

NHPCO Project ECHO

March 23, 2022

Case presentation by Transitions LifeCare, Raleigh, NC

**ECHO session facilitator – Aparna Gupta, DNP, FACHE, CPHQ, VP Quality
NHPCO**

What Are We Looking for in a Case?

- Poses difficult issues for the interdisciplinary team
- May be an outlying or a frequent situation that involves clinical/emotional/psychosocial/ spiritual challenges
- May involve process of care issues
- Could be a case in the hospice or palliative care space
- Is relevant to today's hospice and palliative care environment
- Quality focused

Submit a case - <https://www.nhpco.org/projectecho/>

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 Conferencing 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 presenters – Transitions LifeCare, Raleigh, NC

- Sara Sousa, RN, BSN, MPH, CCM , Performance Improvement Coordinator
- Betsy Barton, MPH, CT , Senior Associate for Learning and Research
- Martha Vet, RN , Palliative Care Nurse Navigator
- Leslie Sutton, MD , Hospice and Palliative Medicine Physician

Subject Matter Experts

- Halley Harris, LAICSW, Hospice of Northwest, WA
- Paul Longnecker, RN, MBA, PhD Senior Instructor, Graduate Faculty MS in Allied Health Program, Otterbein University, Westerville, OH
- Debra Vermette, MD, Hospice and Palliative Medicine Board Certified, Vitas, Philadelphia, St. Mary's Medical Center in-patient Palliative Care Program, PA

Today's Case Themes

- Patient Choice : Person Centered
- Relevant assessments and Plan of Care
- Revocation – the Ethics 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

Plan of Care/Medication Management

- 418.56 - The plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions.

- §418.116 - The hospice and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations related to the health and safety of patients. If State or local law provides for licensing of hospices, the hospice must be licensed.

VSED

- Voluntary Stopping of Eating and Drinking (VSED) is a means of hastening death
“an action of a competent, capacitated person, who voluntarily and deliberately chooses to stop eating and drinking with the primary intention to hasten death because unacceptable suffering persists”
- VSED is distinct from cachexia
- VSED is not specifically described in law, and little relevant legal precedent has been set, either related to patients undertaking it or clinicians aiding patients in their VSED effort

(Lowers, Hughes and Preston, 2021)

VSED

The three stages of VSED:

- An early stage in which the patient is alert and may experience thirst but can engage with others
- A middle stage marked by progressive weakness as renal function fail
- A late stage in which the patient is largely unresponsive until death

Current guidance begins with a clinical evaluation to determine the nature of the patient's current or anticipated suffering, with treatment or specialty referral to address symptoms if necessary

(Lowers, Hughes and Preston, 2021)



Role of Ethics Committee in
VSED Policy and Education

Situation

- Some patient-facing staff at Transitions LifeCare (TL) do not feel comfortable discussing voluntarily stopping eating and drinking (VSED) with patients and caregivers.
- Patients and caregivers may get differing or mixed information about VSED, or they may not be informed of VSED as an end-of-life option.

Background

- In July 2020, a TL palliative care (PC) patient talked to his nurse about wanting to stop taking his medications.
 - 95YO living at ALF
 - Primary Dx: stage 4 kidney disease
 - Reported feeling tired
 - Denied thoughts of self-harm
 - PC MD asked RN if she had brought up VSED w/pt
 - RN explained comfort if pt brings up VSED but not bringing up VSED w/out patient prompt

Background

- Case brought to Ethics Committee at request of PC MD
 - Is it ethical to suggest VSED to any patient?
 - Is introducing VSED a liability to the agency?
 - How is VSED different than stopping dialysis?
 - Should Ethics Committee have a shared conversation to work towards developing a written policy?

Assessment

- Ethics Committee members described their teams as not having tools or resources to discuss VSED with patients and caregivers.
- After Ethics Committee discussion, there were several other VSED cases/situations with ethical questions/concerns.

VSED Case: Hospice Eligibility

- Patient in his 70s with CVD and Hx of TIA.
- Pt initially on palliative care service line.
- Family defined patient as “giving up” and refusing to eat. Loss of spouse two months prior to hospitalization. Pt hospitalized with AKI, dehydration, hypotension, and failure to thrive.
- Pt evaluated for hospice and determined to be ineligible. He continued to refuse to eat and drink, and after 10 days family requested that he be re-evaluated for hospice.
- Pt was determined to be hospice eligible at this time and was enrolled in hospice care.
- He died after 4 days of hospice care.

VSED Case: Role of Family

- Patient in her 90s with cerebral atherosclerosis, heart and kidney disease, vascular dementia.
- Pt AOx3 (person, place, situation)
- At intake, HCPOA told RN that pt's doctor, "told my mother indirectly that if she stopped drinking, she would die."
- Pt asked for a sip of water and HCPOA refused to let RN or MSS get pt water, saying, "My mother is going to VSED."
- RN and MSS explained hospice philosophy and goals of care. Pt continued to ask for water and HCPOA continued to refuse request.
- Pt not enrolled onto hospice care and situation reported to APS.

VSED Case: Patient Autonomy

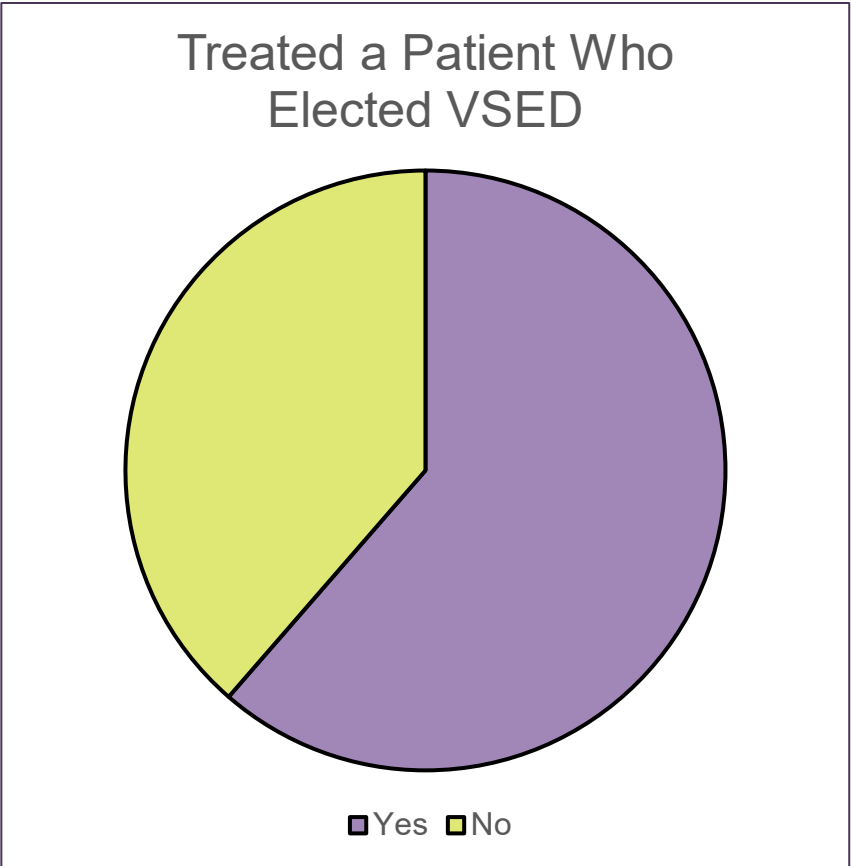
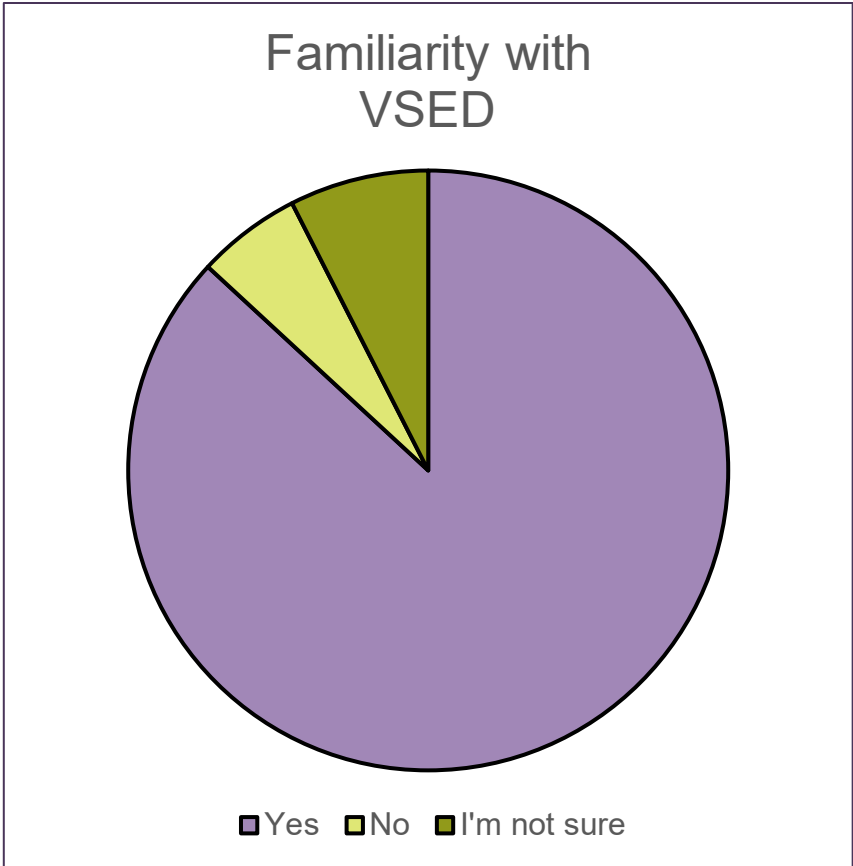
- Pt in his 60s with ALS. He found the need for family to implement his self-care as untenable.
- Pt and family researched VSED independently from hospice team and decided to implement after being on service several months.
- Pt and family received guidance, support, and education from IDG through VSED process.
- Pt implemented VSED and died after 2 weeks.
- Loved ones described death as emotionally difficult but peaceful.

Assessment

- In March 2021 the Ethics Committee implemented a staff survey to learn more about staff knowledge of and comfort with VSED.
- We received 157 replies (*approximately 25% response rate*)

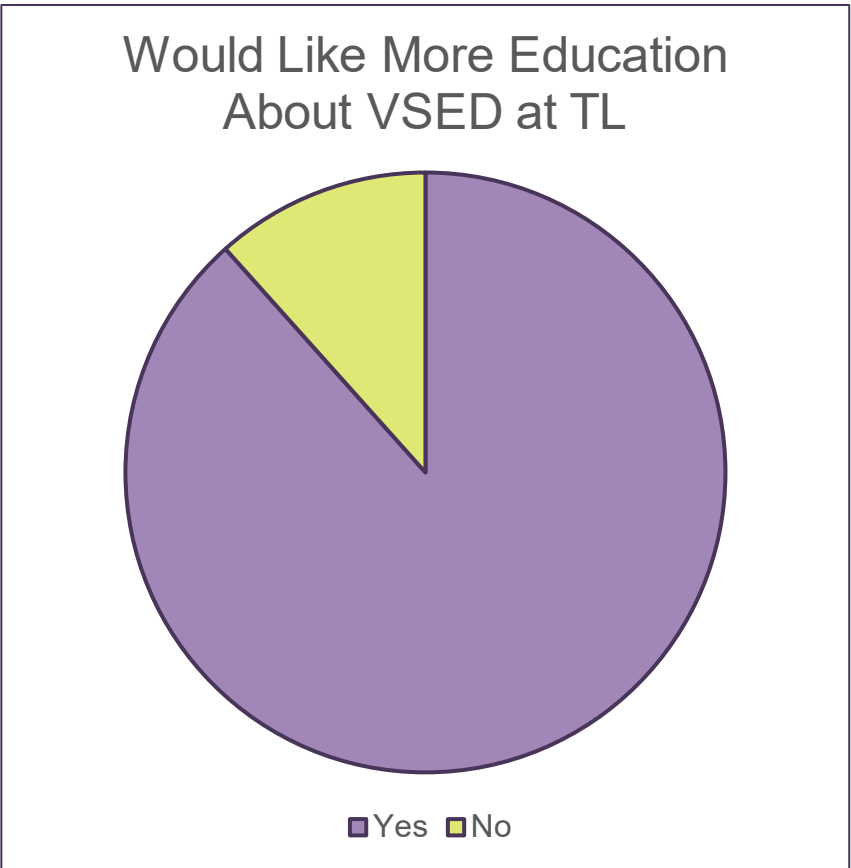
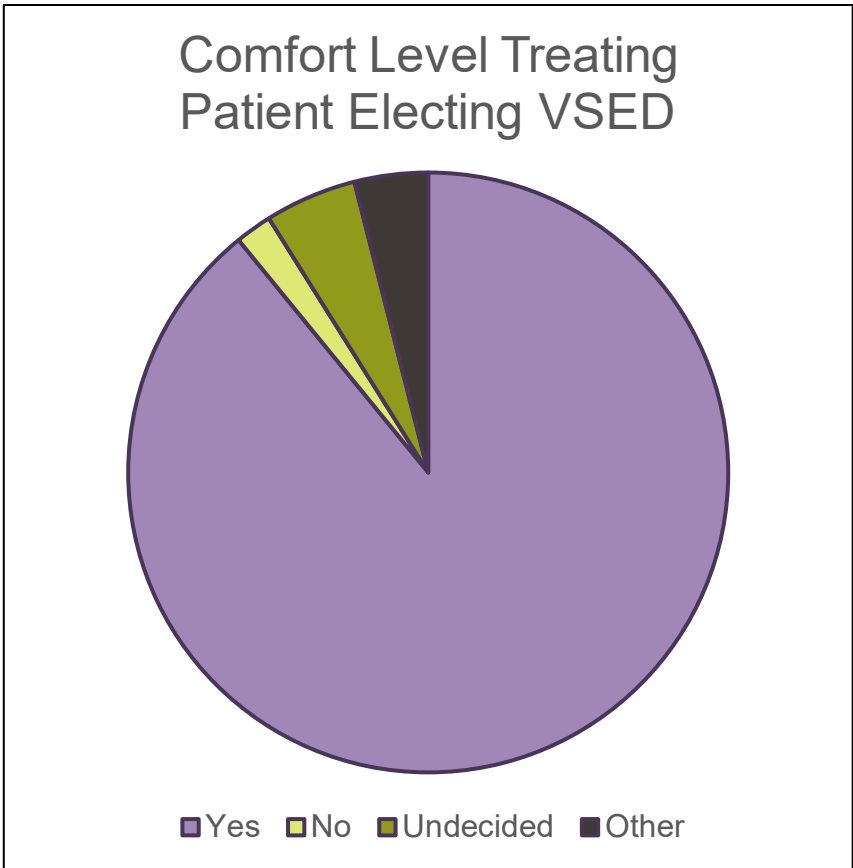


Assessment





Assessment



Assessment

- TL staff across service lines need clear guidance on working with patients who choose VSED, on discussing VSED with patients who may or may not know about VSED, and on managing challenging ethical situations that may arise with VSED.

Recommendations

- Develop agency VSED Policy.
- Implement VSED education for staff, patients, families, and community.

Next Steps

Case presentation

Questions

- Subject Matter Experts & Participants

Recommendations

- Subject Matter Experts & Participants

Summary

Upcoming Project ECHO Sessions

Date	Time
June 22, 2022	3pm ET
July 27, 2022	3pm ET
August 24, 2022	3pm ET
September 28, 2022	3pm ET
October 26, 2022	3pm ET
November 22, 2022	3pm ET
December 20, 2022	3pm ET

Submit a case - <https://www.nhpco.org/projectecho/>

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

Share your cases for presentation in 2022

Access our Project ECHO webpage
at <https://www.nhpc.org/projectecho/>

Scroll down to complete the case study SBAR form