



Current Status: Active

PolicyStat ID: 5452550



Bloomington Hospital

Origination: 12/2017
Effective: 12/2017
Last Approved: 12/2017
Last Revised: 12/2017
Next Review: 12/2020
Owner: *Brian Shockney: President-South Central Region*
Area: *Administrative*
Tag:
Applicability: *Indiana University Health Bloomington Hospital*

Palliative Care Services

I. PURPOSE

- A. To define the scope and goals of Palliative Care Services available for patients admitted to IUHealth Bloomington.
- B. To describe the composition and work of the Palliative Care Team providing palliative care services to patients at IUHealth Bloomington.
- C. To list core palliative care training required of all clinical staff and to describe how this will be provided.
- D. To describe the process of identifying patients admitted to IUHealth Bloomington who may benefit from palliative care services.

II. SCOPE

This policy applies to Indiana University Health Bloomington clinical staff who provide care to patients of all ages to patients admitted in the inpatient setting.

III. EXCEPTIONS

None

IV. DEFINITIONS

Clinical Staff: Team members who provide clinical care to inpatient at IU Health Bloomington. This includes licensed independent providers and non-providers.

Palliative Care: Palliative care, and the medical sub-specialty of palliative medicine, is specialized medical care for people living with serious illness. The focus is on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and their family. Palliative care is a philosophy of care not a place.

Palliative Care Team: An inter-disciplinary team structure that includes representation from at least two of the following disciplines that provides palliative care services in response to inpatient referrals for this care at IU Health Bloomington: physician, nurse practitioner, physician assistant, nurse, licensed social worker, chaplain.

Primary Palliative Care: Components of palliative care that can be delivered by all clinicians, regardless of specialty. This may include basic pain and symptom management, advance care planning conversations, and

communication in serious illness and end-of-life care.

Specialty Palliative Care: A medical sub-specialty that provides specialized medical care for people living with serious illness. The palliative care service focuses on providing relief from the symptoms and stress of a serious illness and the goal is to improve quality of life for both the patient and the family.

V. POLICY STATEMENTS

- A. Both primary and specialty care components of palliative care will be provided as indicated to improve quality of life through pain and symptom management, spiritual and psychosocial counseling, and assistance in health care planning. This can be done in combination with any treatment, including curative, for an extended period of time and can begin at any stage of the illness, including onset.
- B. The inter-disciplinary palliative care team will include representation from at least two of the following disciplines, with representation from those disciplines having achieved specialty certification in palliative care or received training in palliative care with the goal of working toward certification: physician, nurse practitioner, physician assistant, nurse, licensed social worker, chaplain.
- C. Training will be provided and required of all clinical staff regarding core palliative care concepts including advance care planning, pain and symptom management, communication in serious illness and end-of-life care, and the role of the palliative care team.
- D. A referral for palliative care services will require an order from the attending provider.

VI. PROCEDURES

- A. The attending provider determines the patient's need for palliative care services in collaboration with the inter-disciplinary clinical care team.
- B. The attending provider establishes the patient's plan of care in conjunction with the inter-disciplinary clinical team, and it may include a consultation for palliative care services.
- C. Patients who may benefit from a palliative care referral will be identified in one or more of the following ways
 - 1. A recommendation from a member of the clinical team to the attending provider based on the patient's presentation: In these instances, the member of the clinical team will request the attending provider for a consult for palliative care services. If the provider agrees, the referral will be initiated via an order from the attending provider. If the provider disagrees, the clinical team member will document this in the medical record.
 - 2. A 14 –day length of stay will trigger the case manager to contact the attending provider and make a recommendation for a palliative care consult. If the provider agrees, the referral will be initiated. If the provider disagrees this will be documented.
- D. Training of Core Palliative Care concepts is required of all clinical staff.
 - 1. **Non-Provider Clinical Staff:** An annual eLMS module will be provided to all non-provider clinical team members to educate them about the core concepts of palliative care. A report will be run to confirm that this has been completed by these team-members. Additionally, this will be included as a requirement in new member orientation and onboarding for new clinical team members.
 - 2. **Licensed Independent Providers:** For those providers that are employees of Southern Indiana Physicians, an eLMS module will be offered to provide education to these providers about the core concepts of palliative care. A report will be run to confirm that this has been completed by these

providers. For those providers who are not employees of Southern Indiana Physicians, an email will be sent with the eLMS module. A reply message attesting that this has been completed will be accepted as evidence that this education has been completed. Additionally, this will be included as a requirement for training and completion in new provider orientation and onboarding.

VII. CROSS REFERENCES

None

VIII. REFERENCES/CITATIONS

Center to Advance Palliative Care. (2017). About Palliative Care. Retrieved from <https://www.capc.org/about/palliative-care/> Accessed on December 19, 2017.

IX. FORMS/APPENDICES

None

X. RESPONSIBILITY

Medical Director of Palliative Care

XI. APPROVAL BODY

Med Executive Committee
Medical Director of Palliative Care
Nursing
Patient Care Committee

XII. APPROVAL SIGNATURES

12/19/17
Brian Shockney
Chief Operating Officer
Indiana University Health Bloomington

XIII. DATES

Approval Date: December 2017
Effective Date: December 2017
Review/Revision Dates: December 2017

Policy #:

ADMIN 8-202

Attachments:

No Attachments

Applicability

Indiana University Health Bloomington Hospital

COPY