

## Maintaining quality of life throughout illness-palliative care guide

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**Background:** Palliative care -advance care planning is described as a process of developing a valid expression of wishes rather than a single consultation or the signing of a legal document.

**Method:** Palliative care -advance care planning is an informed consent, and once completed is an informative decision -making document that becomes part of a continuing engagement with the resident, caregiver and the health care provider. The goal is to facilitate palliative care-advance care planning as part of the resident's care across the continuum of care. Included in this continuum of care are the Acute Care, Skilled Nursing, Assisted Living, and Long Term Care facilities. Informational brochure is an example of putting information in the resident or caregiver's hands to seek out a clinician, social worker to begin the conversation related to advance care planning. The skill of the clinician, social worker is the ability to communicate and assist the resident in articulating their values, and goals of treatment.

Inviting the health care proxy is encouraged, so that they too will have a clear understanding of their loved one's wishes.

**Conclusion:** Recommended reading "Being Mortal" by Atul Gawande, examples of advance care planning is POLST, Five Wishes and Palliative Care Brochure.

### Speaker Biography

Marjorie Risola, is a RN-BC Clinical Care Consultant partnering with DGRB Services LLC. Her expertise is in Long Term Care facilities' quality of care, for which, palliative care has been a driving force in quality of life of every resident. Her nursing practice has extended over 20 years and during those years, she received the Governor's Award in Nursing, received a Broad Certification in Gerontological Nursing and Certification in wound care. She developed a Palliative care program that was recognized by New Jersey Ethics Committee as an example of an expert program. Today, palliative care program and advance care planning is a necessary component to resident's care. As a member of the Health Care Association of New Jersey's Best Practice, there was such an atmosphere of enthusiasm during the development of Palliative Care Program-Advance Care Planning. This is a thoughtful program that stakeholders will respond to as a Standard of Care.

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