

MDS Alert

In The Spotlight: Get In Step With Residents' Palliative Care Needs

Find out how this facility is thinking and care planning outside of the box.

Providing state-of-the-art palliative care is an art and a science where the MDS and other assessments provide both data and palette to create individualized care plans.

Schervier Nursing Care Center should know. It wrote the book on palliative care--literally. The facility in Riverdale, NY recently completed an 18-month study on palliative care in long-term care and published a guidebook on how to develop a quality palliative care program in the nursing home setting. Most recently, Schervier received a \$432,000 grant from the state health department to produce training manuals for New York nursing facilities that want to provide palliative care for residents with dementia.

Identify Residents Who May Benefit From Palliative Care

The interdisciplinary team at Schervier looks for a number of signs that a person may be ready for palliative care's holistic focus on comfort, psychosocial and spiritual needs. The facility's palliative approach differs from hospice in that residents tend to go on the program much sooner than their last six months of life.

The indicators that someone might benefit from palliative care include:

- **Repeated hospitalizations over the course of a year for the same illness where the resident shows a steady decline.** For example, "the resident doesn't bounce back to where they were before the hospitalization despite optimal treatment," says **Paulette Sansone, PhD, LMSW**, director of social services and research for the facility. "Or the person may have lost more than 10 percent of his or her body weight unintentionally over six months despite interventions," she adds.

- **Diagnoses in Section I and/or intractable pain in Section J.** The focus on Section I goes way beyond cancer diagnoses. "Other conditions signal that a person may require palliative care now or in the future, including end-stage Alzheimer's disease or Parkinson's disease," says **Joseph Scarpa, MD**, medical director. "The facility also offers palliative care to someone who is in the moderate stages of dementia moving into the later stage," adds Sansone.

Use a Palliative Order Sheet

Some people equate palliative care with receiving no care--a myth that the interdisciplinary staff takes great effort to dispel when informing residents and their families about the service.

But once the resident goes on palliative care, the facility works with the resident and/or the person's healthcare proxy to complete a palliative care physician order sheet designating desired treatments. "For example, we ask if the person wants to be weighed, because we know the person is likely to lose weight," says **Susie Varghese, RN**, nursing supervisor. "We also ask [the residents or their surrogates] if they want lab work if the physician isn't going to order interventions related to an imbalance," she adds.

The resident or his surrogate also elects or declines hospitalization, intravenous therapy, antibiotics and oxygen. The team discusses pain management with the patient and family, educating them about options and the goal of keeping the person comfortable.

MDS tip: Code a resident's advance directive choices in Section A10, including DNR orders, do-not hospitalize,

medication and feeding restrictions, etc.

Focusing on Psychosocial, Spiritual Needs

"The interdisciplinary team also homes in on Sections E (mood) and F (psychosocial well-being) to look for problems or a decline," says **Mary Ann Sero, RN, MDS** coordinator for the facility.

The psychiatrist does a more in-depth assessment of residents flagged as having indicators of sad mood to see if the person has a true clinical depression or could benefit from antidepressant therapy.

"Spiritual or pastoral care also intersects with mental health issues and counseling," says **Sr. Sheila Moroney**, director of pastoral care. "People like to unburden themselves at the end of life and resolve issues with family members or past losses and hurts," says Sr. Moroney. "Whenever possible, we try to make contact with a family member and help people reach some sort of resolution. That's definitely an intervention that can help give a person peace," she says.

"The interdisciplinary team also assesses the resident's religious affiliation or what they used in the past to cope in a spiritual sense," adds Sr. Moroney.