Agrace

Partners on the Journey

FALL 2013

News about caring for residents with serious or life-limiting illness

Palliative Care Consult Helps Resident, Staff and Neighbors

By Andrea Wipperfurth, RN, Palliative Care Team Leader

Alice,* 96, resides in an assisted living facility (ALF). Due to dementia, osteoarthritis and COPD, she experiences chronic chest and knee pain, fatigue and difficulty focusing—all of which make it hard for her to travel to her doctor's clinic.

Recently, Alice began having episodes during which she would wake up crying and calling out, "My chest hurts. I can't breathe. My legs hurt. I'm dying." She complained of pain "everywhere" during these outbursts, which were happening almost daily. Alice's doctor prescribed Seroquel at 6 a.m. and 8 p.m., which helped during the day, but not overnight. The ALF staff tried to stay with Alice 1:1 when she was agitated, but they couldn't console her, and her behavior was disrupting other residents. And along with the agitation, Alice had become very demanding. Wondering whether Alice might need a higher level of care, the ALF manager contacted Agrace for help.

MacKenzie Clark-Seltzner, an Agrace nurse practitioner, visited Alice for a **Palliative Care Consultation.** After examining Alice, MacKenzie spoke with the ALF staff and Alice's son, Jim,* her activated power of attorney for health care. She learned that Alice didn't remember the episodes. Mackenzie contacted Alice's doctor to recommend that he add another dose of Seroquel each day to correlate with the timing of the agitation. She also recommended scheduling Tylenol to help manage Alice's pain.

Follow-up visit and advance care planning: When MacKenzie made a follow-up visit, she learned that Alice had only two episodes of agitation in the two weeks after the medication changes. Jim and the ALF staff said that Alice's symptoms seemed less intense. Alice mentioned having some "stomach trouble," so after examining her again, Mackenzie recommended changing the medication Alice was taking for GE reflux. MacKenzie also explained to Jim the expected progression of dementia and when hospice services might be appropriate. During that talk, Jim decided to sign a Do Not Resuscitate order for his mom. Mackenzie called Alice's doctor to explain her recommendations and rationale, and he provided the ALF staff the orders they needed for Alice's care.

A week after the follow-up visit, Agrace's palliative care RN, Meghan Dykstra, called the ALF to check on Alice. She'd had just one episode of agitation and anxiety during that week, which the ALF staff said was manageable, and she was no longer complaining of abdominal discomfort. They were relieved that Alice was feeling better and that it was not necessary for them to transport her to the doctor's office or hospital, since Agrace had brought care to her "at home."

**Name and identifying details changed to protect privacy.*

Palliative Care Screening Tool Available

Could a Palliative Care Consult help any of your residents cope better with distressing physical symptoms, behaviors or emotional stress? Agrace's screening tool, which is enclosed with this newsletter, can help you identify which residents could benefit. Please contact us at **pcconsult@agrace.org** or call **(800) 930-2770** whenever you need our assistance.

Recognizing Types of Pain

By Patricia Lohr, NP, Palliative Care Nurse Practitioner

When your resident is in pain, knowing the type of pain will help you determine which medication or interventions will work the best. There are three types of pain that your residents may be experiencing:

Neuropathic pain results from injury or abnormal processing of sensory input by the central and/or peripheral nervous system. This is often described as **shooting, tingling, burning or electrical feelings.** It is frequently seen in patients who have diabetic neuropathy, spinal stenosis or shingles, or who have had chemotherapy or radiation. Medications that help this pain include anticonvulsants, antidepressants and opioids.

Visceral–nociceptive pain comes from internal organs. Patients will report feeling **cramping, pressure or deep pain.** Pain may be referred. This pain may be connected with abdominal cancers, bowel obstruction and angina. It can be treated with Tylenol, NSAIDs and opioids.

Somatic–nociceptive pain involves the musculoskeletal system. Patients will describe **aching, throbbing, dull pain,** which is often localized. Patients with osteoarthritis or bone metastasis often have this type of pain. Treatment includes Tylenol, NSAIDs, opioids and heat or ice.

Distinguishing between types of pain a patient experiences can be difficult, so if you need assistance, please contact Agrace. Our Palliative Care Consult team can visit your resident to help determine the type of pain and offer suggestions for pain management.

Back issues of Agrace's clinical newsletters are available on our website at agrace.org/health-professional-resources.

Reimbursement Change Directs Hospices to Give Vaccinations

With flu season coming up quickly, please note that a recent Medicare change will affect the reimbursement for influenza, pneumococcal and hepatitis B vaccinations given to hospice patients on Medicare. As of October 1, 2013, Medicare only reimburses influenza, pneumococcal and hepatitis B vaccinations for hospice patients if the vaccination is provided by the patient's hospice provider.

We have notified our current Medicare patients about the need to obtain these vaccines from Agrace if they want them covered by Medicare. If you prefer to provide the vaccines yourself, we are happy to reimburse you for the vaccinations you provide to Agrace patients. Please contact your Agrace team for details.

Agrace Staff Chooses "Uniformed" Look

In early November, you'll begin to see Agrace staff in new attire. Our CNAs will wear uniform scrubs (blue tops with coordinating or gray bottoms), and other team members will dress in business-casual shirts and sweaters that display the Agrace logo.

Why are we making this change? We heard from you that our staff was not easily identifiable by sight, and we also heard that, at times, our staff dressed too casually. We understand that patients often associate a professional appearance with trustworthiness and ability, and we want to inspire confidence in our patients, their families and our partners.

With this change to a consistent look, you should be able to easily identify all Agrace staff so you can reach out to us with questions, needs or concerns. Thank you for sharing your ideas about how we can improve our service to you.

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For more information about partnering with Agrace, please call (608) 327-7419 or email denise.gloede@agrace.org.

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Palliative Care Screening Tool

Name: _____ Date: _____

Disease Process	*Assign points at right for each statement that applies to the patient/resident.*	Points
a.	Cancer (metastatic or recurrent) = 3	
b.	Advanced COPD (continuous oxygen, increasingly frequent exacerbations) = 3	
c.	Stroke with decreased function = 1	
d.	Advanced renal disease = 1	
e.	Advanced cardiac disease (CHF, CAD, cardiomyopathy) = 3	
f.	Advanced dementia = 2	
g.	Advanced neurological illness (Parkinson's disease, ALS, MS) = 1	
h.	Advanced liver disease = 1	
i.	Diabetes, uncontrolled or with complications = 1	
Functional Status		**Points**
a.	Capable of only limited self-care; confined to bed or chair more than 50% of waking hours = 2	
b.	Completely disabled. Cannot carry on any self-care. Totally confined to bed/chair = 3	
Challenging Behaviors		**Points**
a.	Capable of only limited self care; unable to comprehend sequence of care instructions = 2	
b.	Cannot complete any self care; resists assistance; requires several attempts to achieve care = 3	
Other Considerations	*Assign 1 point for each statement that applies to the patient/resident.*	**Points**
a.	Unacceptable level of pain	
b.	Other uncontrolled symptoms (nausea, insomnia, shortness of breath, etc.)	
c.	Progressive decline despite aggressive treatment	
d.	Unresolved psychosocial or spiritual issues (family conflict/complications, anxiety, depression, etc.)	
e.	Repeat ER visits for same diagnosis in 90 days	
f.	More than one hospital admission in 30 days for same diagnosis	
g.	Non-adherence to treatment regimen	
h.	Need or desire for advance care planning	
i.	Need or desire for education about disease process or progression	
J.	Difficult for patient to leave home/facility, get to clinic	
	TOTAL POINTS	

KEY: 0 – 2 = No intervention needed. 3 = Observe frequently for changes. 4 or greater = Consider Agrace Palliative Care Consult (collaborate with primary care provider for order).

Adapted by Agrace Palliative Care with information from Central Baptist Hospital, Lexington, KY, and other sources. Rev. 10/13.

To print additional copies of this tool, please visit agrace.org/PCscreeningtool.

Agrace Palliative Care

Care & Support Through the Stages of Serious Illness

Interested in learning more about palliative care?

Call Agrace at (800) 930-2770

agrace.org

Agrace Palliative Care Consultation Service

Agrace's Palliative Care Consult Service begins with an on-site assessment intended to generate personalized recommendations for the resident and their health care provider(s).

Upon referral, an Agrace nurse practitioner (NP) or physician **visits the resident** to assess their physical status (visits must be qualified on medical necessity). We spend time with the resident, discussing their symptoms, medications and other therapies to determine how well current treatments are working for symptom management. Family members and facility staff are welcome to be present if the resident approves. We also ask about goals for care, what's interfering with the resident's ability to meet those goals, advance care planning and what to expect as the illness progresses.

What comes after the assessment?

Based on what we learn at the assessment visit, Agrace recommends ways to improve the resident's physical comfort and relieve stress. *We do not take over the resident's care or direct any changes.* We communicate our recommendations to the resident, family, facility staff and the referring physician, who can use Agrace's findings to consider changes that may help the resident meet their goals. **If medically necessary, we may schedule up to two follow-up visits to help the resident implement any changes and assess whether the changes are working.**

Who pays for this service?

Medicare, Medicaid and most insurers offer coverage for the assessment and follow-up visits. Funds are available through Agrace to cover residents who qualify based on financial need.

How do you and your residents access this service?

You can call Agrace directly, or contact the resident's physician with your recommendation to call Agrace. Residents and family members are also welcome to contact Agrace themselves, if they prefer. **We will contact the resident's physician and coordinate with them before making a consult visit.** A physician's order is obtained and provided to the facility prior to a palliative care consult for residents residing in a skilled nursing facility.

Questions? Your Agrace liaison can answer questions and provide an informative brochure about palliative care consultations that can be given to residents/families. Additionally, you can email us with questions at **pcconsult@agrace.org** or call **(800) 930-2770.**

Agrace™ Palliative Care

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