

ELNEC- For Veterans

END-OF-LIFE NURSING EDUCATION CONSORTIUM

Palliative Care For Veterans

Module 1 Introduction to Palliative Nursing

PARTICIPANT OUTLINE

Module 1: Introduction to Palliative Nursing Participant Outline

- I. INTRODUCTION
 - A. Nurses play a major role in caring for patients with serious illness and their family caregivers
 - B. A major influence in health care is a society that views aging negatively and denies death
 - C. The rise in life expectancy, enhanced technology, and increased healthcare spending add to the complexity of caring for individuals with serious illness
- II. THE NEED FOR IMPROVED PALLIATIVE CARE
 - A. A. Chronic, serious illness \ and its impact on care
 - B. Demographic and social trends
 - 1. Age of death
 - 2. Cause of death
 - 3. Demographics of death and various conditions/diagnoses
 - C. Trajectories of individuals with serious illness from diagnosis to end of life
 - 1. Sudden, unexpected death
 - 2. Steady decline, short terminal phase
 - 3. Slow decline, periodic crises, death
 - 4. Lingered, expected death
 - D. Family caregivers
 - 1. Physical burdens
 - 2. Emotional strain
 - 3. Financial implications/burdens
 - 4. Demographics of caregivers – Millennials vs. aging
- III. DEFINITIONS AND PRINCIPLES OF HOSPICE AND PALLIATIVE CARE
 - A. Hospice
 - 1. Definition of hospice
 - 2. History
 - 3. Services included
 - B. Palliative care
 - 1. Definition
 - 2. History
 - 3. Growth of palliative care across the US
 - 4. Philosophy and delivery of care
 - C. Continuum of care/palliative care
 - 1. Address values and preferences of care
 - 2. Manage pain and symptoms
 - 3. Assist with medical decision making
 - 4. Provide support to patient/family caregivers
- IV. BARRIERS TO QUALITY CARE FOR INDIVIDUALS WITH SERIOUS ILLNESS
 - A. Understand the limitation of health care
 - B. Inadequate palliative care training for professionals

- C. Workforce shortages of palliative care specialists in all disciplines
 - D. Need for a solid evidence base for palliative care through research
 - E. Delayed access to hospice and palliative care services
 - 1. Services misunderstood
 - 2. Inadequate consideration to cultural issues around serious illness
 - 3. Rules and regulations
 - 4. Denial of death
 - F. Lessons learned
 - G. Prognostic tools
 - 1. Estimating prognosis
 - 2. Survival predictors
- V. VETERANS
- A. Definition of a Veteran
 - B. Department of Veterans Affairs (VA)
 - I. VA motto
 - II. Eligibility and enrollment
 - III. VA hospice and palliative care program
 - IV. History of development of palliative care in the VA
- VI. QUALITY OF LIFE MODEL
- A. Addressing multiple dimensions of care to achieve quality palliative care
 - 1. Physical well-being
 - 2. Psychological well-being
 - 3. Social well-being
 - 4. Spiritual/cultural well-being
 - B. Maintaining hope
- VII. ROLE OF THE NURSE
- A. Assure access to quality palliative care
 - B. Use presence
 - C. Maintain a realistic perspective
 - D. Provide consistency across all settings
 - E. Expand concept of healing
 - F. Provide education
- VIII. CONCLUSION
- A. Nurses need clinical knowledge and skill about caring for individuals with serious illness
 - B. Nurses are essential to access to quality palliative care
 - C. “Doing for” and “being with”
 - D. Resources for Veterans