April 28, 2022
Case Presentation by AccentCare Hospice & Palliative Care, CT
ECHO Session Facilitator – Aparna Gupta DNP, FACHE, CPHQ, VP Quality
NHPCO
Disclosures

Disclosure
The planners and faculty disclose that they have no financial relationships with any commercial interest.

Data Collection
In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement’s reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation
You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. Completion of this evaluation is required for Quality Connections credit. We ask all participants to take the survey as it will help us to improve future clinic sessions.
Today’s Agenda

- Welcome and brief introductions
- Introduction of the case presenter and subject matter experts
- Brief didactic presentation related to the case
- Case presenter presents case details and specific questions or ponderings.
- Questions and clarifications – subject matter experts and participants
- Final thoughts and lessons learned - subject matter experts and participants
Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants - introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**
Introductions

Session Presenter – AccentCare Hospice & Palliative Care of CT, CT
- Jessica Sturgeon, MT-BC, HPMT, Music Therapist

Subject Matter Experts
- Steven Smith, MD, FAAP, Medical Director Home Based Palliative Care and Hospice, Nationwide Children’s Hospital Columbus, OH
- Jennifer Palmer, MSN, RN, CHPPN, Pediatric Team Leader, Hospice of the Western Reserve, OH
- Maggie Scheppmann, MM, MT-BS, Music Therapist, Bluegrass Care Navigators, KY
- Braedyn Inmon, MT-BC, Music Therapist, Vitas, CT
Today’s Case Themes

• Patient Choice : Person Centered
• Relevant assessments and Integrative Plan of Care
• Therapeutics through music perspective
• Coordination of Care
Assessment

Foundation of Quality Care

- §418.54(c) Standard: Content of the comprehensive assessment
  - The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient’s well-being, comfort, and dignity throughout the dying process.

- Interpretive Guidelines
  - §418.54(c) The assessment would include, but not be limited to, screening for the following: pain, dyspnea, nausea, vomiting, constipation, restlessness, anxiety, sleep disorders, skin integrity, confusion, emotional distress, spiritual needs, support systems, and family need for counseling and education. The hospice would then gather additional information, as necessary, to be able to meet the patient/family needs.
Music therapy is defined as the use of music and sounds as a part of a developing relationship between the patient and therapist to support and improve physical, mental and spiritual well-being (Porter et al., 2018)

Music has the power to transform lives and to bring comfort to people in challenging times.

Resource-oriented music therapy provides a unique clinical avenue for supporting caregivers through pre-bereavement and has been acknowledged by caregivers as a unique and integral hospice service (Potvin, Bradt and Ghetti, 2018)
Elisabeth Kubler-Ross recognized that music therapy helps dying patients who are withdrawn become more engaged (Hilliard, 2005)

In hospice and palliative care, music therapists use methods such as song writing, improvisation, guided imagery and music, lyric analysis, singing, instrument playing and music therapy relaxation techniques to treat the many needs of patients and families receiving care.

Only 6% hospice programs presently employ music therapists (Vesel & Dave, 2018)

Currently no standards exist for music therapists in hospice and palliative care.
Next Steps

Case presentation

Questions

• Subject Matter Experts & Participants

Recommendations

• Subject Matter Experts & Participants

Summary
You Too Can Present a Case!

- Could be in the hospice or palliative care space
- Quality focused
- Is relevant to today’s hospice and palliative care environment
- What are we looking for in a patient-based case?
  - Poses difficult issues for the interdisciplinary team
  - May be an outlying or a frequent situation that involves clinical/ emotional/ psychosocial/ spiritual challenges
- What are we looking for in a process-based case?
  - May involve operational or clinical process issues
  - May affect patient care
  - Is a focus of quality improvement for the organization
Upcoming Project ECHO Sessions

Access our Project ECHO webpage @ https://www.nhpco.org/projectecho/
(On the page, scroll down to complete the case study SBAR form for submission case study for consideration)