

NHPCO Project ECHO

February 2021

Case presentation by Joliet Community Hospice, Joliet, IL

Video Teleconferencing Etiquette

- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; Face and make eye contact with the camera when you are speaking
- Use respectful and appropriate language
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

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.
- Case Summary by facilitator
- Questions and clarifications – participants and subject matter experts
- Request for Recommendation – participants and subject matter experts
- Summary of Recommendations by facilitator

Introductions

Case presenters from Joliet Community Hospice, Joliet, IL

- Julie Mulhollan RN, BSN, MHA
- Dana Roche, RN Team Leader
- Ashley Flatness CNA

Subject Matter Experts

Katalin Vogt, MSW, CAPSW, APHSW-C
Palliative Care Program Coordinator, Social Services / Palliative Care
Metro Ethics Committee Co-Chair
St. Luke's South Shore

Eric Bush MD, RPh, MBA
Chief Medical Officer
Hospice of the Chesapeake/Chesapeake Supportive Care

Themes in this case study include...

- **Patient safety concerns**
- **Potential abuse/neglect of a vulnerable individual**
- **Inadequate support in the home**

Health Risks for Bedbound Patients

1. Pressure sores
2. Pneumonia
3. Constipation
4. Contractures
5. Recurrent UTI
6. Depression/ Social isolation
7. Sleep issues
8. Poor hygiene – bowel, bladder

Safety Risks for Bedbound Patients

- Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress
- More serious injuries from falls when patients climb over rails
- Skin bruising, cuts, and scrapes
- Lack of supervision 24/7
- Emergency situations
 - Fire, power outage, equipment failure, etc

Assessing for Abuse/ Neglect

- “**Abuse**” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.
- “**Verbal abuse**” includes the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.
- “**Mental abuse**” includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation. • “**Sexual abuse**” includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

Assessing for Abuse/ Neglect

- “**Physical abuse**” includes, but is not limited to, hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.
- “**Neglect**” means failure to provide goods and services necessary to avoid physical harm or mental anguish.
- “**Misappropriation of patient property**” means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient’s belongings or money without the patient’s consent.

Assessing for Abuse/ Neglect

- “Injuries of unknown source” – An injury should be classified as an “injury of unknown source” when both of the following conditions are met:
 1. The source of the injury was not observed by any person or the source of the injury could not be explained by the patient; and
 2. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
 - “Immediately” means as soon as possible, but not to exceed 24 hours after discovery of the incident, in the absence of a shorter State time frame requirement.

[State Operations Manual Appendix M - Guidance to Surveyors: Hospice](#); §418.52(b)(4)(i)

Assessing for Abuse/ Neglect

- The Elder Abuse Suspicion Index© (EASI) – 6 items
- The Hwalek-Sengstock Elder Abuse Screening Test (H-S/East) – 6 items
- The Vulnerability to Abuse Screening Scale (VASS) – 12 items

Tools available at:

<http://eldermistreatment.usc.edu/wp-content/uploads/2016/10/Elder-Abuse-Screening-Tools-for-Healthcare-Professionals.pdf>

Support for Patient & Family

- Hospice service range beyond the core team
 - Volunteers
 - Homemakers
- Informal care involves the help of friends, family, religious communities, neighbors, and others who can share the responsibilities of caregiving.
 - This “informal” support network can help with specific tasks (e.g., household chores), provide emotional support to you and your loved one, and help the care recipient maintain a healthy level of social and recreational activity.

Federal Regulatory Guidance

- Procedures and Probes §418.52(b)(4)(i)
 - Are staff members able to identify various forms of abuse or neglect?
 - Do staff members know what to do if they witness any violations of mistreatment, abuse, neglect, and injuries of unknown source or misappropriation of patient property?
- §418.52(c)(6) - Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
- §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.

Federal Regulatory Guidance

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- 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

Federal Regulatory Guidance

- 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.

Today's Case

SBAR (Situation, Background, Assessment, Recommendation)

HIPAA signed
consent obtained
to share photo



Situation

Situation

What is going on? Describe the situation you are experiencing and your concerns.

This patient is a bedbound patient who is incontinent of bowel and bladder. At most visits the patient is found lying in urine, stool with old food in her bed. It was also reported to our hospice staff that the patient was being left alone in the home at times with a cell phone next to her bed. She is being cared for by her son (who works full time) and grandson(21 years old). Her other children live out of state.

Background

Background

What is the background or context of the situation? i.e. history that contributes to the circumstances.

78 y/o female with CHF, HTN, Afib, COPD and Kidney disease. PPS 40% at admission with a very slow decline in status throughout hospice care. She is a risk for falls 7/10 and is dependent 5/6 ADLs. She is alert and oriented with some periods of confusion. She can feed with set up. She stated to her family and hospice staff that she wants to be home and not in a SNF or assisted living facility. Senior services denied assistance because the patient has a home that she draws rent from. After finding the patient in this same state many times, Adult Protective Services was called by our hospice social worker to ensure safety and check for negligence.

Assessment

Assessment

What is the problem?

What are your assumptions about why the problem is happening?

The son and grandson are not meeting the patients' needs with bathing and hygiene, even after being taught. The situation is an uncomfortable dynamic with a grandson expected to provide personal care for his grandmother.

- 1. Adult Protective Services did not find evidence of neglect.**
 - 2. Visits were made daily by either the nurse or CNA.**
 - 3. There were care plan meetings and joint visits made to increase visits for monitoring and support.**
 - 4. Trust was created by a new case manager by creating measurable goals.**
 - 5. Son Mark stated he felt "he dropped the ball" and welcomed more teaching and visits.**
 - 6. A "final wish" was granted. The patient wanted to go outside on the patio to enjoy the scenery and weather. With the help of an ambulance service, our hospice team made it happen.**
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Feedback

Recommendations

Resources

- Elder abuse, CDC
 - <https://www.cdc.gov/violenceprevention/elderabuse/index.html>
- Elder Abuse Screening Tools for Healthcare Professionals
 - <http://eldermistreatment.usc.edu/wp-content/uploads/2016/10/Elder-Abuse-Screening-Tools-for-Healthcare-Professionals.pdf>
- PCNOW Fast Fact # 40 - Pressure Ulcer Management: Staging and Prevention
 - <https://www.mypcnow.org/fast-fact/pressure-ulcer-management-staging-and-prevention/>
- A Guide to Bed Safety Bed Rails in Hospitals, Nursing Homes and Home Health Care: The Facts, FDA
 - <https://www.fda.gov/medical-devices/hospital-beds/guide-bed-safety-bed-rails-hospitals-nursing-homes-and-home-health-care-facts>