

Palliative Care in the Dakotas



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Specialist



Objectives

- Describe palliative care and palliative care specialty services
- Identify the benefit and value of palliative care services
- Identify available resources and training opportunities in the Dakotas

3

POLL Question

Which are true about palliative care?

- It cannot be delivered at the same time as curative treatment.
- The overall goal of palliative care is improving quality of life.
- It is my responsibility to provide palliative care
- Palliative care and hospice care are the same.

4

Describe Palliative Care



5

Dakota's Definition of Palliative Care

Palliative care is medical care for **people living with a serious illness**. This type of care is focused on **providing relief from the symptoms** and stress of illness with the goal to improve quality of life for both the patient and family. Effective palliative care is delivered by a trained team of doctors, advanced practice providers, nurses, social workers, chaplains, and other health professionals who collaborate to **provide an extra layer of support**. Based on the needs of the patient, not on prognosis, palliative care is appropriate at **any age and any stage** of serious illness and may be **provided alongside curative treatments** in primary and specialty settings.

(SD and ND Fliers)

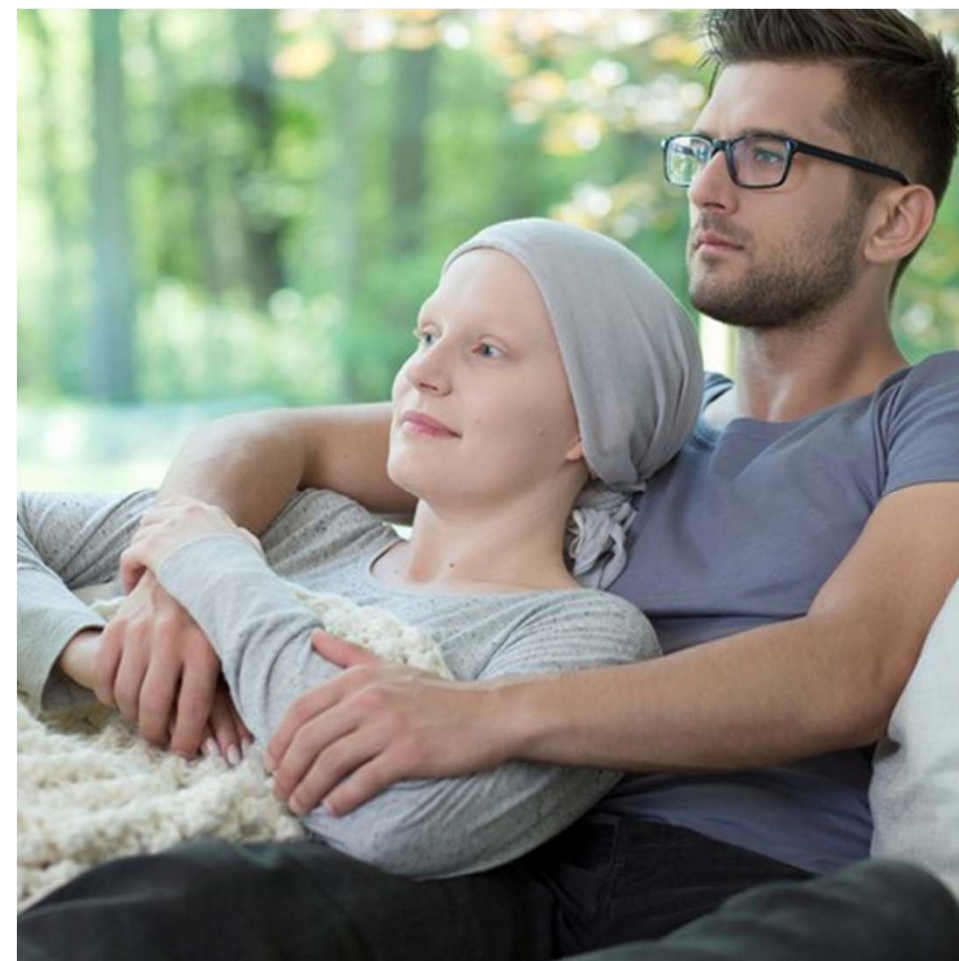
Palliative (Latin): To cloak or cover, to alleviate, to reduce the violence of

Patient (Latin): One who suffers

6

Serious Illness (2018 Definition)

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.*



*Kelley, AS, Bollens-Lund, E. Identifying the population with serious illness: the “denominator” challenge. Journal of Palliative Medicine. Volume: 21 Issue S2: March 1, 2018.

7

Bob's story

Pain vs Comfort



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8

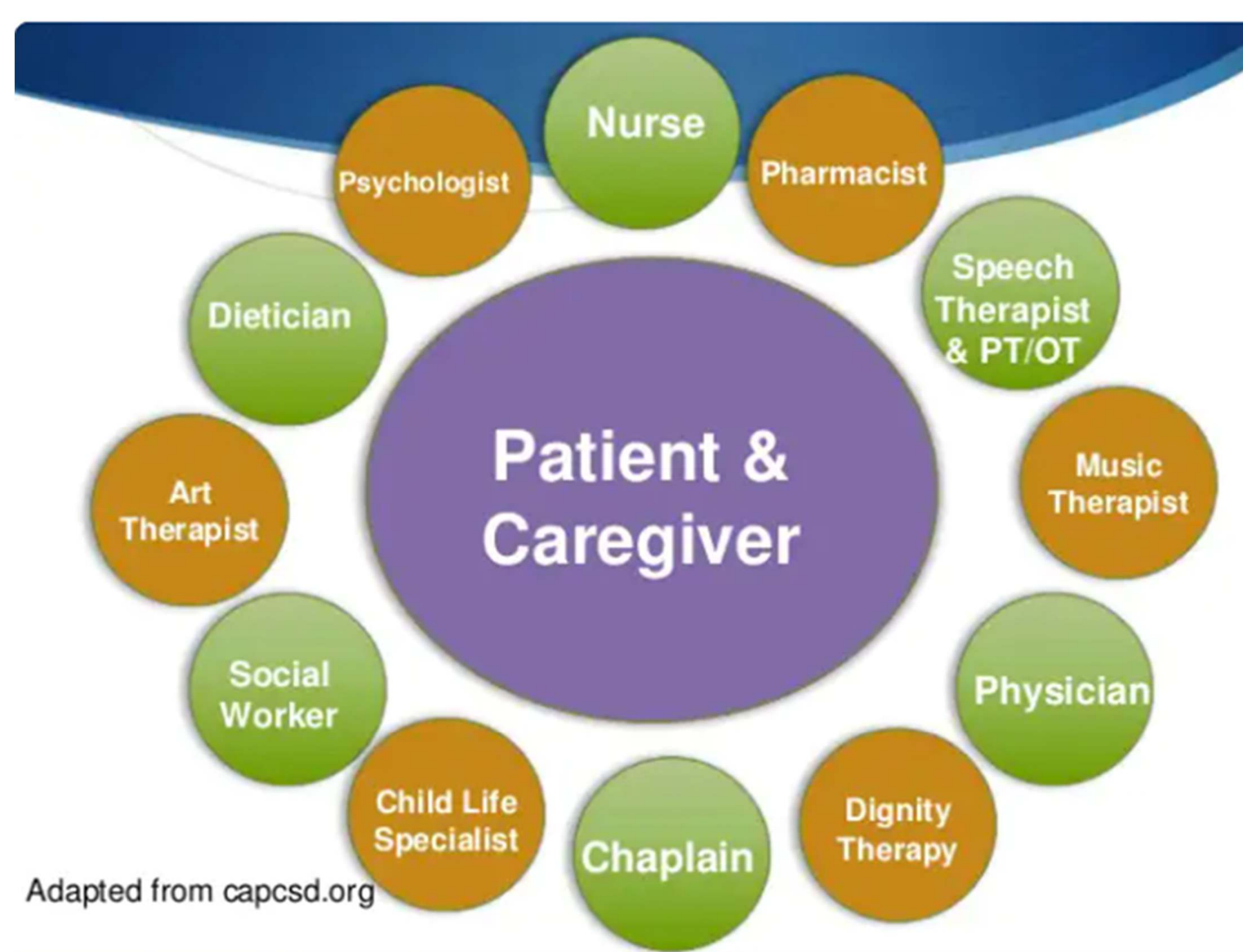
Palliative Care: YOU Are a Bridge

(Original from the MN Network of Hospice and Palliative Care, now Get Palliative Care.org)



9

Interdisciplinary Team Approach



10

Community is Person-Centric



“Community” is defined:

- By the person living with serious illness
- As a lens through which their needs are assessed

National Consensus Project
Strategic Directions Summit
June 2017



Medical Definition of Hospice Care

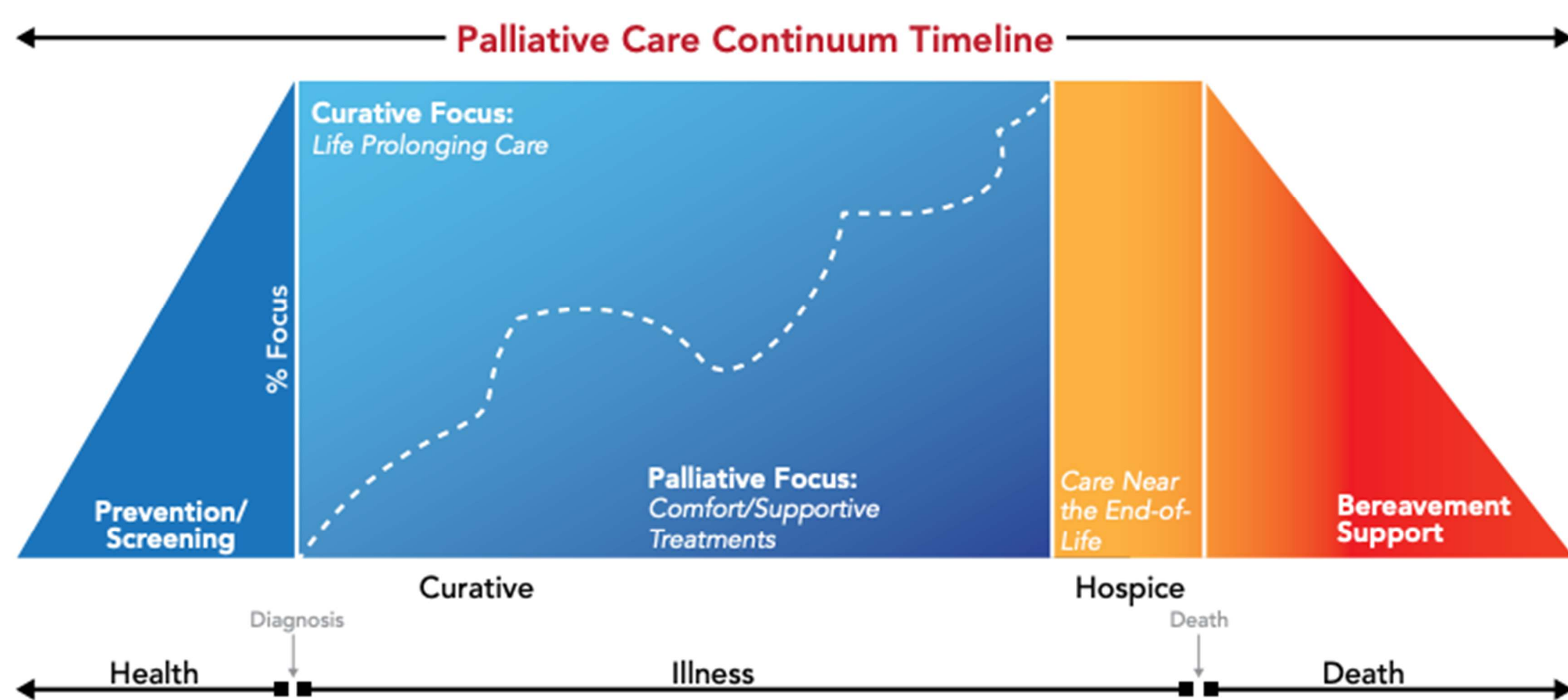
“Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible.”

(Davis, 2021)

Latin word "hospis," meaning host and guest.



13



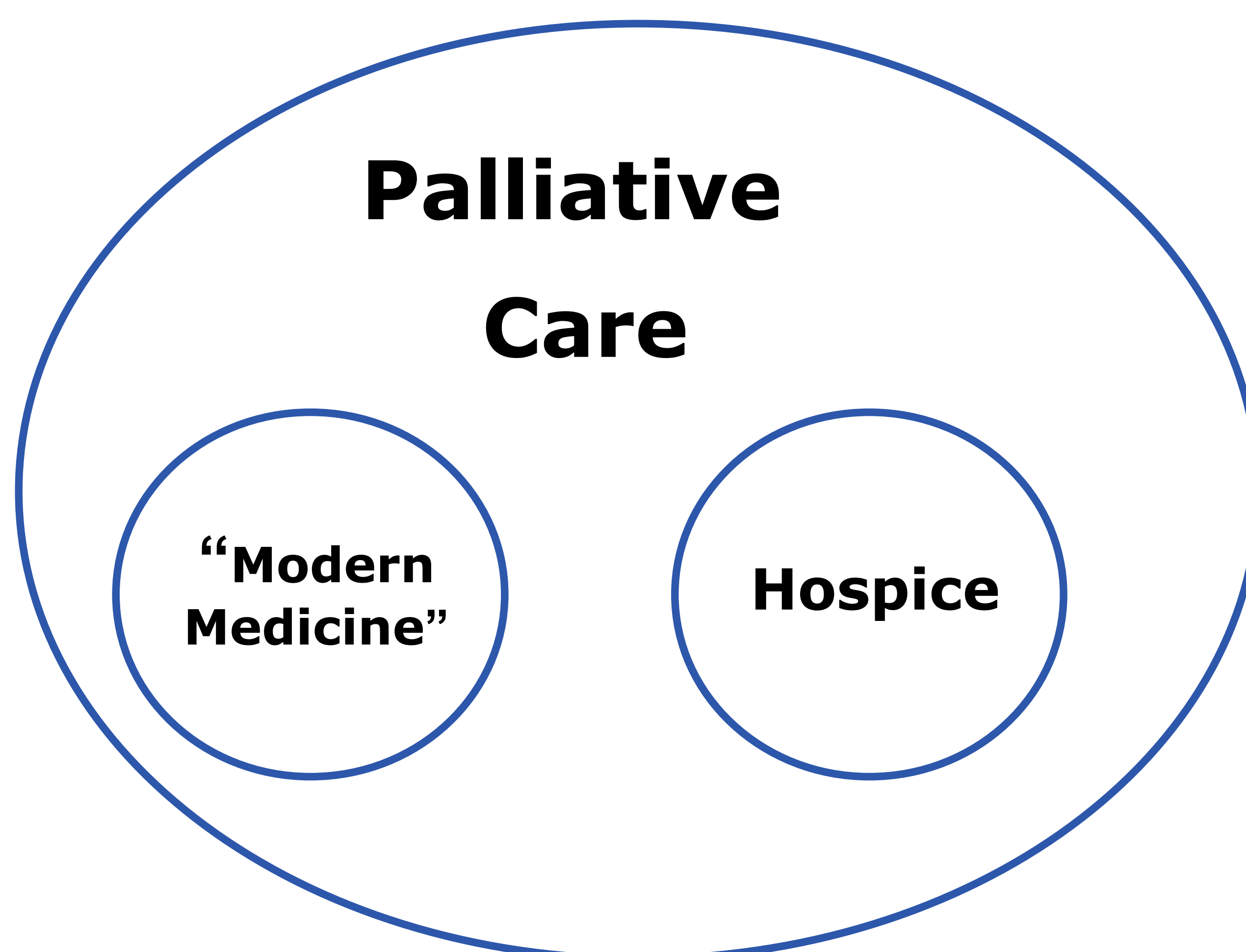
ND Palliative Care or Hospice Flyer

14

Distinction Between Palliative Care & Hospice

	Palliative Care	Hospice Care
Who qualifies	Anyone, any age or stage, living with a serious illness	Those with a life expectancy of months, not years, with a terminal condition
When to start	From the time of diagnosis through treatment and living with a serious illness	Choice has been made to stop or go without curative treatments
Referral required?	No. Ask your healthcare team to add	Yes. From a physician. Requires an order
Additional Goals	Advance care planning, information about diagnosis & prognosis, navigating treatment options, referrals to community resources, continuity of care	Compassionate comfort care, preparing for the end of life

15



16

Primary vs Specialty Palliative Care



17

Differences between Primary and Specialty Palliative Care	
Primary Palliative Care	Specialty Palliative Care
Applicable to all patients, diagnosis through survivorship or end of life care	Specialized care for patients with sufficient psychosocial, cultural, or symptomatic complexity
Scope of practice within the domain of primary oncology team	Intensive, focused and tailored treatment approached in a patient-to-patient basis
Low resource and infrastructure burden	Heavier resource and infrastructure burden
Requires less coordination of care, if any, with palliative specialists	Increased care coordination between primary oncologist and palliative specialist required
Provision of traditional treatment modalities (e.g. oral opiates for pain)	Provision of advanced treatment modalities (e.g. methadone or Ketamine for pain)
Example: 72yo male with a diagnosis of metastatic prostate adenocarcinoma with progressive low back pain who has been compliant with his usual pain medicine..	Example: 62yo female with a diagnosis of lung adenocarcinoma who is in significant pain but refuses to use her pain medications because "God wants me to feel the pain of my sins."

18

Benefits & Value of Palliative Care



19

What Does Palliative Care Do?

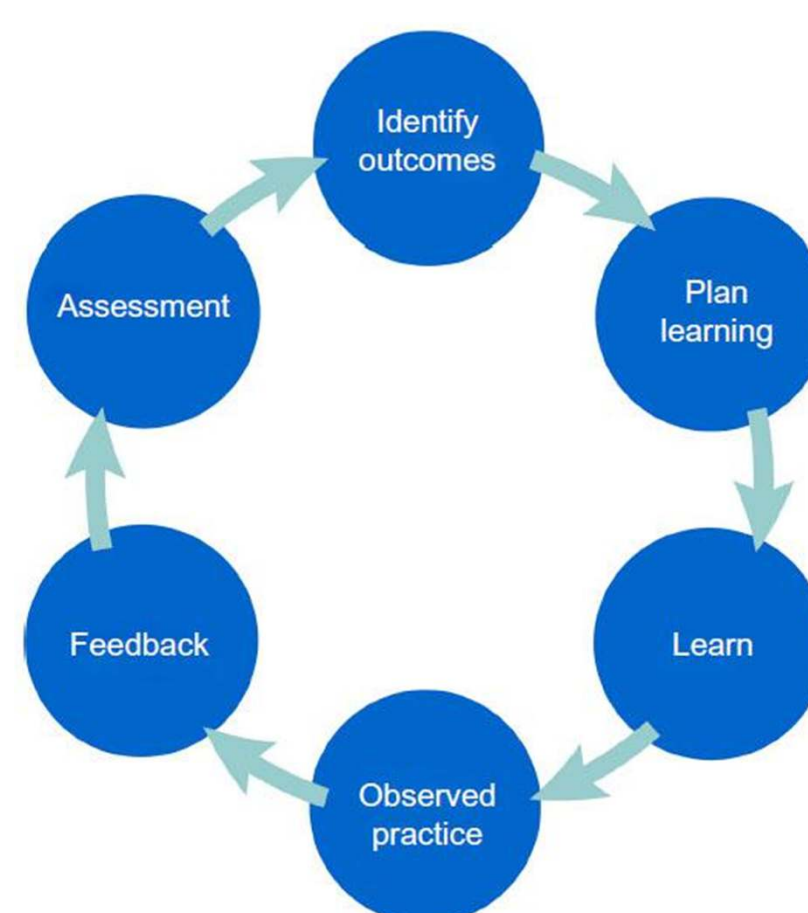
- Addresses suffering
 - Physical, psychological, spiritual/existential
- Improves quality of life
 - Assess/manage pain and other symptoms
- Provides a team approach to care
 - Patient and family decide what THEIR goals of care are (not the healthcare team)
- Promotes excellent communication, allowing patient and family to make good decisions about care



20

Palliative Care Clinical Skills

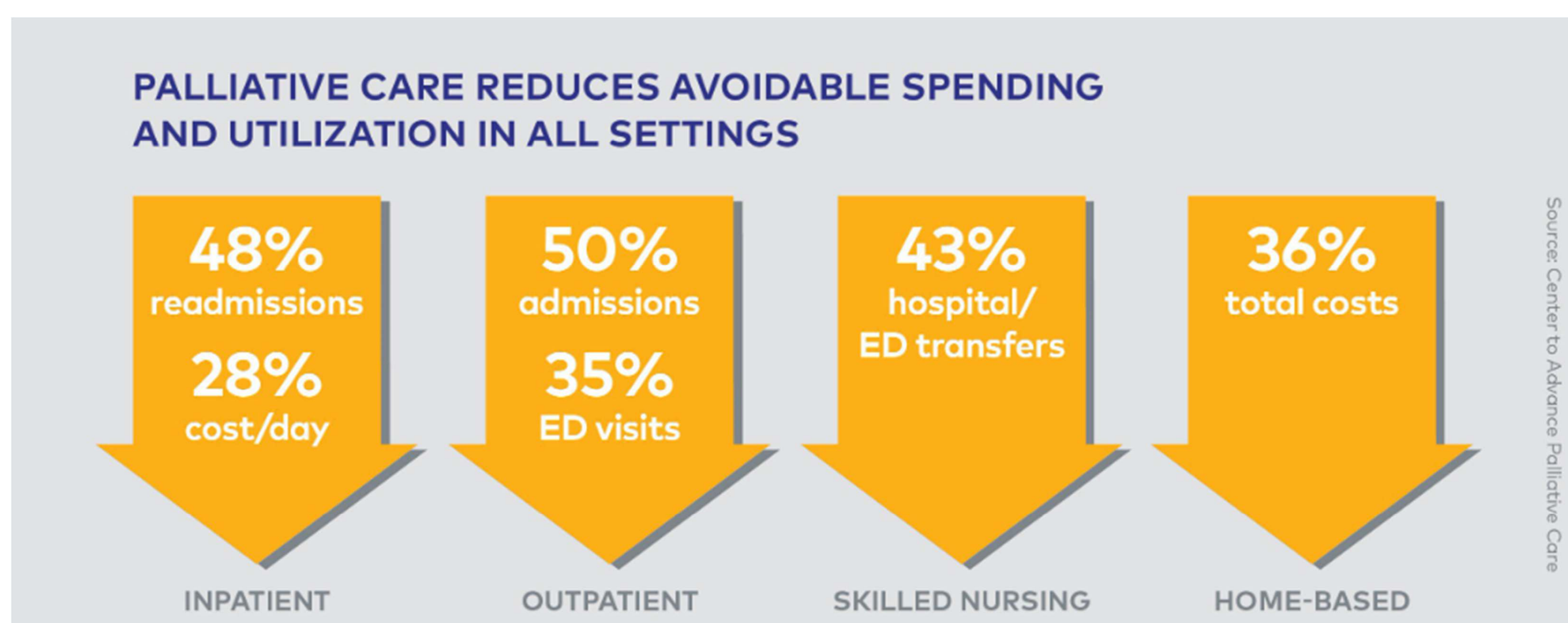
- Pain and symptom management
- Relief of psychological, emotional, and spiritual suffering
- Communication about goal-setting and what to expect
- Family caregiver support
- Practical and social support



21

Benefits

- Reduces use of overutilization
- Reduces readmissions
- Covered under health insurance



22

Value

To the Patient & Family

- Focuses on patients' values, not disease specific
- Provides relief from the symptoms and stress of a serious illness.
- Improves quality of life for both the patient and the family.
- Gives patients options for pain & symptom management while still pursuing curative measures.



To the Healthcare System

- Financing
- Value-based care



23

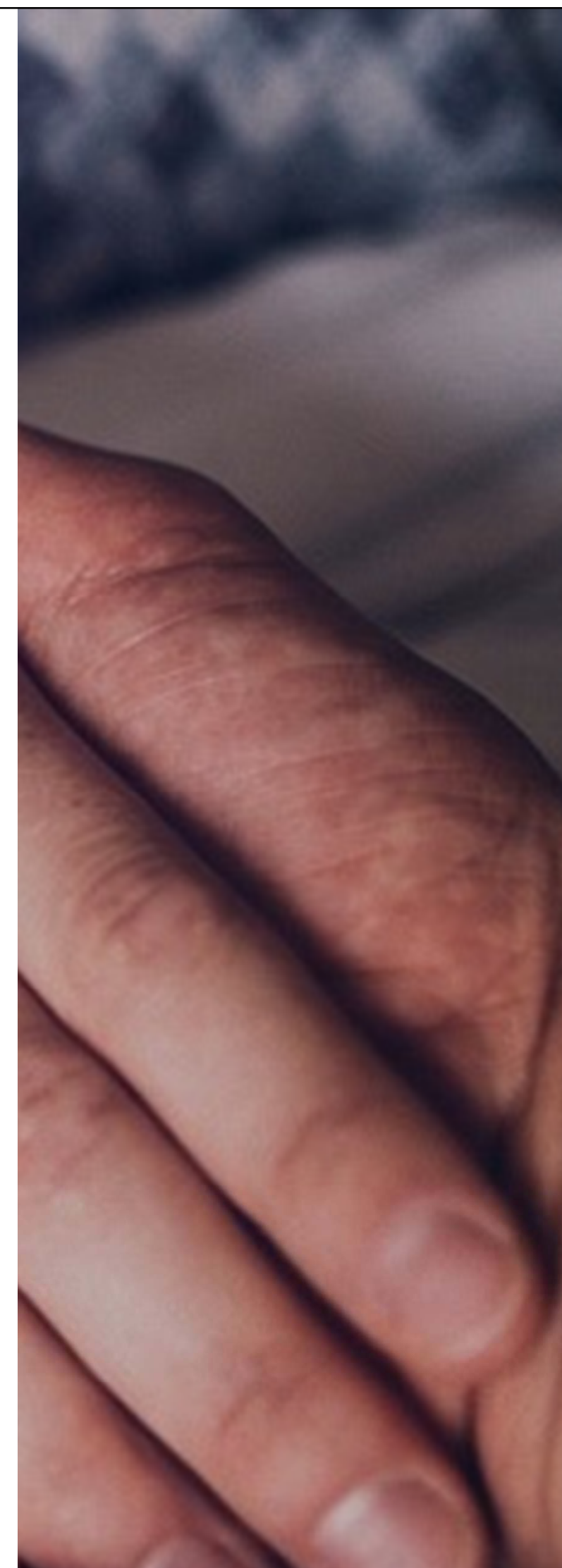
Why Is Palliative Care Needed?

- Advances in medical care allow people to live many years with serious and chronic illness.
- Our population is aging, especially in rural communities.
- Increasing cost of medical care has an impact on individuals, communities, society.
- A holistic approach is required to meet the complex needs of patients and families.
- Skills, processes, and system improvements improve health care.




24

Palliative Care Resources and Training Opportunities in the Dakotas



25


South Dakota Palliative Care Network



South Dakota Palliative Care Network

Support Across the Plains

Reflections



It was nearly twenty years ago that my 59-year-old father was diagnosed with stage 4 colon cancer. Over the next few years my family and I walked the path that many do after a life-limiting diagnosis. What a precious walk it was. What a privilege it was. And what a learning experience it was. I held my dad's hand while he breathed his last breath and I knew then that my life would never be the same. Life experiences have a way of altering a life path and I have never looked back at my calling in hospice and palliative care.

My name is Mari Perrenoud and I work as Network Relations Director for the newly formed South Dakota Palliative Care Network. We are funded through a HRSA grant with a goal of rekindling and expanding a state palliative care network. Establishing a formal network will better unify our clinical and educational teams, allow for sharing of resources, and provide an efficient form of communication.

The growth of palliative care is one of the most significant movements in recent years. While it's an area of care that is often overlooked or misunderstood, the positive effects can be life-changing. I have had the

Join the Network

► Mari.Perrenoud@avera.org

26

South Dakota Palliative Education

[CE Portal](#) - FREE Healthcare Education from “What is Palliative Care” to “Basic Ethics Principles...Primary Palliative Care” [Website](#)

Palliative Symposium - Focus Rural Healthcare professionals

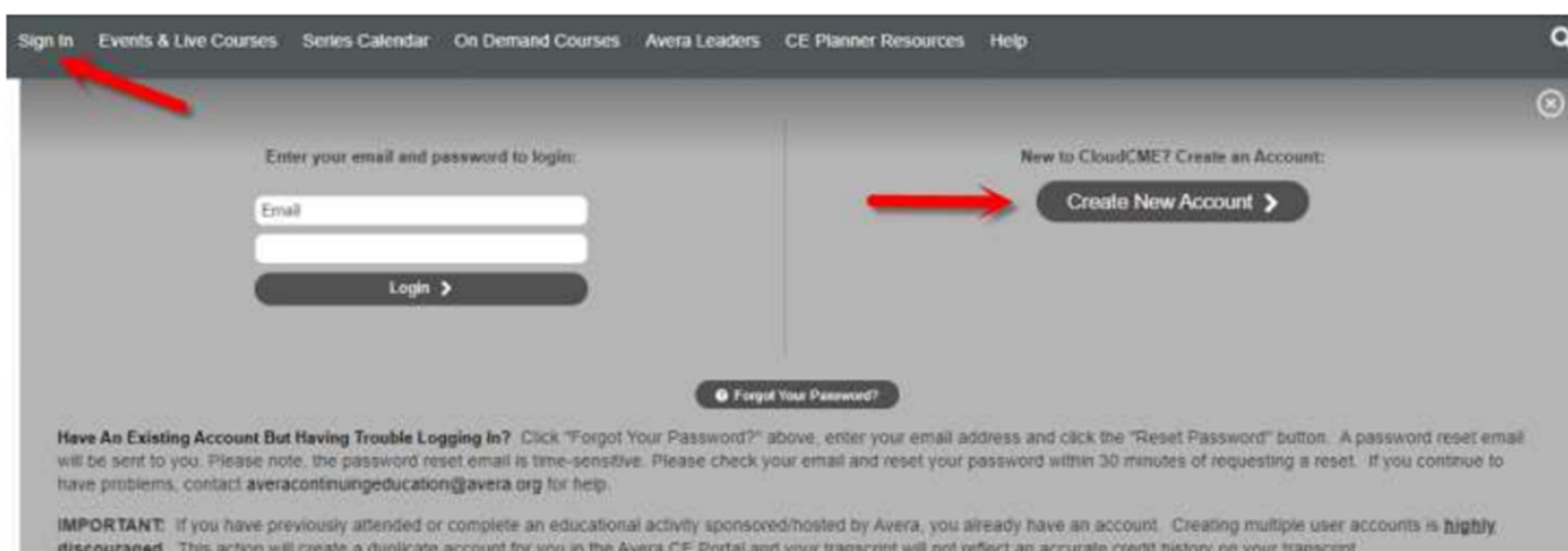
November 17,2022 in Yankton, SD [Website](#)

Palliative Care ECHO, Moving Knowledge Not Patients! [Register](#)

From Advance Care Planning towards Palliative Care, [Website](#)


27

Online Palliative Education




Free Palliative Education: avera.cloud-cme.com

28

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Welcome Charlene A Berke, RT. (RXT), Administrator

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Palliative Education

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Registered 

Details 



South Dakota Palliative Care Network Education Series Registration


Tuesday, September 7, 2021, 7:02 PM - Saturday, December 31, 2022, 8:02 PM

WebEx, SD

Curriculum: Oncology, Primary Care, Social Work, Nursing Home Administrator, Pharmacy, APP, Geriatric, Physician, Nurse, Palliative,

Credits: Physician (AMA PRA Category 1 Credit(s)[™]) (0.00 hours), Nursing (ANCC) (0.00 hours), Non-Physician CME (0.00 hours)

This education curriculum will cover broad aspects of palliative care that can be applied to any practice setting to better support persons living with serious illness and their families. Register to be notified of live or on-demand education and future conferences.

[Live](#) 

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Upcoming Events

September 10, 2021
Avera Research Integrity Conference

September 14 - 15, 2021
South Dakota Statewide Trauma Conference

October 1, 2021
2021 Avera Cancer Institute Oncology Symposium (Registration)

29

Healthcare Professional Continuing Education

- What is Palliative Care
- Goals of Care
- Conversations
- Advance Care Planning
- Physical Aspects
- Social Aspects
- Legal & Ethical Aspects
- Inequities in Palliative & Hospice Care
- Self-Care
- Spiritual, Religious, & Existential Aspects

30

North Dakota Resources for Palliative Care

- [North Dakota Palliative Care Taskforce](#) web page
- [Palliative Care or Hospice? Definition, Diagram, Distinction](#) flyer
- [North Dakota Rural Community-Based Palliative Care](#) webpage
- [Community-based Palliative Care Resources](#)
- [Honoring Choices® North Dakota](#) website
- [North Dakota POLST Program](#) website
- [Rural Hospice and Palliative Care](#) website
- [Rural Community-based Palliative Care Resource Center](#) website

31

North Dakota Palliative Care Education

- [Organizing Palliative Care for Rural Populations TeleECHO](#)
- [Previous Palliative Care Tele ECHO Clinics](#)
- [ND POLST Awareness, Education, and Implementation](#)
- [Advance Care Planning \(ACP\) Facilitator Training](#)

32

Conclusion



33

Integration of Palliative Care Into All Serious Illness Care as A Human Right (2021)

Palliative care:

- Sees the person beyond the disease.
- Is a fundamental shift in health care delivery.
- Is not dependent on life-saving interventions
- Is appropriate at any age and at any stage in a serious illness
- **Is Needed Everywhere**

People may need palliative care in hospitals, in the community, in nursing facilities, wherever they are

Thus “ **every clinician needs knowledge and skills in the fundamentals of palliative care**”

[\(Rosa, Ferrell & Mason, 2021\)](#)

34

References

35

[Achieving Value Through Palliative Care](#)

[Identifying the Population with Serious Illness: The "Denominator" Challenge](#)

[Messaging Palliative Care \(CAPC\)](#)

[**Palliative Care for Clinicians | Consultations**](#)

[Palliative Care: YOU Are a BRIDGE \(CAPC\)](#)

[National Consensus Project for Quality Palliative Care \(NCP\),](#)

<https://www.nationalcoalitionhpc.org/ncp/>

[Rosa, Ferrell & Mason, 2021](#)

36