

NHPCO Project ECHO

May 2021

Case presentation by Delaware Hospice Center, DE

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.

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/>

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

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)**

Gound Rules

- Participants - introduce yourself prior to speaking
- Maintain confidentiality: HIPAA. PHI compliance
- Respect one another – it is ok to disagree but please do so respectfully
- This is an all share-all learn format; judging is not appropriate
- One person speaks at a time
- Disregard rank/status

Introductions

Case presenters from Delaware Hospice Center

Tomasina Chamberlain, MSN, MBA, RN, CHPCA – Director of Compliance

Roxanne Couzens, MSW – Social Worker

Roseann Mullins, RN, BSN – Hospice RN Case Manager

Subject Matter Experts

Robert Friedman, MD HMDC FAAHPM FAAFP, Hospice Austin, TX

Angela L Snyder, RN, MSN, MHA, CHPN, Bayada Hospice, PA

Nancy Flowers, LCSW, MSW, Rainbow Hospice and Palliative Care, IL

Themes in this case study include...

- **Patient safety concerns**
- **Inadequate support in the home**
- **Significant psychosocial and emotional family issues**

Federal Regulatory Guidance

- §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

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.

Patient Safety – Quality Connection

- Quality of a care is a multidimensional 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.

Patient Safety – Quality Connection

- Important elements in a culture of patient 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
- 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.

Dementia – Patient Safety Assessment & Care Planning

Assessment

- Environmental safety
- Personal safety
 - Falls, burns, other accidents
 - Infection
- Medication safety
 - Access
 - Administration

Care planning – development of a safety plan

- Alteration of home environment to address safety issues
- Interventions to ensure personal safety
 - i.e., Ambulatory assistance, supervision of eating , assistance with personal care, infection control
- Medication supervision and administration by caregiver; keeping medications secured

Support for Patient & Family

- Paid hourly caregivers
- 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.
- Patient placement to a 24/7 environment of care

Bereavement Counseling

- Initial grief assessment
 - Part of the comprehensive assessment
 - §418.54(c) (7) - Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.
 - Bereavement services may be offered prior to the death when the initial assessment, comprehensive assessment, or updates to the assessment identifies the need for the patient/family.
- May require coordination of care with spiritual care counselor (internal or external) or external grief counselor.

Anticipatory Grief Assessment

- Evaluating for anticipatory grief involves an initial assessment of depression and anxiety in patients and family members.
- Symptoms of depression and anxiety may increase in patients with terminal illnesses and their families and can contribute to the suffering experienced.
- Identifying clinical levels of depression and anxiety beyond generalized sorrow can be challenging for clinicians. Useful tools for performing this important evaluation include the Hospital Anxiety and Depression Scale, the Geriatric Depression Scale, or the Beck Depression Inventory.
- These tools have been validated to be effective in the screening for psychiatric conditions in patients with advanced illness. These tools involve self-screening questionnaires, ranging from 14 to 21 questions that can be used to quickly identify depression and anxiety in these seriously ill patients.

Suicide Ideation

- There's no single cause for suicide.
 - Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair.
 - Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated.
 - Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase risk for suicide.

Suicide Ideation

- Risk Factors
 - Mental health conditions
 - Serious physical health conditions including pain
 - Traumatic brain injury
- Environmental
 - Access to lethal means including firearms and drugs
 - Prolonged stress, such as harassment, bullying, relationship problems or unemployment
 - Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
 - Exposure to another person's suicide
- Historical
 - Previous suicide attempts
 - Family history of suicide
 - Childhood abuse, neglect or trauma

Today's Case Presentation

SBAR (Situation, Background, Assessment, Recommendation)

Next Steps

Case presentation

Questions

- Subject Matter Experts & Participants

Recommendations

- Subject Matter Experts & Participants

Summary

Upcoming Project ECHO Sessions

Date	Time
June 23, 2021	3pm ET
July 27, 2021	3pm ET
August 25, 2021	3pm ET
September 29, 2021	3pm ET
October 26, 2021	3pm ET
November 30, 2021	3pm ET
December 21, 2021	3pm ET

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

Thanks for joining.
We will see you next
month.