

Clinical Communication Collaborative ^{TM SM}

April 26, 2013 · Dr. Elaine Wittenberg-Lyles

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Palliative Care

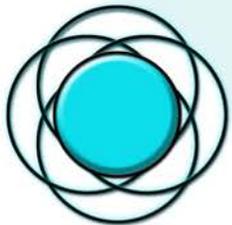
Interdisciplinary care that focuses on:

- (1) Pain and symptom management**
- (2) Coordination of care: team**
- (3) Communication with patient and family and team**



Why does it matter?

- 42.1- 61.6 million family caregivers
Estimated economic value of caregiver unpaid contribution: \$450 BILLION
- In an already aging population, we are all sicker for longer; dying is slower.
- Health care staffing crisis looming. Nurse, specialist, and general practice shortage.

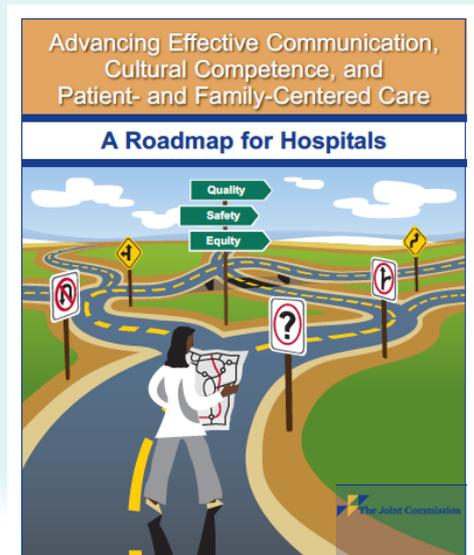
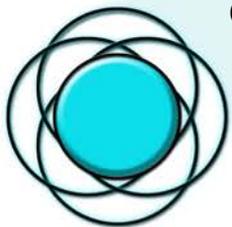


The Joint Commission

accredits and certifies more than 19,000 health care organizations and programs in the United States

- Address patient communication needs
- Monitor changes in patient's communication status
- Involve family

The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals. Oakbrook Terrace, IL: The Joint Commission, 2010.

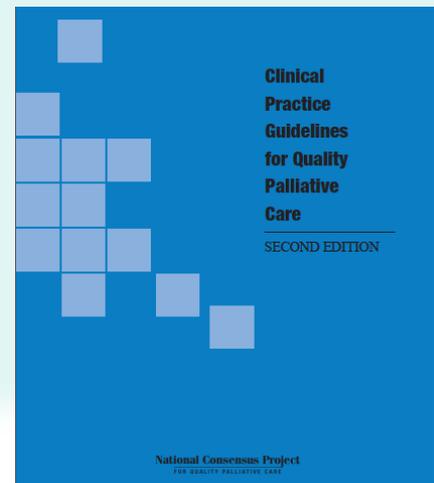
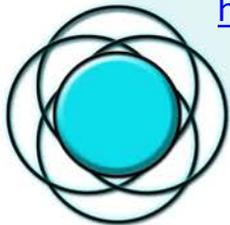


National Consensus Project Guidelines for Quality Palliative Care

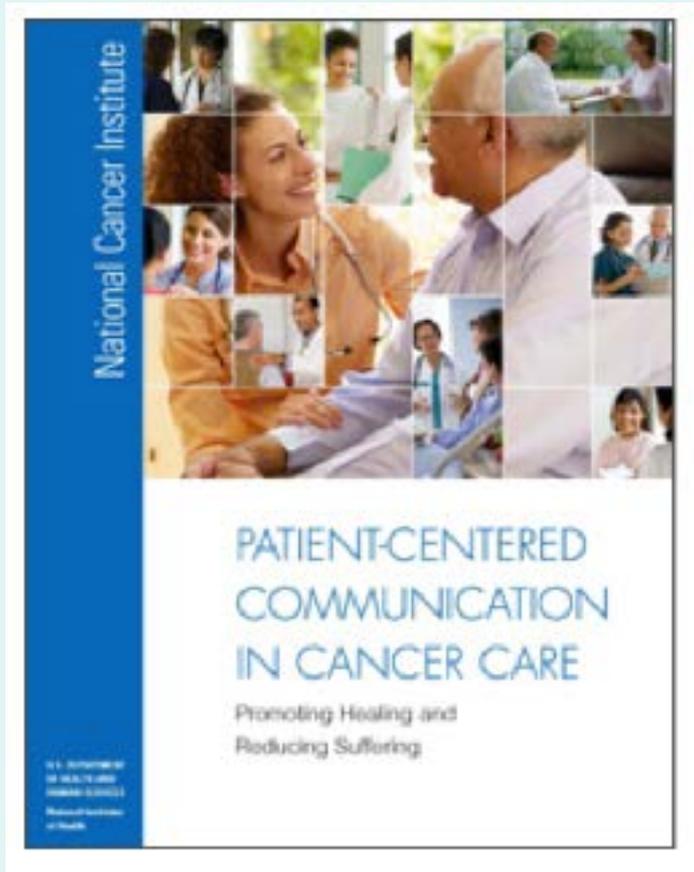
- Communication is a key element in palliative care
 - Developmentally appropriate and effective sharing of information
 - Active listening
 - Determination of goals and preferences
 - Assistance with medical decision-making
 - Effective communication with colleagues

National Consensus Project for Quality Palliative Care (2009). *Clinical Practice Guidelines for Quality Palliative Care, Second Edition*.

<http://www.nationalconsensusproject.org>

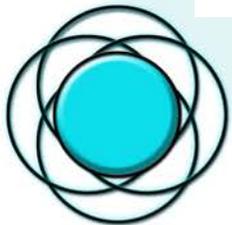


National Cancer Institute



- Patient-centered communication improves patient health outcomes

Epstein RM, Street RL Jr. Patient-Centered Communication in Cancer Care: Promoting Healing and Reducing Suffering. National Cancer Institute, NIH Publication No. 07-6225. Bethesda, MD, 2007.



The Old System: The Cure - Care Model

**Life
Prolonging
Care**



**Hospice
Care**

D

E

A

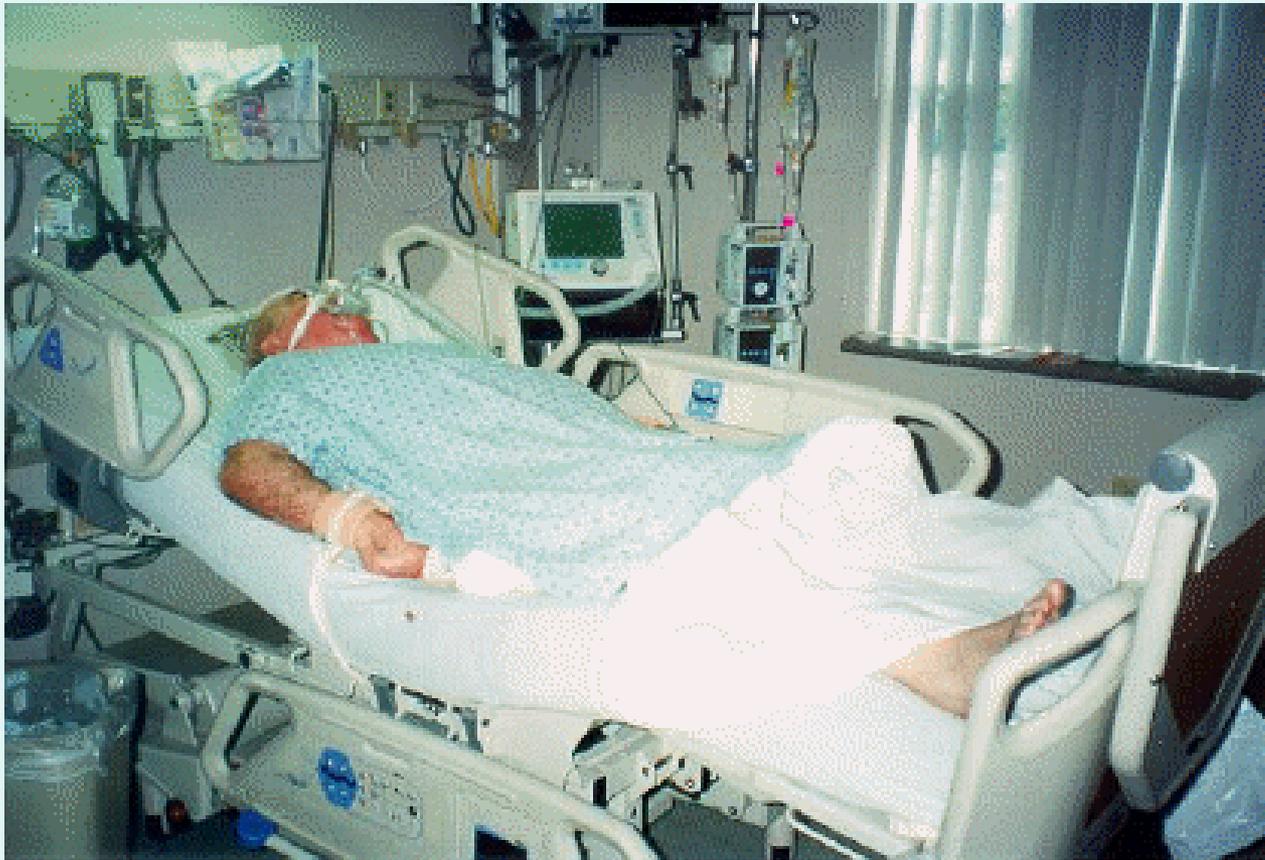
T

H



Disease Progression



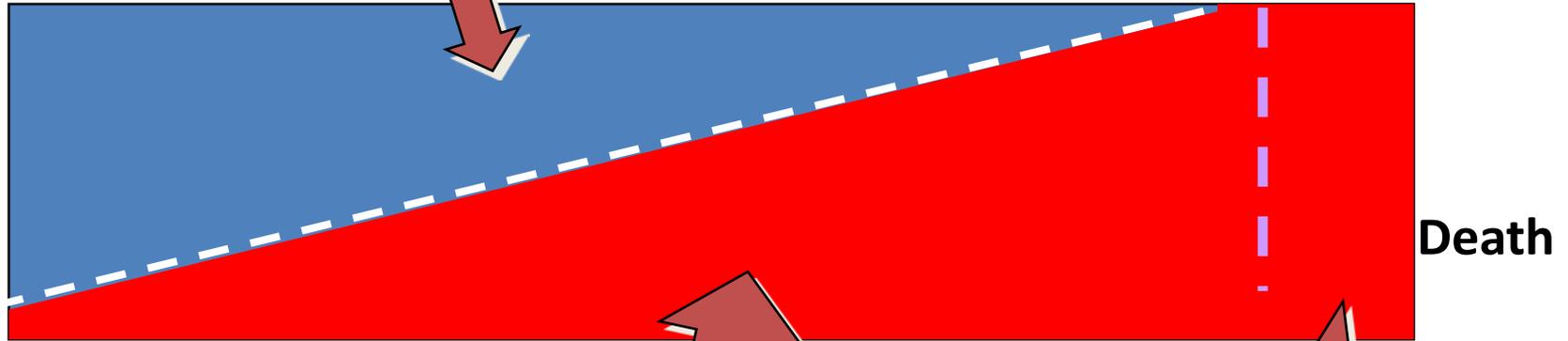


**Palliative and hospice care
can change this story.**



PALLIATIVE care AND ITS PLACE IN ILLNESS

Life Prolonging Therapy



Death

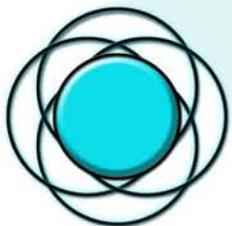
**Diagnosis of
serious illness**

Palliative Care

**Medicare
Hospice
Benefit**

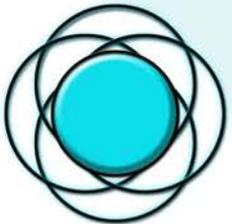
Palliative Care and Oncology

- ASCO Quality Oncology Practice Initiative to move palliative care into mainstream oncology practice
- NCCN requirements for distress screening of patients to initiate psychosocial services
- Benefits of palliative care and oncology
 - better quality of life
 - less depressive symptoms
 - live longer than receiving routine care (in some cases)



Palliative Care and Oncology

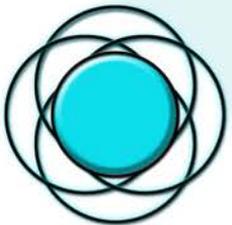
- Palliative care communication includes:
 - Basic discussions about prognosis
 - Basic discussions about goals of treatment
 - Basic discussions about suffering
 - Basic discussions about code status



Benefits

- Lower re-admission rates for seriously-ill, hospitalized, Medicare-age inpatients who received consultation from a palliative care team

The Hospitalist, 2013, February

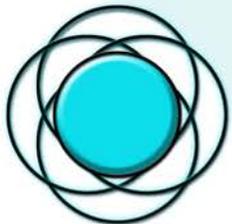


COMFORT*

- Communication (narrative clinical practice)
- Orientation and opportunity (culture and health literacy)
- Mindfulness
- Family
- Openings
- Relating
- Team

*Wittenberg-Lyles, E., Goldsmith, J., & Ragan, S. (2010). The COMFORT Initiative: Palliative nursing and the centrality of communication. *Journal of Hospice and Palliative Nursing*, 12(5), 282-292.

*Wittenberg-Lyles, E., Goldsmith, J., Ferrell, B., & Ragan, S. (2012). *Communication in Palliative Nursing*. New York: Oxford.



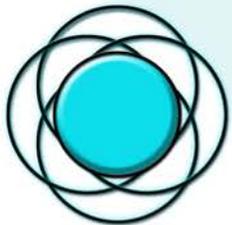
COMFORT training

- Oxford textbooks in nursing practice
- Its own dedicated teaching text
- Training with health practitioners in the educational setting (ELNEC)
- Training with health practitioners in the practice setting
- Dissemination through CE credits

family relationships

at your family.

to whom?



Continuing Education Credit

The screenshot shows a Safari browser window with the address bar displaying http://www.ccentral.com/activity/3724/?t=presenter&next_tab=credit. The page title is "CECentral.com · COMFORT Curriculum: COMMUNICATING". The CECentral logo is visible in the top left corner, with the text "powered by UKHealthCare".

The main content area features a video player interface. On the left, a video window shows a woman with brown hair wearing a green top. On the right, a slide titled "Robert Wall – Case Study" is displayed. The slide contains the following text:

- **July 10**---Robert thinks he has pneumonia and sees a local family GP with his wife. His symptoms include labored breathing and exhaustion. He is diagnosed with gall bladder inflammation.
- **July 11**---Dr.A orders tests and identifies liver involvement. Robert and spouse are summoned to local ER.

Below the slide, a question is posed: ***When determining serious diagnosis what communication goals should be prioritized as most important?***

The video player controls at the bottom show a progress bar at 0:23 and "Slide: 2 / 6".

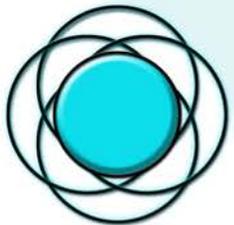
Results

292 modules were completed by 177 participants (at least one on-line module)

105 nurses

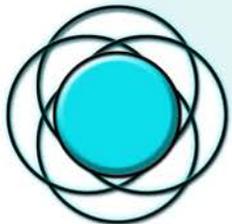
25 physicians

47 other professionals, students



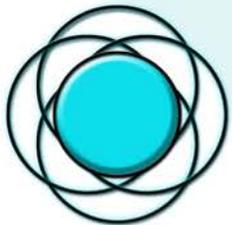
Clinical Communication Experiences

- MOST CHALLENGING:
 - End-of-life care and recurrence of disease
- LEAST CONFIDENCE:
 - talking with patients and families about treatment and with information beyond medical information (nurses)
 - understanding the patient's life prior to the visit (physicians)
- 'Other' clinicians were less confident overall
- cultural differences reduce the quality of care they deliver



Assessment

- All participants reported high evaluation scores, noting that content was useful to practice.
- Nurses provided the highest evaluation scores overall
- All disciplines across all modules scored 70% or better on knowledge quizzes completed after the curriculum



Useful Learning Skills

Communication

- a comprehensive narrative approach and active listening techniques

Oppportunity/ Orientation

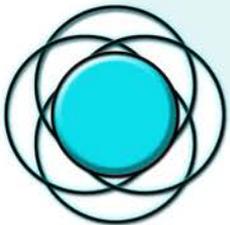
- cultural inclusion and the importance of accommodation

Family

- knowing what to listen for when interacting with family members

Team

- how to communicate better within their team



C-communicating from a narrative approach

O-orienting to the health literacy levels and cultural diversity of patients/families

M-mindful presence

F-family caregiver communication

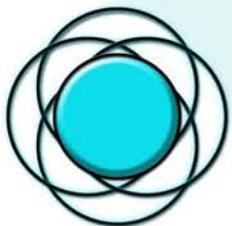
O-openings that allow for patient/family transition in care

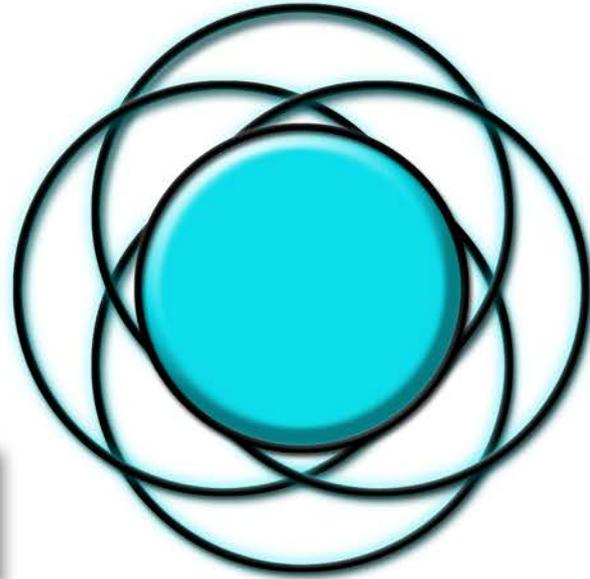
R-relating and building trust

T-team effectiveness

COMFORT Training

Available for research and educational assessment purposes





Clinical Communication Collaborative™ SM

For more information, visit our Website: www.clinicalcc.com

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