PALLIATIVE CARE AND REHABILITATION
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WHY PALLIATIVE REHABILITATION?

What is palliative care?

Why is palliative care needed?

How can we use a palliative care framework in rehabilitation?
WHAT IS PALLIATIVE CARE?

Palliative care is the soothing of pain, symptoms, and stress of a disease or disorder while focused on maintaining the highest possible quality of life for patients and families.

Palliative care is for people of any age and at any stage in an illness, whether that illness is curable, chronic, or life-threatening.
WHO PROVIDES PALLIATIVE CARE?

Palliative care utilizes a team approach to alleviate suffering, improve quality of life, and work together with patients and families to address illness-related stress and caregiver burden.

The team can include:
- Palliative medicine physicians and nurses
- Social workers
- Pharmacists
- Chaplain
- Physical, occupational, speech, and recreation therapists
- Dieticians
- The patient
- The family
Palliative Care Programs in U.S. Hospitals with 50 or more beds, 2000-2016

Source: Center to Advance Palliative Care 2018 Growth Snapshot
WHAT ARE THE BENEFITS OF PALLIATIVE CARE?


TOP TEN MEASURES THAT MATTER

1. Palliative care and hospice patients receive a comprehensive assessment (physical, psychological, social, spiritual and functional) soon after admission.

2. Seriously ill palliative care and hospice patients are screened for pain, dyspnea, nausea and constipation during the admission visit.

3. Seriously ill palliative care and hospice patients who screen positive for at least moderate pain receive treatment (medication or other) within 24 hours.

4. Patients with advanced or life-threatening illness are screened for dyspnea and, if positive to at least a moderate degree, have a plan to manage it.

5. Seriously ill palliative care and hospice patients have a documented discussion regarding emotional needs.

Source: http://aahpm.org/quality/measuring-what-matters
HOSPICE

A specific type of palliative care for those with a terminal illness in the last 6 months of life
MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)

• The Maryland MOLST is a portable and enduring medical order form signed by a physician, nurse practitioner, or physician assistant. It contains orders about cardiopulmonary resuscitation and other life-sustaining treatments.

• A MOLST form must be completed for all individuals admitted to nursing homes, assisted living programs, hospices, home health agencies, and dialysis centers. It must be completed for certain hospital inpatients being discharged to another hospital or any of the above programs.
# Historical Perspective on End of Life

<table>
<thead>
<tr>
<th>Year</th>
<th>Where?</th>
<th>When?</th>
<th>Why?</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>At home</td>
<td>47</td>
<td>1. Pneumonia/flu&lt;br&gt;2. Tuberculosis&lt;br&gt;3. Diarrhea/digestive disease</td>
<td>Quickly</td>
</tr>
<tr>
<td>2010</td>
<td>In a hospital or nursing home</td>
<td>78</td>
<td>1. Heart disease&lt;br&gt;2. Cancer&lt;br&gt;3. Lung disease&lt;br&gt;4. Stroke</td>
<td>After several years of disability</td>
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TRENDS IN REHABILITATION

• People with a single diagnosis or straightforward surgery are being discharged directly home
• Inpatient rehabilitation is reserved more and more for complex cases with multiple comorbidities
• Increasing survival of severe medical conditions without cure
• Cancer as a chronic condition
ALL CANCER COMBINED: 5 YEAR SURVIVAL

IDENTIFYING THE PALLIATIVE REHABILITATION PATIENT

1. Do you have one or more serious illnesses?
2. Do you have symptoms that make it difficult to be as active as you would like to be, or impact your quality of life?
3. Have you, or someone close to you, experienced the following:
4. Do you, or someone close to you, need help with:
5. Do you, or someone close to you, need help with:
DIETZ’S STAGES OF REHABILITATION

Preventative
Attempts to preclude or mitigate functional deficits
Example: early mobilization to prevent loss of function due to bedrest

Restorative
Attempts to return to premorbid functional status
Example: hand therapy following complex fracture

Supportive
Attempts to maximize function after permanent impairment
Example: spinal cord injury rehabilitation

Palliative
Attempts to reduce dependence & provide comfort
Example: train patient and family on positioning to reduce pain

QUESTIONS TO ASK

1. What is your current understanding of your health and condition?
2. Given your condition, what are your goals and priorities?
3. What are your fears or worries for the future?
4. Are there any tradeoffs you are willing to make or not?
5. What would a good day look like?
PALLIATIVE REHABILITATION

- Holistic evaluation includes consideration of side effects of treatment, symptom management, emotional and spiritual needs
- Setting goals based on quality of life and patient priorities
- Planning for future needs and anticipating functional decline
- Making it meaningful and fostering hope
CASE STUDY

Matt is about to start another abstract painting. With classic rock music blasting in the background, he holds the brush between his lips, steadies his neck and presses the brush against the canvas.

A few months ago, Matt, 38, wouldn’t have believed you if you told him he’d be painting again. Fourteen years ago, a severe car accident left him paralyzed from the upper chest down. While his diaphragm wasn’t paralyzed in the accident, it was weakened significantly, which has caused Matt to have breathing problems that have grown progressively worse over time. Those issues coupled with severe nerve pain and the emotional stress of dealing with the traumatic events of the accident have been a daily struggle.

After a recent 13-week hospitalization for low oxygen saturation, Matt had many difficulties. Because of the oxygen issues, Matt developed pneumonia and had a hard time breathing. Doctors are considering a ventilator.
THANK YOU!
QUESTIONS?

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