

Clinical Communication Collaborative™ 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.

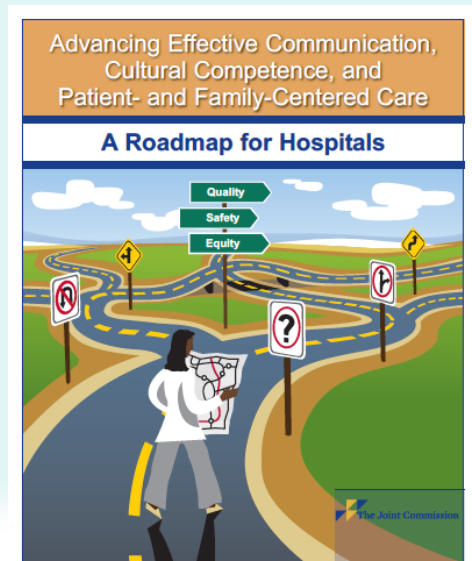
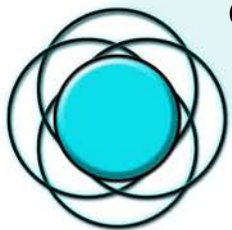


The Joint Commission

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.

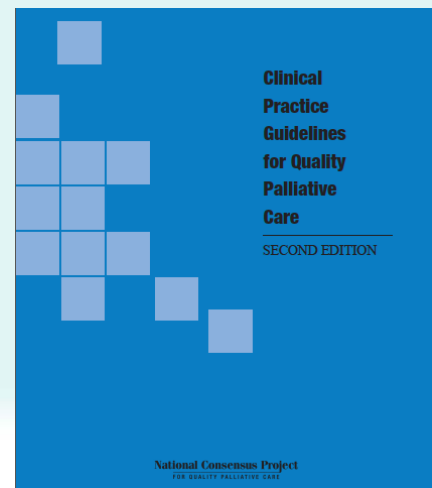
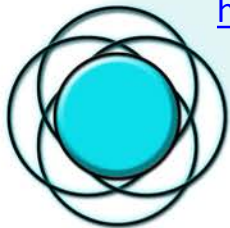


National Consensus Project Guidelines for Quality Palliative Care

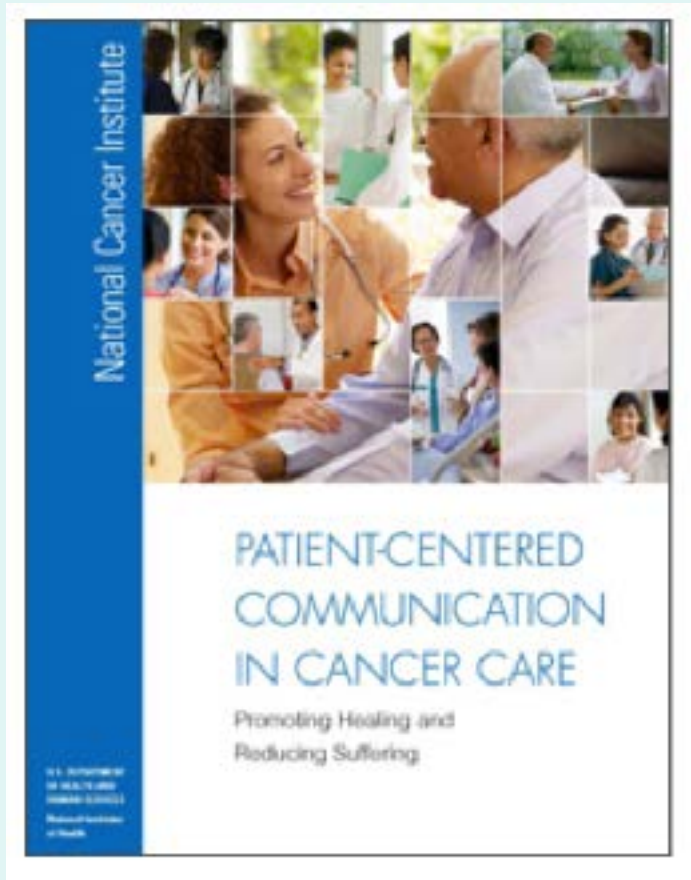
- Communication is a key element in palliative care
 - Developmentally appropriate and effective sharing of information
 - Active listening
 - Determination of goals and preferences
 - Assistance with medical decision-making
 - Effective communication with colleagues

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

<http://www.nationalconsensusproject.org>

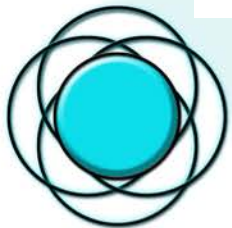


National Cancer Institute



- 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



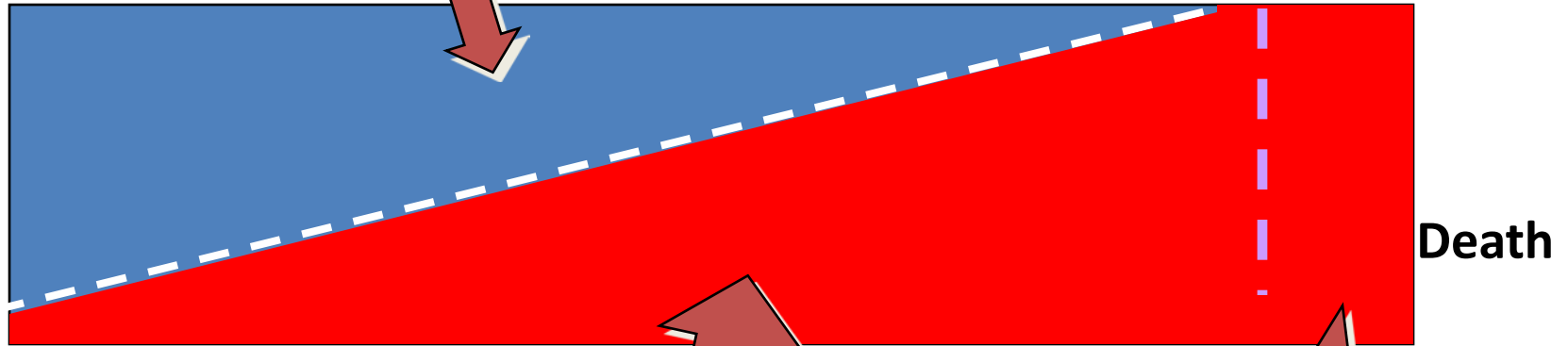


**Palliative and hospice care
can change this story.**



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 content includes the CE Central logo (powered by UKHealthCare) and a video player. The video player is currently on a slide titled "Robert Wall – Case Study".

Robert Wall – Case Study

- **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.

When determining serious diagnosis what communication goals should be prioritized as most important?

The video player interface shows a progress bar at 0:23 and indicates "Slide: 2 / 6". The bottom of the screen shows the Mac OS X dock with various application icons.

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

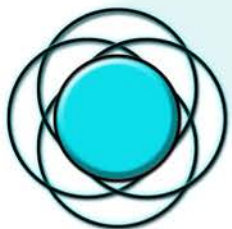
O-openings that allow for patient/family transition in care

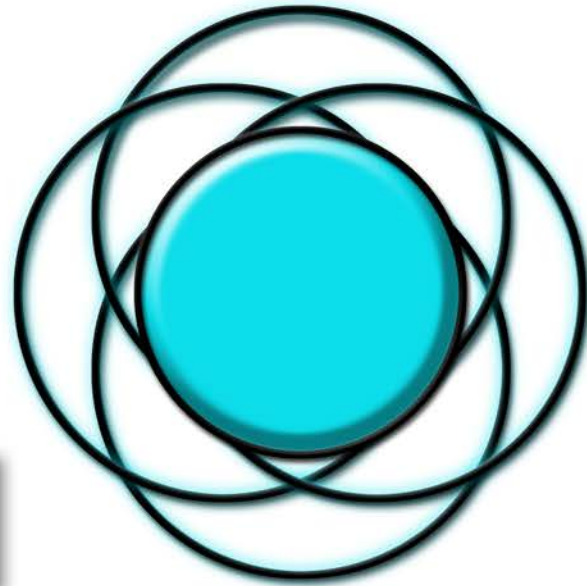
R-relating and building trust

T-team effectiveness

COMFORT Training

Available for research and educational assessment purposes





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

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