



## Bayhealth Palliative Care Services

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# Who We Are

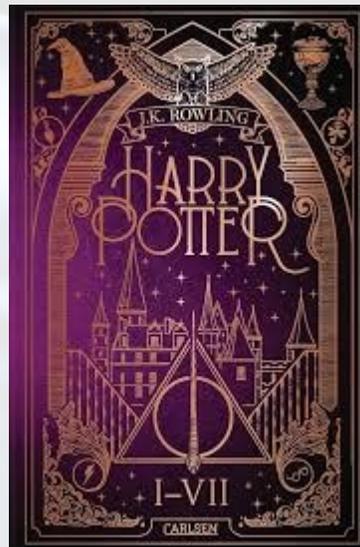
Robin and Terry

Personal

Professional

Our Journey to Palliative Care

“Why we do what we do!”





# History of Palliative Care

The development of palliative care in the United States evolved from the hospice movement in the 1970s and 1980s and has since become a recognized medical subspecialty. Key milestones include the establishment of the Medicare Hospice Benefit, the rapid expansion of hospital-based palliative care teams, and the formal recognition of palliative medicine as a specialty.

## *1960s–1980s: Origins in hospice*

1963: Dame Cicely Saunders, founder of the modern hospice movement in the UK, introduces the concept of specialized care for the dying during a lecture at Yale University.

1969: Psychiatrist Elisabeth Kübler-Ross publishes her book *On Death and Dying*, increasing awareness of the emotional and psychological needs of dying patients and advocating for patient involvement in end-of-life care decisions.

1974: The first U.S. hospice, Connecticut Hospice, is founded by Florence Wald, then Dean of the Yale School of Nursing. It begins as a home-care program.

1982: After a task force report recognizes hospice as a viable concept for humane end-of-life care, Congress establishes a temporary Medicare hospice benefit. It becomes a permanent benefit in 1986.

Late 1980s: The first U.S. hospital-based palliative care programs are established, notably at the Cleveland Clinic and the Medical College of Wisconsin.

## *1990s: Growth and expansion beyond end-of-life care*

1990: The World Health Organization defines palliative care as a distinct specialty focused on relieving suffering and improving quality of life, distinguishing it from hospice by allowing curative treatment alongside palliative care.

1990s: U.S. philanthropic organizations, including the Open Society Institute's Project on Death in America and the Robert Wood Johnson Foundation's Last Acts Initiative, invest hundreds of millions of dollars to build the academic foundation for the field and improve end-of-life care.

1994: The legalization of assisted suicide in Oregon fuels conversations about the need for quality palliative care options.

1999: The Harvard Medical School Center for Palliative Care is founded, establishing a major academic base for the field.

# History of Palliative Care (cont.)

*2000s–Present: Formal recognition and broader access*

2000–2011: The number of U.S. hospitals with palliative care programs grows by more than 157%.

2006: The American Board of Medical Specialties formally recognizes Hospice and Palliative Medicine as a medical subspecialty. Physicians can now become board-certified in this field.

2011: The Joint Commission introduces an Advanced Certification Program for Palliative Care to recognize hospital inpatient programs that demonstrate outstanding quality.

2012: The National Institute of Nursing Research holds a national summit, "The Science of Compassion," highlighting the maturation of the palliative care movement.

Late 2010s: Palliative care programs are present in 72% of all U.S. hospitals with at least 50 beds and 94% of hospitals with over 300 beds.

2020: Over 83% of U.S. hospitals with 50 or more beds have a palliative care team, a significant increase since 2000.

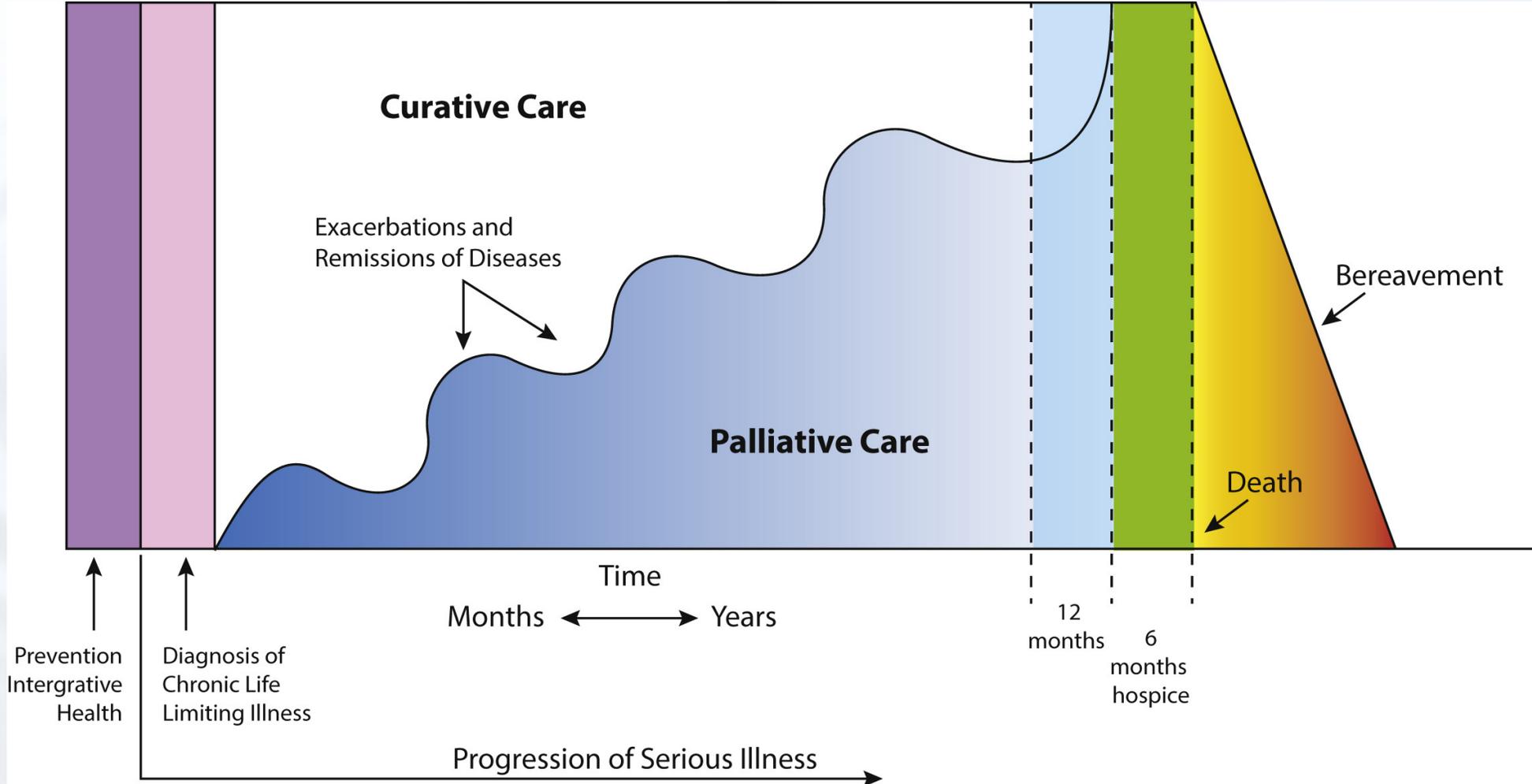
2020s: Palliative care expands beyond hospitals into nursing homes, ambulatory care centers, and home care programs. Telehealth also becomes a critical tool for providing palliative care to patients in rural and underserved areas

# Who makes up the Palliative Care Teams?



- Doctors
- Advance Practice Clinicians (PAs/APRNs)
- Nurses
- Social workers
- Pastoral Care
- Volunteers

# Palliative Care Across the Lifespan



## What is “chronic” or “serious illness”?

- Chronic Illness
  - Not curable, will progress in time
  - Ex: COPD, Parkinsons, dementia, MS, chronic kidney disease
- Serious Illness
  - Cancer
  - Serious infection requiring hospital admission
  - Multi-Organ

# Who benefits from palliative care?

Patients

Families/Caregivers

Healthcare workers

Healthcare  
Organizations

## Services of Palliative care

- Symptom management of chronic or serious illness.
  - Pain
  - Nausea
  - Shortness of breath
  - Sleep issues

- Advance care planning (advance directives, DMOST)
- Goals of care

- Emotional and spiritual support for patient and family
- Crucial Conversations

- Social work support
- SDOH
- Assistance with facilitating family meetings
- Non-complex ACP

# Examples of Advance Care Planning

## DELAWARE MEDICAL ORDERS FOR SCOPE OF TREATMENT (DMOST)

- FIRST, follow the orders below. Then contact physician or other health-care practitioner for further orders, if indicated.
- The DMOST form is voluntary and is to be used by all patients with serious illness or health where health care practitioner would not be surprised if they the patient(s) died (day without) next year.
- Any section not completed requires providing the patient with the full treatment described in that section.
- Always provide comfort measures, regardless of the rest of treatment chosen.
- The Patient or the Authorized Representative has been given a plain-language explanation of the DMOST form.
- The DMOST form must accompany the patient at all times. It is valid in every health care setting in Delaware.

Print Patient's Name (last, first, middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_ last four digits of SSN \_\_\_\_\_

**A Goals of Care** (see reverse for instructions. This section does not constitute a medical order.)

**B Cardiopulmonary Resuscitation (CPR)**  
Patient has no pulse and/or is not breathing  
 Attempt resuscitation CPR  Do not attempt resuscitation DNAR

**C Medical Interventions:** Patient is breathing and/or has a pulse.  
 **Full Treatment:** Use all appropriate medical and surgical interventions, including intubation and mechanical ventilation in an intensive care setting, if indicated to support life. Transfer to a hospital, if necessary.  
 **Limited Treatment:** Use appropriate medical treatment, such as antibiotics and IV fluids, as indicated. May use oxygen and non-invasive positive airway pressure. Generally avoid intensive care.  
 Transfer to hospital for medical interventions.  
 Transfer to hospital only if comfort needs cannot be met in current setting.  
 **Treatment of Symptoms Only/Comfort Measures:** Use any medications, including pain medication, to any route, positioning, adjust care and other measures to keep clean, warm, dry, and comfortable. Use oxygen, suctioning, and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current setting location.  
 **Other Orders:** \_\_\_\_\_

**D Artificially Administered Fluids and Nutrition:** Always offer food/fluids by mouth if feasible and desired.  
 Long-term artificial nutrition  
 Define last period of artificial nutrition: Length of trial \_\_\_\_\_ Day \_\_\_\_\_  
 No artificial nutrition  Hydration only  none (check one box)

**E Orders Discussed With:**  Patient \_\_\_\_\_ of # \_\_\_\_\_  
 Guardian  Surrogate (per DE Surrogate Statute) \_\_\_\_\_ Print Name & phone number  
 Other  Agent under Healthcare POA or AHCD \_\_\_\_\_ Signature  
 Parent of a minor \_\_\_\_\_ Signature

Print Name of Authorized Representative \_\_\_\_\_ Relation to Patient \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
If I lose capacity, my Authorized Representative may not change or void this DMOST \_\_\_\_\_ Patient Signature \_\_\_\_\_

**F SIGNATURES:** Patient/Authorized Representative/Physician/Interventions I have discussed this information with my Physician / APRN / PA  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician / APRN / PA Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Address \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ License Number \_\_\_\_\_ Phone # \_\_\_\_\_

## FIVE WISHES

MY WISH FOR

The Person I Want to Make Care Decisions for Me When I Can't

The Kind of Medical Treatment I Want or Don't Want

How Comfortable I Want to Be

How I Want My Body to Be Treated

What I Want My Loved Ones to Know

Print Your Name \_\_\_\_\_

Signature \_\_\_\_\_

## MY WISHES

There is a picture of me, my age, and date.

MY SUBJECT FOR

How I want people to treat me.

How much pain I want to be.

What I want my loved ones to know.

What I want my doctor and nurses to know.

FIVE WISHES poster

## Advance Health Care Directive

of \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Address \_\_\_\_\_

License Number \_\_\_\_\_ Phone # \_\_\_\_\_

This form was developed by the Committee on Law and the Elderly of the Delaware Bar Association and approved for use by the Office of the Attorney General of the State of Delaware.

My Directives®

# Where do people receive Palliative Care?



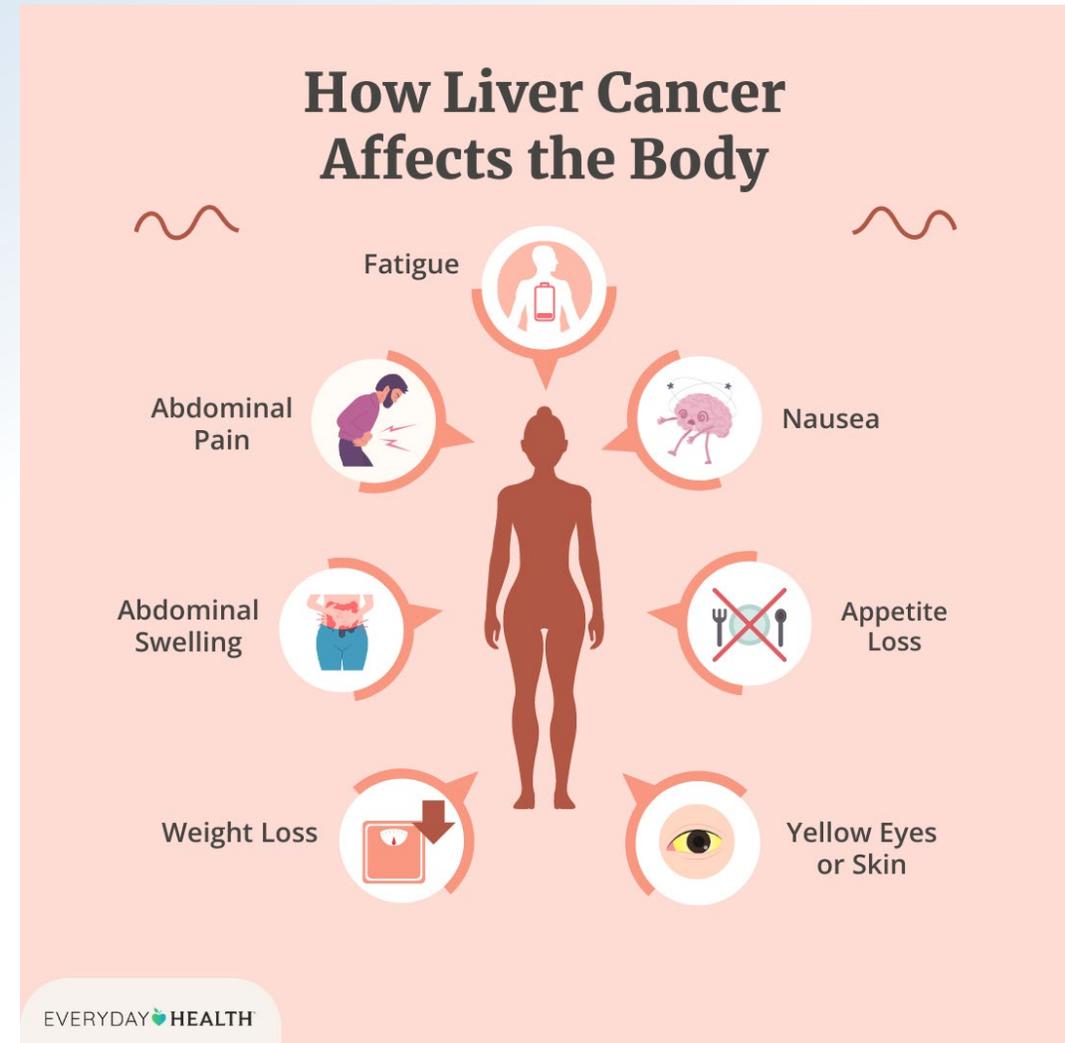
Hospitals

Nursing homes  
Homes

Out-Patient Clinics and  
Cancer Center

# A Patient's Story

- 62-year-old male, with a history of hepatocellular cancer s/p liver transplant.
- Recurrence of disease with spread to bones.
- Declining functional status due to pain.
- Decreased appetite due to uncontrolled pain
- Not sleeping
- Failing treatment regimen due to overall declining health.



# A Patient's Story

## *What did we do?*

- Started pain regimen
- Referred to Radiation Oncology for symptom management of bone mets
- Provided education on how to add calories/fats to foods
- Adjusted pain medications on ongoing basis
- Assisted with advance directives and DMOST
- Provided ongoing support with medical decision making



# A Patient's Story

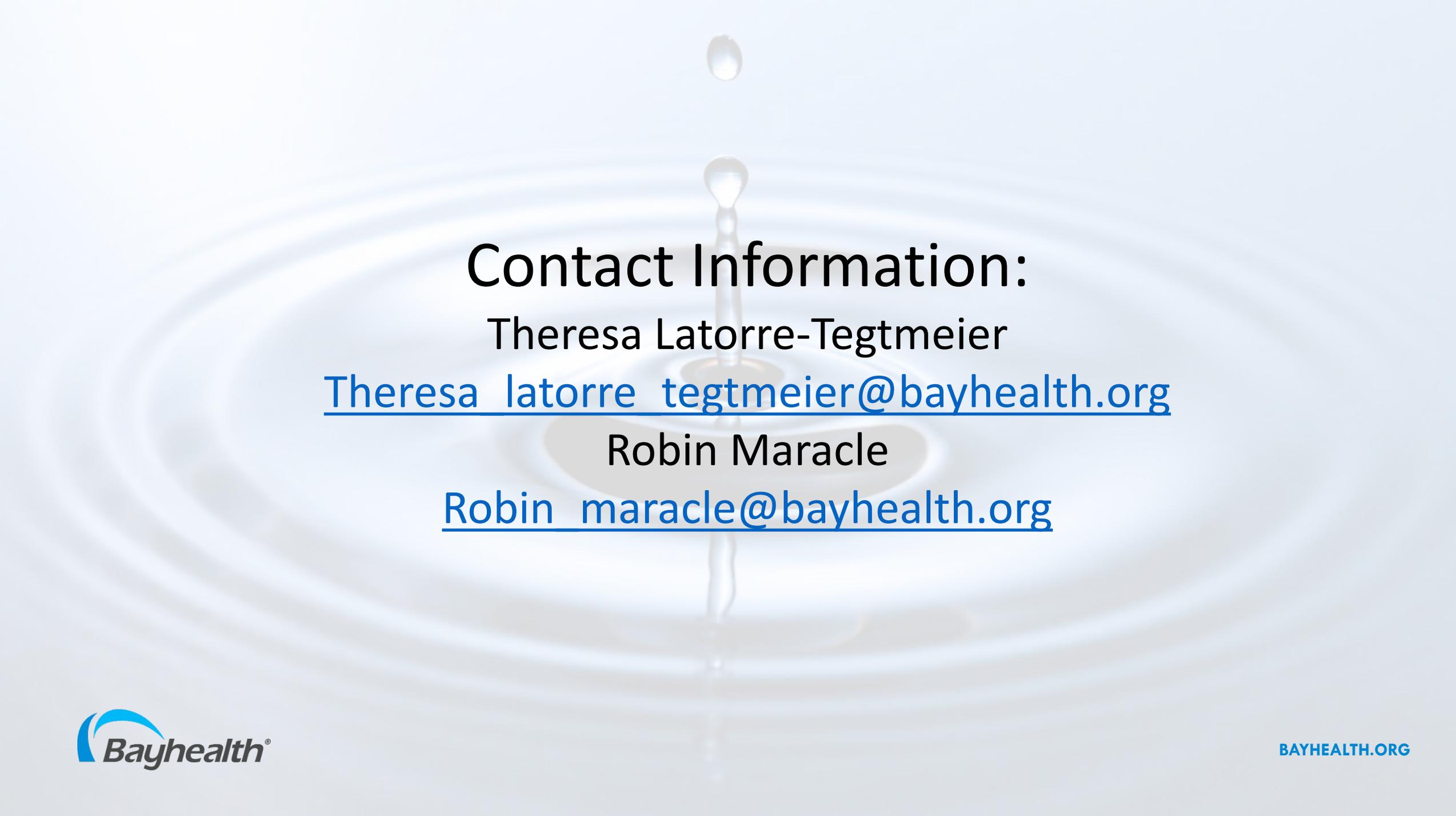
## *What happened to him?*

- Appetite slowly improved
- Regained strength. Able to work in his yard and ride his motorcycle
- He did have further progression of disease.
- Changed treatments, but side effects impacted his appetite, and he was failing. He decided to stop treatment.
- We continued to manage his pain, until he needed more help at home and then we transitioned him to hospice.
- He died with hospice support and his family surrounding him.



A high-speed photograph of a water droplet falling into a pool of water, creating concentric ripples. The droplet is captured mid-fall, with a small one above and a larger one below, both connected by a thin stem of water. The background is a soft, light blue gradient.

Questions?

A background image featuring a single water droplet falling from the top center, creating a series of concentric ripples that spread outwards across the frame. The droplet is in the process of hitting the surface, with a small splash visible at the point of impact.

# Contact Information:

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Our Commitment Runs Deep