Clinical Practice Guidelines for Quality Palliative Care, 4th edition

Lori Bishop, MHA, BSN, RN, CHPN, lbishop@nhpco.org
Judi Lund Person, MPH, CHC, jlundperson@nhpco.org
Gwynn Sullivan, MSN, gwynns@nationalcoalitionhpc.org

Disclosure

No conflict of interest exists for any individual in a position to control the content of this educational activity.
Objectives

1. Explain how the 4th edition of the National Consensus Project’s *Clinical Practice Guidelines for Quality Palliative Care* (NCP Guidelines) were developed.
2. Describe the eight domains of the NCP Guidelines and what’s new in the 4th edition.
3. Identify strategies to implement the NCP Guidelines within your health care team and organization.

Audience Poll

- How many have heard of the NCP Guidelines?
- How many are using the NCP Guidelines in your work?
Why Clinical Practice Guidelines?

Guidelines improve care and safety for patients and families:
- Define structures and processes of care
- Set expectations for providers
- Guide clinical decision making
- Promote standardization
- Create foundation for accountability
What’s the Difference: Guidelines vs Standards

Guidelines:
• General advice for setting standards and recommended suggestions of best practice

Standards:
• Specific actions or rules designed to support and implement guidelines

History of the National Consensus Project

• National Consensus Project for Quality Palliative Care
  – Began in 2002 with a task force of five key national organizations and content experts
  – Each edition reflected the evolving and expanding field of palliative care
• NCP Guidelines have served as hallmark document to integrate the principles of quality palliative care for:
  ➢ Clinicians
  ➢ Providers
  ➢ Accreditation organizations
  ➢ Professional education
  ➢ Payers
The 4th edition

- Goal: Develop and disseminate national practice guidelines to improve access to quality palliative care for all people with serious illness, regardless of setting, diagnosis, prognosis, or age
- Funded by: Gordon and Betty Moore Foundation
- Implemented by: National Coalition for Hospice and Palliative Care, home of the National Consensus Project for Quality Palliative Care
- Leadership: 16 national organizations provided representatives for the Steering Committee and Writing Workgroup

NCP Leadership Organizations
National Consensus Project Process

- Development:
  - Steering Committee and Writing Workgroup formed
  - NCP Strategic Directions Stakeholder Summit held
  - Writing > reviews > revisions > approvals > consensus
- Systematic review of research evidence:
  - Added to the original project scope
- Endorsement:
  - Received from more than 80 national organizations
- Published October 31, 2018

Systematic Review

- Purpose: to complete and integrate a systematic review with a formal grading of the evidence for the NCP Guidelines, 4th edition
- Conducted by: Rand Evidence-based Practice Center with support from a Technical Expert Panel (TEP)
- Funded by: Gordon and Betty Moore Foundation, Gary and Mary West Foundation, The John A. Hartford Foundation, Stupski Foundation
Endorsing Organizations

More than 80 national organizations endorsed the 4th edition, including:

— Accreditation Commission for Health Care
— American Academy of Pediatrics
— American Board of Internal Medicine
— American Cancer Society
— American College of Surgeons
— American Heart Association/American Stroke Association
— American Nurses Association
— Community Health Accreditation Partner

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CONTENT IN THE 4TH EDITION

Key Concepts

- Palliative care is a person-and family-centered approach to care for people living with serious illness.
- Palliative care is inclusive of all people living with serious illness, regardless of setting, diagnosis, age or prognosis.
- Palliative care is the responsibility of all clinicians and disciplines caring for people living with serious illness.
- Serious illness is defined as 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.*

Eight Domains

- 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

Key Themes: the 6 C’s

- Comprehensive assessment
- Caregiver
- Care coordination
- Care transitions
- Communication
- Cultural inclusion
What’s New: Domains 1-3

1. Structure and Processes for Care
   - Coordination and continuity of care are integrated as vital elements of palliative care

2. Physical Aspects of Care
   - Importance of using validated tools to assess and manage pain and other symptoms
   - Emphasis on maximizing functional independence as a key element of quality of life
   - Specific recommendations to help care for those with substance use disorder

3. Psychological and Psychiatric Aspects of Care
   - Strengthens the role of the social worker and all palliative care clinicians regarding assessment and treatment.

What’s New: Domains 4 - 6

4. Social Aspects of Care
   - Includes assessment of social supports, relationships, practical resources and safety and appropriateness of care environment

5. Spiritual, Religious and Existential Aspects of Care
   - Chaplains are the spiritual care specialists, but all health care professionals who care for people living with serious illness must assess and address the spiritual aspects of human experience

6. Cultural Aspects of Care
   - More focus on the influence of culture in serious illness, particularly in the case of a child or adolescent living with serious illness
What’s New: Domains 7 - 8

7. Care of the Patient *Nearing* the End of Life
   - The title change of this domain from “Care of the Patient at the End of Life” in the previous guidelines to “Care of the Patient *Nearing* the End of Life” emphasizes the needs of patients and their families in the final weeks and months of life.
   - Expanded section on bereavement, noting that all health care professionals must ensure the family has access to these services, even if hospice is not involved.

8. Ethical and Legal Aspects of Care
   - Places extra emphasis on ensuring patient’s preferences are known and honored, not just assumed or based on direction from the surrogate.

Anatomy of a Domain – Part I

Expanded introductions

Bleed tabs for easy reference

Temporal organization

Numbered items
Anatomy of a Domain – Part II

Clinical implications

Operational implications

Application for all clinicians

Key research evidence overview

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 development status of the patient and family. Expert symptom management focuses not only on physical factors but also emotional, spiritual, religious, and cultural factors, which are 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.

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 assist other clinicians as consultants on care coordination based on the specific needs of the patient, particularly in instances of complex and intractable symptoms. Consultations with specialty-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 assessment, management, and improvement of patients? Every single systematic review was identified and included in 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.2018.09.006).

Anatomy of a Domain – Part III

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 access and 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.
Appendices

I. Glossary
II. Tools and Resources
III. Contributors
IV. Scoping (Literature) Review
V. Endorsing and Supporting Organizations

IMPLEMENTATION: NEXT STEPS
1. Read the Guidelines

Available: www.nationalcoalitionhpc.org/ncp

- Download PDF or E-PUB version, free
- Online searchable version, free
- Purchase print version

2. Share with your team and organization

- Communication resources available on the Guidelines webpage:
  - Press Release
  - FAQs
  - Blog
  - Social media posts
  - Promotional PPT slide
- Journal articles:
  - Journal of Palliative Medicine
    - doi: 10.1089/jpm.2018.0431
  - Journal of Pain and Symptom Management
Survey Respondents Familiar with the NCP Guidelines

- Not at all: 3
- Not familiar with the NCP: 20
- Unsure: 28
- Partially: 51
- Mostly: 13
- Completely: 13

Recent NHPCO Survey: 32% Unsure, not familiar, or do not use at all

3. Assess your services

Meet with your team to assess your strengths and gaps

- Why are the NCP Guidelines important? What is the value to use them?
- How has your team successfully implemented the NCP Guidelines into your palliative care program?
- Where are the gaps for providing quality palliative care recommended in the NCP Guidelines?
- What can your team do differently in light of the new NCP Guidelines?
Crosswalk NCP Guidelines w/ existing resources

- Do your policies and procedures incorporate the NCP Guidelines?
- Do your job descriptions align with the NCP Guidelines?
- Do you have gaps in your interdisciplinary team?
- How does your orientation, training, and education of staff align with the NCP Guidelines?
- How do your documentation tools and templates support comprehensive assessment, care planning?
- How does the team support patients through care transitions?
- What data do you track and measure to support continuous quality improvement? And at what frequency?

4. Make / implement a plan to address gaps

Determine easily attainable goals to address gaps and changes your organization can make to improve care for your patients with serious illness and their families/caregivers.
Examples of implementation plans

• Gap in IDT members:
  – Identify a partner to share resource (e.g. hospice or hospital)
  – Complete a Business Affiliate Agreement
  – Provide orientation, training, and ongoing support
• Gap in 24/7 coverage:
  – Identify potential partners to assist with coverage (Hospice RN, EMTs, etc.)
  – Complete a Business Affiliate Agreement
  – Update P&Ps
  – Provide orientation, training, and ongoing support
  – Track utilization of On Call, response rate, outcomes, etc.

Examples of implementation plans (continued)

• Gap in documentation tools to support comprehensive screening & assessment:
  – Assign an interdisciplinary workgroup to develop documentation tools
    • Include informatics on the workgroup
  – Determine guiding principles and goals of documentation
    • Record and monitor clinical and non-clinical information to inform care
    • Team communication
    • Support billing and coding
    • Data extraction for metrics
    • Ease of use, etc.
  – Identify evidence-based screening tools
  – Create templates and test
  – Update P&P, train, and provide ongoing support
Practical Tips

• Pace yourself! Consider a phased-in approach if multiple gaps
• Use Change Management Theory and Project Management to implement and sustain

5. Monitor your outcomes

Continue to strive for quality, and celebrate your successes!

Expect set backs and manage up!
www.nhpco.org/palliative-care-resources

For more information

Visit: www.nationalcoalitionhpc.org/ncp
Follow: @coalitionhpc (#NCPGuidelines)
Contact: info@nationalcoalitionhpc.org