**Palliative Care Teams**

**Introduction**

Everybody would want to leave for long in good health condition. Various researches show that there is a large population living under advanced illness which brings threat to end of their lives (Ajayi & Edmonds, 2014). The palliative care team is a medical care program which aims at providing healthcare relief for the individuals with serious illness. Such problems include chronic diseases, acute illness, and psychological disorders.  The palliative care team helps in increasing quality of life in which the patients live and providing support to the affected families. It is focused on the management of the physical symptoms and psychological support of the patients. The World Health Organization (WHO) is an example of such units which reinforce on the palliative care (Ajayi & Edmonds, 2014). Currently, the program has been expanded across a wider range of countries through the healthcare units. From the research, most healthcare units have embraced various multidisciplinary approaches of promoting medical and nursing care among the people. The organization emphasizes on the medical care of both the children and the adults. The key goal of the care program is to improve the life of the affected patients and their families.

**Background**

The key purpose of the report is to analyze palliative care team as a medical strategy of improving the lives of individuals. This clinical approach is useful in coordinating the care unit and transition of patients. For many decades, such patients with advanced illness undergo through severe pain and other unique symptoms. The program helps in dealing with the symptoms and the conditions. Therefore, it provides healthcare beyond the end of the life. Statistics from different research such as (Crozier & Hancock, 2012) shows that about 2.5 million of children die of severe illness due to inactive health care management. Such children with adverse conditions are not taken care of thus they die earlier than expected. The research report provides approaches to managing such death cases. Although such cases are rare among the infants, research records that about 50000 of infants die of uncontrolled illness. Consequently, the number of deaths among the adults is expected to be even higher than the children.  The adults are exposed to various illness and psychological problems. From clinical assessment, palliative healthcare team helps in increasing the life expectancy of both the children and the adults.

Palliative health care team is beneficial to the patients, families and the nursing staffs. Notably, the program impacts on the life of the affected patients. It provides a solution in transitioning serious condition of the infants to adulthood. One of the major principles of the palliative healthcare team is to emphasize on the quality of life of the patients, thus the patients are relieved of the stressing symptoms. Consequently, palliative healthcare team helps in the management of the illness and the disorders. It is also important to note that it has provided a solution to the affected families since it helps in the management of the symptoms.  The program is also beneficial to the clinical staffs since it is the basis of the workforce. Notably, it has improved on mechanization to generate the best healthcare functions. Generally, the program has coordinated the health care system and provides a solution to the accelerating healthcare problems. Besides the coordination of the healthcare unit, the program helps in promoting effective communication (Wittenberg-Lyles, 2013). Evidently, palliative healthcare team facilitates teamwork and funding of medical support to the patients with severe illness.

**Project Methods**

*a. Description of the proposed program/practice/project change and the rationale that supports it*

The palliative team designed programs to model care services and focus on key issues towards an efficient intervention of transforming the care services delivery. Again, the team proposed scrutinizing the case studies of intervention using the quality indicators to necessitate a better transition in the palliative care services. Some of the methods include cost-effectiveness, early communication and improvement in healthcare palliative care transitions.

*Cost-effectiveness*

Cost-effectiveness aims at reducing the period of time that patients take in hospitals, to help patients spend wisely and maximize on their savings. For instance, the policy to ensure improvement in the quality of care and use of resources wisely emphasized on cost-effectiveness. Therefore, coordination between the physicians towards integrating palliative care services will enhance achievement of long-term goals between the patient and the family; hence, improving quality of care services in the hospital settings (American Hospital Association, 2012).

Additionally, some families see to it that ICUs do not benefit their patients. Therefore, through the palliative care, clinicians and physicians can combine efforts to improve quality of care through integrated systems. They can achieve this by establishing Accountable Care Organizations (ACOs) and Patient Centered Medical Homes (PCMHs), (American Hospital Association, 2012). These organizations will ensure effective management of patients under server conditions and cost related expenses.

*Early communication*

The palliative care service delivery can be improved through consultation. Therefore, patients should consult physicians to avoid late reports that might result into complications or emergency cases. They can do this through billing. Again, the consultation will prepare both the clinicians and physicians better towards strategizing on the best practices and management goals to solve problems presented by the patients; such strategies include staffing ratio, resources required with regards to number of future admissions over a period of time (American Hospital Association, 2012).

*Improvement in healthcare palliative care transitions*

Lastly, embracing the transition requires effective improvement in the healthcare. More specifically, this requires that the Inpatient Unit meets certain set standards towards realizing the general needs of the hospital. The palliative care team should ensure effective and consistent care for the inpatients under the provisions of the inpatients care unit act, improving patient- and family-centered environment and integrating palliative care education and research. However, the team should reduce ICU length of stay (American Hospital Association, 2012).

*b. Discuss which QI method you would use to evaluate and implement the change.  Be sure to include stakeholders and potential leaders of change*

QI methods are data supported research activities that aim at improving the quality of healthcare in the medical setting. In this literature, we are going to discuss about independent review as a QI method that help in evaluation and implementation of the transition process within the palliative care unit. The method will help in attainment of accountability for clinical care through recognized practices that meet ethical requirements (Lyn et al., 2007). Similarly, this method will allow stakeholders to achieve measures towards evaluating potential risks related to the transition of the care services and finally propose possible solutions without transmitting the risks to the patients. However, the method should base its activities on the consent of the patients; that is, informed consent before integrating the services towards achieving change. The key stakeholders in the palliative care team include the chaplain, social workers, physicians, nurses and advanced practice nurses (Lyn et al., 2007).

*c. Potential/anticipated barriers and plan to deal with them*

Despite the efforts to attain better health care through the palliative care, communication is a major barrier that thwarts this objective. The patients and clinicians are unable to communicate effectively due to failure to make better decisions concerning the treatment plans.

**Proposed Evaluation Plan**

*a. Identification of appropriate evaluation metrics (use the table provided on Canvas)*

Evaluation metrics include the utility, feasibility, propriety and accuracy to determine if the needs of the patients are met. Utility standard of evaluation will determine the group of stakeholders that will be impacted and the problems concerning the type of data collected. Additionally, the feasibility standard of evaluation is appropriate as well. It will determine if the achievement of the objective of the palliative care change is a practicality and possibility of the transition in real life situation (Robinson, 2013). However, the evaluation will be based on the data collected from the face-to-face surveys and information in the questionnaires.

*b. Plan for monitoring improvement outcomes (short, medium and/or long term)*

Care delivery should be done by professional psychologists, nurses, social workers and caregivers to maximize on both short-term, medium-term and long-term ambitions of the program (Robinson, 2013). This will improve the general quality of services offered to patients. Additionally, the clinicians should rely on Evidence Based Practice guidelines to achieve better decision making in case of critical conditions concerning the patients.

**Conclusion**

To sum up, palliative healthcare team is an effective approach to improving the lives of the patients with the advance illness. As discussed above, some of these patients are ignored and associated with death. This program helps in proving healthcare approaches to controlling these illnesses beyond death. To summarize on the benefits of the care program, palliative healthcare team is beneficial to both the patients, families and the clinical staffs. It is the basis of effective communication within the healthcare unit and facilitating communication within the system. it is therefore important to discuss it in depth.

**References**

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