

NHPCO Project ECHO

May 25, 2022

Case presentation by Life Touch Hospice, El Dorado, AR

ECHO Session Facilitators -

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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 presenter – Life Touch Hospice, El Dorado, AR

- Lacie Hill, BSN, RN, Quality Coordinator

Subject Matter Experts

- Kamal Wahab, MD, Family and Geriatric Medicine Specialist, Palliative Medicine consultant North Florida Regional Medical Center, Associate Medical Director, Vitas, Florida,
- Karen Washburn, MSW, ACSW, Clinical Education coordinator, Hope Healthcare, FL
- Paul Longnecker, RN, MBA, PhD Senior Instructor, Graduate Faculty MS in Allied Health Program
- Fran Klouse, RN, St. Croix, MN

Today's Case Themes

- Patient Choice : Person Centered
- Role of family and / or caregivers
- The Ethics perspective
- Coordination of Care / Communication with Interdisciplinary team

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

What is Patient Choice?

- ❖ Patient Choice is a complex construct – it is not simple
- ❖ Choice is tied to the notion of individual autonomy or freedom (Zolkefli, 2017)
- ❖ Respecting patient choice is a way of recognizing :
 - ✓ their moral status as individuals
 - ✓ capacity for self-determination

Shifting Gears: The Impact on Family and Caregivers

- ✓ After a stroke, family caregivers' and patients' attitudes towards the social repercussions are similar
- ✓ Patients with motor deficiencies tend to underestimate the upheaval brought to the couple
- ✓ Caregivers of language-impaired patients tend to underestimate the patient's feelings of shame and demeaning
- ✓ Not only communication disturbances, but also residual disabilities in stroke survivors, may affect the understanding of each other's attitudes (Bucki, Spitz & Baumann, 2019)
- ✓ Stroke caregiving is associated with persistent psychological distress.
- ✓ By 3 years after stroke, life satisfaction, depression and mental health QOL of caregivers is comparable to non caregivers (Haley, Roth, Hovater & Clay, 2015)

Next Steps

Case presentation

Questions

- Subject Matter Experts & Participants

Recommendations

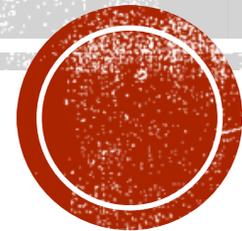
- Subject Matter Experts & Participants

Summary

ECHO PRESENTATION

Case-Based Learning Session

5/25/22



PRESENTER

- Lacie Hill, BSN, RN
 - Quality and Compliance Coordinator
 - Ethics Committee
 - Safety Committee
 - Infection Control



LOCATION

- Life Touch Hospice
- Non- Profit Organization
- El Dorado, AR
 - In-Patient Unit
 - 16 bed facility; currently utilizing 8 beds
 - RN and LPN or CNA
 - Homecare
 - Serving 5 counties
 - 2 satellite offices
 - Average daily census 60 patients



SITUATION:

- The patient has a diagnosis of dysphagia d/t CVA.
- He has failed 4 swallow studies and now has a G-tube.
- The patient requests ice chips and water.
- His wife refuses to allow him to have anything by mouth, to assist with tube feedings, and personal care.



BACKGROUND

- 80 y/o, Caucasian male, that experienced a CVA five years ago, leaving him with physical disabilities and dysphagia.
- 4 failed swallow studies resulting in a G-tube placement.
- Hx: Aspiration Pneumonia
- Primary Hospice Dx: Moderate Protein Calorie Malnutrition.
- He is able to ambulate small distances with a rolling walker inside the home and requires a wheelchair when leaving the home. Requires assistance of 1 person with bathing, dressing, feedings, toileting, and mobility.
- He is cognitively aware of everything and is able to make decisions.
- Retired CPA for a large medical facility.
- Prior to his CVA, he and his wife enjoyed traveling.



ASSESSMENT

- The patient understands the risk vs benefits of aspiration pneumonia but still drinks water and eats ice.
- He has voiced that his wife is verbally abusive and will not assist with feeding or personal care now that he has discussed his wishes with hospice.



RECOMMENDATION

- A discussion with the Medical Director and review of the swallow studies.
- The recommendation was to allow the patient to have:
 - 4-6 oz. water at mealtimes
 - small amounts of ice chips or hard candy/mints for pleasure
- The wife continues to refuse to allow the patient to have anything but his Jevity for feedings and now refuses to help him with his feedings.
- She has become verbally abusive towards him d/t his wishes.



ETHICAL DILEMMA

- The wife has voiced that she will not allow him to have anything by mouth, even though the Medical Director wrote an order.
- She also says the patient can't make his own decisions because he had a CVA and can't physically care for himself.
- The LSW has worked with her on this issue and the wife voiced that she resented him for having the CVA.
- She talked about how he had just retired, and they traveled and were enjoying life when he had the CVA, now she has to stay home and care for him.
- She refuses LTC or in-home help d/t she will lose his income because he will be private pay.
- Refuses to allow the patient to come for a Respite stay because hospice will allow him to have ice and water.



ETHICS MEETING

- Ethics Meeting was conducted after the patient reported the verbal abuse and neglect to the CNA, LSW, and RN on separate visits.
 - Present was the committee and the patient's assigned care team.
 - Review of the patient's recommendations.
 - Review of patient's complaints to his care team.
 - Medical Director notified.
 - Immediate plan of action initiated



CAREPLAN MEETING

- RN, Ethics Member, Patient, and Wife met at the patient's home on the following day.
- The patients request for water and ice was discussed, allowing the wife to voice her concerns.
- The recommendations of the Medical Director was discussed.
- She states, “ she will not acknowledge any orders from a doctor she doesn't know.”
- Explained that this is a form of abuse and neglect and that if she does not comply, we will be forced to notify Adult Protective Services.
- She has POA therefore she makes all the decisions and will not allow him to make any decisions because she reports he cannot make reasonable decisions d/t the CVA.
- He was upset but would not defend himself against her choices.
- About 2 weeks later she revoked our services against his wishes.



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
at <https://www.nhpc.org/projectecho/>

(On the page, scroll down to complete the case study SBAR form for submission case study for consideration)