ELNEC- For Veterans

END-OF-LIFE NURSING EDUCATION CONSORTIUM

Palliative Care For Veterans

Module 1
Introduction to Palliative Nursing Care

PARTICIPANT OUTLINE

Module 1: Introduction to Palliative Nursing Care
Participant Outline

I. INTRODUCTION
- A. VA has a mission to improve palliative care for all Veterans
- B. This mission can be challenging, due to the various demographics of Veterans
  1. Only 4% of Veterans die in a VA facility
  2. 96% of Veterans die in the community
  3. Most Veterans are not enrolled in the Veterans Health Administration (VHA)

II. THE NEED FOR IMPROVED PALLIATIVE CARE
- A. Nurses caring for Veterans at the end of life must understand the culture
  1. Many Veterans die in isolation with a lack of family support and low income
  2. Military camaraderie
  3. Stoic
     a. May prevent Veterans from admitting pain or other symptoms
     b. May prevent Veterans from receiving good pain assessment/management
- B. Characteristics of VHA and unique demographics of enrolled Veterans
  1. Large, complex healthcare system
  2. Multi-layered benefits system
  3. Large elderly population
  4. Large homeless population
  5. Multiple co-morbidities
  6. Lower socio-economic status than in general population
  7. Higher percent of homelessness than in general population

- C. Experiences that can affect a Veteran's death
  1. Branch of service
  2. Enlisted? Drafted? Rank?
  3. War era or period of service
  4. Age
  5. Combat/POW experience
  6. Post Traumatic Stress Disorder (PTSD)
  7. Stoicism
- D. Fears/concerns of death/dying process
  1. Preference of site of care/site of death
  2. Fear of pain
  3. Financial burden
  4. Abandonment
  5. Family role changes
  6. Caregiver's age
  7. Pension and other benefits for spouse
  8. Burial benefits

III. PRINCIPLES OF HOSPICE AND PALLIATIVE CARE

A. What is hospice?
   1. Definition of hospice
   2. History
B. What is palliative care?
   1. Definition
   2. History
C. Philosophy and principles of hospice and palliative care
   1. Philosophy of care
      a. The patient and family as the unit of care
      b. The interdisciplinary team (IDT)
      c. Attention to physical, psychological, social and spiritual needs
      d. Bereavement support
   2. Current practice of hospice and palliative care
   3. Death & dying in America today

IV. BARRIERS TO QUALITY CARE AT THE END OF LIFE
A. Failure to acknowledge limits of medicine
B. Lack of training for healthcare providers
C. Hospice/palliative care services are poorly understood
D. Rules and regulations
E. Denial of death
F. Difficulty accessing VA services

V. HISTORY OF PALLIATIVE CARE IN THE VA
A. VA has substantial history of palliative care
   1. 1992: VHA issued policy requiring VA facilities to provide hospice services directly or refer to community providers
   2. 1996: Hospice included in VA's Medical Benefits Package
   3. 1998: VA Faculty Leaders Project
   4. 2000: Training and Program Assessment for Palliative Care (TAPC)
      2001: VA Hospice & Palliative Care Initiative (VAHPC)
B. Local community partnerships: Hospice-Veteran Partnership (HVP)
C. Palliative Care Consultative Team (PCCT) & Accelerated Administrative & Clinical Training (AACT) Program
D. Hospice and Palliative Care (HPC)- QI
E. PROMISE (Bereaved Family Survey- BFS)

VI. PALLIATIVE CARE IN THE VA TODAY
A. Palliative care consultative services provided at
   1. All VA medical centers
   2. Many nursing homes
   3. Contracts with community-based hospice programs to purchase hospice services
B. Attention given to the variety of chronic illnesses and deaths caused by specific wars
C. Eligibility criteria for VA hospice and palliative care benefit
D. VA guidelines for purchasing hospice care

1. General inpatient care at a VA facility
2. Routine home care in a community nursing home
3. Inpatient hospice care from a community provider

E. Prognostication
1. Survival predictors
2. Clinical predictors

VII. TWO FRAMEWORKS FOR ASSESSING PATIENTS

A. Making Promises document
1. Good medical treatment
2. Never overwhelmed by symptoms
3. Continuity, coordination, and comprehensive care
4. Well-prepared, no surprises
5. Customized care, reflecting your preferences
6. Consideration for patient/family resources
7. Make the best of every day

B. Quality-of-Life Model: Addressing multiple dimensions of care
1. Physical well-being
2. Psychological well-being
3. Social well-being
4. Spiritual well-being

VIII. THE ROLE OF THE NURSE: EXTENDING PALLIATIVE CARE PRINCIPLES ACROSS SETTINGS TO IMPROVE PALLIATIVE CARE

A. Knowing that things can not always be "fixed"
B. The importance of presence
C. Maintaining a realistic perspective
D. Goal of care
E. The role of the nurse in maintaining hope
F. Nurses are the constant across all clinical settings
G. Recognizing partners that can help provide care to Veterans

IX. CONCLUSION/ FINAL THOUGHTS