

# LOS ANGELES GENERAL MEDICAL CENTER

## ATTENDING STAFF MANUAL

Subject: <b>ADULT AND PEDIATRIC PALLIATIVE CARE</b>		Original Issue Date: 11/8/11	Policy # <b>ASA 113</b>
		Supersedes: 4/11/17	Effective Date: 4/6/2022
Departments Consulted: Pediatrics Nursing Social Work Cancer Committee	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Attending Staff Association President	
		Chief Executive Officer	

### PURPOSE

To define palliative care, to describe the role of the APPC consults service at Los Angeles General Medical Center, and to identify appropriate and eligible patients for palliative care consultation.

### DEFINITIONS

The World Health Organization defines palliative care as a patient care discipline that “improves the quality of life for patients and their families facing the problems 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.”

Palliative care is both a philosophy of care and an organized, structured system for delivering care to patients with serious illness. Palliative care expands the traditional disease-modifying medical treatments to include goals focused upon quality of life for patients and families, optimizing comfort and function, assistance with communication regarding decisions about ongoing medical care, prognosis, and opportunities for personal growth and care options for end-of-life. Through effective pain and symptom management and skilled interdisciplinary communication, this care is provided with attention to the needs, values, beliefs and cultures of patients and families.

### POLICY

#### **The Consult Service**

The Adult and Pediatric Palliative Care consult service, in keeping with national guidelines, is a multidisciplinary team that provides expert consultation in the inpatient and outpatient settings at Los Angeles General Medical Center.

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**Target Populations****Adults:**

The adult target population includes any patient with life-limiting illness with a likely prognosis of less than one year. They may be referred by any physician or advanced practice provider (e.g., NP, PA) in the hospital.

The general indications for consult include (but are not limited to):

- 1) Pain and symptom management, especially refractory pain, dyspnea, nausea, delirium, and anxiety. These types of clinical situations can include:
  - a. Patients who are continuing with active disease-targeted therapy
  - b. Patients nearing end-of-life receiving comfort-focused care
  - c. Patients who will undergo compassionate withdrawal of artificial life support therapies
- 2) Team/patient/family needs help with complex decision making and determination of goals of care including:
  - a. Exploring patient and surrogate goals and values to ensure goal-concordant medical care
  - b. Facilitating the process of the process of Advance Care Planning such as Advance Directives or, POLST forms.)
  - c. Deciding to limit care, including foregoing further disease-directed treatments and transitioning to comfort-focused care
  - d. Deciding to enroll in hospice
- 3) Assistance determining hospice eligibility and/or education about hospice as a current or future option for care
- 4) Assistance in discussing prognosis in collaboration with the primary and or specialty teams, based upon a patient's desire for such information.
- 5) Prolonged length of stay without evidence of improvement and poor prognosis
- 6) Prolonged ICU length of stay without evidence of improvement and poor prognosis
- 7) Frequent emergency department visits or hospital admissions in the setting of a life-limiting illness

**Pediatrics:**

Pediatric patients appropriate for palliative care referral and consult may be referred by any physician or advanced practice provider (e.g., NP, PA) from any pediatric unit or clinic and may include (but are not limited to):

- 1) Pediatric patients with a life-limiting illness and a likely prognosis of less than one year with uncontrolled pain or other intractable symptoms not responding to general pediatric management
- 2) Pediatric cancer patients at any stage of illness with refractory pain or other uncontrolled symptoms

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- 3) Fetuses diagnosed with potentially life limiting conditions in the antenatal period. Prior to birth, the mother is the patient and then the fetus/infant becomes the registered patient.
- 4) Neonatal patients with poor prognosis and/or a potentially life limiting illness
- 5) Severe progressive neurologic, metabolic, cardiac, renal, gastrointestinal, or infectious disease associated with a limited life expectancy
- 6) Multisystem organ failure with poor prognosis
- 7) Severe trauma with poor prognosis
- 8) Compassionate withdrawal of artificial life support therapies

**PROCEDURE**

Palliative Care consults can be placed by any physician or advanced practice provider (e.g., NP, PA) in the following ways:

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- A telephone call to 323-409-8532, by any primary inpatient medical service
- Contacting Palliative Care physician staff who are listed in the AMION on-call pager system during regular working hours
- Electronically by entering the order in ORCHID which will result in a faxed request to the Palliative Care Department office
- Outpatient consults can be requested by telephone call to 323-409-8532, or by contacting the outpatient Palliative Care physician listed in AMION (ORCHID message or page). All consults will be screened for appropriateness
- Patients or family members can request a palliative care consult by discussing with their primary physicians, who must screen for appropriateness
- Nurses and other medical staff are encouraged to discuss with a patient's primary medical team when they believe that a patient would benefit from a palliative care consult

Consults are seen Monday thru Friday, 8:00 AM thru 4:30 PM, excluding weekends and holidays. Routine requests are seen within 24 hours during normal business hours.

Urgent consults are seen within 82 hours of request during normal working hours (an urgent request at 6:00 pm on Friday will not be seen until the following week Monday during normal working hours).

**Additional hospital-based support:**

Social work support is primarily provided by unit-assigned social workers, in collaboration with the palliative care social worker. In addition to psychosocial assessment and support of patients and families, the palliative social workers provide resource referrals, limited case management, and care coordination with the palliative care team.

Home hospice referrals and other home health arrangements are provided by Community Nurse Coordinator (CNC) staff in the office of Utilization Review. Referrals for hospice and home health care can be made by primary and specialty physicians directly to the CNC staff without a palliative care consult.

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**Certified Child Life Specialist:** Child Life Specialist(s) based in the Department of Pediatrics are available to support pediatric palliative care patients who are experiencing distress related to their advanced illness or impending death of a loved one. Support for children and adolescents of adult palliative care patients is provided by the palliative care social worker, including normalization, therapeutic support, legacy/ memory making activities and bereavement resources.

### **PROCEDURE DOCUMENTATION**

Patient care documentation is done via electronic medical record charting in ORCHID. Internal APPC procedures for review of physician, trainee and nurse charting are followed for quality control and tracking purposes.

The APPC team belongs to a quality improvement database that allows tracking of palliative care service provision by demographics, source of referral, diagnosis, services provided by the palliative care team, and disposition.

The APPC team is a required member of the Cancer Committee and reports to the Organ and Tissue Donation Committee.

### **EDUCATION**

Los Angeles General Medical Center is a major University teaching facility for primary and specialty physicians, nurses, chaplaincy residents and other ancillary trainees. The Adult and Pediatric Palliative Care team conducts hundreds of hours of pain management, palliative care, symptom management, end-of-life, communication, and core curriculum training sessions with the intent of broadening skills and heightening awareness of palliative and end-of-life care. On-unit teaching for physicians, nurses, and others is conducted as part of each consult. Palliative care educational resources are available in the Palliative Care SharePoint site.

### **REFERENCES**

Joint Commission Standards (Provision of Care, Treatment and Services)

National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care; 2018.

National Hospice and Palliative Care Organization. (2018). Standards of Practice for Hospice Programs. NHPCO. [https://www.nhpco.org/wp-content/uploads/2019/04/Standards\\_Hospice\\_2018.pdf](https://www.nhpco.org/wp-content/uploads/2019/04/Standards_Hospice_2018.pdf)

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**RESPONSIBILITY**

Attending Staff  
Residents  
Nursing Staff  
Allied Health Providers  
Support Services

**ATTACHMENTS**

Attachment-A: ASA-113A: Hospice Guidelines

**PROCEDURE DOCUMENTATION**

Los Angeles General Medical Center Attending Staff Policy and Procedure Manual

**REVISIONS**

March 22, 1999; May 5, 2005; May 5, 2010; April 04, 2012; April 11, 2017, 4/6/2022