

Day 3

Psychosocial care, spirituality & bereavement



Principles & Practice of End of Life Care
Registered Practitioners
2019

Aim of day

- Explore the holistic approach to assessment & care planning to identify psychological, social, spiritual & bereavement needs of patients/families & carers & consider the impact this can have.

Learning outcomes

care planning holistic approach to care

- Analyse why the holistic approach to assessment & care is essential to best practice in end of life care.
- Explore tools available to support.
- Examine own role in supporting patients & families psychological, social, spiritual & bereavement needs & consider when to refer.



What do we mean by holistic & person-centred approach to care?



1. With the patient in the centre, consider the impact of facing death for the patient & the family.

2. Think of an example of holistic care planning from own practice & complete the following form.



Holistic Common Assessment (HCA)

of supportive & palliative care needs for adults requiring end of life care
(NEoLCP – 2010)

- As well as focusing on physical concerns, equal emphasis must be made to ensure that psychological, social & spiritual needs are effectively met.

Active link to HCA document:

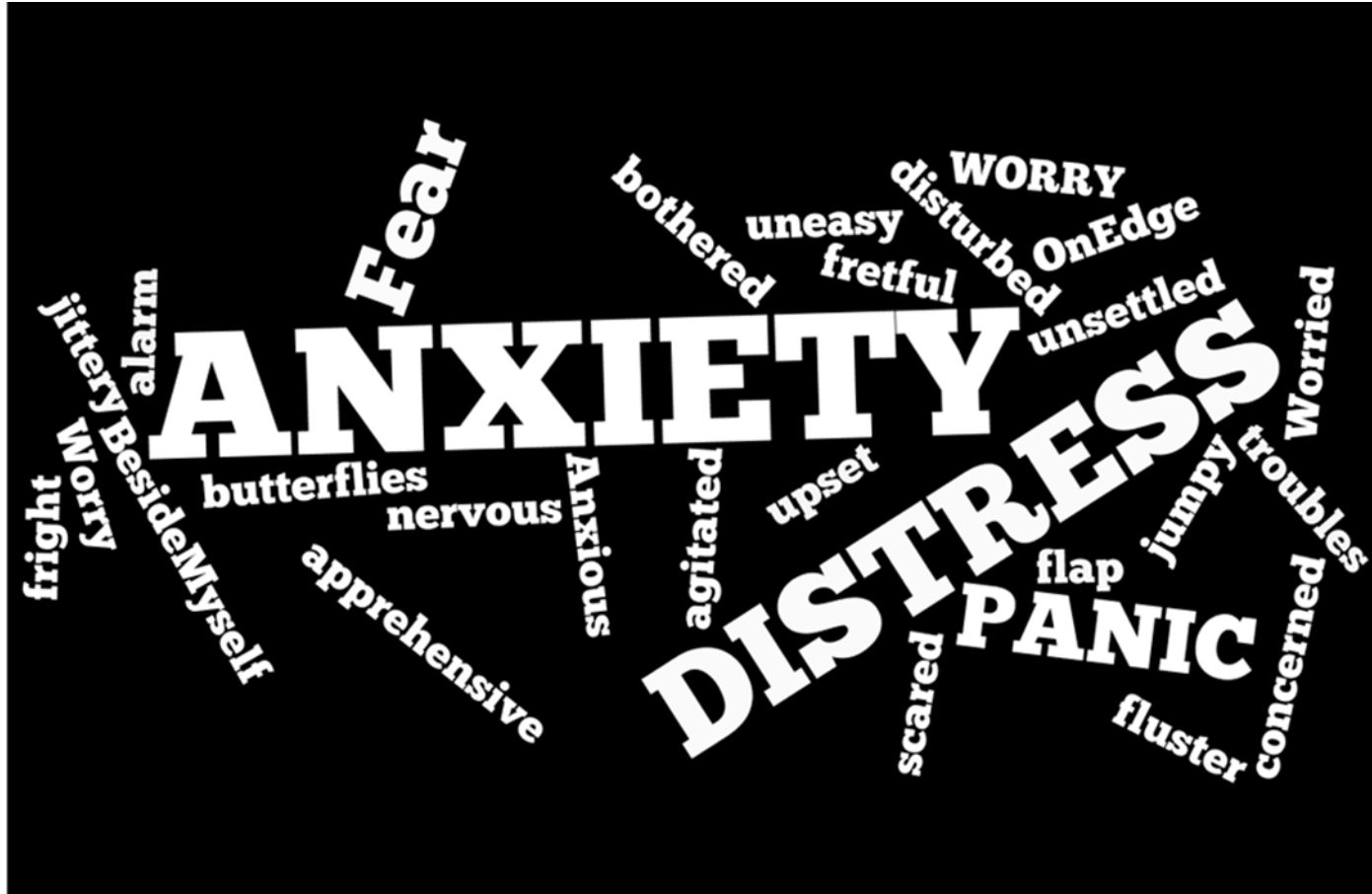
- <http://www.slideshare.net/NHSIQlegacy/holistic-common-assessment> (no recent update)



Equality & diversity in end of life care



Psychological distress





What do we know about anxiety?

Evidence base

- Anxiety is an unsurprising response to cancer diagnosis.
- Can range in intensity & may increase with disease progression. *(Review by Smith et al 2014)*
- Can have a significant impact on patients at end of life. *(Spencer et al 2010)*
- Prevalence of emotional distress is high in patients with advanced heart failure. Some studies suggest may be higher than for cancer. *(Ramsenthaler 2011)*
- Significant symptom for people with COPD & prevalence may be higher than for cancer or heart failure. *(Hill et al 2008)*



What else do we know?

- Patients & carers with any level of distress (from mild to severe) may benefit from psychological support.
- Despite awareness of prevalence of distress, psychological symptoms frequently not recognised & therefore not offered the support they may need.
- Health & social care staff may not have the appropriate assessment skills & may not realise the benefits of psychological support.

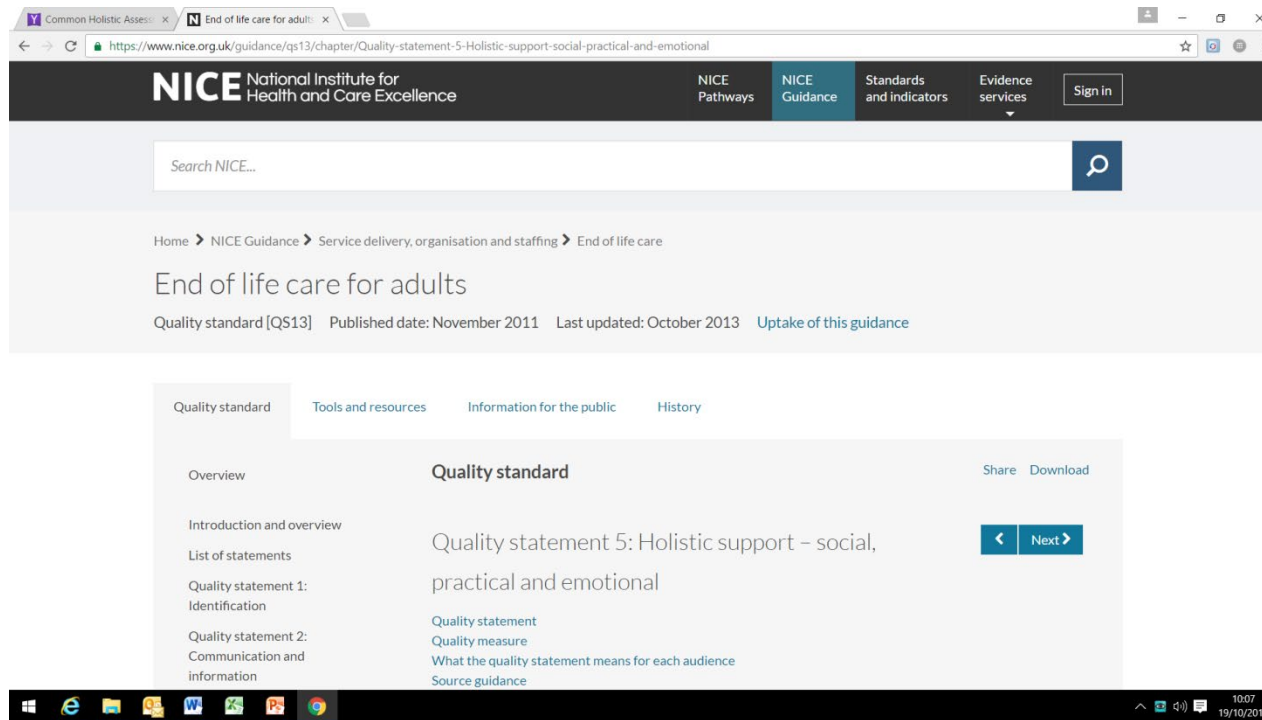
(NICE 2004)

Lots of distress + lack of help + lack of training
= even more distress



NICE - End of life care for adults Quality Standard [QS13]

Published date: November 2011 Last updated: march 2017



- <https://www.nice.org.uk/guidance/qs13/chapter/Quality-statement-4-Holistic-support-physical-and-psychological>
www.pilgrimshospices.org



According to NICE guidance (2004)





What should we be doing?

When there is evidence of general emotional distress (Level 1)

All staff responsible for patient care have a responsibility to assess & meet general emotional care needs.

- Staff must be able to recognise psychological distress & the awareness & competence to avoid causing psychological harm.
- Staff must engage with respect, dignity, kindness, communicate honestly & establish & maintain a support relationship.
- Communicate information effectively.
- Recognise boundary of own competence & refer as appropriate.

(NICE 2004 due to be updated)



Tools to help assessment of needs

Genogram

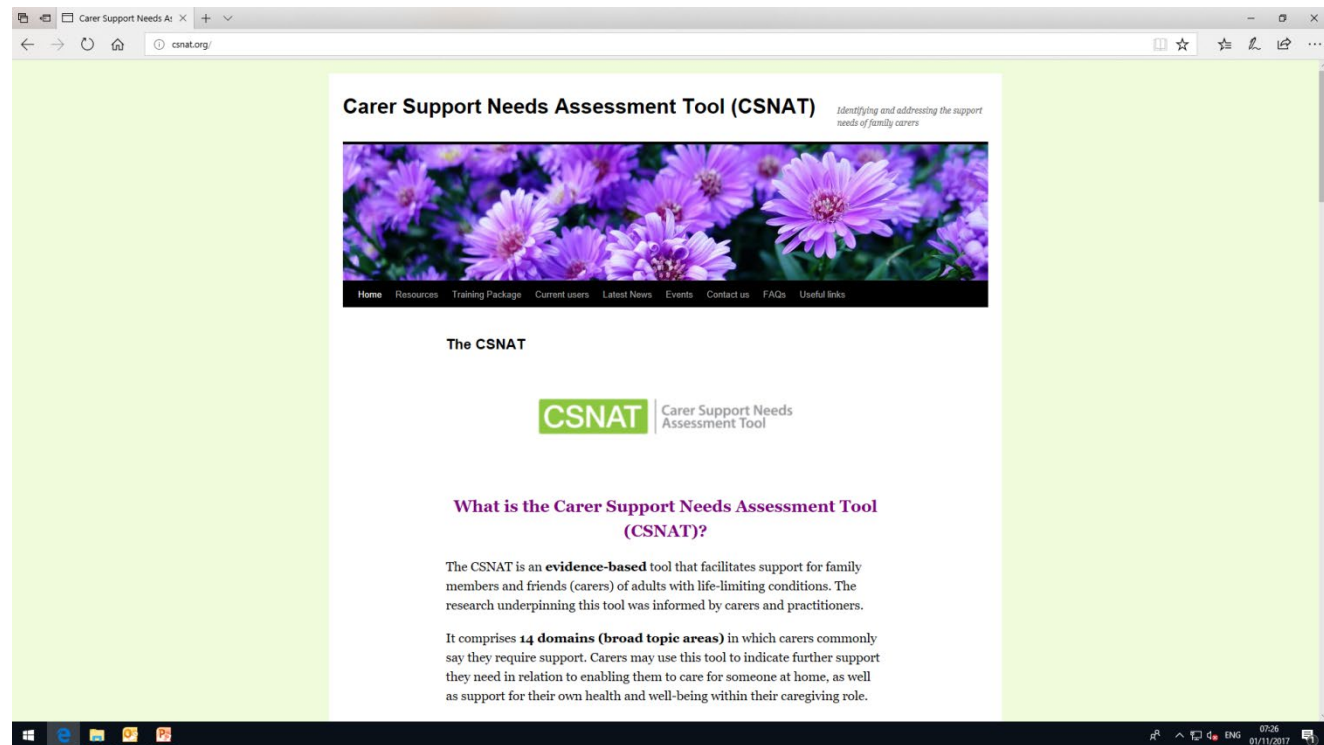
- A graphic representation of a family & their relationships
- Helps determine social network surrounding a person



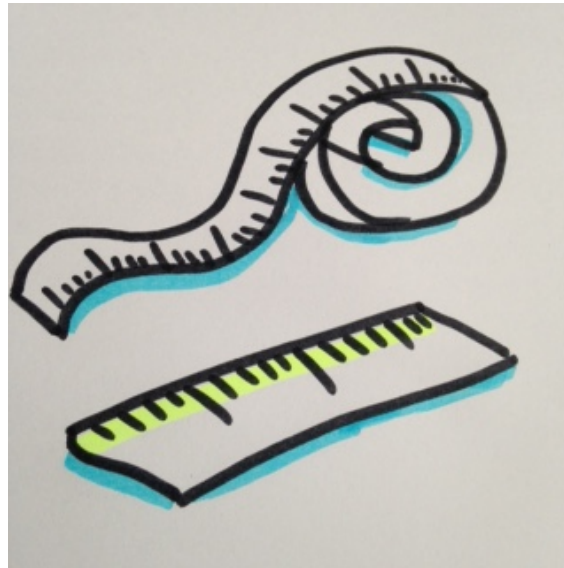
CSNAT[©]

Carer Support Needs Assessment Tool

- Evidence based tool designed for carers supporting a family member/ friend towards the end of life.



How do we measure effectiveness of our intervention?



Palliative Care Outcome Scale



The screenshot shows the homepage of the Palliative Care Outcome Scale (POS) website. The browser address bar displays <https://pos-pal.org/>. The website header includes the POS logo, the text "Palliative care Outcome Scale", and a navigation menu with links: Home, What is POS, How to use, Downloads, Publications, Training, FAQ, About us, and a search bar. Below the header, the main content area is divided into several sections. On the left, a blue box titled "The Palliative care Outcome Scale (POS)" describes the resource. To its right, a section titled "FAQ" lists common questions and answers. Further right, a "Resources" section provides information about accessing the POS measures. Below these, a "Get involved" section discusses opportunities for academic and clinical centers. On the far right, a "News and Events" section features updates, including a call for abstracts for the 12th Asia Pacific Hospice Conference and a tweet from CSI Palliative Care. At the bottom of the page, a banner for the "Dying Matters Event" is visible. The website footer contains the URL <https://pos-pal.org/> and the Pilgrims Hospices logo.

POS Palliative care Outcome Scale
A resource for palliative care

Home What is POS How to use Downloads Publications Training FAQ About us Enter Search... Search

You are not logged in. [Login or Register](#)

The Palliative care Outcome Scale (POS) is a resource for palliative care practice, teaching and research. This website has been established by a not-for-profit organisation to help advance measurement in palliative care. Free resources and training are available.

The POS measures are a family of tools to measure patients' physical symptoms, psychological, emotional and spiritual, and information and support needs. They are validated instrument that can be used in clinical care, audit, research and training.

The POS measures are specifically developed for use among people severely affected by diseases such as cancer, respiratory, heart, renal or liver failure, and neurological diseases.

The POS measures are widely used globally including in Europe, Australia, Asia, Africa and America.

POS can be downloaded from this website and is available in 12 languages including English.

POS-S is an additional module for symptoms. Extended versions are available for patients living with different conditions such as multiple sclerosis, Parkinson's disease and end-stage renal disease.

IPOS is our new measure which incorporates the best of POS, POS-S and APCA African POS.

The POS measures are used in different settings, including home, hospital, hospice and, nursing home.

MyPOS is a new measure to assess the symptoms and concerns of people affected by

FAQ

Should I switch to IPOS if I am already using a POS measure?
I am new to POS, which POS measure should I use (POS/POS-S/IPOS etc.)?
Do I need to keep the words 'Palliative Care' on POS questionnaires?

More questions - [read our FAQ section](#) or [contact us](#).

Resources

You will have free access to all the POS family resources and be kept up to date with POS developments and opportunities after you [register](#) (registration is free and takes only few minutes).

Get involved

We are always looking for academic and clinical centres interested in translating and validating POS measures in new languages, settings and disease groups. [Contact us](#).

We also want to hear from professionals using POS measures locally and nationally.

News and Events

Great opportunity to become the EA to the Director of the Cicely Saunders Institute. [Deadline for applications: 23 Nov 2017.](#)

The Portuguese version of the IPOS developed by Barbara Antunes and team is now available for download.

Call for Abstracts - for the 8th & 9th February 2018 POS Workshop. Deadline extended to 12th October 2017. [Click here for more information.](#)

New study from Malaysia finds POS to be an acceptable and reliable assessment tool.

Exciting opportunity. [Research Project and Coordination Assistant](#) at the Cicely Saunders Institute. Deadline for applications midnight on 17th September 2017.

POS Team attending [12th Asia Pacific Hospice Conference](#) in Singapore, on 27-29 July 2017.

POS is continuing to have a wide impact. It has been cited in 3 recent reports published by NHS England: 1/ "Developing a new approach to Palliative Care Funding". 2/

Tweets by CSI Palliative Care

CSI Palliative Care @CSI_KCL

Pop in to the #DyingMatters event at @KingsCollegeNHS next Wednesday to ask our team questions & join the conversation about death & dying!

Dying Matters Event
Join us to collect hospital measures and talk about death.




Call for Abstracts: POS Workshop 2018

<https://pos-pal.org/>

www.pilgrimshospices.org

Do you know how to talk to someone who is worried or distressed?

The **SAGE & THYME®** foundation level workshop (3 hours) teaches:

-  A memorable structured approach for getting into and out of a conversation
-  How to empower patients/carers who are worried or distressed
-  Communication skills that are evidence based



**Check out our
website
for dates of next
sessions**

References & useful resources

- CSNAT - <http://csnat.org/> (need to register to access)
- Dying Matters - check out their leaflets
<http://www.dyingmatters.org/>
- Holistic Common Assessment (NEoLCP 2010) Can still access via - <http://www.slideshare.net/NHSIQlegacy/holistic-common-assessment> (no update)
- Palliative Care Outcome Scale - <http://pos-pal.org/maix/> (need to register to access forms)