US Attachment Program for Social Workers in Palliative Care: Observation of good practices and reflections in advanced care planning and bereavement care

Ms LING Hoi-shan
Medical Social Worker
Ruttonjee & Tang Shiu Kin Hospitals

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Team members (from left):

LAU Ka-pui, Katherine (CMC)

LING Hoi-shan, Zero (RHTSK)

LAU Wai-kee, Vikki (GH)

CHOI Hang-suet, Janet (CMC)

Presentation Flow

- Introduction to the program
- Observations from VITAS HealthCare
  - Interdisciplinary team approach
  - Role of Social Workers in advance care planning
  - Standardized resource kits and mobilize volunteers in bereavement care
- Learning from the Fabula Centre
- Post-training contribution

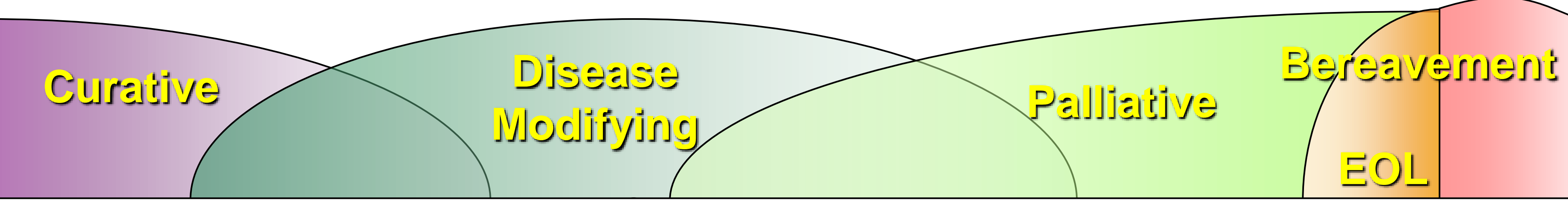
Training Schedule

Mon	Tue	Wed	Thur	Fri
29 Sep Orientation	VITAS Healthcare 30 Sep Orientation	VITAS Healthcare 1 Oct Orientation	VITAS Healthcare 2 Oct IDG meeting	3 Oct Skill Training - Re-membering
6 Oct Skill Training - Re-membering	VITAS Healthcare 7 Oct Practicum - Shadowing	VITAS Healthcare 8 Oct Practicum - Shadowing	VITAS Healthcare 9 Oct Practicum & IDG meeting	10 Oct Skill Training - Re-membering
13 Oct Skill Training - Group Work	VITAS Healthcare 14 Oct Practicum - Shadowing	VITAS Healthcare 15 Oct Practicum - Shadowing	VITAS Healthcare 16 Oct Practicum & IDG meeting	17 Oct Skill Training - Bereavement

Training Objectives

To equip palliative care MSWs with advanced psychosocial *and specific therapeutic knowledge and skills,* to meet the complex psychosocial needs of patients/ families, *develop innovative therapeutic practice and enhance palliative care service quality*

Palliative Care Service in HK



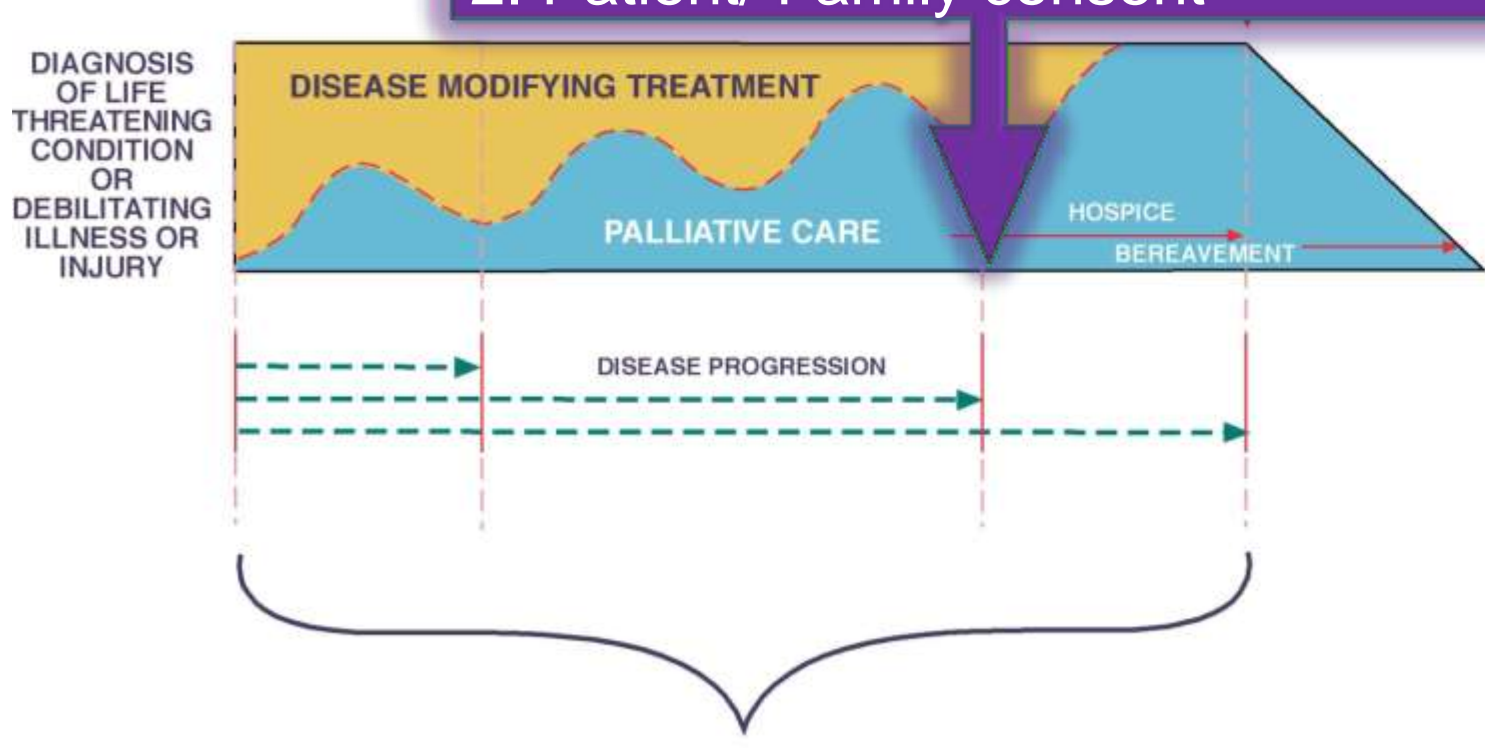
Palliative Care & Hospice Care in US

	Palliative Care	Hospice Care
Aim	Maintaining Quality of life	
Patient	Chronic or life-threatening disease	Terminally ill
Admission Criteria	No Requirement	6 months (by physician)
Treatment Focus	Palliation +/- prolong life	DNR order in place
Psychosocial & Spiritual Care	Not necessarily available	Mandated

Palliative Care & Hospice Care in US

Admission Requirements:

1. Prognosis: 6 months or less (by 2 physicians)
2. Patient/ Family consent



“Preserving Dignity and the Quality of Life”

VITAS Healthcare

Background

- Operates 50 hospice programs in 16 states
- 4 teams serving ~ 200 cases in the catchment area
- Serving both cancer and non-cancer patients, e.g.
  - ✓ COPD
  - ✓ Alzheimer's Disease
  - ✓ Organs failure, etc.

Mode of Care

24 hours on-site support

Respite Care

Intensive Comfort Care at Home

24 Hours tele-service

General Inpatient Care

Routine Home Care

Team Members

Patient & Family

Physicians

Nurses

Chaplains

Social Workers

Bereavement Counselors

Home Health Aides

Therapists

Volunteers

Inter-disciplinary group (IDG)

MSW Roles in Interdisciplinary Team Approach

Table 11.2 Hospice and Palliative Care Overview of Functions
Providing supportive counseling and psychotherapy for individuals, couples, and families.
Providing psychosocial education on an individual and group basis to patients and their support systems related to coping skills, the hospice and palliative care philosophy, and nonpharmacological symptom relief.
Providing in-services to other service providers and organizations and leading community education workshops.
Planning for discharge, identifying, and linking patients with resources while also coordinating care and care planning as well as helping patients to navigate the systems related to their care and end-of-life decisions.
Facilitate advanced care planning and life care planning and mediate conflicts within families, and between professional caregivers and the organizations responsible for such care.
Participate in interdisciplinary team care planning conferences and ethics consultations.
Document all professional activities performed for the patient and his family during and after transition and end-of-life activities decisions have been reached.
All information modified from NASW Center for Workforce Studies & Social Work Practice (2010).

(Dziegielewski, P.293).

Shadowing with frontline workers

- Attended IDG meeting
- Hospital / Home/ facilities visited with nurses for
  - case intake
  - ACP discussion & formulation
  - routine medical checkup / drug titration
  - mission call
- Hospital / Home/ Institution visited with social workers/ chaplains for
  - psychosocial supports
  - Assisting in symptoms management
  - **ACP discussion & formulation**
  - bereavement care
- Attended the memorial meeting organized by facilities

Documentations in ACP

POLST

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

EMSA #111 B

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: (optional)

A CARDIOPULMONARY RESUSCITATION (CPR): *If person has no pulse and is not breathing. When NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

- ☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A requires selecting Full Treatment in Section B)
- ☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B MEDICAL INTERVENTIONS: *If person has pulse and/or is breathing.*

- ☐ **Comfort Measures Only** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Transfer to hospital only** if comfort needs cannot be met in current location.*
- ☐ **Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
  - ☐ ***Transfer to hospital only** if comfort needs cannot be met in current location.*
- ☐ **Full Treatment** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. ***Transfer to hospital** if indicated. Includes intensive care.*

Additional Orders: ______

C ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

- ☐ No artificial means of nutrition, including feeding tubes.
- ☐ Trial period of artificial nutrition, including feeding tubes.
- ☐ Long-term artificial nutrition, including feeding tubes.

Additional Orders: ______

D INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

- ☐ Advance Directive dated ______ available and reviewed → Health Care Agent if named in Advance Directive: Name: ______ Phone: ______
- ☐ Advance Directive not available
- ☐ No Advance Directive

Signature of Physician

Print Physician Name:	Physician Phone Number:	Physician License Number:
Physician Signature: (required)		Date:

Signature of Patient or Legally Recognized Decisionmaker

Print Name:		Relationship: (write self if patient)
Signature: (required)		Date:
Address:	Daytime Phone Number:	Evening Phone Number:

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Five Wishes

Advance Care Planning

- Physician Orders For Life-staining Treatment (POLIST): a legal legitimatized advanced directive in US
- Five wishes : advanced care planning adopted in VITAS

WISH 1 –
The Person I Want To Make **Health Care Decisions** For Me When I Can't Make Them For Myself

WISH 2 –
My Wish For The Kind Of **Medical Treatment** I Want Or Don't Want

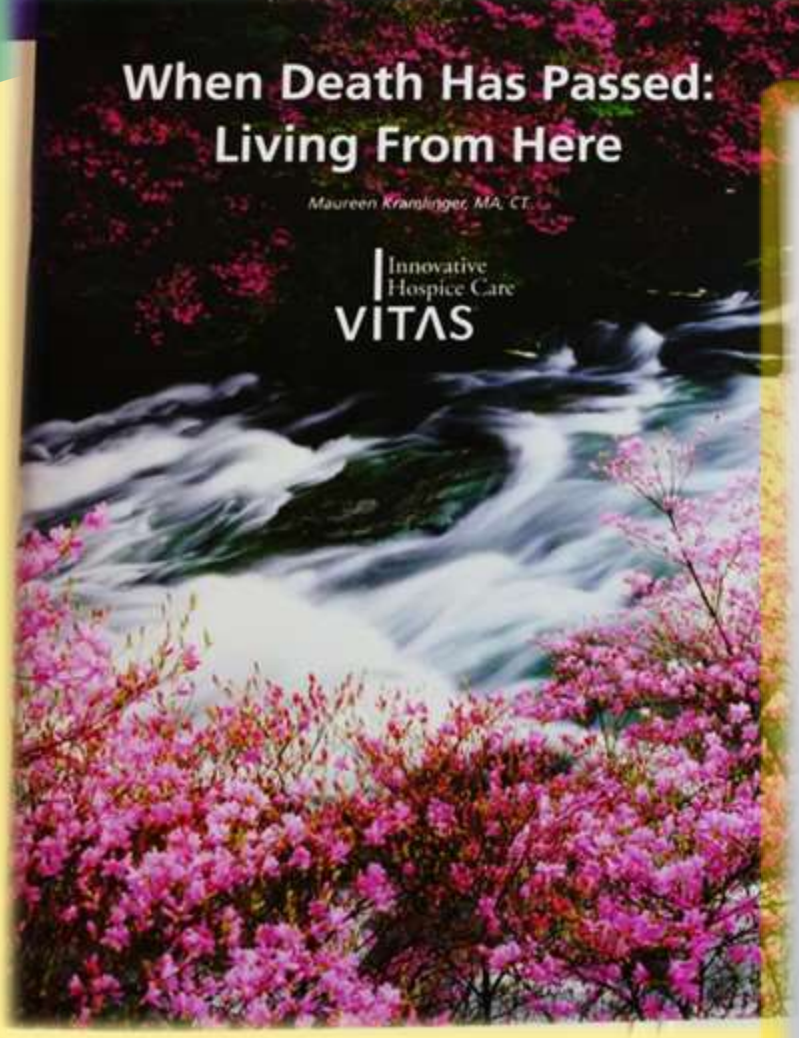
WISH 3 –
My Wish For **How Comfortable** I Want To Be

WISH 4 –
My Wish For How I Want **People To Treat Me**

WISH 5 –
My Wish For What I Want **My Loved Ones To Know**

Role of social workers in the advance care planning

- Facilitate the discussion in between patients and core caregivers
- Highlight the preference in EOL care
- Formulate the burial preference and select responsible funeral company
- Address to the emotional and relationship problems incurred
- Bridge up related community resources



50 Ways to Help You Heal From the Pain of Loss
Bruce Wade
Bereavement Services Manager- Dallas

VITAS

What I Need to Know...

About: **Coping With Grief During the Holidays** WINK

Try to avoid "canceling" the holiday, despite the temptation. It is OK to avoid some circumstances that you don't feel ready to handle, but avoid completely isolating yourself.

Allow yourself to feel joy, sadness, anger—allow yourself to grieve. It is important to recognize that every family member has his or her own unique grief experience and may have different needs related to celebrating the holidays. No one way is right or wrong. Experiencing joy and laughter does not mean you have forgotten your loved one.

Draw comfort from doing things for others. Consider giving a donation or gift in memory of your loved one. Invite a guest who might otherwise be alone for the holidays. Adopt a needy family during the holiday season.

Take care of yourself. Avoid using alcohol to self-medicate your mood. Try to avoid the "hustle and bustle" of the holiday season. Physical exercise is often an antidote for ... Writing in a journal can be a good outlet for your grief expression.

Create a new tradition or ritual that accommodat... people find comfort in the old traditions. Others find them ... family the activities you want to include or excl...

Some examples of ne...

The most ... holiday sea... to plan ahea...

Grief and the Holidays

Bereavement Services

* Periodic bereavement support letters
* Bereavement support group
* Memorial services
* Bereavement support telephone calls and visits
* Referring to VITAS sponsored support groups

Volunteer's Supports in Bereavement

MEMORY BEARS OFFER FRIENDSHIP,
"Soften" FEELINGS OF GRIEF

In need of a bear hug?

MEMORY BEARS OFFER FRIENDSHIP,
"Soften" FEELINGS OF GRIEF

In need of a bear hug?

But just like a pair of warm, fuzzy slippers and a flannel robe makes you feel better on a cold winter day, a Memory Bear can help ease your pain when you're missing your loved one.
A Memory Bear is a good listener; a companion that keeps your loved one close to your heart in times of sadness.

Questions? Call or write:
Laurie Rexford
VITAS Innovative Hospice Care
7888 Mission Grove Parkway South
Suite 200
Riverside, CA 92508
(909) 386-6000
laurie.rexford@vitas.com

Memory Bear Order Form

Date Material Picked Up ____________ Team # ____________
Picked Up By (employee) ____________ Patient Name ____________
Caregiver Name ____________ Phone ____________
Address ____________ City ____________
Zip Code ____________ E-mail ____________

Description of clothing provided and any special instruction. (color, style etc).

____

____

____

These wonderful bears are made by the hands of our caring VITAS Volunteers. There is no cost to you. If you wish to make a donation to VITAS Community Connection (VCC) please contact Laurie Rexford at the number above.

NOTE: Please avoid stretchy fabrics such as thermal, sweaters etc. Appropriate fabrics include shirts, blouses, pajamas, robes, uniforms, dresses, jackets and blankets. We make every attempt to personalize your bear, but special requests cannot be guaranteed.

“Turning Stories into Narratives”

Lorraine Hedtke, MSW, ACSW, LCSW, Ph.D.

The Fabula Center

Program trainer

Lorraine Hedtke

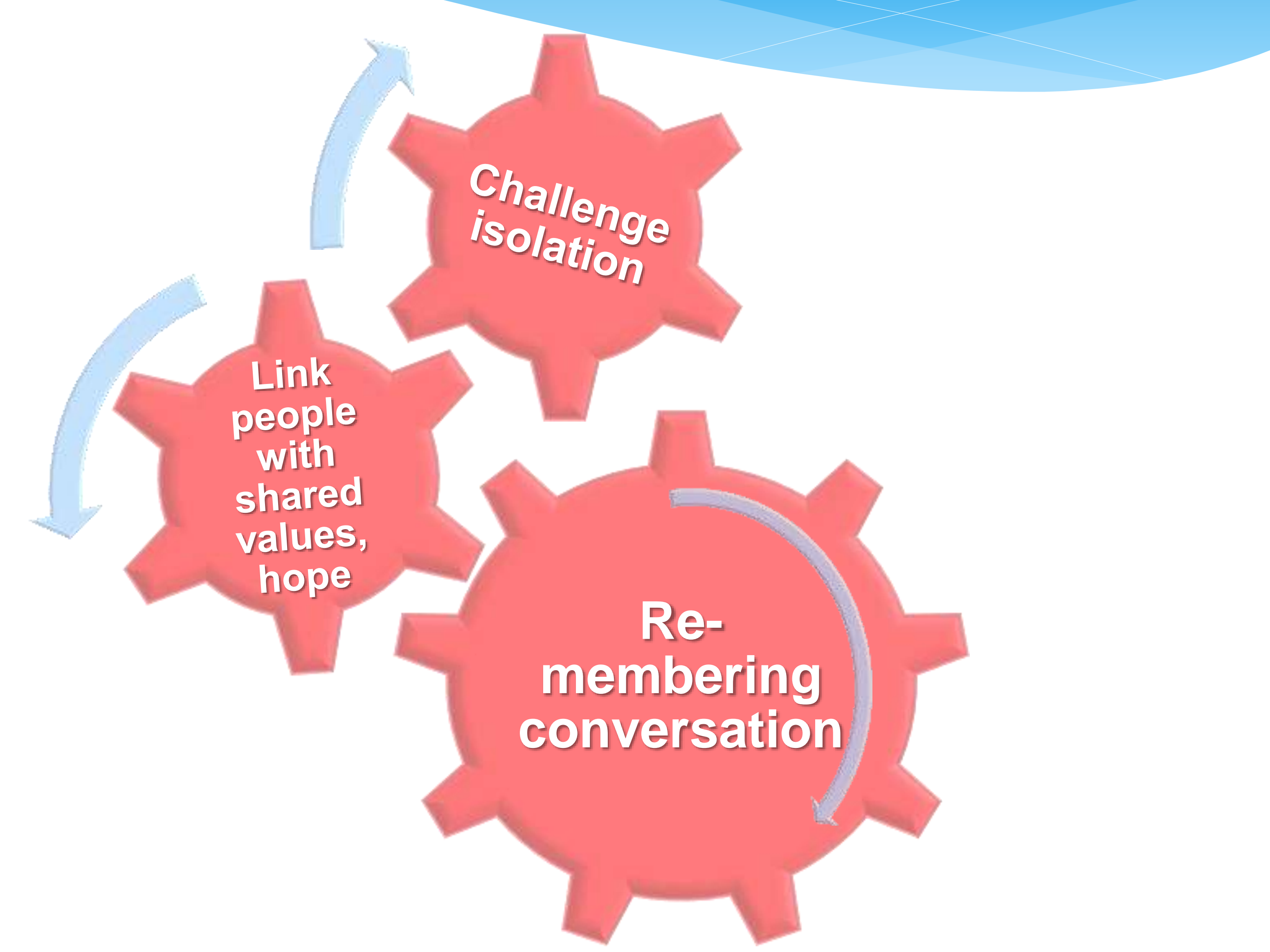
- **Associate Professor in California State University San Bernardino**
- **Founder of the Fabula Center, provide worldwide professional training in grief psychology**
- **'Re-membering conservation' :a narrative approach, relational way of thinking about grief**
- **Ex-VITAS Bereavement Services Manger for the Inland Empire in California**

Re-membering conservation

Membership & Membership club

- Membership (a metaphor): a club of significant others in a person's life
- Even someone dies, the membership is not yet cancelled
- Re-membering keeps membership alive
- Membership can be re-arranged in terms of rank and status
- Rank and status can be varied

Re-membering conservation



Post-training contribution

- Sharing sessions have been conducted at the journal clubs among PC Unit in 3 hospitals
- Presented at PC MSW grand round on 18.3.15
- Enrolled in the Advanced Training Program in Palliative Care for Allied Health Professionals in 2015-2017
- Participated in the committee of the 10-day Training Program on Palliative Care for Medical Social Workers 2016

Structured continuing Interdisciplinary trainings can enhance MSW's competency to articulate the complex service needs

References:

* Dona J. Reese. (2013). Hospice Social Work. Columbia University Press, New York Chichester, West Sussex.
* Myerhoff, B. (1980). Life Not Death in Venice. In Turner, V. & Bruner, E. (Eds) (1986). The Anthropology of Experience, Chicago: The University of Illinois Press.
* Sophia F. Dziegielewski (2013). The Changing face of Health Care Social Work. Opportunities and Challenges for Professional Practice. Springer Publishing Company, LLC.
* White.M. (1997). Narratives of Therapists' Lives. Adelaide: Dulwich Center Publications.
* http://www.fabulacenter.com
* http://www.vitas.com/

Thank you