

# South Dakota Palliative Care Network

Support Across the Plains

Improving Knowledge & Awareness of Palliative Care through a Statewide Network

By: Charlene Berke, RT (R)(T), ARRT Sarah Mollman, PhD, RN, CHPN, CNE Mari Perrenoud, MSA, RN, CHPN

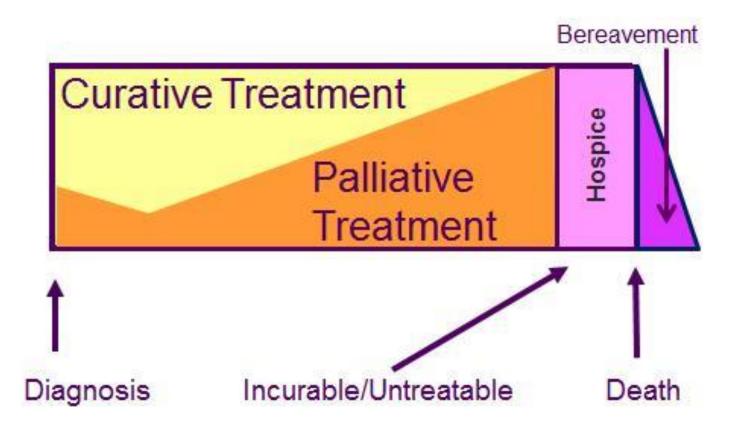
#### Learning Objectives

- 1. Describe palliative care and differentiate between primary and specialty palliative care.
- 2. Discover three resources related to palliative care that one can use and promote to their organization.
- 3. Recognize the statewide efforts being undertaken related to palliative care and how these efforts will better support people living with serious/chronic illness.

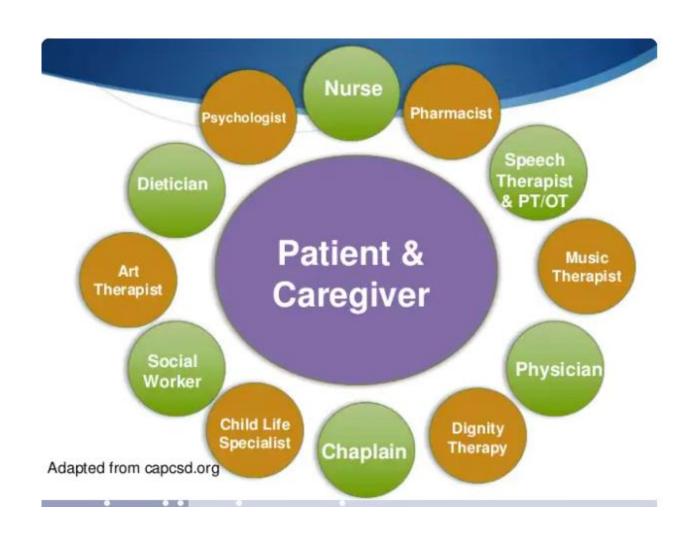
#### Palliative Care

Palliative care is medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of illness with the goal to improve quality of life for both the patient and family. Effective palliative care is delivered by a trained team of doctors, nurses, social workers, chaplains, and other health professionals who collaborate to provide an extra layer of support. Based on the needs of the patient, not on prognosis, palliative care is appropriate at any age and any stage of serious illness and may be provided alongside curative treatments in primary and specialty settings.

#### Palliative Care: The Integrated Model

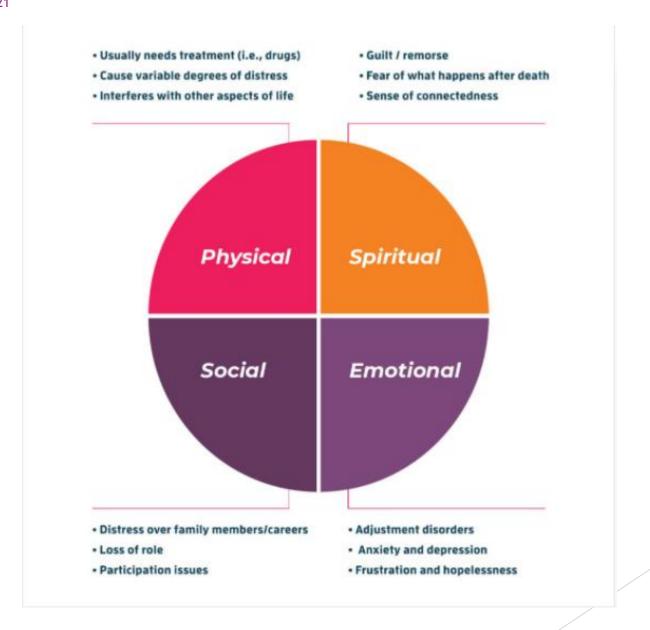


### Interdisciplinary Team Approach



#### Palliative: Whole Person Care

Kells Home Healthcare Inc. 2021



## Improves Quality of Life & Lowers Symptom Burden

- Time to devote to intensive family meetings and patient/family counseling
- Skilled communication about what to expect in the future in order to ensure that care is matched to the goals and priorities of the patient and the family. Informed Consent.
- Expert management of complex physical and emotional symptoms, including complex pain, depression, anxiety, fatigue, shortness of breath, constipation, nausea, loss of appetite, and difficulty sleeping. Palliative cannot cure the disease but can manage the symptoms surrounding the disease
- Coordination and communication of care plans among all providers and across all settings

Differences	between Primar	y and Specialt	y Palliative Care
		The second secon	A second

Primary Palliative Care	Specialty Palliative Care	
Applicable to all patients, diagnosis through survivorship or end of life care	Specialized care for patients with sufficient psychosocial, cultural, or symptomatic complexity	
Scope of practice within the domain of primary oncology team	Intensive, focused and tailored treatment approached in a patient-to-patient basis	
Low resource and infrastructure burden	Heavier resource and infrastructure burden	
Requires less coordination of care, if any, with palliative specialists	Increased care coordination between primary oncologist and palliative specialist required	
Provision of traditional treatment modalities (e.g. oral opiates for pain)	Provision of advanced treatment modalities (e.g. methadone or Ketamine for pain)	
Example: 72yo male with a diagnosis of metastatic prostate adenocarcinoma with progressive low back pain who has been compliant with his usual pain medicine	Example: 62yo female with a diagnosis of lung adenocarcinoma who is in significant pain but refuses to use her pain medications because "God wants me to feel the pain of my sins."	

#### Palliative Care Referral Triggers

## Primarily referred for symptom management or goals of care

- ► Patient and/or family could benefit from an extra layer of support
- Uncontrolled pain or symptom
- Multiple medications and/or multiple pharmacies
- Decline or weight loss
- ► Prior to PEG, dialysis, chemo, or other aggressive measures in the frail
- Frequent falls
- Multiple hospitalizations
- Uncertainty about prognosis

### Additional Palliative Care Referral Triggers

- Communication. The final trigger and maybe most important.
  - ► Education regarding aggressive versus comfort care

  - Unrealistic expectations
     Confusion among family members regarding plan of care and prognosis
  - Discussion of advance directives
    - Living willsSD MOST

    - Surrogates and Guardianship
  - ▶ Patient and family would benefit from an extra layer of support

## South Dakota Palliative Care Network (SDPCN)

- ► Planning Grant
  - 61 Individuals from 28 Organizations
- Needs Assessments
  - ► Focus Groups
    - Across the state, urban and rural
    - Patients and Caregivers
    - ▶ Healthcare Professionals

#### 3 Key Areas

- Provide Education on Palliative Care
- Facilitate Discussion on Reimbursement for Palliative Care Services
- 3. Support Healthcare Facilities in Delivery of High-Quality Palliative Care Services

### SDPCN - Rural Health Network Development Program

- Co-Project Directors
  - ► Charlene Berke
  - ► Sarah Mollman
- Network Director
  - ▶ Mari Perrenoud

- ► Partner Organizations
  - Avera Sacred Heart Hospital (Awardee)
  - South Dakota State University
  - ► Presentation College
  - ► Mount Marty University

Avera applied and received a grant from Federal Office of Rural Health Policy (FORHP) Rural Health Network Development (RHND) Program in the US Dept of Health & Human Services Administration (HRSA)

"This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$900,000 with a percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."

### SDPCN - Network Building

- ▶ Grown to 165 individuals from 29 organizations.
- ► Directory of palliative organizations & professionals
  - ► Regional connections
- ► Resource Sharing
  - Quarterly eNewsletter
    - Provider Feature
    - Upcoming events

#### **SDPCN Collaboration**

#### **BUSH Grant - USD**

- ► Focus ECHO primary palliative education
- Support individual palliative care providers through tele-mentoring
- ► Foster palliative care communities in remote areas by providing central support

#### NIH Grant - Mass General

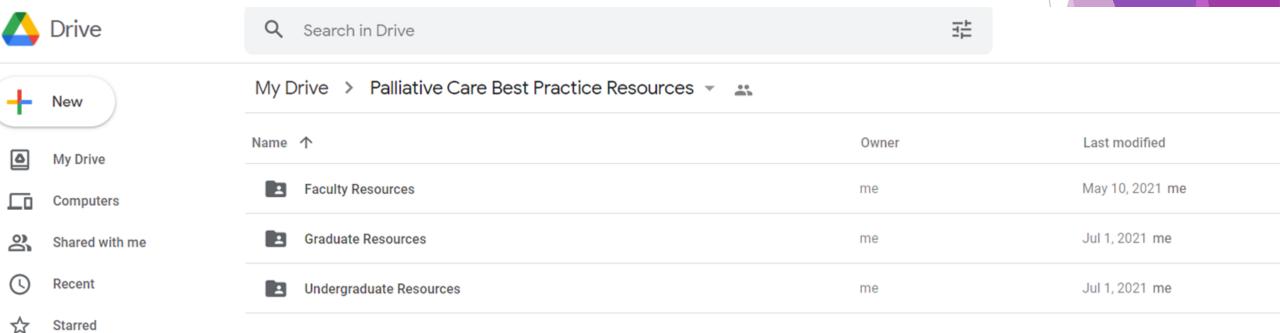
- Characterize the barriers to living well faced by cancer patients living in the Cheyenne River, Pine Ridge, and Rosebud Sioux reservations
- Create a palliative care educational program and intervention that is culturally relevant to patients living on tribal lands in South Dakota and beyond

#### **SDPCN** Aims

- ► Increase awareness & knowledge of primary palliative care across the region:
  - ► Post-Secondary Education
    - ► Start with nursing programs fall of 2021
  - ► Continuing education: Healthcare professionals
    - ► Online CE Portal Accessible to everyone
  - ► Community Education (including patients and families)
    - ▶ 16 communities throughout SD

### Post-Secondary Education

- ► AACN Competencies Preparing Nurses to Care for the Seriously Ill & their Families (CARES & G-CARES)
- Primary Palliative Care Best Practices Resources
  - Undergraduate
  - Graduate
    - Created by education & palliative care experts



### Post-Secondary Education: Undergraduate Resources

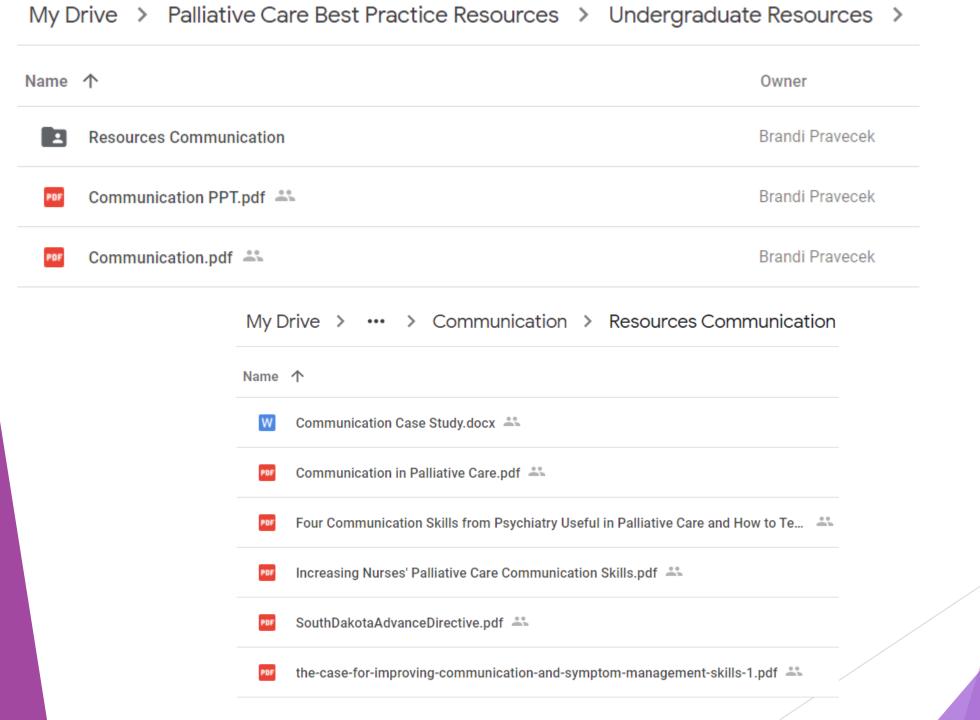
My Drive → Palliative Care Best Practice Resources

Name ↑

How to Use Resources.mp4 ♣♣

RoleoftheChampion.SDPCN Presentation Template.mp4 ♣♣

My D	rive > Palliative Care Best Practice Resources > Undergradua	te Resources 🔻 🚜
Name	<b>↑</b>	Owner
	Communication	me
	Community/Population Health	me
	Cultural Issues	me
	Ethical/Legal	me
	Fundamentals	me
	Health Assessment	me
	Nursing Leadership	me
	Nursing Management	me
	Nursing Research	me
	Pharmacology	me
	Psychiatric/Mental Health Nursing	me
	Simulations	me
	START HERE	Theresa Garren



### Post-Secondary Education

- ► Integration started this fall
  - Mount Marty University
  - Presentation College
  - South Dakota State University
- ► Goal is to reach 1,200 students in the next year.

- ► Resources available to any nursing program that is interested (free).
- Pre/Post Assessment Students
- ► Faculty Survey



<< Return to Main Site</p>
Welcome Charlene A Berke, RT. (RXT), Administrator



South Dakota St Trauma Sys September 14 – 1

#### **Upcoming Activities**

September 10, 2021 Avera Research Integrity Conference

South Dakota Statewide Trauma Conference

Orbital 1, 2021 2021 Avera Cancer Institute Oncology Symposium (Registration)









#### **Avera CE Portal**

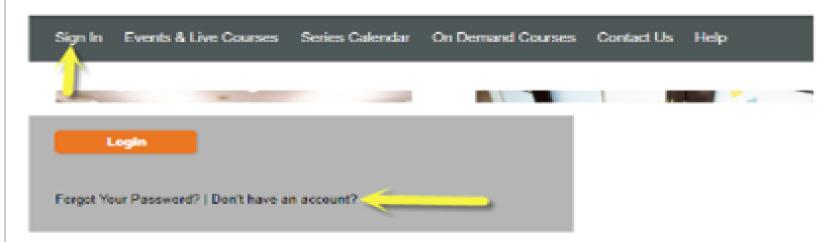
#### HOW TO CREATE AN ACCOUNT

It is important to follow the instructions below when creating an account in the Avera CE Portal. This will ensure that you receive the appropriate credits and have an accurate transcript.

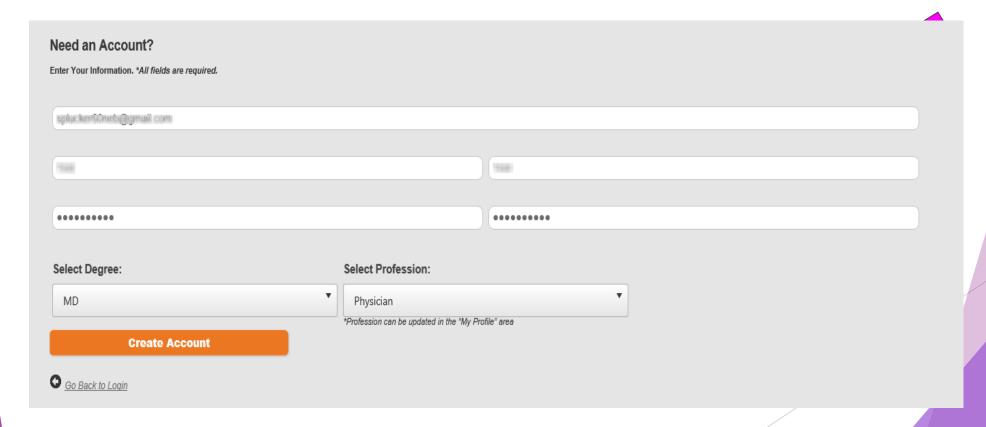
#### Step 1- Creating an account

To create a profile in the Avera CE Portal click the following link: http://avera.cloud-cme.com.

Click the "Sign In" button. Click on the "Don't Have an Account?" link.



Enter the information in the Need An Account?. Then click "Create Account". Be sure to complete all fields including "Select Degree" and "Select Profession".





<< Return to Main Site</p>
Welcome Charlene A Berke, RT. (RXT), Administrator



South Dakota St Trauma Sys September 14 – 1

#### **Upcoming Activities**

September 10, 2021 Avera Research Integrity Conference

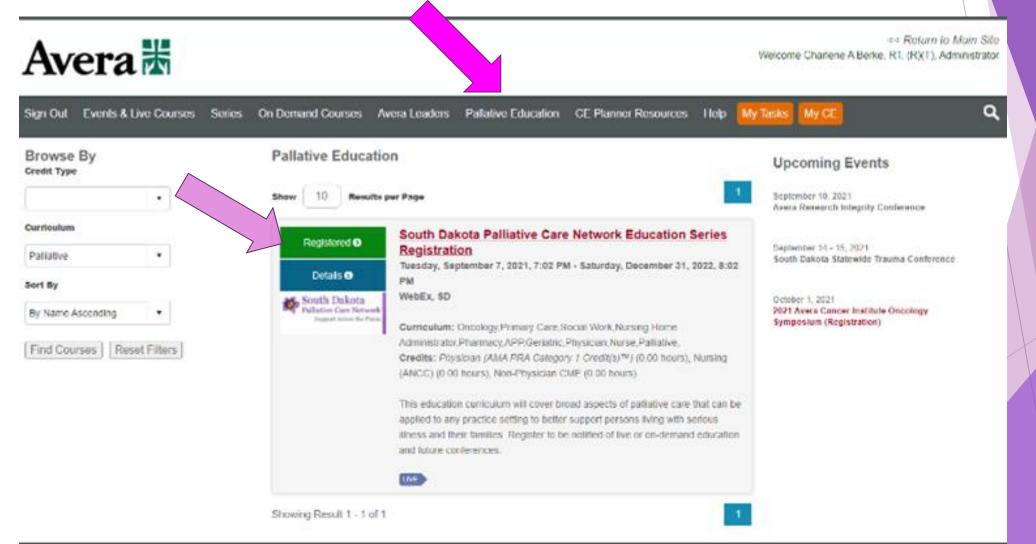
South Dakota Statewide Trauma Conference

Orbital 1, 2021 2021 Avera Cancer Institute Oncology Symposium (Registration)

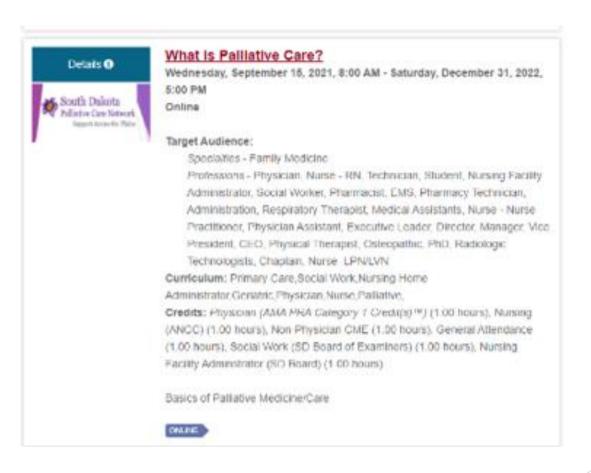




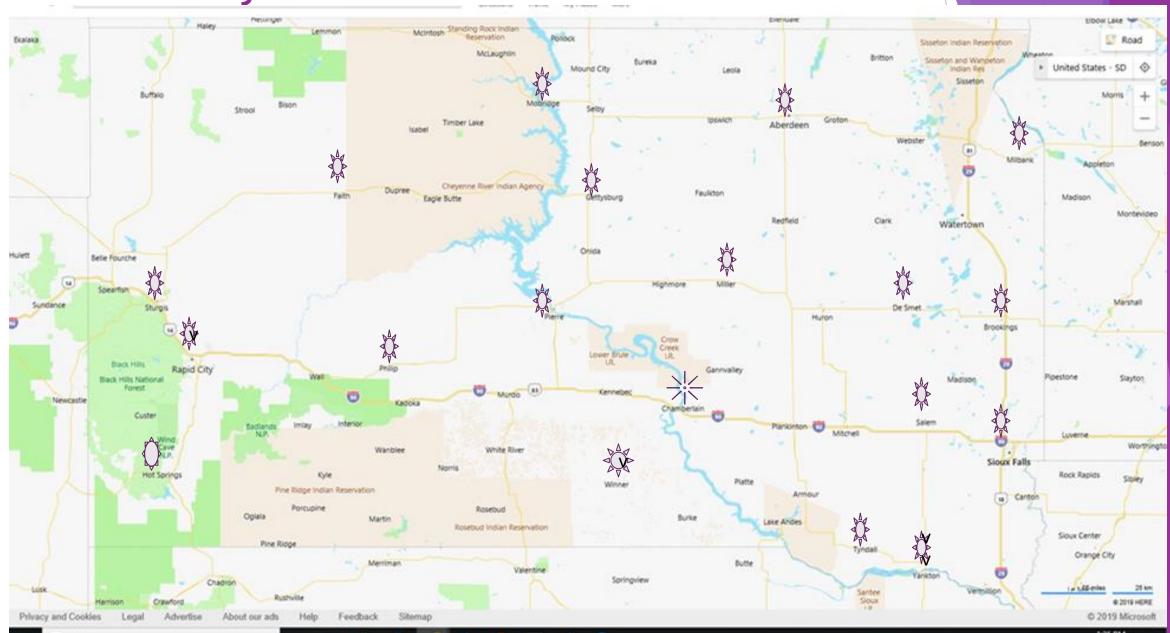








### **Community Education**



### Questions





#### Join our Network



#### Reflections



It was nearly twenty years ago that my 59-year-old father was diagnosed with stage 4 colon cancer. Over the next few years my family and I walked the path that many do after a life-limiting diagnosis. What a precious walk it was. What a

privilege it was. And what a learning experience it was.

I held my dad's hand while he breathed his last breath and I knew then that my life would never be the same. Life experiences have a way of altering a life path and I have never looked back at my calling in hospice and palliative care.

My name is Mari Perrenoud and I work as Network Relations Director for the newly formed South Dakota Palliative Care Network. We are funded through a HRSA grant with a goal of rekindling and expanding a state palliative care network. Establishing a formal network will better unify our clinical and educational teams, allow for sharing of resources, and provide an efficient form of communication.

The growth of palliative care is one of the most significant movements in recent years. While it's an area of care that is often overlooked or misunderstood, the positive effects can be life-changing. I have had the

#### **Contact Information**

- ► Charlene Berke
  - ► Charlene.Berke@avera.org
    - ► Contact Charlene if you have questions about the CE Portal./continuing education.
- ► Sarah Mollman
  - ► Sarah.Mollman@sdstate.edu
    - Contact Sarah if you are interested in the post-secondary palliative care resources.
- ► Mari Perrenoud
  - ► Mari.Perrenoud@avera.org
    - Contact Mari if you want to receive the eNewsletter.