Palliative Providers
Working Together to Maximize Family Care

What is Palliative Care?
A palliative care provider is a healthcare professional that specializes in caring for people who are living with serious illness. Their primary goals of care are to relieve symptoms of illness and/or stress and to ultimately improve the quality of life for the patient and their family, as they are often seen as a collective unit.

Common “Triggers” for Palliative Care Consults
Palliative Care providers are often paged for consultations when a patient’s prognosis for survival and recovery is grave, they require assistance to cope with symptom distress, intensive healthcare utilization is necessary, or if there is patient’s family in distress.

Meeting Palliative Care and OPO shared values and mitigating their shared concerns leads to higher authorization rates.

Palliative Care and OPO: Shared Values
- Patient/Family-centered decision-making
- Communication involving healthcare teams as well as patients/families
- Emotional and practical support
- Symptom management and comfort care
- Spiritual support
- Organization and emotional support for ICU clinicians

Palliative Care and OPO: Shared Concerns
- Providing adequate information
- Assurance of high quality of care of the donor
- Understanding of diagnosis, prognosis and treatment options
- Separation of death notification from request of donation
- Private setting for family conversations
- Proper utilization of trained requestors

Consideration of organ and tissue donation can be woven seamlessly into routine End of Life (EOL) communications. The collaboration between Palliative Care and Organ Procurement Organizations (OPOs) along with the opportunity for organ donation should be recognized as a “best practice” for optimizing care at the end-of-life phase.

The 5 Goals of Family Communication
1. Establishing trust
2. Providing emotional support
3. Ensuring family understanding (of diagnosis, prognosis and treatment options)
4. Clinician/Requestor understanding of patient as an individual
5. Deliberation of difficulties the family experienced

Reframing Hope
Goals of Care: REMAP
R eframe
E xpect Emotion and Empathize
M ap the Future
A lign with the Patient’s Values
P lan Medical Treatments that Match Patient Values

The content of this issue is based on a webinar presentation by Paul L. DeSandre, DO, FACEP, FAAHPM (Chief of Palliative and Supportive Care, Grady Health Systems, Atlanta, Georgia) and Leslie Hunter-Johnson, DNP, GPCNP, BC, APRN (Director of Hospice and Palliative Medicine, Sunrise Hospital and Medical Center, Las Vegas, Nevada). A special thanks to Leslie and Dr. DeSandre for their contributions to this in-service.

References
• Center to Advance Palliative Care. (2017). About Palliative Care. https://www.capc.org/about/capc/