

Who Is North Dakota Palliative Care Task Force?

The North Dakota Palliative Care Task Force is committed to improving the quality of life of those facing serious health conditions by promoting patient-centered palliative care and improving access to services. Although it is one of the fastest growing trends in healthcare, palliative care is often misunderstood. The Task Force is set up to develop educational opportunities for providers, patients, and community members to help them clearly understand palliative care and the benefits it offers. The Task Force aims to increase awareness and utilization throughout the state of North Dakota to improve the quality of life of its citizens.

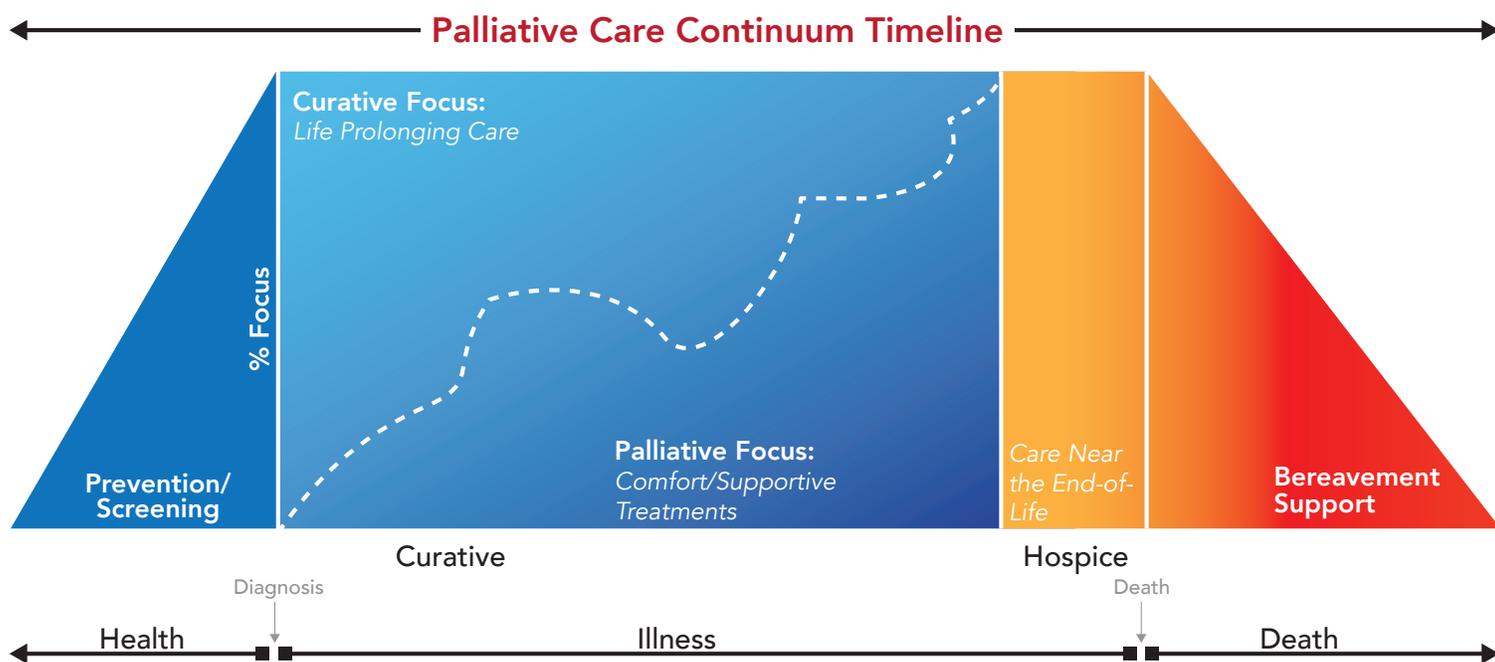
What Is Palliative Care?

Palliative care is specialized medical care for people with serious illnesses. It is appropriate at any age at any stage in a serious illness and can be provided together with curative treatment. Palliative care promotes quality of life by addressing the physical, psychological, emotional, cultural, social, and spiritual

needs of patients and families. It offers treatment of pain and other symptoms; relief from worry and distress of illnesses; close communication about goals of care; and well-coordinated care during illness transition. It also provides care across treatment settings and support for family/caregivers and offers a sense of safety in the healthcare system. Palliative care is delivered by a team of physicians, nurses and other specialists who work with the patient's other doctors to provide an extra layer of support.

What Is Hospice Care?

Hospice care is a team approach to expert medical care for individuals who face a life-limiting illness. With a focus on comfort, the team develops a plan of care tailored to each individual's needs and goals. It includes pain and symptoms management, personal care, emotional and spiritual support, and grief support for the each individual's loved ones. All of hospice is palliative care, but not all of palliative care is hospice.



For more information:

Tracee Capron, RN, BS Ed., MAOL
216-299-7485 • tracee.capron@hrrv.org

or Nancy Joyner, MS, CNS-BC, APRN, ACHPN
218-779-5037 • njoyner@nancyjoyner.com

Palliative Care Continuum Diagram modified from:

- Lynn, J. 2005. Living Long in Fragile Health: The New Demographics Shape End of Life Care. Hastings Report. November-December 2005, S14-18.
- American Cancer Society/Cancer Action Network. 2016 North Dakota Palliative Care Presentation. Bismarck, ND.
- Center to Advance Palliative Care. 2018. Diane E. Meier, Director



	Palliative Care	Hospice
What is the focus of this type of care?	To maximize the patient's quality of life	Comfort care, rather than cure, assist with goals of care, plan for end of life cares
What services are provided?	Manage symptoms, discuss goals of care, pros and cons of treatment options, provide extra support and care coordination	Intensive comfort care that relieves pain and symptoms while attending to an individual's physical, personal, emotional, and spiritual needs
Who qualifies?	Anyone living with a chronic illness or disease; available for anyone at any stage of a serious illness	Patients with a serious life-limiting or terminal illness; supports those with a life expectancy of months, not years
When should we start services?	From the time of diagnosis through treatment and living with the illness	When the patient chooses to stop or go without curative treatments, the focus changes from treating the disease to providing comfort and relieving pain, symptoms, anxiety, and stress
Is a referral required?	No. You can contact us at any time; tell your healthcare provider you'd like to add palliative care to your treatment plan	Yes. A referral is required, and hospice staff can assist with securing a referral from your physician
What are the treatment goals?	Medication education and symptom management, navigating through progression of the illness, support and education for patient and family, advance care planning, and transitioning to hospice, if and when appropriate	Pain and symptom management is key. The patient is always at the center of care, with the goals of helping him/her live comfortably and with a sense of normalcy, respect, and dignity
Does starting this care mean I'm giving up hope?	No. You can continue to pursue the things for which you hope. This includes pursuing curative treatments for your illness alongside palliative care	No. What you hope for may change to focus on comfort, emotional and spiritual peace, and living well at the end of life's journey
Where is care provided?	Home, inpatient facilities, clinic, community, where available	Wherever the patient resides: home, assisted living facility, long-term care facility, hospital, or hospice house, where available
Will this type of care hasten death?	No	No
Does this care mean the doctor has given up?	No. The medical team will continue trying to treat and cure the illness, and palliative care will keep you comfortable	No. The medical team will work together and focus on the reversible causes of pain and symptoms. They are not giving up on you or your comfort
Who pays for services?	Inpatient services are covered as part of the hospitalization, just as other specialists are covered by insurance. Outpatient services are typically billed and covered in a similar way to other outpatient visits	Medicare covers all or most of the services related to the hospice diagnosis. Medicaid and most major insurance companies also offer hospice coverage. No one will be turned down over for inability to pay
Who is involved?	The palliative care team may include a physician, advanced practice providers, social worker, nurses, and chaplain. The team may coordinate care with your primary care provider or specialists	The patient and his/her family work with a multidisciplinary team of experts that may include the hospice medical director, patient's primary physician, hospice nurse, hospice CNA, hospice social worker, hospice chaplain, hospice volunteers, and hospice bereavement specialist
Who provides the care?	Members of the palliative care team, as noted previously, provide both direct and indirect care.	The entire care team: doctors, nurses, CNAs, social workers, chaplains, volunteers, bereavement specialists, and others as needed
Will this service help my family?	Yes. They are part of the support system. Family members are encouraged to participate in palliative care visits as appropriate	Yes. They are an integral part of the support team