

Speech-Language Pathology in Palliative or Hospice Care? –Yes!

Robin Pollens, M.S.,CCC-SLP
 April 22, 2017
 ISHA Annual Conference

robin.pollens@wmich.edu

Disclosures

Western Michigan University
 Department of Speech, Language and Hearing Sciences
 Adjunct Assistant Professor and Clinical Supervisor

Reverence Home Health and Hospice
 PRN Speech-Language Pathologist

Home health/hospice center/skilled nursing facility/outpatient clinic

Disclosure

I am receiving an honorarium from
 Indiana Speech and Hearing Association

Thank you

Agenda

- What is palliative or hospice care?
- Case presentation example
- SLP in palliative or hospice care
 - Advocacy
 - What is our role in communication consults?
 - How do we communicate our role?
 - What is our role in dysphagia consults?
 - How do we communicate our role?

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Palliative Care

“The active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social, and spiritual problems is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families.” (World Health Organization, 1990)

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Hospice Care

- 1983 –New Medicare benefit, act of Congress
- terminal illness, life expectancy is 6 months or less
- interdisciplinary team setting
- patient can change their mind (Hoyer, 1998)

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Shift in perspective

Through what lens?



Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Palliative Care:

- Affirms life and regards dying as a normal process
- Neither hastens nor postpones death
- Provides relief from pain and other distressing symptoms
- Integrates the psychological and the spiritual aspects of care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and in their own bereavement. (World Health Organization, 2011 p.11)

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Palliative care affirms life and regards dying as a normal process

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Palliative care integrates the psychological and spiritual aspects of care

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Palliative care provides relief from pain and other distressing symptoms

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Palliative care offers a support system to help patients live as actively as possible until death

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Palliative care neither hastens nor postpones death

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Palliative care offers a support system to help the family cope during the patient's illness and in his or her own bereavement.

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

15 years ago....



What is the role of speech-language pathologists in palliative and hospice care?

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Barbara Sonies (2000)

Best clinical practices for dysphagic patients with degenerative neurological diseases

- Assessing cognitive and communication status as it impacts their ability to make decisions and to follow a plan of care
- "Deciding when to terminate swallowing treatment and when to initiate palliative or supportive care". (p 340)

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

2004

Role of the Speech-Language Pathologist in Palliative Hospice Care

[Journal of Palliative Medicine](#) 7(5):694-702 · November 2004
[Robin Pollens](#)

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

National Consensus Project,

American Academy of Hospice and Palliative Medicine

2004

Interdisciplinary Team
(p. 613)

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

They include a core group of professionals from medicine, nursing and social work,

and may include some combination of volunteer coordinators, bereavement coordinators, chaplains, psychologists, pharmacists, nursing assistants and home attendants, dietitians, *physical-, occupational-, art-, play-, child-life-, music therapists*, case managers and trained volunteers.
(p. 613)

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

2007

ASHA Summit on *SLP and Palliative Care* - Boston

Pollens, R. *Communication in Palliative Care*

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

National Consensus Project, American Academy of Hospice and Palliative Medicine 2009

.... physical therapists, occupational therapists, *speech and language pathologists*, nutritionists, psychologists, chaplains, and nursing assistants.

<http://www.nationalconsensusproject.org/guideline.pdf>

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Advocacy

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Communication Topics



Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Caregiver directions, spiritual ideas, funeral arrangements, finances, care decisions, reminiscence, fears, finding closure, connecting with friends, expressing appreciation

(Fried-Oken, Bardach, King & Lasker)

or related to underlying conditions
(Bardach, 2015)

Robin Pollens, MS CCC-SLP
robin.pollens@wmich.edu

Goals of functional communication therapy in hospice (Pollens, 2004)

- To maintain social and emotional closeness between patient and caregiver
- To optimize the patient's ability to express needs, concerns and preferences related to daily care, and to end-of-life decision
- To enable the patient to express emotional states or concerns about dying, and to achieve a sense of spiritual and emotional closure prior to death

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu



Write your goals so that they align with palliative care goals.

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Communication Consult 1

Diagnosis	End stage Bulbar ALS Profound Dysarthria
Problem	Admitting hospice nurse asking yes/no questions. Pt unable to give specific input.
Care Goal	Patient able to express preferences and concerns for end of life care.

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Communication Consult 2

Diagnosis	Brain malignancy Severe Aphasia (can only say common phrases e.g. "Yes", "I don't know")
Problem	Wife unable to understand pt; pt angry at wife; wife tearful
Care Goal	Patient and family will use supported communication strategies to maintain emotional and social connection.

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Communication Consult 3

Diagnosis	End stage renal disease Prior CVA with Severe Dysarthria fatigue, pain
Problem	Team unable to understand pt, speech worse with fatigue.
Care Goal	Instruct in communication strategies for improved symptom management and end-of-life discussions

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu



Write your outcomes so that they align with palliative care goals

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Impairment Based vs. Palliative Care Participation Outcomes

Speech Production	Patient able to point correctly to single words from array of 20.	Communication board created for patient. He pointed to 'money' to initiate discussion on financial concerns.
Pollens (2012), Topics in Language Disorders)		

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Impairment Based vs. Palliative Care Participation Outcomes

Hearing	Auditory acuity functional with use of amplification device in quiet setting	Patient was able to hear and engage in reminiscence session with social worker using amplification device.
---------	--	--

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Outcome

	Impairment	Hospice
Verbal Expression	Given a written carrier phrase (I want....) and listed items, patient able to point to create a sentence with 80% accuracy.	?

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

--	--	--

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

- ### People with mild-moderate dementia (Chang, 2015)
- Using picture textual stimuli, improved ability to:
- understand information
 - compare treatment consequences
 - use enhanced verbal behaviors for medical decision making.
- Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

SLP & Social Work (Pollens & Lynn, 2011)

Bardach, 2015

Aphasia Institute (2003) Talking to your Counsellor or Chaplain.



What is a quality palliative care dysphagia consult?

Robin Pollens, MS CCC-SLP
robin.pollens@wmich.edu

SLP Palliative Dysphagia Care

- Optimizing the patient's ability to eat or drink comfortably
- Promoting positive feeding interactions
- Providing support and education for family members
- Communicating about patient status with the team

(Pollens, 2004)

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

If not, ... ?

- Not consulting the aides who feed the patient (& assessing at only one meal) → inaccurate recommendations.
- Not consulting with views of family may → conflict
- Not knowing overall patient's medical status may → inaccurate education.

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Pollens (2012)
Addendum

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Write the Outcome

Impairment	Hospice
Patient able to eat 5-10 small tps of pureed food without signs/symptoms of aspiration	Patient can comfortably eat small amounts of pureed food for pleasure during family meal.

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Resources

- (References uploaded)

Robin Pollens, MS CCC-SLP
robin.pollens@wmich.edu

ASHA Practice Portal Adult Dysphagia

<http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942550§ion=Assessment>

- Respect patient wishes
- Cultural or religious foods
- Preferences for medical treatment
- Collaborate with physicians and other caregivers

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Instrumental assessment of dysphagia is not indicated when:

- 1) The patient is too medically unstable to tolerate a procedure
- 2) The patient is unable to cooperate or participate in an instrumental examination
- 3) The instrumental examination would not change the clinical management of the patient

❖ (ASHA, 2017, Practice Portal)

Robin Pollens, MS CCC-SLP
robin.pollens@wmich.edu

Ethical Decision Making Model

(Jonsen, Seigler, & Winslade, 1992)

- | | |
|---------------------|---------------------|
| Medical indications | Patient preferences |
| Quality of life | External factors |

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

<http://www.uptodate.com/contents/palliative-care-of-patients-with-advanced-dementia>

We suggest ongoing hand feeding rather than tube feeding as the preferred approach to nutritional support in patients with advanced dementia.

(Mitchell, 2017, UpToDate)

Robin Pollens, MS CCC-SLP
robin.pollens@wmich.edu

- Hanson, Laura C. et al. (2017) "Oral Feeding Options for Patients with Dementia: A Systematic Review."

<https://www.ncbi.nlm.nih.gov/pubmed/21391936>

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

CFO

Palecek, Eric J. et al. "Comfort Feeding Only: A Proposal to Bring Clarity to Decision-Making Regarding Difficulty with Eating for Persons with Advanced Dementia." *Journal of the American Geriatrics Society* 58.3 (2010): 580-584. *PMC*. Web. 29 Mar. 2017.

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

SLP responsibilities in hospice

- To assist in developing strategies to add comfort and ease to the patient's quality of life
- To facilitate positive communication and feeding interactions
- To strengthen the family's comfort and ability to be competent & caring caregivers,
- To inform the care team re: findings and palliative rationale for services provided

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu

Questions and Discussion

Robin Pollens, MS CCC-SLP robin.pollens@wmich.edu