

Optimizing Holistic End-of-Life Care: A Multidimensional Approach

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The Opportunity

- *Most* patients spend *most* of their time outside of hospitals
- Community-Based Care:
 - Improves quality patient care
 - Potentially decreases morbidities
 - Increases efficiency in health care systems

Ethical Responsibility: To Ensure Excellence in Palliative Care

- To create innovative strategies to deliver care in the most efficient and effective way possible.
- To support colleagues in their efforts to offer quality care.
- To act as an advocate and change agent for improved quality of care for those who are most vulnerable (the very young, the very old, those who are marginalized, those closest to death).

Palliative Care

Common Goals for patients and their support network...

- To enhance quality of life
- To improve functioning
- To address the multidimensional aspects of suffering:
 - Physical, Social, Spiritual, Psychological, Existential Concerns

Describe aspects of a “Good Death”



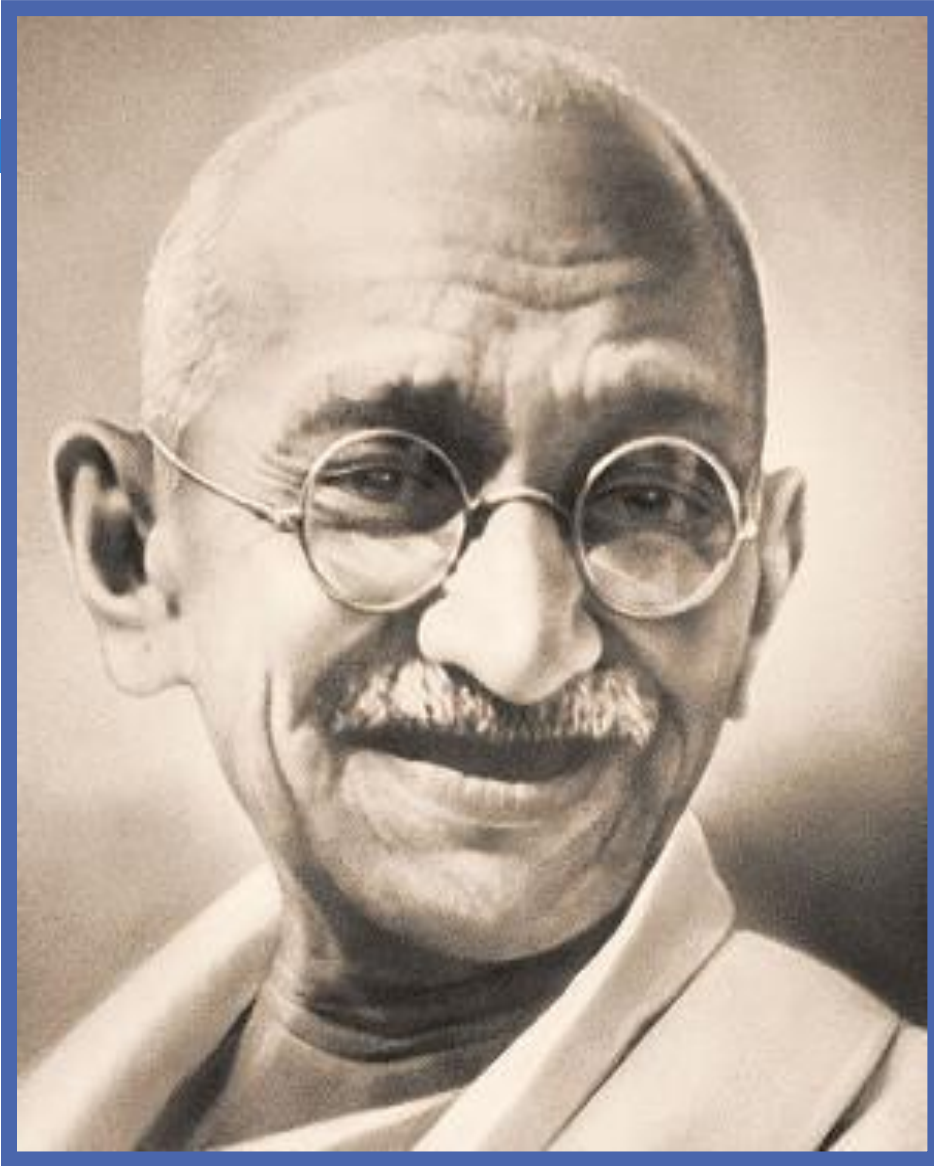
Life is pleasant.
Death is peaceful.
*It's the transition
that's troublesome.*

– Isaac Asimov

US science fiction novelist & scholar (1920 - 1992)

Our Audacious Invitation...

To create a
transformation in the
culture of care...



~ **Gandhi**
(& Allan Kellehear)

You must be the
change you wish
to see in the
world.

Clinicians as Change Agents

- Consider your community
- What are you authentically passionate about
- Community Assessment
 - Assess for “Gaps in Service”
 - Consider how you can address these gaps
- What needs doing?
- Where can you make a difference?

Challenges of being a Change Agent (Leader/Advocate)

Key Principles

- Resistance is natural
- Buy-in is essential
- Enthusiasm is necessary
- Keep commitment to the process
- Maintain authenticity and integrity through the process

Our Voice is Needed ~

Palliative Care Professionals Provide...

- Cultural and community context
- Person-centered & family-focused
- Interprofessional & transdisciplinary perspective
- Commitment to the traditionally underserved
- We are the “conscience” of our communities
- System’s thinkers

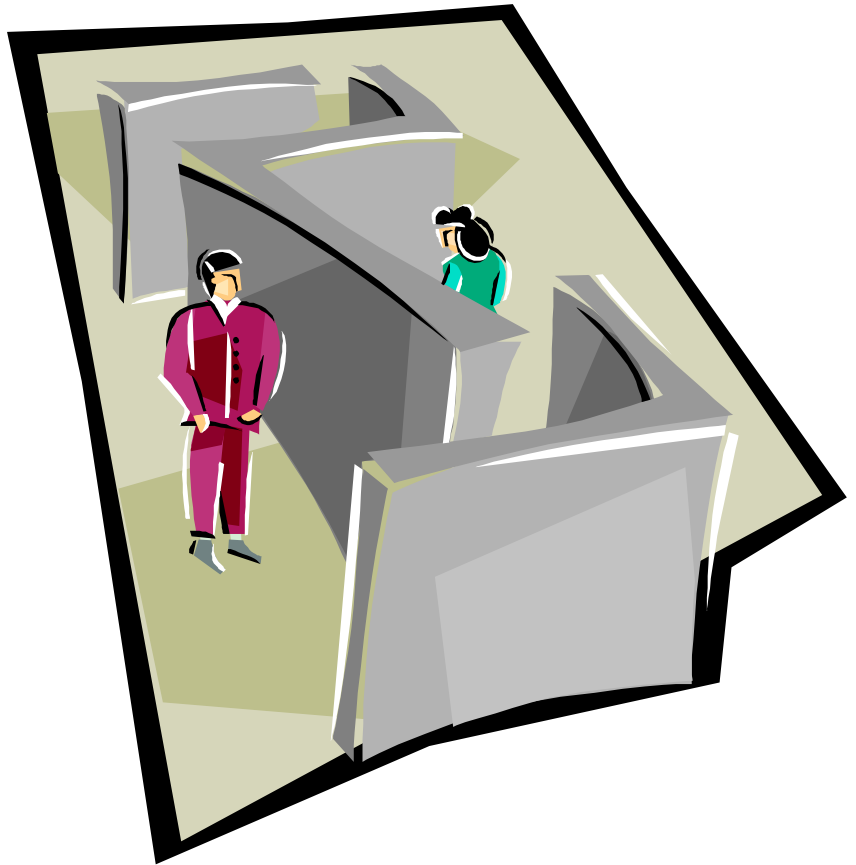
Common Challenges to Change

- Competing Priorities
- Limited Time
- Limited Energy
- Lethargy
- Resistance
- Not in my Job Description
- It's Above my Pay Grade

Perversely Aligned Incentives, Fragmented System, etc

We have
“artificial barriers”
to care.

We have cultivated
a role in navigating this
treacherous terrain...



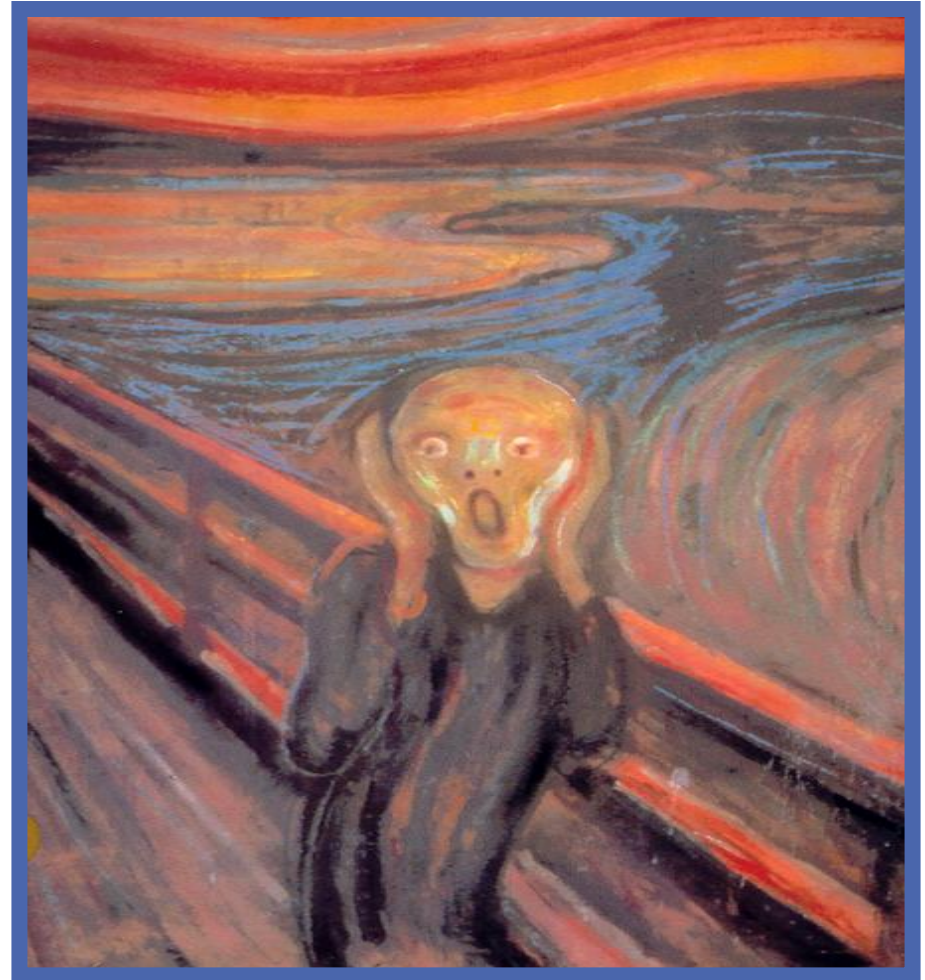
But - What Is Really Needed is to Break Down The Barriers!

We Need
to Think
Big and
Break Out
of the Box!



We need to act from the courage of our convictions!

We have been reactive and not proactive – allowing others to control the palliative care agenda...



Dare to Make a Difference!

- You don't need anyone's permission to become a leader
- Leaders see what needs doing & do it
- Leaders learn from others
- Leaders lead: Leadership is a choice, not a title!



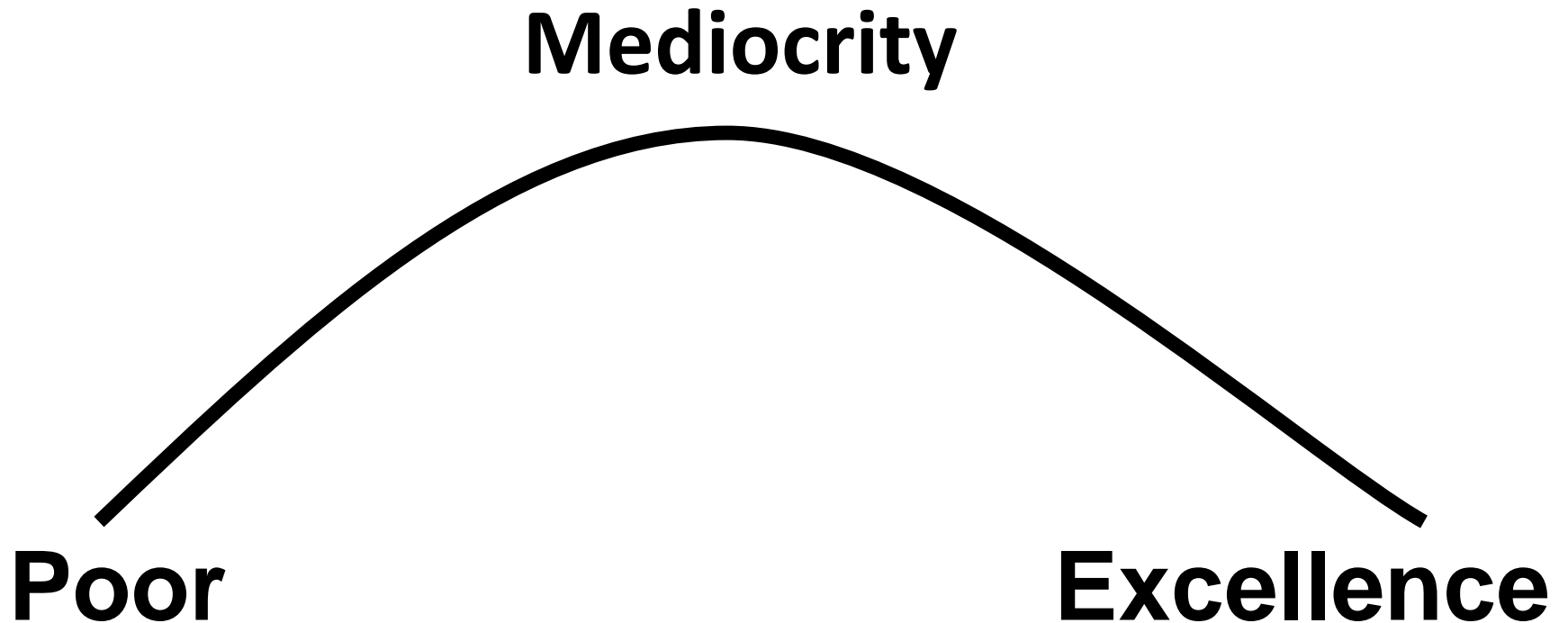
Myths/Realities of Leadership

- If not you, who? ~ If not now, when?
- Skills are learnable (learn from **both** “successes” and from “failures”)
- Opportunities are everywhere
- You already know “enough” (and how to learn more)
- It’s the right thing to do

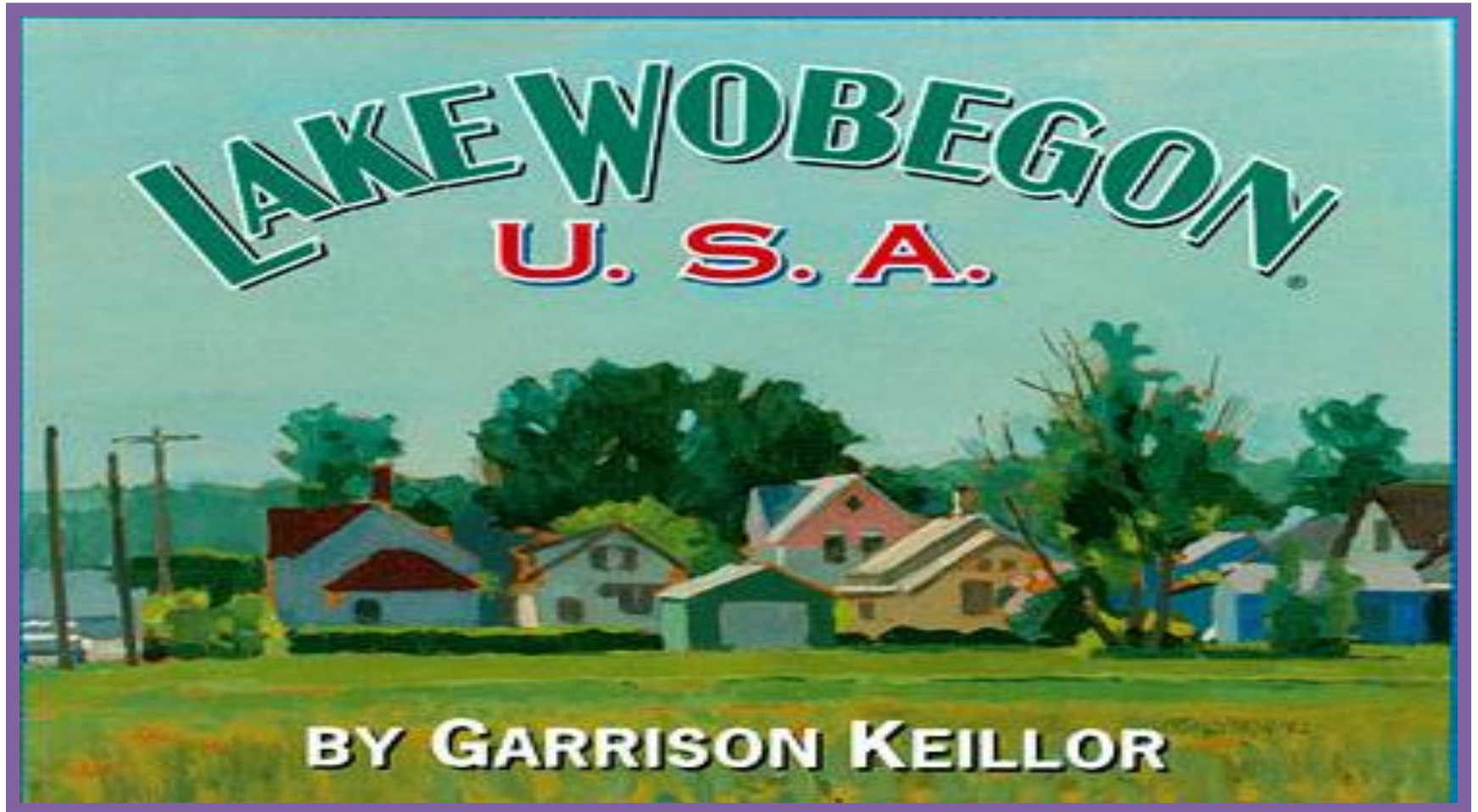
Barriers to Leadership

- I don't have the time or the talent: I'll fail
- It's not my patient/my job/ my responsibility
- I'll be laughed at/ mocked/ reprimanded/ fired/ embarrassed/ afraid
- It's too hard/ nothing can be done/ this will never improve
- The barriers are too big/no-one really cares
- No one expects it of me (***our communities need us!***)

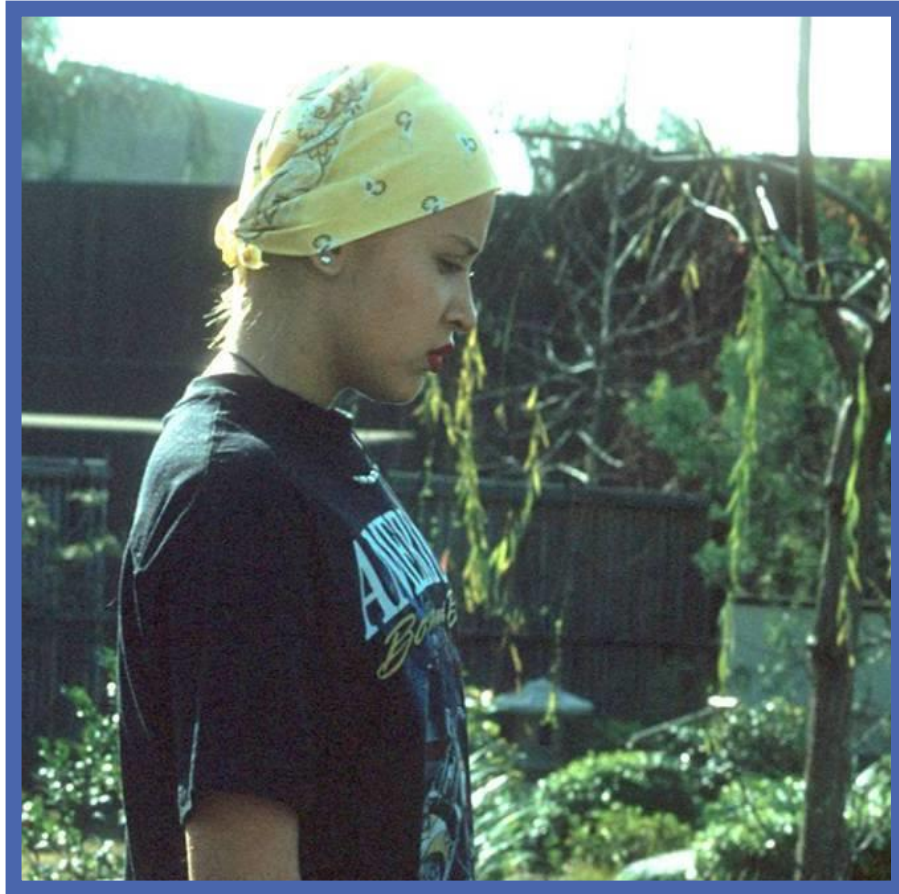
Is Excellence Optional???



**Where all the women are strong,
all the men are good looking,
and all the children are above average.**



Guiding Perspective...



What's in the
best interests
of those
that we
serve?

Where are there Gaps that you can Influence?

- What can you do next week?
- Who can you share this information with?
- Who should you follow up with?
- What three things can you bring back from this Conference?

Be Strategic

- Speak the language of your constituents
- Incorporate your community's vision into your goals
- Share the credit
- Develop back-up plans
- Think in “Phases”
- Commit to the Long Haul
- Show up and when possible, say **“Yes!”**

Develop Your Elevator Speech



A concise & compelling description:

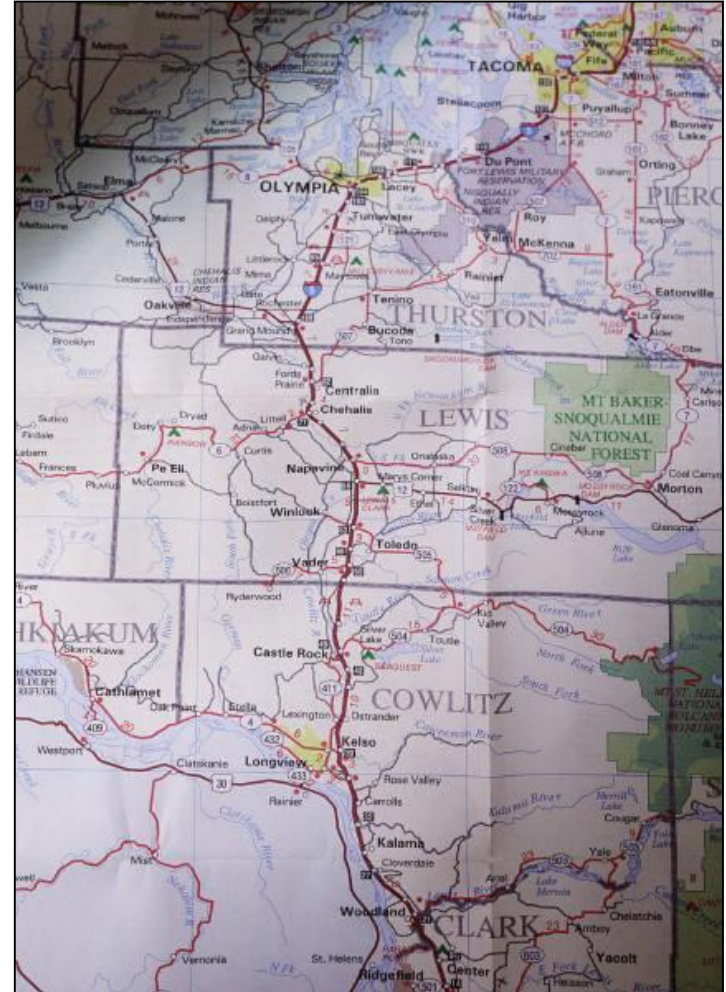
- What you do? (What do you uniquely offer?)
- Who you are? (“I’m a patient advocate...”)
- What you are working to achieve? (What problem are you solving?)
- Why should they care? (Why bother?)
- What can they do to assist? (What action can they do & by when?)

Demonstrations of our Effectiveness: Metrics Matter!

- **Data Drives Policy:** Critical thinking is needed to evaluate the outcomes & effectiveness of our work
- What's needed:
 - Accountability
 - Curiosity
 - Dissemination
 - Commitment

S.M.A.R.T. Goals

Give Us a Road Map
That Offers
Guidance and
Provides Direction
to our Intended
Destination



S.M.A.R.T. Goals Are...

S... Strategic and Specific

M... Measurable

A... Achievable/Attainable

R... Realistic

T... Time-Framed

Team Communication

Good teams promote the establishment of effective communication, cooperation and competence.

- Constance Dahlin & David Giansiracusa (2006), *communication in Palliative Care*, in Betty Ferrell & Nessa Coyle (Eds) Textbook of Palliative Nursing, Oxford University Press.

Paradox

“Interdisciplinary thinking involves the maximum amount of autonomy with the least amount of anarchy (turmoil).”

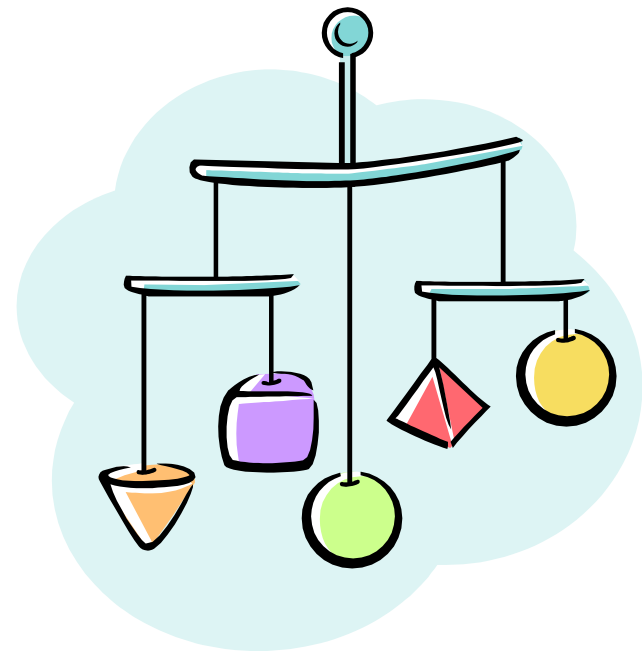
- Theresa Drinka & Phillip Clark (2000), Health Care Teamwork: Interdisciplinary Practice and Teaching, Auburn House.

Partnerships Matter!

WHAT WE CAN'T
DO ALONE
WE CAN DO
TOGETHER



Virginia Satir ~ Family Systems Theory: *Changing anything... changes everything!*



“Dying Well” is about Living Well

- If provided awareness of situation and necessary resources are available, dying person can attend to life closure.
- Bereaved witness “better death,” with associated incidence of “better bereavement.”
- Influences creation of a more positive cultural (and community) legacy...

Commit to Self Care

- Provide support to one another
- Organize rituals/memorials
- Model self care strategies: Boundaries & Balance

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- Healthy body
- Healthy mind
- Healthy social life
- Healthy spirit



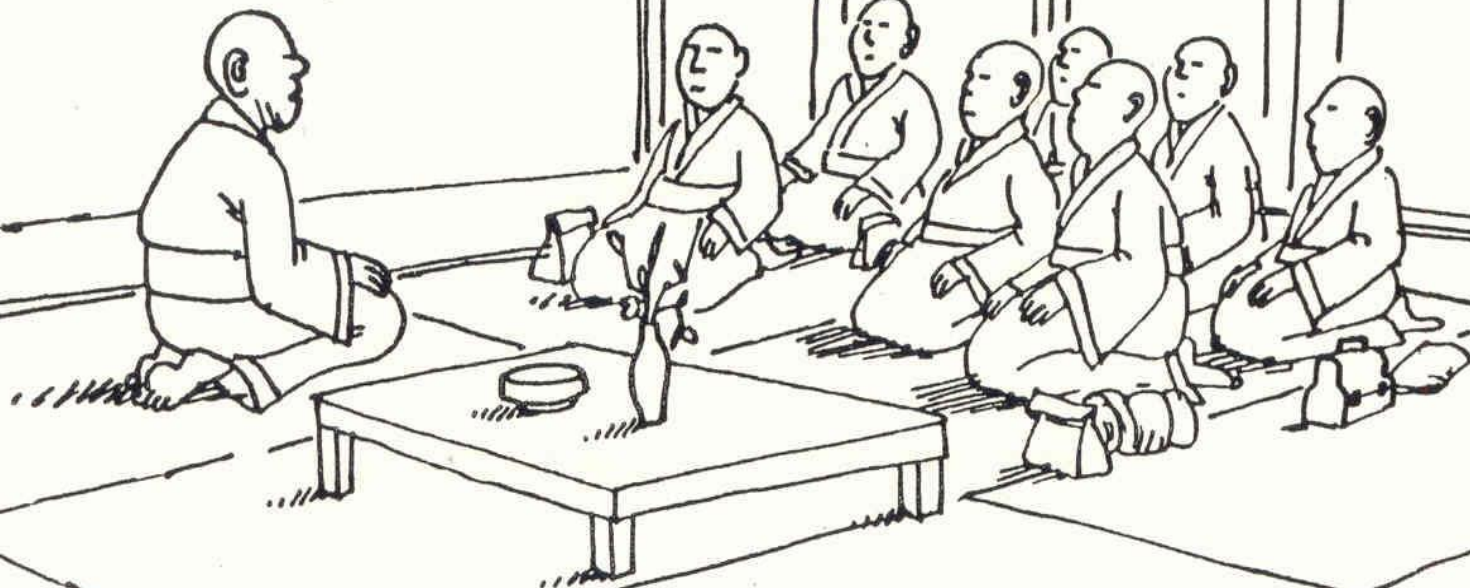
Believe in the Inevitability of Success!

- Seek & provide mentorship.
- Clarify your commitments.
 - Say “yes” when you can & “no” when appropriate.
- Refer when necessary.
- Build a network of support
- Develop “partnerships” to achieve shared goals.

Conclusion

Care should not be limited to
the hospital, but needs to be
focused where people
actually
live, work and play

THE ROAD TO ENLIGHTENMENT IS
LONG AND DIFFICULT, WHICH IS WHY
I ASKED YOU TO BRING SANDWICHES
AND A CHANGE OF CLOTHING.



Questions, Comments, Next Steps?

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