

NHPCO Project ECHO

November 2021

Case presentation by HeartsWay Hospice

ECHO session facilitator – Ben Marcantonio, COO, 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 presenters – HeartsWay Hospice

- Jason Jenkins, BSN, RN, Director of Nursing
- Sheryl Alligood, RN, Assistant Director of Nursing
- Amanda Raibourn, LCSW, Social Worker
- Tracy Brown, LCSW, Director of Social Work
- Lisa Van Burkleo, Assistant Executive Director

Subject Matter Experts

- Rebecca K. Calabrese, MD, Medical Director, Hospice and Palliative Care of Buffalo, NY
- Amy Szatanek, LCSW, Calvert Hospice, MD
- Sarah Simmons, CHPN, MSN, RN, Calvert Hospice, MD

Today's Case Themes

- Complex Family Dynamic
- Safety
- Illicit Drug Use/Medication Management
- Inappropriate Behaviors

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

Complex Family Dynamic

- Support systems vary in scope, make-up, and 'durability'
- History is valuable to know, but cannot be 'fixed'
- Hospice/palliative care team must be aware of limited ability to impact
- Use all team resources available
- Use all community resources available

Safety

- Quality of a care is a multi-dimensional concept and **patient safety is an important element.**
- The Institute of Medicine (IOM) states that patient safety is “**indistinguishable from the delivery of quality health care.**”
- The U.S. Office of Disease Prevention and Health Promotion states that “**health care quality and patient safety are deeply connected**” and that health care quality includes many aspects of patient care.
- Building and living a true organizational culture of continuous quality improvement (CQI) integrates many core elements including patient safety and care quality.

Safety

There are multiple dimensions to patient safety that correlate to the components of the comprehensive assessment in the federal hospice Conditions of Participation at [§418.54\(c\) Standard: Content of the Comprehensive Assessment](#). The hospice team shares the responsibility of assessing the patient's safety by focusing in on their physical, emotional, and psychosocial status.

- Important elements in a culture of patient and staff safety include:
 - It is an organizational priority
 - It requires teamwork and is not the responsibility of one individual
 - It requires patient/family involvement
 - It requires transparency and accountability
 - It is established with shared goals and standards
 - It does not incorporate punitive responses to adverse events/errors
 - Promotion of patient safety through education

Illicit Drug Use

- The spectrum of SUDs are described as increasing degrees of:
 - Craving
 - Compulsive use
 - Loss of control
 - 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

Inappropriate 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 is not uncommon.
- 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/caregivers should know the hospice team members are professionals and that the patient/caregiver will be held accountable if harassment occurs.

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

Cases needed for 2022

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

Scroll down to complete the case study SBAR form