

## National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, 4th Edition

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## Disclosure

There are no relevant financial relationships to disclose.



## Session Objectives

1. Describe the development process for the 4<sup>th</sup> edition of the *NCP Clinical Practice Guidelines for Quality Palliative Care*.
2. Describe the specific domains of the new edition of the NCP Guidelines for Quality Palliative Care with emphasis on Domain 5 (Spiritual Care).
3. Identify strategies to apply the 4<sup>th</sup> edition of the *NCP Clinical Practice Guidelines for Quality Palliative Care* across all care settings.



## What is Palliative Care?

- Palliative care is a person-and family-centered approach to care for people with serious illness.
- Palliative care is focused on expert assessment and management of pain and other symptoms, assessment and support of caregiver needs, and coordination of medical, social, and practical services.
- Palliative care attends to the physical, functional, psychological, practical, and spiritual consequences of a serious illness.



## Palliative Care is...

- Appropriate at any age and at any stage in a serious illness
- Delivered in all care settings
- Focused on what is most important to the patient, family, and caregiver(s)
- Interdisciplinary



## Palliative Care and Spiritual Care

- Spirituality is recognized as a fundamental aspect of compassionate, patient and family-centered palliative care.
- It is a dynamic and intrinsic aspect of humanity through which individuals seek meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, and the significant or sacred.
- Spirituality is expressed through beliefs, values, traditions, and practices.



## APC Involvement

- One of 10 organizational members of the National Coalition for Hospice and Palliative Care (NCHPC).
- NCHPC Goals:
  - **Cooperate, Coordinate and Communicate** a shared vision to the public about the importance of high quality palliative care in multiple settings including hospice, hospitals, and in the community.
  - **Collaborate** on public policies to improve the care of seriously ill patients and their families.
  - **Educate** the public and policy makers about the need for high quality palliative care for those patients and families diagnosed with serious illness and the need for high quality hospice care for those at the end of life.

For more information, visit [www.nationalcoalitionhpc.org](http://www.nationalcoalitionhpc.org).



## NCHPC Members



## National Consensus Project

- National Consensus Project (NCP) is an initiative of NCHPC to further define and underscore the value of palliative care, and to improve upon the delivery of palliative care in the United States.
- Goals:
  - Heighten awareness of palliative care as an option in treating those with a serious illness
  - Build national consensus concerning palliative care through an open and inclusive process
  - Create and disseminate a set of **evidence-based clinical practice guidelines** to guide the growth and expansion of palliative care
- APC serves on the NCP Steering Committee and Writing Workgroup.



## Questions



## NCP Background

- Began in 2001 with a task force of key national organizations and content experts.
- Three editions of the NCP Clinical Practice Guidelines for Quality Palliative Care have been published - 2004, 2009, and 2013.
- NCP Guidelines have served as:
  - a framework for the National Quality Forum Preferred Practices, and
  - the hallmark document within the field guiding policy makers, providers, practitioners, accreditation organizations, insurance companies and consumers in understanding and integrating the principles of quality palliative care.
- More information about the NCP is available at [www.nationalcoalitionhpc.org/ncp](http://www.nationalcoalitionhpc.org/ncp).



## NCP Guidelines, 4<sup>th</sup> Ed.

- **Funding:** In January 2017, the **Gordon and Betty Moore Foundation** awarded a two-year grant to the NCHPC and Hospice and Palliative Nurses Foundation (HPNF) to support a stakeholder summit and the development, endorsement, dissemination and implementation of the NCP Guidelines, 4<sup>th</sup> edition.
- **Goal:** Develop and disseminate national practice guidelines to improve access to quality palliative care for all people with serious illness, regardless of setting, diagnosis, prognosis, or age.
- **Plan:** Build on the success and strategies of the *National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, 3rd Edition (2013)*.
- **Visit:** [www.nationalcoalitionhpc.org/ncp-guidelines-2018](http://www.nationalcoalitionhpc.org/ncp-guidelines-2018) for more information.



### NCP Leadership Organizations

### Project Components & Timeline

- Development:**
  - NCP Steering Committee and Writing Workgroup formed, April-May 2017 (16 organizations represented)
  - NCP Strategic Directions Stakeholder Summit held, June 2017 (43 organizations represented)
  - Writing, review and revisions, July 2017-March 2018
  - Systematic review, Feb-July 2018
- Endorsement:**
  - Approval and endorsements from national stakeholder organizations, Spring 2018
- Publication:**
  - Fall 2018
- Dissemination:**
  - Dissemination via national conferences, webinars and communications, Jan-Dec 2018

### NCP Systematic Review

- Added to the original project scope in 2018
- Purpose:**
  - Complete and integrate a systematic review with a formal grading of the evidence for the NCP Guidelines, 4th edition
  - Align with the criteria required for inclusion in the Agency for Healthcare Research and Quality (AHRQ) National Guideline Clearinghouse™.
- Focus:**
  - All domains
  - All settings of palliative care (primary and specialty)
  - All ages (pediatric and adult)
- Projected completion: July 31, 2018
- Funded by: Gordon and Betty Moore Foundation; Gary and Mary West Foundation; The John A. Hartford Foundation; Stupski Foundation

### NCP Communication Resources

- NCP Press Release
- NCP Overview and Scope
- NCP Stakeholder Summit Report
- NCP Executive Summary
- NCP Overview PPT Slides
- NCP Newsletter Article Template
- NCP FAQs
- NCP Flyer
- Twitter: #NCPGuidelines

[www.nationalcoalitionhpc.org/ncp-guidelines-2018/](http://www.nationalcoalitionhpc.org/ncp-guidelines-2018/)

### NCP Stakeholder Summit

- Strategic Directions Summit held in Chicago, IL, June 29-30, 2017
- Purpose:** Bring together key national stakeholder organizations to:
  - discuss and define essential elements of quality primary and specialty palliative care services in the community, and
  - elicit input to begin the work of creating the 4th edition of the NCP Guidelines.
- Attended by 58 representatives from 43 national organizations that covered a broad range of care settings, provider associations, accrediting bodies, payers/insurance industry, patient advocacy organizations and community services organizations.

### NCP Summit Key Themes

The following are the key themes that are representative of the input and discussions from the Summit:

- Defining "Community" (for people with serious illness)
- Stakeholder Perspectives (re: current and future use of the Guidelines)
- NCP Guidelines Domains

## Defining “Community”

“Community” should be defined:

- by the person; and
- as a lens through which people’s needs can be assessed.

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## Stakeholder Perspectives

- **Providers:** Provider practices, including accountable care organizations (ACOs) are using the Guidelines to design home-based and other community-based programs.
- **Education:** Clinical Guidelines establish the expectations for the skills and knowledge needed to practice.
- **Measurement:** Guidelines are needed to establish a baseline for measuring where you are and then measuring change.
- **Accreditation:** The Guidelines have been used to define the care that should be expected for those with serious illness.
- **Health Plans:** The Guidelines are used to ensure health plans, working with providers in their networks, are responsive to the needs of their members with serious illness.
- **Research:** The existence of the NCP Guidelines validates the level of importance and provides credibility to research.

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## Key Considerations

Based on the overall discussions at the Summit, key considerations for the NCP Guidelines, 4<sup>th</sup> edition, include:

- Be applicable across settings wherever possible, preferably in one set of Guidelines.
- Incorporate both primary and specialty level palliative care.
- Be flexible and adaptable over time as need grows and models evolve.
- Address how to integrate community resources and services.
- Start with the eight domains as currently outlined in the NCP Guidelines, 3<sup>rd</sup> edition, and add other domains if warranted.
- Expand family caregiver focus.

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## Key Considerations (cont.)

- Address different populations, e.g. pediatrics and geriatrics.
- Incorporate culture, communication, coordination and transitions of care throughout all domains.
- Develop a format/structure for that includes practical examples of the application of the Guidelines in various circumstances and settings
- Clarify the difference between clinical and operational guidelines.
- Include triggers for specialist level palliative care to drive utilization and integration.

Specific recommendations were also identified for the eight domains plus possible new domains.

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## Project Scope

- Goal is to improve access to quality palliative care for all people with serious illness, regardless of setting, diagnosis, prognosis, or age.
- Aims to formalize and delineate evidence-based processes and practices for the provision of safe and reliable high-quality palliative care for adults, children, and families with serious illness in all care settings.
- Serious illness is defined as a health condition that carries a high risk of mortality and either negatively impacts a person’s daily function or quality of life or excessively strains their caregiver.\*

\*Kelley AS. Identifying the Population with Serious Illness: the “Denominator” Challenge. Journal of Palliative Medicine. (in press). This work was completed with support of the Gordon & Betty Moore Foundation.

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## Focus: All Settings of Care

- Palliative care is a person-and family-centered approach to care for people with serious illness.
- Palliative care includes comprehensive physical, emotional, spiritual, and social assessment; skilled management of pain and other distressing symptoms; and expert communication about what is most important to patients and families and implementing care plans to achieve those goals.
- Palliative care can be delivered in all care settings, is frequently provided over a longer period of time to patients based on their need and not their prognosis, and can be offered by various types of organizations.
- Palliative care should be provided in any setting by any clinician with appropriate preparation and training.

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## NCP Guidelines Domains, 4<sup>th</sup> Ed.\*

1. Structure and Processes for Care
2. Physical Aspects of Care
3. Psychological and Psychiatric Aspects of Care
4. Social Aspects of Care
5. Spiritual, Religious, and Existential Aspects of Care
6. Cultural Aspects of Care
7. Care of the Patient Nearing the End of Life
8. Ethical and Legal Aspects of Care

\* "Coordination of Care" criteria was integrated among the domains.



## NCP Domain Elements, 4<sup>th</sup> Ed.

- Each domain includes guidelines/criteria re:
  - Comprehensive assessment
  - Caregiving
  - Care coordination
  - Cultural inclusiveness
  - Communication
  - Care transitions
- Clinical implications
- Operational implications
- Primary palliative care application
- Practice examples
- Evidence-based references
- Tools/resources



## NCP Guidelines Applications

For any patient with a serious illness in any care setting:

- Primary palliative care
- Specialty palliative care
- Pediatrics



## Questions



## Chaplain Definition and Role

- The professional chaplain is master's level prepared and has taken clinical chaplaincy training. Board Certification in chaplaincy is preferred.
- Certified chaplains may also specialize in palliative care and have specialized certification.
- The chaplain is the spiritual care specialist on the IDT and trained to address spiritual and religious concerns of all patients and caregiver regardless of their spiritual or religious beliefs and practices.
- The chaplain is also an emotional care generalist and interfaces closely with the social worker and other mental health providers to provide psychosocial-spiritual care as a unified domain.



## Clinical Implications

Domain 5: Spiritual, Religious, and Existential Aspects of Care

- Spiritual care is an essential component of quality palliative care.
- Spiritual care services including screening, history, and assessment are performed on admission and regularly thereafter.
- Interventions using professional standards of practice are part of the basic provision of quality care available to all palliative patients.



## Operational Implications

### Domain 5: Spiritual, Religious, and Existential Aspects of Care:

- Specialist-level palliative care programs include salaried professional chaplains and related programmatic expenses.
- Clinicians serving seriously ill populations may develop affiliation agreements with spiritual care departments in health systems, hospitals, or hospice programs that can provide timely access to professional chaplain services.
- If these resources are not available, partnerships with faith community leaders are encouraged and nurtured. The palliative care team has policies and procedures regarding spiritual care consultation and processes for referrals.



## Practice Examples



## Practice Example #1

A large health system has recently expanded to include several outpatient clinics and hospitals across a broad geographic area. The health system has committed to integrating palliative care as a component of patient centered care. The system adapts the NCP Guidelines. Spiritual care is addressed for the increasingly diverse population served and care now includes spiritual assessment on all admissions incorporated in the electronic health record. All staff have been trained in spiritual care and the chaplaincy program is building relationships with community clergy.



## Practice Example #2

A pediatric oncology program adopts improved spiritual care as a goal for the next quarter, using the NCP Guidelines as a framework for their quality improvement plans. The .20 FTE chaplain assigned to this unit leads these efforts, including the development of strategies to improve the spiritual assessment of all children and their families and a focus on incorporating spiritual care in the plan of care. While resources are very stretched in this setting, the team believes that the combined efforts of all the staff, including child psychology, art and music therapy, and child life specialists, can make a major improvement in spiritual care.



## Practice Example #3

A well-established hospice program has made significant strides in reaching an immigrant population from Eastern Europe and is now struggling with how best to honor their cultural practices and beliefs. Patients and families from this region have asked that spiritual care be provided only by their Imam without any involvement of the hospice chaplain. The hospice is looking for cultural representatives in the community who can help them understand the context of these requests. The chaplains have reached out to local Imams to develop relationships in support of mutual understanding and education.



## For More Information

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