NHPCO Project ECHO

April 2021
Case presentation by Hospice of Douglas County, MN
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.
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
Case presenter
• Patty Marriott and Brandy Safe, Hospice of Douglas County, MN

Subject Matter Experts
• Roseanne Berry, MS, RN
  R&C Healthcare Solutions

• Eric Bush MD,RPh,MBA
  Chief Medical Officer, Hospice of the Chesapeake/Chesapeake Supportive Care
Visits at the End of Life

Jennifer Kennedy, EdD, BSN, RN, CHC
NHPCO
2016-2018 Data from NHPCO indicates there is an upward trend of patient’s who are admitted to hospice care in their last week or last days of life.

Additional research shows that patients who are admitted to hospice care in the late stage of their terminal illness and receive shorter exposure to hospice services undergo less chance of achieving optimal end-of-life closure and preparation for death and bereavement.

The Issue of Short Length of Stay

### Days of Care

<table>
<thead>
<tr>
<th>Days of Care</th>
<th>Percentage of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-7</td>
<td>26.3%</td>
</tr>
<tr>
<td>8-14</td>
<td>11.5%</td>
</tr>
<tr>
<td>15-30</td>
<td>12.1%</td>
</tr>
<tr>
<td>31-60</td>
<td>11.0%</td>
</tr>
<tr>
<td>61-90</td>
<td>7.0%</td>
</tr>
<tr>
<td>91-180</td>
<td>11.4%</td>
</tr>
<tr>
<td>&gt;180</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

*These values are computed using all days of care that occurred between 2016 through 2018 highlighting extended care beyond 180 days that covered multiple years vs just 2018.

Source: CMS Data sourced by HCCI for NHPCO

Leading Person-Centered Care
Skilled Visits in Last Days of Life

- Percentage of Decedents Not Receiving Skilled Visits at the End of Life (on Routine Home Care Days), Calendar Years (CYs) 2015-2019

<table>
<thead>
<tr>
<th>Description</th>
<th>CY 2015</th>
<th>CY 2016</th>
<th>CY 2017</th>
<th>CY 2018</th>
<th>CY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>No skilled visits on last day (and last day was RHC)</td>
<td>22.7%</td>
<td>20.4%</td>
<td>19.4%</td>
<td>19.5%</td>
<td>19.6%</td>
</tr>
<tr>
<td>No skilled visits on last two days (and last two days were RHC)</td>
<td>11.0%</td>
<td>9.3%</td>
<td>8.3%</td>
<td>7.8%</td>
<td>7.5%</td>
</tr>
<tr>
<td>No skilled visits on last three days (and last three days were RHC)</td>
<td>6.8%</td>
<td>5.7%</td>
<td>5.0%</td>
<td>4.6%</td>
<td>4.4%</td>
</tr>
<tr>
<td>No skilled visits on last four days (and last four days were RHC)</td>
<td>4.6%</td>
<td>3.8%</td>
<td>3.2%</td>
<td>2.9%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Visits in Minutes

- Average Number of Minutes Provided in the Last Seven Days of Life on Routine Home Care days by Skilled Nurse and Medical Social Workers, CY 2015-2019

<table>
<thead>
<tr>
<th>Year</th>
<th>Skilled Nurse Minutes</th>
<th>Social Worker Minutes</th>
<th>Total Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>48.1</td>
<td>6.0</td>
<td>54.1</td>
</tr>
<tr>
<td>2016</td>
<td>49.5</td>
<td>6.5</td>
<td>56.0</td>
</tr>
<tr>
<td>2017</td>
<td>50.0</td>
<td>6.6</td>
<td>56.6</td>
</tr>
<tr>
<td>2018</td>
<td>50.3</td>
<td>6.6</td>
<td>56.9</td>
</tr>
<tr>
<td>2019</td>
<td>50.2</td>
<td>6.7</td>
<td>56.9</td>
</tr>
</tbody>
</table>

The Issue of Short Length of Stay

- Optimally, a longer length of stay allows the hospice team to accomplish this multifaceted care to achieve the best possible end-of-life experience for the patient and family.

- But, if the patient enters hospice late in their disease trajectory, hospice care must be accelerated and intensified to meet patient/family needs.

- However, providing a positive and full hospice experience in a short amount of time can be accomplished with thoughtful planning and resource utilization by the hospice provider.
CMS

- CMS believes that patient needs normally increase and intensify immediately preceding death, so they expect that provision of care would proportionately escalate to meet the increased clinical, emotional, and other needs of the hospice beneficiary and his or her family and caregiver(s).

- They state hospice providers must ensure that beneficiaries and their families and caregivers are, in fact, receiving the care necessary during critical periods such as the very end of life.
Regulatory Compliance

• §418.3 - Definitions as, “a comprehensive set of services identified and coordinated by an interdisciplinary group (IDT) to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care”.

• Conditions of Participation (CoPs) require that imminence of death be assessed by the IDT during the initial and comprehensive assessment (§418.54 Condition of Participation: Initial and Comprehensive Assessment of the Patient). Imminence of death is assessed by the IDT for the remainder of the patient’s length of stay.
**CMS Quality Measure**

<table>
<thead>
<tr>
<th>Measure title</th>
<th>Hospice Visits in the Last Days of Life (HVLDL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure type</td>
<td>Process</td>
</tr>
<tr>
<td>Data source</td>
<td>Hospice claims</td>
</tr>
<tr>
<td>Measure numerator</td>
<td>The number of patient stays in the denominator in which the patient and/or caregiver received at least two days with visits from registered nurses or medical social workers in the final three days of life</td>
</tr>
<tr>
<td>Measure denominator</td>
<td>All hospice patient stays enrolled in hospice except those meeting exclusion criteria.</td>
</tr>
</tbody>
</table>

**Exclusion criteria**

1. Patient did not expire in hospice care as indicated by reason for discharge
2. Patient received any continuous home care, respite care or general inpatient care in the final three days of life
3. Patient enrolled in hospice less than three days.
Resource for Providers

Developed by the NHPCO Quality & Standards Committee to recognize and provide guidance for the specialized care of patients/families with a length of stay of 7 days or less.

The goal of this resource is to identify opportunities for quality assessment and performance improvement for patients and their families in the last days of life at the routine level of care.
Resource for Providers

- Main guidance document
- Imminent Death Protocols (addendums)
  - New Admission
  - Patient on ongoing service
- Interdisciplinary Imminent Death Indicator Checklist (addendum)
- Interdisciplinary Focused Assessment and Plan of Care Suggestions For Short Length of Patient Stay (7 days or less) (addendum)
Imminent Death Protocol – What is it?

**Resource contains two protocols**
- New admissions (7 days or less)
- Ongoing patient transitions to imminent death

**Interdisciplinary protocol**
- Directed towards assessment, coordination of care, and care planning to meet patient/family needs

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### Imminent Death Protocol (IDP) for Hospice Admissions

**Identification before or at admission**
- Clinician assesses signs and symptoms of imminent death (7 days or less) and level of care.
- Notify hospice management if patient is admitted in their last 7 days of life.

**Admitting Clinician or Team Name**
- Notify nurse case manager (RN), SW, and SIC of patient’s status.
- Appropriate clinician obtains physician order to address patient needs (including comfort medication).
- The hospice physician’s updated related to imminent death signs and symptoms and focused plan of care is updated.

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**Social Worker**
- Call or visit with patient and family on start of care date.
- Coordinate psychosocial needs of patient/family as appropriate.
- Provide emotional counseling and support to patient/family.
- Coordinate volunteer needs and with volunteer manager.
- Assist for advance care directives.
- Educate and assist patient/family with completion of the last will and testament.
- Assist with social needs as applicable.

**Nurse Case Manager**
- Complete medical record entry.
- Coordinates admission, planned and admitted IDP plan of care with new admission.
- Update and track patient progress for current level of care.
- Instruct the nurse/resident to meet patient/family needs.
- Coordinate discharge planning for patient care in less than 90 days.
- Coordinate case management and coordinate resuscitation status.
- PROVIDE continuous care to patient/family needs.
- Make a service plan.

**Spiritual Care Counselor (SCC)**
- Make contact with patient and family on start of care date.
- Coordinates’ manage patient/family spiritual care needs as appropriate.
- Assessing for spiritual care needs based on patient needs and preferences.
- Coordinate with community based/spiritual care or counselor.

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**Interdisciplinary Team (IDT) Plan for Care Management**

- Initiate daily IDT collaboration to discuss patient/family status, needs, and plan for care.
- Initiate daily contact with patient/family with phone call to patient/family need and preference. This could include a daily call from the on-call nurse.
- Initiate complementary therapies and other services as appropriate per patient/family preferences (i.e., aromatherapy, physical/occupational therapy, spiritual care, etc.).
- Initiate volunteer services with the patient/family per their wishes.
- Re-evaluate patient’s imminent death status on each visit and update plan of care (most IDTs) SW per “Interdisciplinary Team” meetings.

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**Leading Person-Centered Care**
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 31, 2021</td>
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<tr>
<td>April 27, 2021</td>
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<tr>
<td>November 30, 2021</td>
<td>3pm ET</td>
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<tr>
<td>December 21, 2021</td>
<td>3pm ET</td>
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Submit a case - [https://www.nhpc.org/projectecho/](https://www.nhpc.org/projectecho/)
Thanks for joining and we will see you next month