



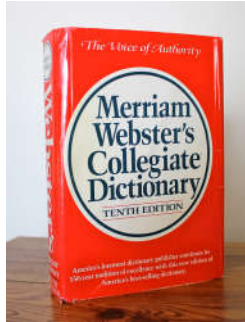
Be the Bridge

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What is a Bridge???

- “a structure that carries over an obstacle”
- “a means of connection or transition”



The 3 Plagues of our Elders...



- Loneliness
- Helplessness
- Boredom



The **3 Plagues** of our Elders...

Plague

- 1) Loneliness
- 2) Helplessness
- 3) Boredom



Antidote

- 1) Loving Companionship
- 2) To Give as well as Receive CARE
- 3) Spontaneity by creating an environment in which Unexpected & Unpredictable Interactions can happen

The Fourth Plague....



What Do People **FEAR** when they hear they have a Serious Illness?

- **76%** fear dying painfully.
- **65%** agree “living with great pain” is “worse than death”.
- **72%** are concerned about being a burden to family or friends



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Other **FEARS....**

- **Being Abandoned**
- **Losing Control**
- **Being a “vegetable”**
- **Being hooked up & dependent on Machines to stay alive**
- **Dying Alone**



Acronym for **FEAR**

- **F**alse
- **E**vidence
- **A**ppearing
- **R**eal

Typical Reaction to **FEAR**

- **F**orget
- **E**verything
- **A**nd
- **R**un

Alternative Response to **FEAR**

- **F**ace
- **E**verything
- **A**nd
- **R**ecover

The Antidote to Fear....





What is Palliative Care?

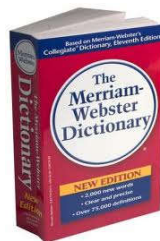
CAPC Definition:

Palliative care:

“Specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from symptoms, pain and stress of a serious illness – whatever the diagnosis.”

The Dictionary Definitions

- **Palliate:** to relieve or lessen without curing; to mitigate or alleviate.
- **Pallium: a cloak:** In palliative medicine, we intend to cloak the patient in comfort.



What is Palliative Care?



The *Benefits* to Patient & Family

For patients & families, palliative care is a key to:

- 1) Relieve symptom distress
- 2) Navigate a complex and confusing medical system
- 3) Understand the plan of care
- 4) Help coordinate and control care options
- 5) Allow simultaneous palliation of suffering along with continued disease modifying treatments (no requirement to give up curative care)
- 6) Provide practical and emotional support for exhausted family caregivers
- 7) Access community bereavement care



The Benefits to Clinicians

For clinicians, palliative care is a key tool to:

- 1) **Save time** by helping to handle repeated, intensive patient-family communications, coordination of care across settings, comprehensive discharge planning
- 2) **Bedside management** of pain and distress of highly symptomatic and complex cases, 24/7, thus supporting the treatment plan of the primary physician
- 3) **Promote patient and family satisfaction** with the reduction in patient suffering and hence the clinician's quality of care



Payment for Palliative Care Services

- 1) It's like consulting any other subspecialty, e.g., cardiology, podiatry
- 2) **Paid under Medicare Part B**
- 3) Paid by most Private insurances i.e., BCBS, Cigna, United Medicaid
- 4) Self Pay
- 5) Charity



Comparison of Models

- | | |
|--|--|
| <ul style="list-style-type: none">• <u>Curative</u>• Primary goal is cure• Object is disease process• Symptoms are clues to diagnosis• Primary value is measurable data | <ul style="list-style-type: none">• <u>Palliative</u>• Primary goal is relief of suffering• Object is patient and family• Symptoms are entities unto themselves• Measurable and <u>subjective</u> data are valued |
|--|--|

Curative –

- Therapy indicated if it **affects disease progression**
- Patient's body is **differentiated from the mind**
- Death is the **ultimate failure**

Palliative –

- Therapy indicated if it **controls symptoms and relieves suffering**
- Patient has **physical, emotional, social and spiritual dimensions**
- –Death after suffering **has been alleviated is a success**

14 - Pmi - X

www.chausa.org/docs/default-source/events-programs/smilf-14-yosick.pdf?sfvrsn=6

| Patient-Centered Care | Person-Focused Care |
|--|--|
| Generally refers to interactions in visits | Refers to interrelationships over time |
| May be episode oriented | Considers episodes as part of life-course experiences with health |
| Generally centers around management of diseases | Views diseases as interrelated phenomena |
| Generally views comorbidity as number of chronic diseases | Often considers morbidity as combinations of types of illnesses (mutimorbidity) |
| Generally views body systems as distinct | Views body systems as interrelated |
| Uses coding systems that reflect professionally defined conditions | Uses coding systems that also allow for specification of people's health concerns |
| Is concerned primarily with the evolution of patients' diseases | Is concerned with the evolution of people's experienced health problems as well as with their diseases |

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What Do People Want when they have a serious illness?

- Have family & friends able to visit – **95%**
- Be able to stay in own home – **90%**
- Receive comfort from religious/spiritual services or persons – **83%**
- Have healthcare professionals visit you at home – **77%**

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What type of support do you want?

- 1) Listen when I talk – **89%**
- 2) People to know how I want to be cared for– **83%**
- 3) To know the details about my illness – **79%**
- 4) Help with chores – **78%**
- 5) Provide transportation – **75%**



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