

## Background

- **Palliative care:** care focused on improving quality of life (QOL) for patients with life-threatening or chronic illness by preventing and/or relieving suffering through assessing and treating pain and psychosocial or spiritual suffering.
- **Hospice:** comprehensive comfort care and familial support for patients with a terminal illness who only have 6 months or less to live.
- **End-of-life care:** helping patients who are facing imminent or distant death to have the best QOL possible. This includes private room, minimal monitoring, visitors, family and staff presence, music, touch, and patient comfort.

## Methods (n=20)

- A pre-education survey was given to nurses on P6 Cardiac
- Followed by a Fact Sheet to implement the education
- Succeeded with a post-education survey

## PICO(T) Question

Among P6 cardiac nursing staff at NLEMMC, would education regarding the differences between palliative care and hospice improve nurse understanding and comfort level when discussing these types of care with patients and their families?

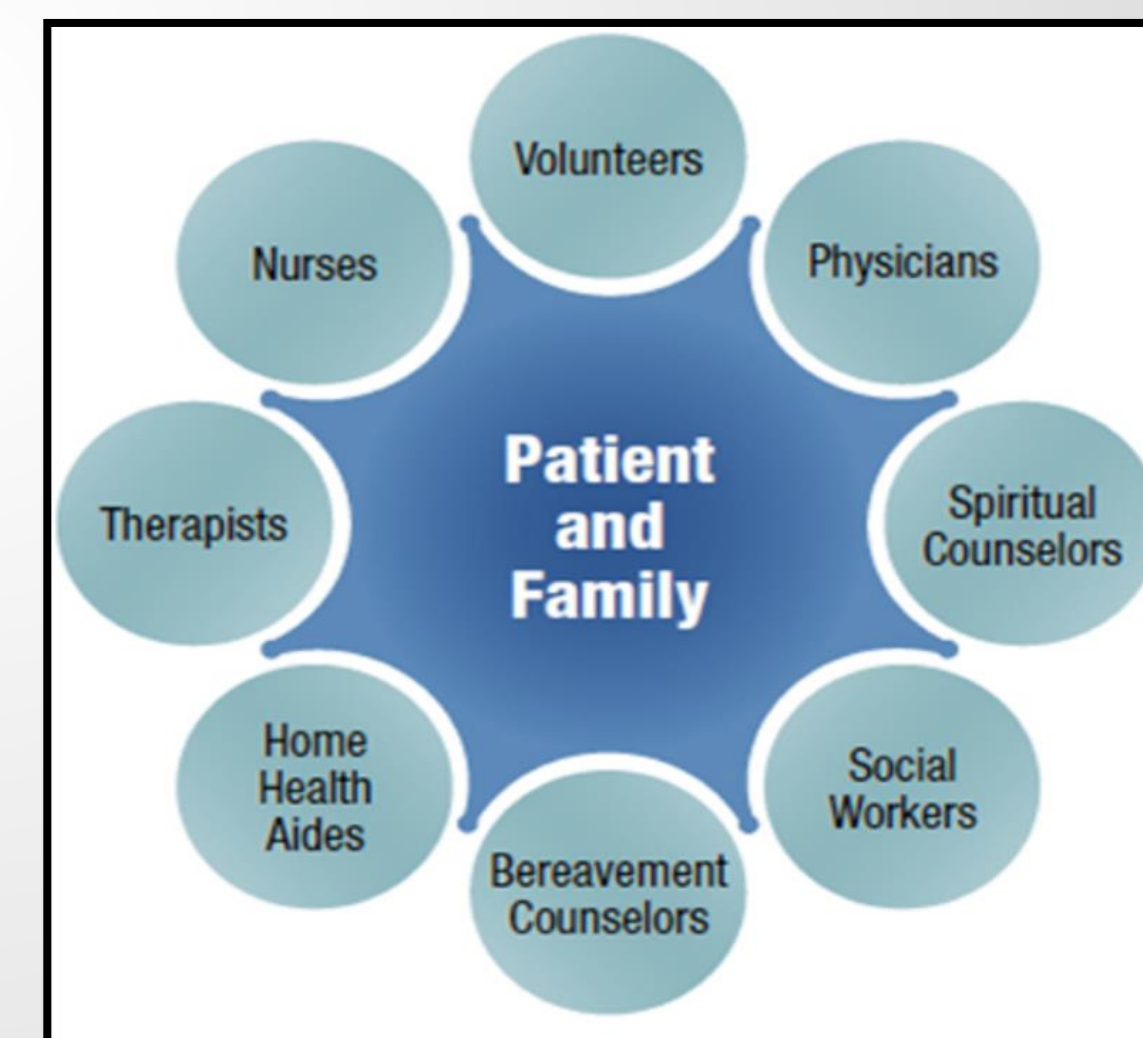


## Similarities/Differences

### Palliative Care and Hospice similarities:

- Focus on optimal symptom management in all domains (physical, emotional, social, spiritual)
- Care provided by interprofessional team
- Involve patient, family, and caregivers
- No requirement regarding code status
- Discussions to clarify patient preferences; goals of care paramount
- Work with patients with any serious, life-limiting illness (e.g., cancer, HIV/AIDS, dementia, heart failure, chronic obstructive pulmonary disease)

Post Education Survey
1. What are two things that differentiate hospice care from palliative care? Patient with a terminal illness who only have 6 months or less to live. Patient with a life-threatening or chronic illness who would benefit from care focused on improving quality of life.
2. Who would benefit from end-of-life-care? Patient with a terminal illness who only have 6 months or less to live. Patient with a life-threatening or chronic illness who would benefit from care focused on improving quality of life.
3. Who would benefit from palliative care? Patient with a terminal illness who only have 6 months or less to live. Patient with a life-threatening or chronic illness who would benefit from care focused on improving quality of life.
4. When is palliative care appropriate for a patient? Patient facing imminent or distant death.
5. What does the care team do for patients in palliative care? Improve quality of life, by attempting to assess and relieve physical, psychosocial, and spiritual suffering. Make patients comfortable and encourage familial support. Private room, reduced or no monitoring, family present, make patient comfortable, and minimal stimulation.
6. Who would benefit from hospice care? Patient with a terminal illness who only have 6 months or less to live. Patient with a life-threatening or chronic illness who would benefit from care focused on improving quality of life.
7. When is hospice care appropriate for a patient? Patient facing imminent or distant death.
8. What does the care team do for patients in hospice care? Improve quality of life, by attempting to assess and relieve physical, psychosocial, and spiritual suffering. Make patients comfortable and encourage familial support. Private room, reduced or no monitoring, family present, make patient comfortable, and minimal stimulation.
9. On a scale of 0-5, how comfortable are you taking care of a hospice patient? (0 being not comfortable; 5 being most comfortable)
10. Did you think this education will help you better care for and educate your patients receiving palliative or hospice care and their families?

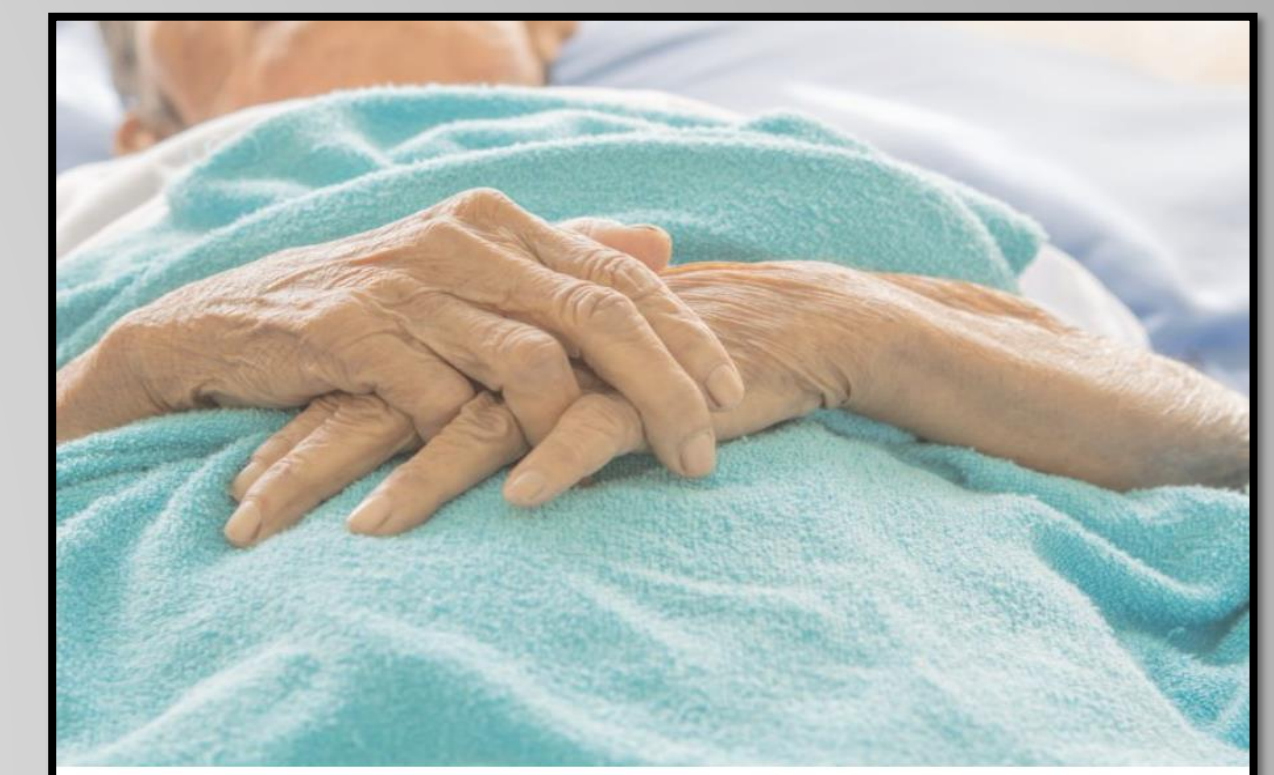


### Palliative Care and Hospice differences:

- Palliative care: “No prognosis requirement, no specific eligibility criteria, primarily hospital-based care, provided with curative or life-prolonging therapies”
- With palliative care, anyone with a serious illness can be treated and can continue to receive treatments towards a cure. With hospice, treatments are stopped and only symptom relief is provided.
- Hospice: “Patient prognosis of 6 months or less, primarily home-based care; time-limited inpatient options available in certain situations, eligibility criteria based on disease process, Medicare benefit, generally most appropriate for patients who have decided to stop life-prolonging therapies, and provides structured bereavement support for family”

## Results

Among the P6 nurses that responded to the surveys (n=20), 70% reported that the education provided was useful in making them feel more prepared caring for patients receiving hospice or palliative care.



## Conclusion

- Hospice and palliative services remain underutilized, in part due to a lack of understanding and awareness about these services
- Multiple factors, including a lack of knowledge and understanding, contribute to the underutilization of palliative and hospice services. “Two large surveys of community-dwelling adults found that over 70% of participants self-reported low to no knowledge of palliative care”
- It is imperative that patients and their families, along with healthcare personnel, receive proper education on these crucial services so patients can have improved QOL.

### References

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