

# Palliative Care and Hospice

Wait, they're not the  
same?

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*All hospice is palliative.  
Not all palliative is hospice.*

Tracey M. Piparo, PA-C  
Inpatient Palliative Medicine  
RWJBarnabas, New Jersey  
PAHPM Outreach Chairperson

#YourPAlliativePA

# Objectives

At the conclusion of this session, participants should be able to:

Explore the different aspects of advanced care planning

Identify patients who are appropriate for hospice care

Discuss the difference between palliative care and hospice care

Identify patients who are appropriate for palliative care



**YOU CAN'T GIVE YOUR LIFE MORE TIME,  
SO GIVE THE TIME YOU HAVE LEFT MORE LIFE.**

### **FACTS**

**25% of deaths occur at home.**

**80% of Americans would prefer to die at home.**

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# What is Palliative Care?

Palliative care is an approach that improves the quality of life of patients and **their families** facing the problem associated with **life-threatening illness**, through the prevention and relief of suffering by means of **early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.**

**“It is a philosophy of care which helps you be the best you can be for as long as possible and provides an extra layer of support for you and your family”**



**How I describe palliative care to patients and families?**

**#YourPAlliativePA**

# What is Palliative Care?

Extra layer of support  
– Emotional, spiritual,  
physical

Based on needs of  
patient, not the  
prognosis

Devoted to intense  
family meetings/  
counselling

Skilled  
communication  
concerning  
expectations –  
care matches  
goals

Expert management  
of complex physical  
& emotional symptoms  
– Pain, depression,  
anxiety, SOB,  
constipation, nausea

Coordination and  
communication of  
care plans among  
providers

*You matter because you are  
you.*

*You matter to the last  
moment of your life, and we  
will do all we can, not only  
to help you die peacefully,  
but also to LIVE until you  
die.*

*–Dame Cicely Saunders*



## Palliative Care

Hospice

- Palliative Care comes from the Latin word 'Pallium' which means to cloak or to cover. It means covering one's suffering.
- Though palliative care got its origins from hospice, palliative care **IS NOT** hospice care.

# So, What's the difference?

## Palliative Care

- ★ Appropriate for anyone with a serious illness
- ★ Available at the time of diagnosis
- ★ Provides symptom management
- ★ Supplement to concurrent treatment, even curative
- ★ Focus on quality of life and providing support
- ★ Team approach including the patient, family, loved ones

## Hospice

- ★ Patient is not seeking curative measures
  - Either not available or not desired
- ★ Aggressive management of symptoms with strong focus on quality of life
- ★ Represents a care plan that can take place in several settings
- ★ Team approach with various care team members





## PALLIATIVE CARE

- Any stage of disease
- May seek Curative treatment

- Optimize comfort
- Reduce stress
- Emotional and spiritual support
- Control symptoms

## HOSPICE CARE

- Not seeking curative treatment
- Expected survival less than 6 months

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**Who, Why and How do I  
talk to a patient about it?**



# Who are we talking about?



## Who may benefit?

- Socially vulnerable
- Exhausted family members / caregivers
- High risk patients

01

## What may these patients look like?

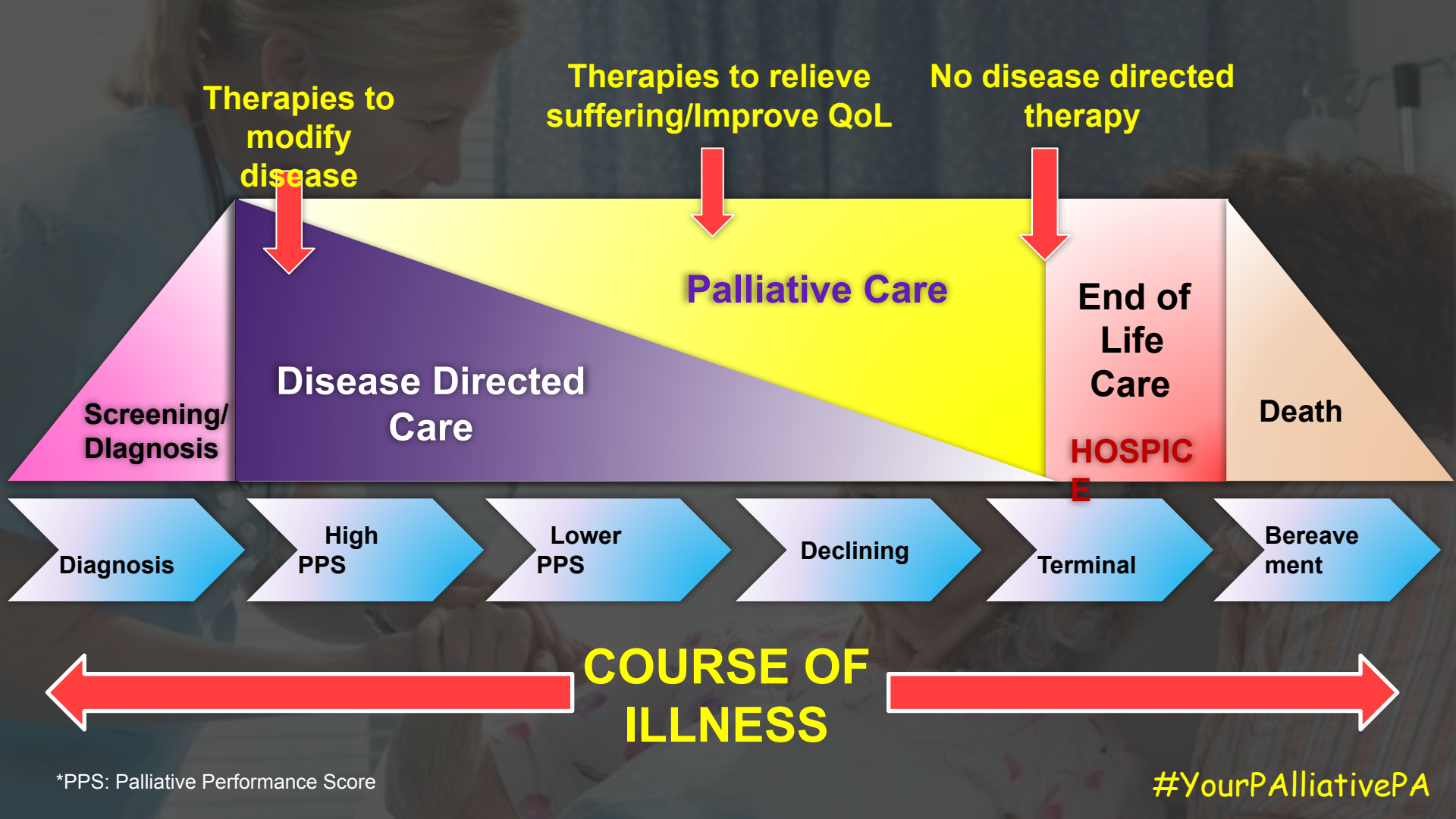
- Frailty/ wt loss (>10%)
- Cognitively impaired
- Multiple comorbidities
- Functional dependency
- Sentinel event

02

## What diagnoses may make you think?

- Advanced heart, lung, liver and kidney disease
- Dementia
- AIDS
- Disabling CVA and other neuro diseases
- Cancer

03



\*PPS: Palliative Performance Score

1

Long standing relationship with patients. This helps you to be the best folks to have discussions regarding patients values, goals, ACP and code status.

2

Basics of symptom management such as pain, dyspnea and .fatigue etc

3

Reduced inpatient and ED utilization

4

Improved quality measure outcomes near end of life

# Primary Palliative Care

There are not enough Palliative clinicians (MD/DO, PA, APN, RN) for everyone that could benefit. Performing primary PC can offset that deficit.

# Serious Illness Conversation Guide



## Set up the conversation

**Introduce purpose**

Prepare for future decisions

**Ask permission**



## Assess

**Assess** understanding and preferences



## Share Prognosis

**Frame as a** “wish...worry”,

**“hope...worry”** statement

**Allow silence, explore** emotion



## Explore key topics

**Goals fear and worries, Sources of strength, Critical abilities, Tradeoffs, Family**



## Close the Conversation

**Summarize and Make a recommendation**

Check in with patient

**Affirm commitment**



## Document

**Document your** conversation



## Communicate

Communicate with **key** clinicians

[A framework for hard conversations.](https://www.ariadnelabs.org/serious-illness-care/)

<https://www.ariadnelabs.org/serious-illness-care/>



- ★ [PAHPM](#)
  - ★ [Center to Advance Palliative Care](#)
  - ★ [American Academy of Hospice and Palliative Medicine](#)
  - ★ [Patient Quality of Life Coalition](#)
  - ★ [NHPCO](#)
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PAs are Perfect for PAlliative



your.PAlliative\_PA



Tpiparopa@gmail.com

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