



# FACILITY - WORKPLAN

## SECOND ACTION PERIOD – Palliative Care Power Plan

Facility Name: \_\_\_\_\_

*Ensure palliative care education and training of facility providers (MD, NP, PA) and staff members, participate in case-based learning, and implement a set of actionable palliative care and treatment guidelines (care plan/ order sets) for identified patients within the cohort that addresses the symptoms and stressors of their illness. **Please complete and submit to your AHS facilitators before the end of your second action period. (By January 2022)***

What is your team's strategy to implement this initiative in your facility and achieve your stated goals?				
WHAT	HOW	WHO – person/s responsible	WHEN	Feedback/ Progress Review Process
1. Facility Providers & Staff Training	<ul style="list-style-type: none"> <li>• Activate CAPC account for facility and have providers/ staff members register on CAPC and access at least 1 module</li> <li>• 5 facility providers (MD, NP, PA) or staff members per month</li> </ul>	<ul style="list-style-type: none"> <li>• Facility champion to identify 5 facility providers/ staff members per month to access CAPC</li> </ul>	<ul style="list-style-type: none"> <li>• November 2021</li> <li>• December 2021</li> <li>• January 2022</li> <li>• February 2022</li> </ul>	<ul style="list-style-type: none"> <li>• CAPC to track and report monthly on facility engagement                             <ul style="list-style-type: none"> <li>- Activation of account</li> <li>- Number of facility providers/ staff members per month</li> <li>- Number of CAPC modules accessed</li> </ul> </li> </ul>
2. Case-based Learning during Open Office Hours	<ul style="list-style-type: none"> <li>• Identify and submit 1 case per month for discussion during Open Office Hours</li> <li>• See Case Summary Form attached</li> </ul>		<ul style="list-style-type: none"> <li>• November 2021</li> <li>• December 2021</li> <li>• January 2022</li> <li>• February 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Complete 1 Case Summary Form per month to Community PCLC coordinator, Lauren Salvatore</li> <li>• Any case not discussed during office hours may be scheduled for discussion with Community PCLC Project Director, Dr. Matti-Orozco</li> </ul>
3. <input type="checkbox"/> IDT Palliative Care Plan, <u>OR</u>	<ul style="list-style-type: none"> <li>• Engage multidisciplinary team to develop, create and implement an IDT</li> </ul>		By January 2022	<ul style="list-style-type: none"> <li>• Submit either an IDT Palliative Care Plan or a new Symptom Management Order Set</li> </ul>

<input type="checkbox"/> PC Order Set – New Symptom Management, specify: <ul style="list-style-type: none"><li>- Pain</li><li>- Shortness of breath/ dyspnea</li><li>- Delirium/ agitation</li></ul>	Palliative Care Plan or a new Symptom Management Order Set			
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*[please submit to lauren.salvatore@atlantichealth.org](mailto:lauren.salvatore@atlantichealth.org)*

Figure: Picture of the Care Plan Checklist

<b>END-OF-LIFE CARE</b>			
Patient Name _____		Medical Record # _____	
<b>Please <u>initial</u> each subject to indicate you have addressed, reviewed, and implemented intervention during your home visit with the patient</b>			
<p><b><u>BASIC ASSESSMENT NEEDS</u></b></p> <p><input type="checkbox"/> *Review and update Advance Directive and DNR</p> <p><input type="checkbox"/> Review Hospice Philosophy</p> <p><input type="checkbox"/> Review 4 levels of care. Ascertain preferred place of death</p> <p><input type="checkbox"/> Review call system/Triage. How to contact Hospice 24-hours day. Discuss use of 911 versus calls to Hospice</p> <p><input type="checkbox"/> *Continue instructions in funeral planning and what to do when patient dies</p> <p><input type="checkbox"/> Assess for immediate need for other visits, (i.e., MSW, Chaplain, CHHA, M.D.)</p> <p><input type="checkbox"/> *Review signs and symptoms of death and dying</p> <p><input type="checkbox"/> Discuss home safety</p> <p><input type="checkbox"/> Consider increased frequency of visits for each discipline</p> <p><input type="checkbox"/> Communicate Plan of Care to team members including Triage as needed</p> <p><b><u>MEDICATIONS</u></b></p> <p><input type="checkbox"/> Syringe for sublingual meds</p> <p><input type="checkbox"/> Anticipate for congestion; consider Atropine/Levsin</p> <p><input type="checkbox"/> Consider Tylenol supp. For fever</p> <p><input type="checkbox"/> Instructed on sublingual/rectal administration of meds</p> <p><input type="checkbox"/> Red sticker on Kaiser card for pharmacy</p> <p><input type="checkbox"/> Discussed medication side effects</p> <p><b><u>EQUIPMENT NEEDS</u></b></p> <p><input type="checkbox"/> Consider hospital bed, commode, over bed table, wheelchair</p> <p><input type="checkbox"/> Anticipate needs for diapers, chux, syringes, toothettes, urinal, bedpan, etc.</p> <p><input type="checkbox"/> Educated/evaluated the use of oxygen and safety precautions</p> <p><b><u>PSYCHOSOCIAL NEEDS</u></b></p> <p><input type="checkbox"/> Assessed for coping mechanism</p> <p><input type="checkbox"/> Addressed for possible unfinished issues with family/patient, financial/legal</p> <p><input type="checkbox"/> Assessed for increase social worker intervention through visits, telephone calls</p> <p><input type="checkbox"/> Assessed for cultural beliefs &amp; values, beliefs about death and dying</p> <p><input type="checkbox"/> Assessed for caregiver status</p> <p><input type="checkbox"/> Bereavement risk</p>	<p><b><u>PAIN MANAGEMENT</u></b></p> <p><input type="checkbox"/> Assessed disease process and reviewed pain management</p> <p><input type="checkbox"/> Instructed patient/family route of medication (sub-lingual/rectal) - Syringe provided</p> <p><input type="checkbox"/> Instructed regarding frequency of meds, adjusting dosage for patients comfort and what meds to use</p> <p><input type="checkbox"/> Check for adequate supply of pain meds in the home</p> <p><b><u>CONSTIPATION</u></b></p> <p><input type="checkbox"/> Instructed/reviewed bowel regimen</p> <p><input type="checkbox"/> Checked patient for fecal impaction if indicated.</p> <p><input type="checkbox"/> Ordered Docolax supp, fleet enema as needed</p> <p><b><u>URINARY</u></b></p> <p><input type="checkbox"/> Assessed when patient last voided – retention</p> <p><input type="checkbox"/> Anticipated for foley catheter need</p> <p><b><u>SKIN INTEGRITY</u></b></p> <p><input type="checkbox"/> Instructed re: skin care, bed repositioning, changing diapers, safety, lotion to bony prominence</p> <p><input type="checkbox"/> Oral hygiene care</p> <p><b><u>ANXIETY/PRE-TERMINAL AGITATION</u></b></p> <p><input type="checkbox"/> Assessed patient for hallucination-educate family / caregiver as needed</p> <p><input type="checkbox"/> Reviewed medication management, consider Xanax, if Xanax not effective, assess for Thorazine</p> <p><input type="checkbox"/> Assessed for music therapy</p> <p><b><u>SPIRITUAL NEEDS</u></b></p> <p><input type="checkbox"/> Addressed spiritual status/needs, may need to contact patients clergy or pastor as requested</p> <p><b><u>EDUCATIONAL NEEDS/MATERIALS</u></b></p> <p><input type="checkbox"/> Provided patient education materials</p> <p><input type="checkbox"/> Reviewed disease pathophysiology</p> <p><input type="checkbox"/> Instructed patient/family on self management skills</p> <p><input type="checkbox"/> Instructed patient/family about soft music, massage, aromatherapy, candles, pets, etc.</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<b>Signature/Title</b>	<b>Initial/Date</b>	<b>Signature/Title</b>	<b>Initial/</b>

DATE		TIME		DOCTOR'S ORDER AND SIGNATURE		ORDER RECORDED	SPECIAL ORDER COMPLETED	COMPLETED OR DISCONTINUED
<b>PALLIATIVE CARE ORDERS</b> <b>DOCTOR'S ORDER SHEET</b>				ALLERGY OR SENSITIVITY: <input type="checkbox"/> No <input type="checkbox"/> Yes, List Below _____ _____ _____				
HERBAL/ALTERNATIVE MEDS: <input type="checkbox"/> No <input type="checkbox"/> Yes, List Below _____ _____ _____				HEIGHT _____ WEIGHT _____ lb. / kg				
				1. DNR/DNI				
				2. D/C all previously ordered lab work				
				3. D/C routine vital signs, except check temperature if fever suspected				
				4. Monitor patient for comfort q1h (e.g. pain, dyspnea, delirium)				
				5. Turn and position q2h or as needed for comfort				
				6. Offer oral fluids as tolerated q2h while awake				
				7. Diet as desired and tolerated				
				8. Oxygen 2 liters nasal cannula as needed, titrate to patient comfort (avoid face mask)				
				<b>Medications:</b>				
				9. D/C all previous medication orders.				
				<i>If medication is still indicated or requires tapering before D/C, write on separate order sheet.</i>				
				10. For fever, Acetaminophen 650 mg PO/PR q4h prn T > 101° F				
				11. <input type="checkbox"/> For constant pain, give _____ (suggest MS Contin®) at _____ mg PO BID				
				12. For intermittent pain or shortness of breath (complete both A and B):				
				A. Morphine sulfate _____ mg PO q2h prn (suggest starting at 5 mg)				
				<i>If patient unable to take PO, use IV/SQ dose below</i>				
				B. Morphine sulfate _____ mg IV/SQ q2h prn (suggest starting at 2 mg)				
				13. For anxiety, give Lorazepam 0.5 mg IV/PO q6h prn				
				14. For constipation (suggest if patient receiving opioids):				
				Senna/Docusate (Senokot-S®), give 2 tabs PO qhs				
				15. For nausea/delirium: Haloperidol 1 mg PO/IV q4h prn				
				16. For excessive secretions: Hyoscyamine (Levsin®) 0.125 mg SL q4h prn				
				17. <input type="checkbox"/> Palliative care consultation				