

Palliative Care Program

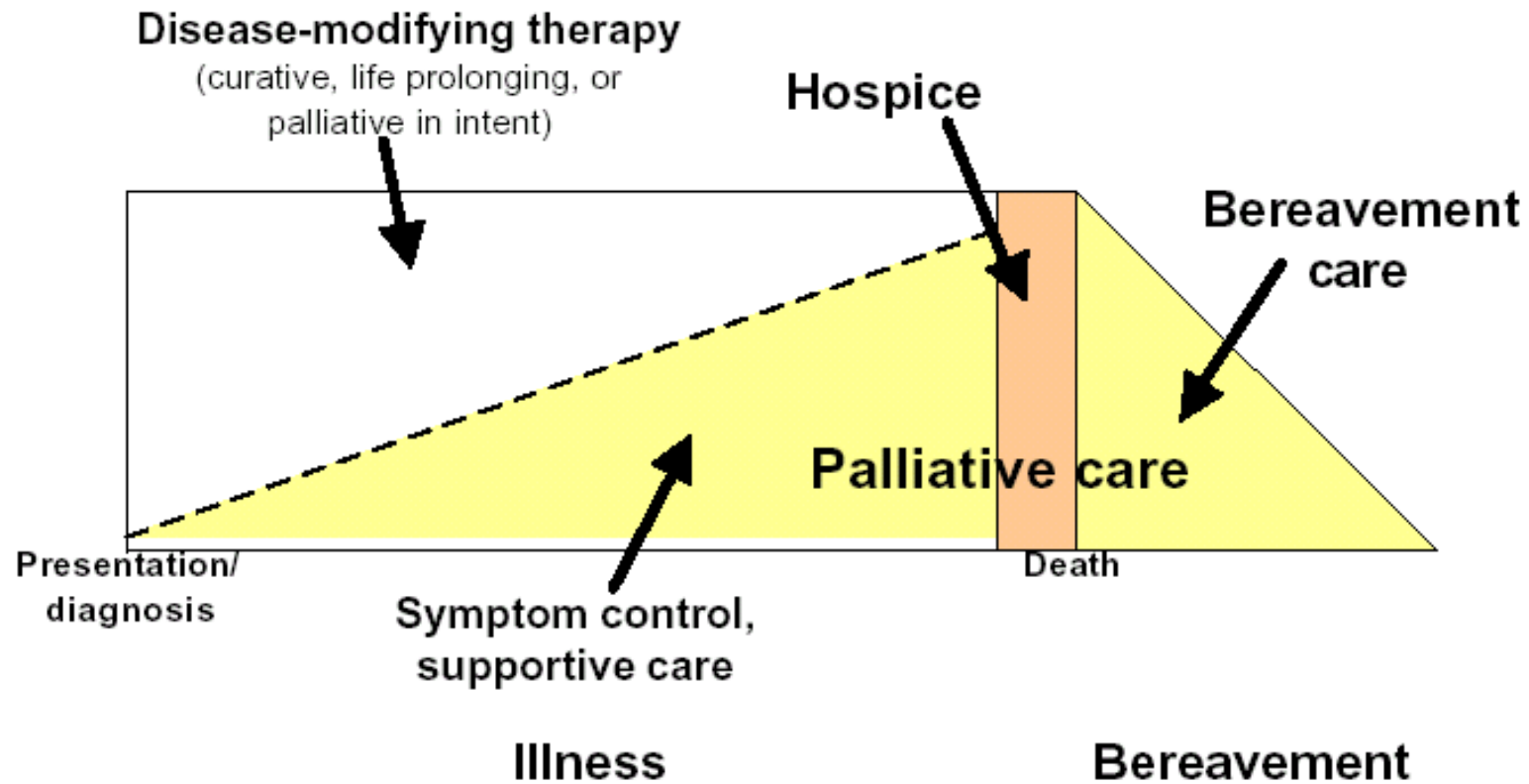
Joint Conference Committee
Health Commission
January 2016

Palliative Care:

Patient and family centered care that optimizes quality of life by anticipating, preventing and treating *suffering*. Palliative care occurs *throughout the continuum of illness...* and addresses physical, intellectual, emotional, social and spiritual needs and ...facilitates patient autonomy, access to information and choice.

CONTINUUM OF PALLIATIVE CARE

Continuum of care



SOUTH 3 MISSION

| Meeting Three Different Populations' Needs | Palliative Care Continuum | Time Frame |
|---|---------------------------|--------------------------|
| Aggressive terminal symptom management and support to assure peaceful and dignified death while comforting family/friends | Imminently Dying | Hours to days |
| Addressing changes in clinical course expected, as death approaches, to assure peaceful and dignified dying and support to family/friends | Terminal Care (~ hospice) | Usually 6 months or less |
| With slow or progressive illness, symptom management, avoiding aggressive interventions, and transfers to ED/outside hospital | Early Palliative Care | Months to years |

SOUTH 3 PALLIATIVE CARE PROGRAM DESCRIPTION

- Provides specialized palliative care (IOM, 2014) under the resident's skilled nursing facility benefit
- Not licensed, certified as a hospice
- Does not accept Medicare/Medi-Cal hospice payment
- Residents must qualify for SNF care to be admitted to South 3 for palliative care

RESIDENT AND FAMILY EXPERIENCE

...” Laguna Honda is probably the best if not THE place in the country “.

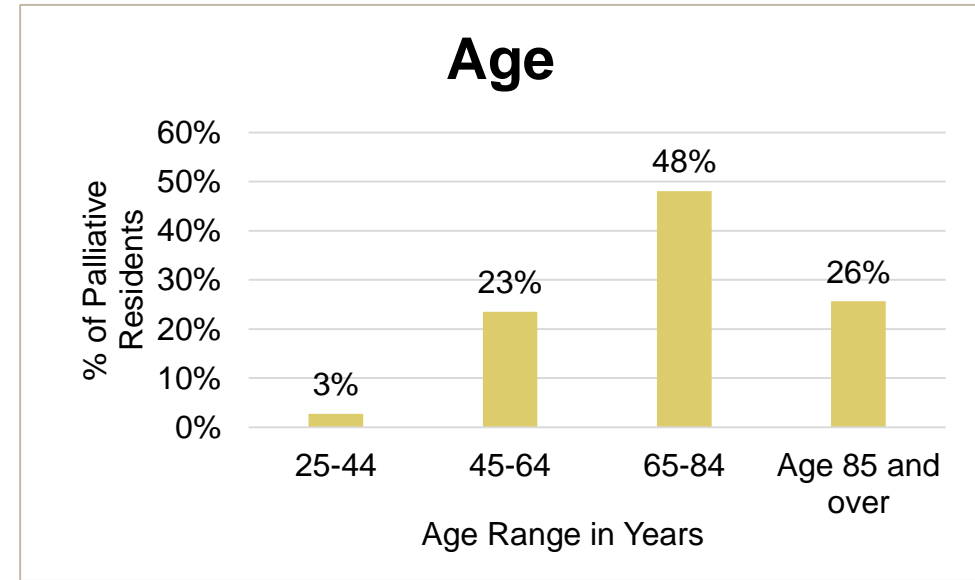
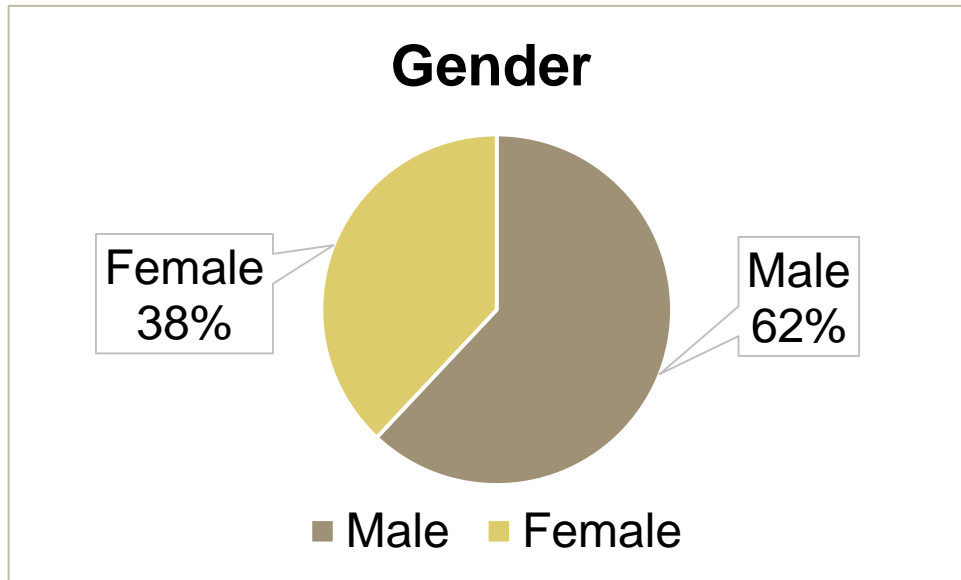
.....” all the things that you have, that you provide is just amazing”.

“ the heartfelt way (staff and volunteers) treat people, it makes all the difference in the world”

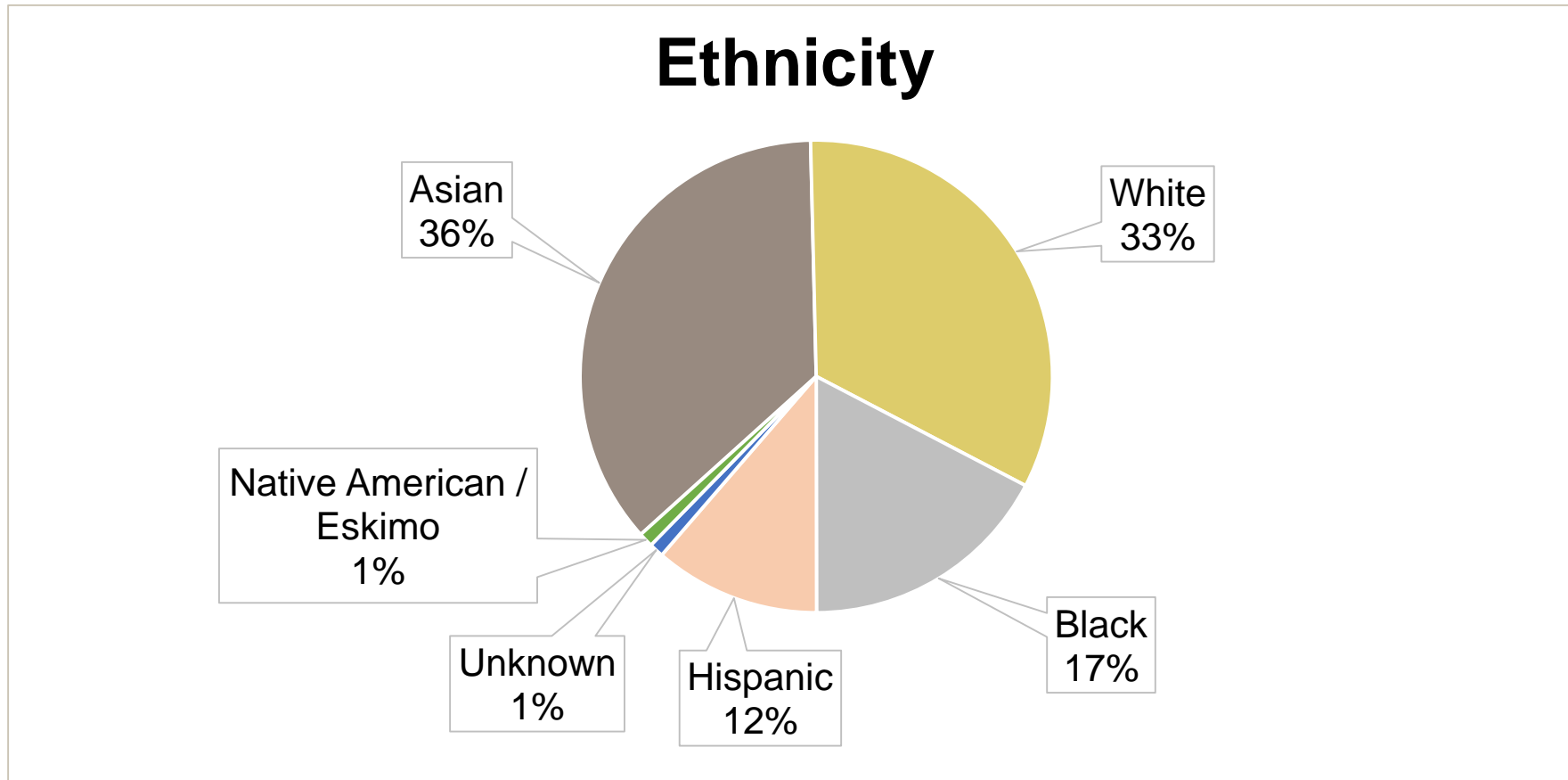
quote from: Joan Crandall



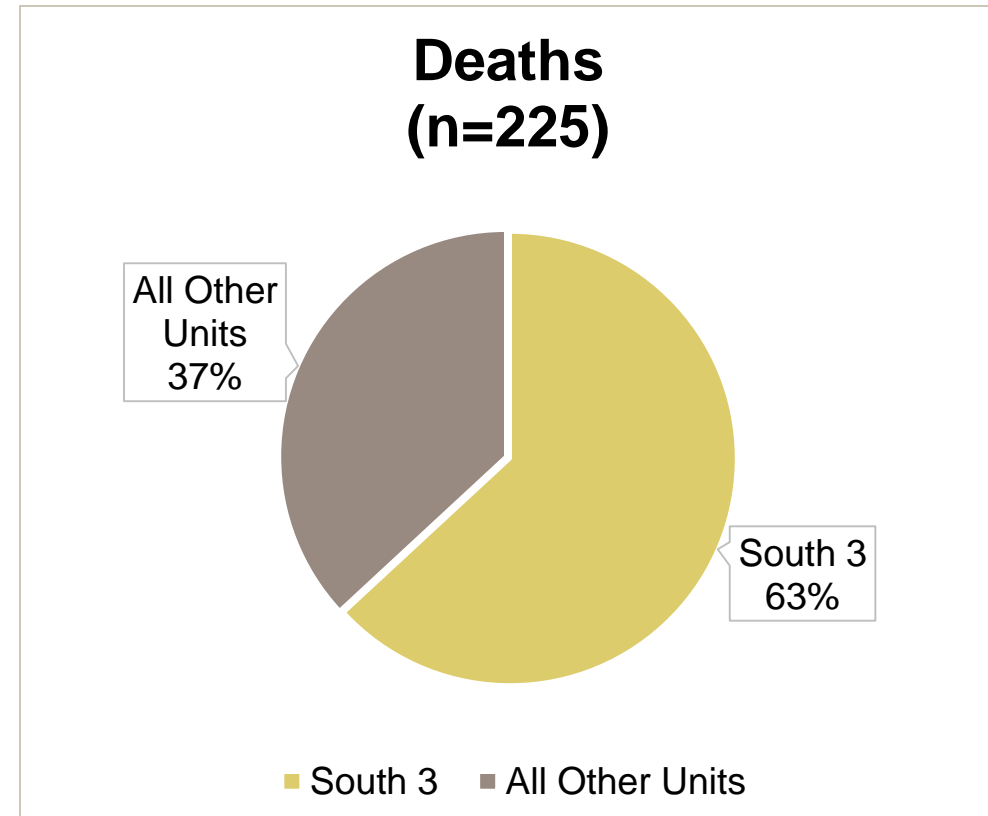
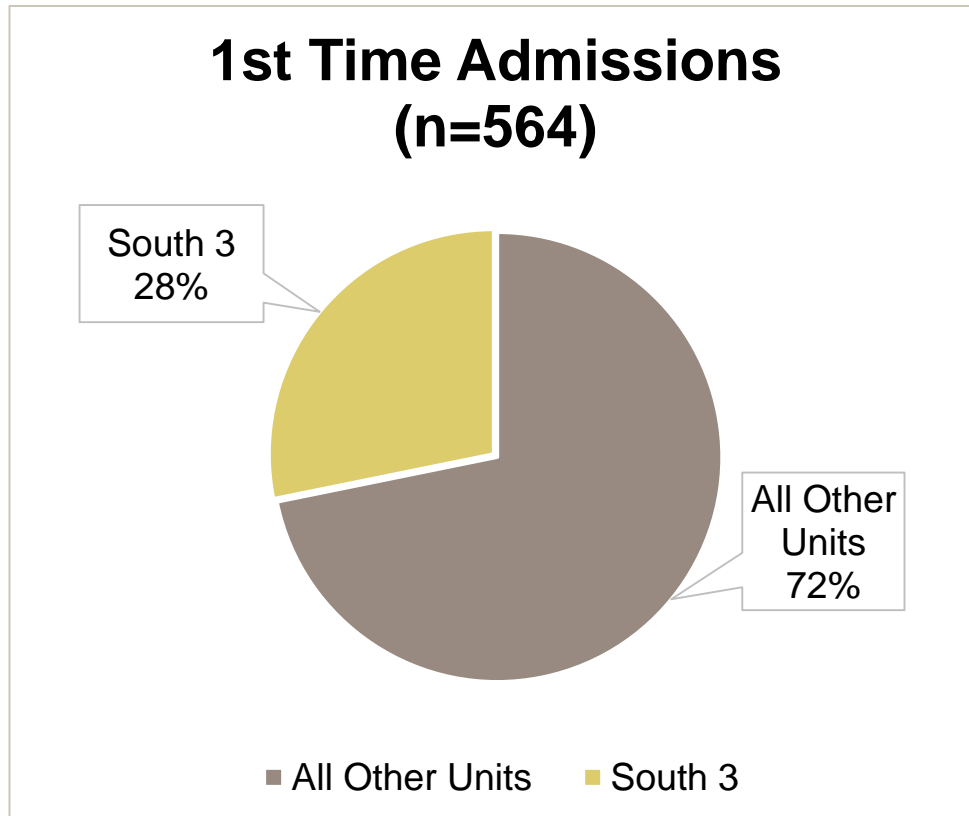
FY14-15 DEMOGRAPHICS (n=183)



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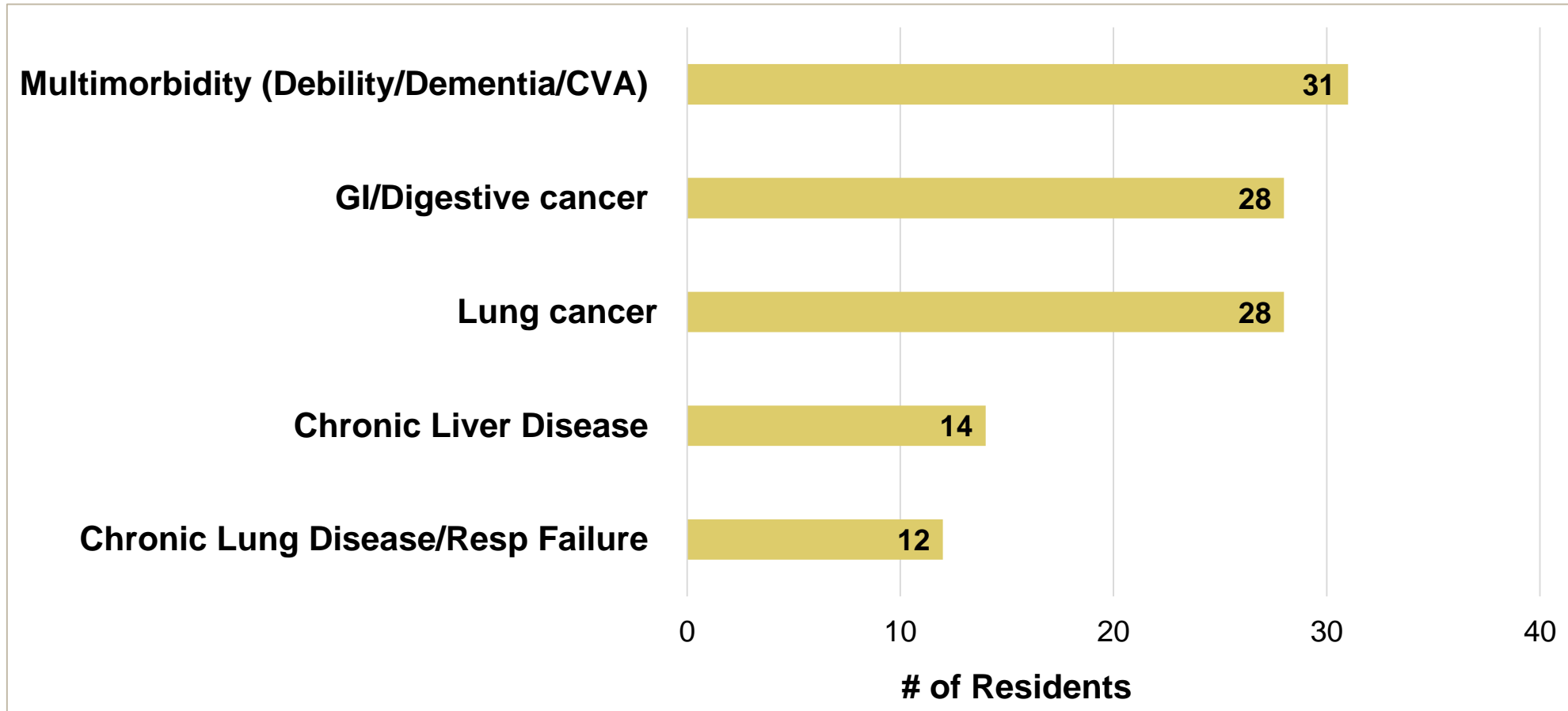


ADMISSIONS & DEATHS



★ ***In FY 14-15, S3 had more admissions, including 1st time admissions, than any other unit at LHH.***

MOST COMMON DIAGNOSES



FY14-15 LENGTH OF STAY

| South 3 Length of Stay (LOS) | Mean | Median |
|------------------------------|----------|---------|
| Residents who Died | 112 days | 16 days |
| All Residents Cared for | 200 days | 24 days |

COMPONENTS OF S3 SPECIALTY PALLIATIVE CARE

- Focus on goals of care taking into account hopes & concerns of residents/family
- Symptom management
- Grief counseling and bereavement support for residents and survivors, e.g. condolence cards, community memorials, 8 weeks bereavement support group, and one to one counseling
- Unit chaplain for spiritual support
- Zen Hospice Project Volunteers
- Certified palliative and hospice physician, nurses, nursing assistants
- Professional support for staff regarding coping with loss and grief
- Celebrations of life, e.g. holiday parties, birthday celebrations, monthly happy hour, musical entertainment, garden and mural

- Zen Hospice Project Volunteers
- Threshold Choir
- Home Hospice Programs
- San Francisco Palliative Committee/ LTC Coordinating Council
- SFGH Supportive and Palliative Care Services
- UCSF School of Nursing Palliative Care Minor

FUTURE ISSUES AND PLANS

- End of Life Options Law Implications for LHH terminally ill residents able to self administer lethal dose of medication to hasten death.
- Final ruling on Epple lawsuit for unrepresented residents (without surrogate decision maker or known advanced directives) could limit the role of the resident care teams in making end of life care decisions, e.g. code status.
- Support basic or palliative care (IOM, 2014) in all other LHH neighborhoods, so that residents can spend the last days of their lives on the units where they lived.

HOW WE REMEMBER

***“How one dies remains in the memories
of those who live on.”***

Dame Cicely Saunders