

NHPCO Project ECHO

August 2021

Case presentation by Hospice of the Panhandle, WV

ECHO session facilitator – Jennifer Kennedy, EdD, BSN, RN, CHC

Sr. Director, Quality & Regulatory, 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

Case presenters

- Sara Cohick, MSW, LICSW, ACHP-SW – Social Service Director - Hospice of the Panhandle, WV
- Nikki Bigiarelli, BSN, RN – Clinical Director - Hospice of the Panhandle, WV

Subject Matter Experts

- Emily Nesbitt, LGSW,MSW – St. Croix Hospice, MN
- Katrina Nickels, MD – Blue Grass Navigators, KY

Today's case study

Hospice clinical practice case

- **Illicit drug use**
- **Sexually inappropriate**
- **History of homelessness**
- **Poor social support**

What is known about illicit drug use

- There is an increase in older substance users who will require end of life care.
- Meeting end of life needs for this group of people will require flexible service provision.
- Problematic substance users often present with complex social and medical problems that make accessing structured end of life care services more difficult to navigate than other populations.
- Individuals using illicit substances are still more likely to die at an earlier age than the general population.
- They have patterns of disease and morbidity that reflect the impact of substance use or the traumatic life experiences more frequently encountered in this group.

Substance Use Disorders (SUDs)

- The spectrum of SUDs are described as increasing degrees of:
 - craving,
 - compulsive use,
 - loss of control, and
 - continued use despite harm
- SUDs can:
 - complicate the diagnosis and treatment of psychological (e.g. depression) and physical (e.g. pain) symptoms;
 - compromise compliance with the palliative treatment plan;
 - impair a stressed social support network;
 - weaken trust in patient-physician/nurse relationships; and
 - promote the use of opioids to cope with emotional distress and decision-making – “chemical coping.”

Suggested SUD Management Techniques

- Complete a thorough substance use history.
- Consider use of a written opioid agreement with carefully defined patient and provider expectations.
- Use non-opioid analgesics and non-pharmacological measures to their full potential; poorly controlled pain can increase substance abuse behaviors.
- Use opioids at appropriate doses and at appropriate intervals. Titrate long-acting opioids to minimize the need for short-acting opioids. Note: opioid-tolerant patients may need larger than ‘usual’ doses.
- Address anxiety with counseling, antidepressants and, if necessary, judicious use of anti anxiety drugs; this has been shown to reduce illicit drug use in a hospice population.
- Monitor closely; frequent contact allows for close patient observation and prescription of limited quantities of opioids.
- Recognize that addiction is a chronic, relapsing illness – and respond with increasing structure and compassion.
- Develop system policies for identifying and appropriately treating patients with substance abuse.

Inappropriate Patient Behavior

- Inappropriate behavior can include being rude, aggressive, sarcastic, disinhibited, making suggestive comments, and touching sexual body parts.
- Such behavior, which also includes unwanted or inappropriate touching between patients, is a common problem in nursing homes.
- It is estimated that up to 15 percent of patients in long-term care settings may engage in some sort of inappropriate sexual behavior and it can be difficult to manage.

Inappropriate Patient Behavior

- It is important to develop a professional approach for navigating such situations.
- Employers and nurses can take steps to prevent sexual harassment.
- Organizations should have a policy in place that addresses harassment and outlines reporting steps.
- Patients should know the hospice team members are professionals and should be held accountable if harassment occurs.

Homeless Individuals at End of Life

- People experiencing homelessness have diverse and complex health needs that can become increasingly difficult to manage when individuals are diagnosed with terminal or life-limiting conditions.
- Some of the challenges patients face include severe mental illness, decision making capacity issues, competing priorities, and barriers and stigma associated with accessing care.
- The literature documents the life expectancy of people who experience chronic homelessness is 12 years less than that of the general population.”
- Mortality rates amongst people experiencing homelessness are estimated to be three-to-four times greater than the general U.S. population, and the number of older adults without homes is expected to increase to 95,000 by 2050.

Barriers to Care for the Homeless

Healthcare professionals/systems

- attitudes and behavior
- limited knowledge and skills of professionals related to palliative care for homeless individuals
- Access to care
- palliative care for homeless people needs a tailored approach

Homeless individuals

- EOL care is often not a priority for them
- often dependent on drugs,
- have limited insight into their condition
- little support from family and relatives

Case Presentation

SBAR (Situation, Background, Assessment, Recommendation)

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

Date	Time
September 29, 2021	3pm ET
October 26, 2021	3pm ET
November 30, 2021	3pm ET
December 21, 2021	3pm ET

Cases needed for 2022- <https://www.nhpc.org/projectecho/>

Thanks for joining.
We will see you next
month.