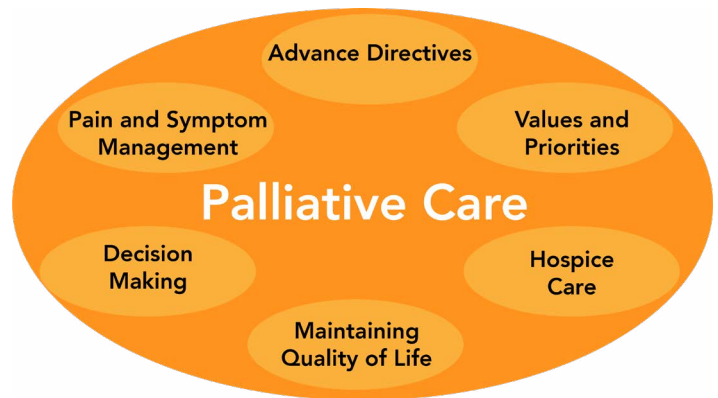


Palliative Care Outreach Project- UND Center for Rural Health

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and can be provided along with curative treatment.

Palliative Care may or may not include hospice care

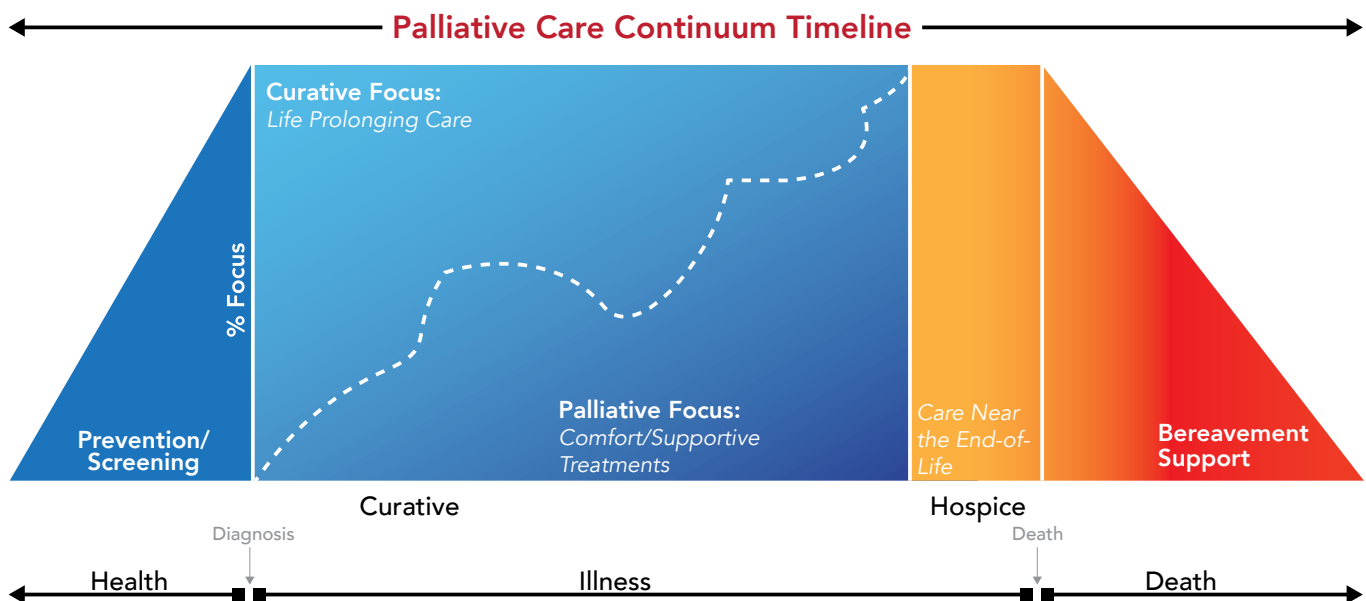


Serious illness is defined as a "health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life, or excessively strains the caregiver," (Kelley and Bollens-Lund, 2018). It is a condition that is progressive and irreversible.

The University of North Dakota Center for Rural Health's (CRH) goals for this project are to:

- Provide awareness, education, and implementation of palliative care throughout North Dakota;
- Assist in delineating [palliative care and hospice care](#);
- Create easy access to the location of palliative care services through the [Palliative Care Provider Directory](#);
- Disseminate awareness and use of the [North Dakota POLST medical orders](#) for patients facing seriously illness and their families; and
- Improve the number of Advance Care Planning conversations and Healthcare Directive completion of all adults living in North Dakota, in collaboration with [Honoring Choices® North Dakota](#).

North Dakota Rural Community-Based Palliative Care Training



CRH offers online virtual training sessions with Critical Access Hospitals to build local palliative care teams while working on the following goals:

- Form community-based teams of interdisciplinary representatives from rural hospitals, clinics, home health agencies, nursing homes, hospice programs, and other community organizations in each of the eight rural communities;
- Have each rural community complete an asset and gap analysis related to palliative care services implementation at the beginning and end of the project;
- Provide networking opportunities, planning workshops with community teams, and ongoing mentoring calls;
- Develop individualized community action plans to enhance and implement palliative care services; and
- Provide ongoing education and resources related to palliative care through the [CRH Virtual Library of Shared Tools](#).

Success for each of the participating rural communities and individual care providers depends on the mutual commitment and collaborative efforts. This undertaking is a valuable journey which requires a strong team leader. Ongoing mentoring and support are critical.

Organizing Palliative Care for Rural Populations TeleECHO



Palliative Care
Center for Rural Health
University of North Dakota

CRH offers ongoing [Project ECHO](#) teleconferences. For palliative care, sessions are recorded for basic [palliative care themes](#), and current live sessions are for rural specific populations.

Learn about the importance of providing palliative care to rural populations, how to have a serious illness conversation, how to use Physician Orders for Life-Sustaining Treatment (POLST), and other topics that will assist in facilitating statewide growth of rural palliative care. The goal of the teleECHO™ series is to provide insight on how to organize and better understand palliative care services for patients in rural and underserved communities throughout North Dakota by building and strengthening capacity among primary care and other providers responsible for supporting patient well-being.

POLST Awareness, Education, and Implementation

The North Dakota Medical Association, Quality Health Associates of North Dakota, and CRH have been instrumental in developing a POLST program presence through [Honoring Choices® North Dakota](#). The standardized form for advance care planning can be used for patients diagnosed with serious illnesses throughout North Dakota.

CRH offers [online CME](#) and [live virtual continuing education](#) for providers, nurses, social workers, chaplains and EMS regarding POLST.

Affiliation with the Center to Advance Palliative Care (CAPC)

CRH works year-round to increase access to quality palliative care services in North Dakota. One way we have amplified our commitment to the mission is by becoming a member of the [Center to Advance Palliative Care \(CAPC\)](#). The [benefits of CAPC membership](#) are rich, and one membership provides **unlimited access** to CAPC resources for the **entire staff** of your organization from continuing education, virtual office hours, ready-to-use tools and resources, as well as webinars and a network of peers to share ideas and insights, build partnerships, and solve problems.

For more information:

Nancy Joyner, MS, CNS-BC, APRN, ACHPN
(218) 779-5037 • nancy.Joyner@und.edu



Center for Rural Health

University of North Dakota
School of Medicine & Health Sciences

ruralhealth.und.edu • (701) 777-3848

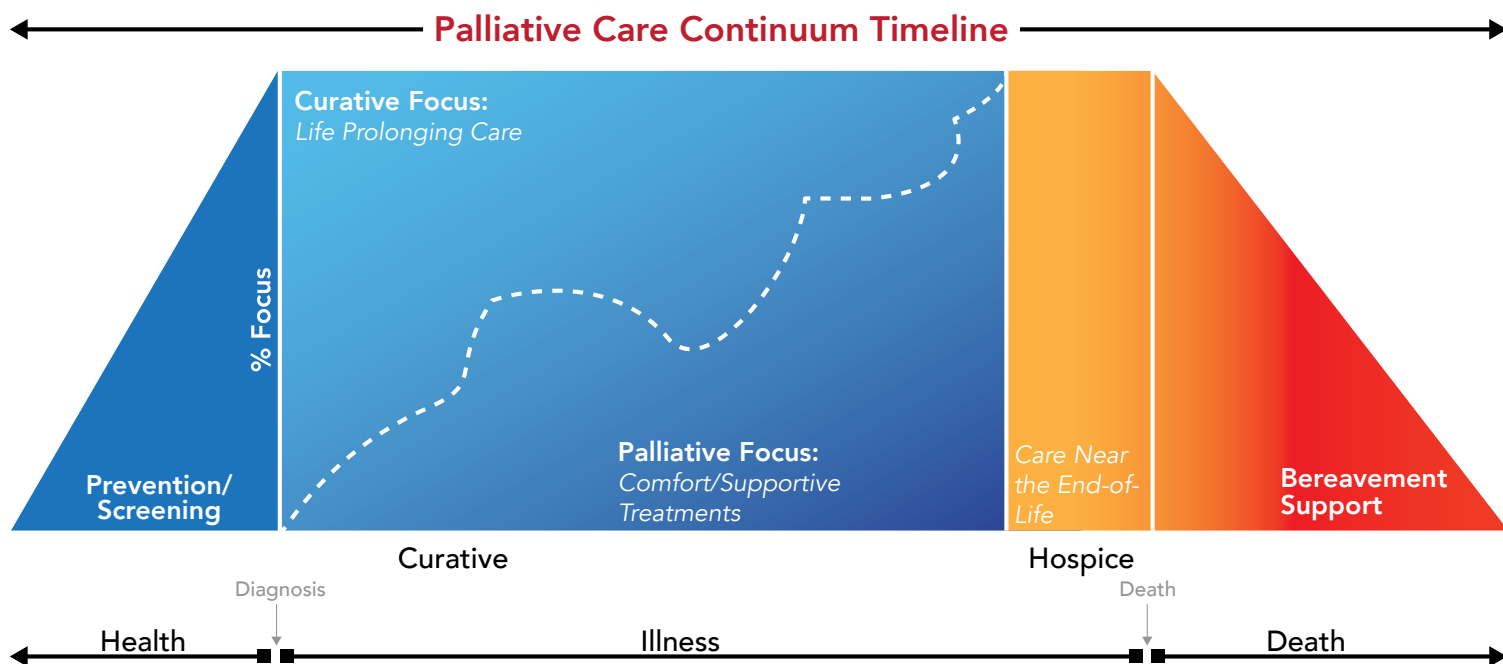
Palliative Care or Hospice Care?

What Is Palliative Care?

Palliative care is specialized medical care for people with serious illnesses. It is appropriate at any age at any stage in a serious illness and can be provided together with curative treatment. Palliative care promotes quality of life by addressing the physical, psychological, emotional, cultural, social, and spiritual needs of patients and families. It offers treatment of pain and other symptoms; relief from worry and distress of illnesses; close communication about goals of care; and well-coordinated care during illness transition. It also provides care across treatment settings and support for family/caregivers and offers a sense of safety in the healthcare system. Palliative care is delivered by a team of physicians, nurses and other specialists who work with the patient's other doctors to provide an extra layer of support.

What Is Hospice Care?

Hospice care is a team approach to expert medical care for individuals who face a life-limiting illness. With a focus on comfort, the team develops a plan of care tailored to each individual's needs and goals. It includes pain and symptoms management, personal care, emotional and spiritual support, and grief support for the each individual's loved ones. All of hospice is palliative care, but not all of palliative care is hospice.



For more information:

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ruralhealth.und.edu • (701) 777-3848

Palliative Care Continuum Diagram modified from:

- Lynn, J. 2005. Living Long in Fragile Health: The New Demographics Shape End of Life Care. Hastings Report. November-December 2005, S14-18.
 - American Cancer Society/Cancer Action Network. 2016 North Dakota Palliative Care Presentation. Bismarck, ND.
 - Center to Advance Palliative Care. 2018. Diane E. Meier, Director
- Created by the ND Palliative Care Task Force.

	Palliative Care	Hospice
What is the focus of this type of care?	To maximize the patient's quality of life	Comfort care, rather than cure, assist with goals of care, plan for end of life cares
What services are provided?	Manage symptoms, discuss goals of care, pros and cons of treatment options, provide extra support and care coordination	Intensive comfort care that relieves pain and symptoms while attending to an individual's physical, personal, emotional, and spiritual needs
Who qualifies?	Anyone living with a chronic illness or disease; available for anyone at any stage of a serious illness	Patients with a serious life-limiting or terminal illness; supports those with a life expectancy of months, not years
When should we start services?	From the time of diagnosis through treatment and living with the illness	When the patient chooses to stop or go without curative treatments, the focus changes from treating the disease to providing comfort and relieving pain, symptoms, anxiety, and stress
Is a referral required?	No. You can contact us at any time; tell your healthcare provider you'd like to add palliative care to your treatment plan	Yes. A referral is required, and hospice staff can assist with securing a referral from your physician
What are the treatment goals?	Medication education and symptom management, navigating through progression of the illness, support and education for patient and family, advance care planning, and transitioning to hospice, if and when appropriate	Pain and symptom management is key. The patient is always at the center of care, with the goals of helping him/her live comfortably and with a sense of normalcy, respect, and dignity
Does starting this care mean I'm giving up hope?	No. You can continue to pursue the things for which you hope. This includes pursuing curative treatments for your illness alongside palliative care	No. What you hope for may change to focus on comfort, emotional and spiritual peace, and living well at the end of life's journey
Where is care provided?	Home, inpatient facilities, clinic, community, where available	Wherever the patient resides: home, assisted living facility, long-term care facility, hospital, or hospice house, where available
Will this type of care hasten death?	No	No
Does this care mean the doctor has given up?	No. The medical team will continue trying to treat and cure the illness, and palliative care will keep you comfortable	No. The medical team will work together and focus on the reversible causes of pain and symptoms. They are not giving up on you or your comfort
Who pays for services?	Inpatient services are covered as part of the hospitalization, just as other specialists are covered by insurance. Outpatient services are typically billed and covered in a similar way to other outpatient visits	Medicare covers all or most of the services related to the hospice diagnosis. Medicaid and most major insurance companies also offer hospice coverage. No one will be turned down over for inability to pay
Who is involved?	The palliative care team may include a physician, advanced practice providers, social worker, nurses, and chaplain. The team may coordinate care with your primary care provider or specialists	The patient and his/her family work with a multidisciplinary team of experts that may include the hospice medical director, patient's primary physician, hospice nurse, hospice CNA, hospice social worker, hospice chaplain, hospice volunteers, and hospice bereavement specialist
Who provides the care?	Members of the palliative care team, as noted previously, provide both direct and indirect care.	The entire care team: doctors, nurses, CNAs, social workers, chaplains, volunteers, bereavement specialists, and others as needed
Will this service help my family?	Yes. They are part of the support system. Family members are encouraged to participate in palliative care visits as appropriate	Yes. They are an integral part of the support team