
| definitiation and cardio definitiation and cardio deriver the sense of | <u>strains</u> : Way use non-involve positive anway pressure if treatment needs cannot be mellin userent location. <u>Internets. Geal. Maximume comfort through symptoms</u> <i>internets.</i> Geal. Maximume comfort through symptoms and the integration is the location of through the one of the location of the locatio | , antibiotics and management, all nents listed in fu ent setting. e.g., blood proc ney responder : fe and tolerate e.g., blood proc ney responder : fe and tolerate dut no decisi fild) is of care with ishes and in the Verbal orders a patient's however en completed moders. | IN fluids as indicated. Avoid intensive low natural death, Use oxygen, such lor select treatments unless consiste ability to act on orders in this section ability to act on orders in this section utrition desired on made (standard of care provided my provider. If signing as the in beat interast. The most recently completed vall POLIST form spreedes all previously completed POLIST form reacceptable and follow up signification walks, to the beat of my knowledge was plant than order. |
| deficitization and cardio deficitization and cardio care. Transfer to hospital deficitization and the second se | <u>strains</u> : Way use non-involve positive anway pressure if treatment needs cannot be mellin userent location. <u>Internets. Geal. Maximume comfort through symptoms</u> <i>internets.</i> Geal. Maximume comfort through symptoms and the integration is the location of through the one of the location of the locatio | , antibiotics and management, all nents listed in fu ent setting. e.g., blood proc ney responder : fe and tolerate e.g., blood proc ney responder : fe and tolerate dut no decisi fild) is of care with ishes and in the Verbal orders a patient's however en completed moders. | IV fluids as indicated. Avoid intensive low natural death, Use oxygen, such lor select treatments unless consiste actus, dialysis), ability to act on orders in this sectio d) utrition desired on made (standard of care provided my provider. If signing as the basic interast. The most recently completed vall POLIST form spreaded vall POLIST form spreaded vall POLIST form spreaded vall previous/s completed POLIST form reacceptable action flow up Signer my sign this order). |

Medical Record # (Optional)

A copied, faxed or electronic version of this form is a legal and valid medical order. This form does not expire.



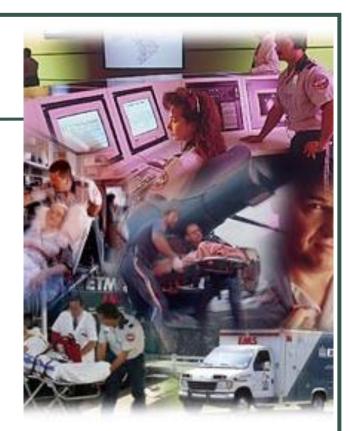


Date

Date

What ED Providers need

- Respond immediately to requests for help
- Focus response with information that is:
 - "Need to know"
 - "Immediately actionable"
- Give very specific, focused recommendations
- Assure appropriate follow up





Tools and Scripts

- Opioid Equivalence Tools
- Early Hospice Referral
 - Tools to address hospice qualifiers: LCD's

Transferable Medical Orders

- POLST: NH form
- P-DNR form (Pink Portable) + card

Communication Skills Training

- Serious Illness Conversation Trainings, VITALtalk
- System based and Quality Tools
 - Center for Advancement of Palliative Care
 - American College of Emergency Physicians Toolkit



Scripts: Our "surgical" Skills

| What not to say | What might be more appropriate |
|---|--|
| "Do you want everything done?" | "This is a medical procedure that has risks and benefits. Let me briefly go through them with you" |
| "Do you want me to try to keep you alive?" | Review best possible, worst possible and expected outcomes |
| "You are not getting enough oxygen; do you want me to put a tube down to help you breath?" | "We are considering putting you on a breathing machine, but I am worried about what might happen to you if we do; and we have options to help your breathing" |
| "Do you want us to try to revive you if your heart stops?" | "I want to make sure we treat you the way you want to be treated if your condition gets worse. CPR is an option that has risks for you" |
| | LITTLETON |

REGIONAL HEALTHCARE

Communication Tools

Best Possible

 "Alive hooked up to machines for at least a few days, and then a long rehabilitation likely in a nursing home; best possible outcome being a condition not as good as you have recently been"

Worst Possible

• "A prolonged dying process with suffering on machines"

Expected Outcomes

 "I think there is a chance you might survive, but I am worried that if you do, you will have to spend the rest of your life receiving extensive care from others, maybe in a nursing home"

Where good health begins.

REGIONAL HEALTHCAR

Approaches to talk about CPR, intubation and life-sustaining care

- *"Miracles...* can occur no matter what type of medical care you choose"
- Wish/ Worry/ Wonder
 - "I wish we could get you back home and independent"
 - "I worry this could lead to ... a prolonged time of suffering on machines until your death"
 - "I wonder if you might prefer... a focus on comfort; allowing your natural death when it occurs?"
- Time Limited Trials
 - If we choose to intervene what will success look like?
 - When should we reassess to see if we have reached that goal?



Reasonable CPR outcome data

| Location and Original setting/function | Survival to Discharge from Hospital | Survival with 'good' neurologic outcome |
|--|--|--|
| Hospital Monitored, High Functional Status | 50-60% (1 in 2) | 30-50% (1 in 2-3) |
| Hospital overall | 15-25% (1 in 4-5) | 10-15% (1 in 10-15) |
| Outpatient/ In hospital with cancer | 10-15% (1 in 7-10) | 5-8% (1 in 15-20) |
| Nursing Home | 2-4% (1 in 25-50) | 1-2% (1 in 50-100) |
| Frailty | 1-4% (1 in 25-100) | < 1-2% (< 1 in 50-100) |



What PC Providers can offer the ED

Scripts to assist in demystifying hospice

- "Focused on bringing the care to your home and avoiding the ED"
- "Reduce the burdens of medical management for family"
- "Covered at 100% under Medicare" (for those without supplemental insurance)
- "Would you like to meet with the someone from the hospice team to discuss what it would mean for your care?"



Dr. Marce (Ellien Loss PA-C): 60 * DR. Lord does food impaction. Dr. Chvis Daniebon (FOOD IMPACTION) I (office) a Corracte Hospith 603.747.9000 UROLOGY EMIG NVRH and COTTAGE have UROLDGY same homes; with and COTTAGE have UROLDGY same homes; with adding the HOSPICE - Jessica Foster 1 Dn-call first DR LOLE NH DETOX Evry Townsend Logaring Dr. Leiberman (ul) 336.536,4089

What PC Providers can offer the ED

ED care of hospice patients:

- 1. Call hospice team immediately
- 2. Explore what triggered the decision to attend the ED/ call 911
- 3. Treat distressing symptoms
- 4. Avoid diagnostic interventions until coordinating with hospice or goals of care discussion
- 5. Urgent Palliative Care assistance @ any life-sustaining interventions
 - rapid goals of care discussion (ie hospice team or in-hospital palliative medicine assistance)



Adapted from Fast Fact #246. PCNOW. Palliative Care Network of Wisconsin

Models of Palliative Care in the ED

ED Nurse driven Goals of Care (GOC) discussions

- 50% (who did not have one) completed a POLST
- 95% rated 4-5/5 satisfaction after; and 100% at 6 months
- No change in hospitalization, length of stay, or ICU stay

 Bigelow S et al. Difficult conversation: Outcomes of Emergency Department Nurse-Directed Goals of Care Discussions. Journal of Palliative Care. <u>Volume 39, Issue 1</u>; <u>https://doi.org/10.1177/08258597221149402</u> 2024



Models of Palliative Care in the ED

Quality Improvement strategies for early hospice referral

- Multi-pronged quality improvement training in ED
- Prior MOLST was associated with much higher rates of hospice referral (OR 5.02)
- Pre: 22.6% Hospice referral < 96 hr vs Post: 54.1%

Baugh C et al. A hospice transitions program for Patients in the Emergency Department. JAMA. *JAMA Netw Open.* 2024;7(7):e2420695. doi:10.1001/jamanetworkopen.2024.20695

- Brigham and Womens, Boston



Models of Palliative Care in the ED

Embed Palliative Care Provider Services in ED

- 10X increase in ED palliative consultation
- 49% changed code status in ED
- 11% admitted to lower level of care than planned
- 17% immediate hospice referral
- No change in ED length of stay
- Compared to inpatient consults: 8.1 day shorter length of stay (3.0 vs 11.1 days)
- 6.7X ROI (\$)

Wang D and Heidt R. Emergency Department Embedded Palliative Care Service Creates Value for Health Systems. J Palliat Med 2023; May 26(5): 646-652. doi: 10.1089/jpm.2022.0245. Epub 2022 Nov 11.





Consultation in the ED

- 1. What is the question? What is needed?
- 2. What is the urgency?
- 3. Who (of the team) can best address this need rapidly?
- 4. Get background data rapidly (chart review, corollary history, AD/POLST....)
- 5. Do consult and/or give specific, brief recommendations
 - Honor the reality of the ED environment
- 6. Offer effective tools
 - Opioid equivalence resource, Fast Facts, specific scripts/ communication skills
- 7. Assure follow up

Adapted from Fast Facts #298. PCNOW, Palliative Care Network of Wisconsin, June 11, 2024

Wang D et al. Top Ten Tips Palliative Care Clinicians should know about caring for Patients in the Emergency Department. 2019 Dec;22(12):1597-1602. doi: 10.1089/jpm.2019.0251. Epub 2019Jul 29



Recommendations

- 1. Make Directives/ Orders available to ED staff (POLST, P-DNR, AD...)
 - Train ED staff to see them and use them
 - "Fix" the Electronic Medical Record barrier!
- 2. Build, Model and Distribute Tools for ED staff to assist in:
 - Scripts for rapid goals of care conversations at the bedside
 - Prognostic tools (ie PPS/ Karnovsky/ frailty indices....)
 - Prescribing tables/ tools (opioid equivalence, symptom mgt algorithms)
 - Rapid access to palliative and hospice specialty support
 - Assistance and support with debriefing strategies
- 3. <u>Set Quality Improvement goals for ED Palliative presence</u>
 - Start with active patients





End of talk





What ED Providers need

The American College of Emergency Physicians believes that:

Emergency physicians play an important role in providing care at the end of life (EOL).
Helping patients and their families achieve greater control over the dying process will improve EOL care.
Advance care planning can help patients formulate and express individual wishes for EOL care and communicate those wishes to their health care providers by means of advance directives (including state approved advance directives, DNAR orders, living wills and durable powers of attorney for health care).

To enhance EOL care in the ED, the American College of Emergency Physicians believes that emergency physicians should:

•Respect the dying patient's needs for care, comfort, and compassion.

•Communicate promptly and appropriately with patients and their families about EOL care choices, avoiding medical jargon.

•Elicit the patient's goals for care before initiating treatment, recognizing that EOL care includes a broad range of therapeutic and palliative options.

•Respect the wishes of dying patients including those expressed in advance directives. Assist surrogates to make EOL care choices for patients who lack decision making capacity, based on the patient's own preferences, values, and goals.

•Encourage the presence of family and friends at the patient's bedside near the end of life, if desired by the patient.

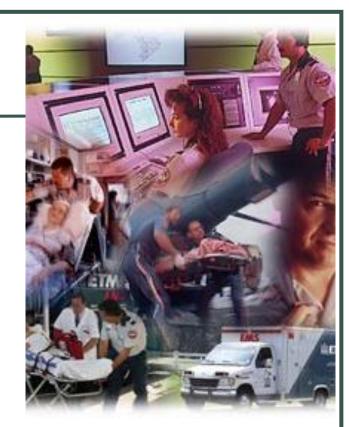
•Protect the privacy of patients and families near the end of life.

•Promote liaisons with individuals and organizations in order to help patients and families honor EOL cultural and religious traditions.

•Develop skill at communicating sensitive information, including poor prognoses and the death of a loved one.

•Comply with institutional policies regarding recovery of organs for transplantation.

•Obtain informed consent from surrogates for postmortem procedures





Conclusions from research

Evidence to support Advance Directives

- Sean Morrison's take: "Decades of research demonstrate advance care planning doesn't work. We need a new paradigm." Sean Morrison MD

Morrison, S.R., Meier, D.E., Arnold, R.M. (2021). What's wrong with advance care planning? *Journal of the American Medical Association* (326)16: 1575-1576. doi: 10.1001/jama.2021.16430

Jimenez G et al. Overview of systematic reviews of Advance Care Planning: Summary of Evidence and Global Lession. J Pain Sym Mgt. 56(3): 436-459 , 2018



Where good health begins.

Advance Care

Planning Guide

healthcare decisions

New Hampshire Advance Directives: Durable Power of Attorney for Health Care (DPOA

How to think about, talk about and plan for serious illness or injuries which may keep you from making your own