

NHPCO Project ECHO

September 29, 2022

Case presentation by Compassus - Brentwood, TN

ECHO Session Facilitator

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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 and review of UR tool - case presenters discuss case details and specific questions or ponderings.
- Questions and clarifications – subject matter experts and participants
- Final thoughts

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 Presenter

Jennifer Hale, MSN, RN, CHPN, VP, Quality and Standards, Compassus, TN

Subject Matter Experts

- Victoria Snyder, RPh, VP of Provider Services Harry Hynes Memorial Hospice, KS
- Mary Alfano-Torres, MD, FAAHPM, HMDC, Senior Medical Director, AccentCare Hospice and Palliative Care of Maryland, MD

Today's Case Themes

- Medication reconciliation is a fundamental and crucial component of assessment and transitions
- The process of medication review and reconciliation plays an important role in optimizing outcomes and reducing unnecessary healthcare utilization
- A process oriented and systems-based approach is effective in ensuring minimal variability and high consistency across various settings of care.

The Regulations

§ 418.54 Conditions of participation: Initial and comprehensive assessment of the patient.

Standards:

- Initial assessment
- Timeframe for completion of comprehensive assessment
- Content of the comprehensive assessment – Nature and condition, complications and risk factors, functional status, imminence, severity, bereavement, need for referrals, drug profile
 - ✓ Effectiveness
 - ✓ Side effects
 - ✓ Interactions (actual or potential)
 - ✓ Duplicate drug therapy
 - ✓ Drug therapy currently associated with laboratory monitoring
- Update of the comprehensive assessment
- Patient outcome measures

The Regulations

§ 418.56 Condition of participation: Interdisciplinary group, care planning, and coordination of services

(e) Standard : Coordination of Services

The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to:

- ✓ Ensure that the interdisciplinary group maintains responsibility for directing, coordinating, and supervising the care and services provided.
- ✓ Ensure that the care and services are provided in accordance with the plan of care.
- ✓ Ensure that the care and services provided are based on all assessments of the patient and family needs.
- ✓ Provide for and ensure the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement.
- ✓ Provide for an ongoing sharing of information with other non-hospice healthcare providers furnishing services unrelated to the terminal illness and related conditions.

The Regulations

§ 418.58 Condition of participation: Quality assessment and performance improvement

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program.

(d) Standard: Performance improvement projects. Beginning February 2, 2009, hospices must develop, implement, and evaluate performance improvement projects.

- ✓ The number and scope of distinct performance improvement projects conducted annually, based on the needs of the hospice's population and internal organizational needs, must reflect the scope, complexity, and past performance of the hospice's services and operations.
- ✓ The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

Next Steps

Case presentation

Questions

- Subject Matter Experts & Participants

Recommendations

- Subject Matter Experts & Participants

Summary

BACKGROUND

- Current literature and studies for the last 18 months are primarily focused on the effectiveness of pharmacist-led medication reconciliation processes for inpatient/ hospitalized patients
- There is virtually no information related to the importance of medication inventory at start of care in the post-acute setting, ongoing medication reconciliation as a nursing process, and the ongoing evaluation of medication effectiveness as part of a patient-centered design to improve comfort, safety, and quality of life
- Compassus developed and implemented methods to evaluate effectiveness of medication reconciliation, including deprescribing, from start of care throughout the hospice trajectory

SITUATION

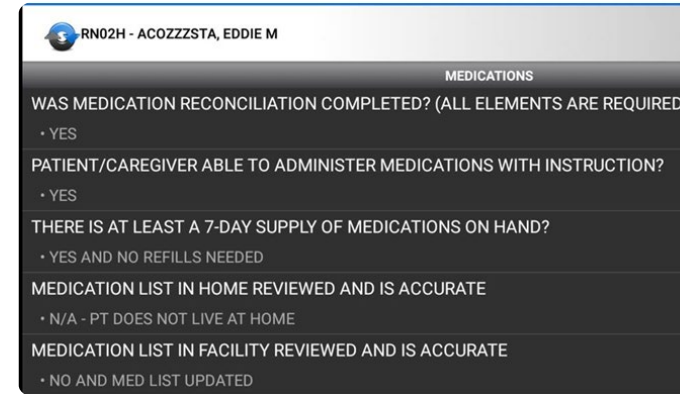
- Medication reconciliation as a consistent aspect of patient care is a critical step in supporting a safe, comfortable journey for the patient from admission through death. Accurate and standardized processes around this practice are often missing in the post-acute care environment, leading to poor patient experiences, re-hospitalization, and increased cost burden to the health care system broadly. Compassus approached this multi-faceted concern from a systems perspective in order to directly assess, measure, and improve the patient's experience of care through best medication management and reduced unwanted transitions for hospitalization.

Resources and References

- https://journals.lww.com/journalpatientsafety/Abstract/2021/10000/Medication_Errors_at_Hospital_Admission_and.17.aspx
- <https://blog.cureatr.com/medication-reconciliation-cms-quality-measures-highlight-importance>
- Deprescribing in Palliative Care. Thompson, J. *Clinical Medicine* 2019 Vol 19, No 4: 311–4

ASSESSMENT

- Targeted documentation training and EMR set up
 - “Right Med, Right Time” assessment standardized for all nurses at all visits
 - 4 elements of medication reconciliation built into every assessment
 - Did you review the patient’s medication list against the medication list in the EMR?
 - Did you confirm the patient and/or their caregiver understands their medications and can safely self-administer medications?
 - Did you confirm the patient has an adequate supply of medications on hand?
 - Did you review all medications for Effectiveness, Side-Effects, Interaction, Duplication, and Lab needs (ESIDL)?



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MEDICATIONS

WAS MEDICATION RECONCILIATION COMPLETED? (ALL ELEMENTS ARE REQUIRED)

- YES

PATIENT/CAREGIVER ABLE TO ADMINISTER MEDICATIONS WITH INSTRUCTION?

- YES

THERE IS AT LEAST A 7-DAY SUPPLY OF MEDICATIONS ON HAND?

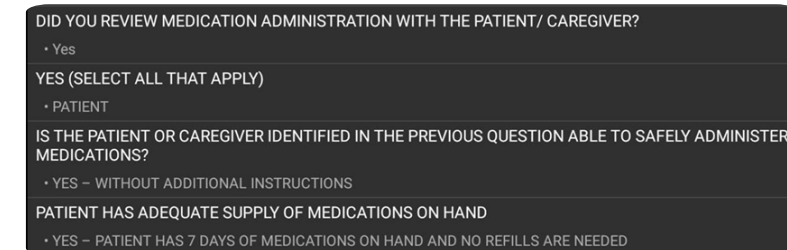
- YES AND NO REFILLS NEEDED

MEDICATION LIST IN HOME REVIEWED AND IS ACCURATE

- N/A - PT DOES NOT LIVE AT HOME

MEDICATION LIST IN FACILITY REVIEWED AND IS ACCURATE

- NO AND MED LIST UPDATED



DID YOU REVIEW MEDICATION ADMINISTRATION WITH THE PATIENT/ CAREGIVER?

- Yes

YES (SELECT ALL THAT APPLY)

- PATIENT

IS THE PATIENT OR CAREGIVER IDENTIFIED IN THE PREVIOUS QUESTION ABLE TO SAFELY ADMINISTER MEDICATIONS?

- YES - WITHOUT ADDITIONAL INSTRUCTIONS

PATIENT HAS ADEQUATE SUPPLY OF MEDICATIONS ON HAND

- YES - PATIENT HAS 7 DAYS OF MEDICATIONS ON HAND AND NO REFILLS ARE NEEDED

ASSESSMENT

- Clinician training around medication management and reconciliation
 - “Right Medication, Right Time” training includes:
 - Resources for checking ESIDL, including the EMR, physician, and pharmacist
 - Recognizing potentially inappropriate medications based on patient’s clinical presentation and disease trajectory and actions to take to reduce medication burden, potential side effects, and poor outcomes
 - The steps to completing a medication reconciliation for a patient who lives at home and a patient who lives in a facility

of RNCM / Medical Director:	
Review at time of initial visit and at each IDT	
PSYCHOTIC	Haldol; Seroquel; Abilify; Zyprexa; Geodon; Latuda; Risperdal
Desired Outcome from Discontinuation	No change in behavior or cognitive function; improved alertness; reduced EPS.
Deprescribing Recommendation	STOP. Decrease dose by 25-50% weekly.
DEMENTIA / ALZHEIMER'S DISEASE	Aricept (donepezil); Exelon (rivastigmine); Namenda (memantine); Razadyne (galantamine); Namzaric
Desired Outcome from Discontinuation	No Behavior change. Reduced risk of aspiration. Medications have no benefit in end-stage disease. Ineffective in preserving memory, speech, or function in end-stage disease. Use may cause side-effects (nausea, weight loss).
Deprescribing Recommendation	Medications NOT recommended in end-stage disease. Discontinue. Reduce dose 50% weekly. Continue in symptomatic patients with schizophrenic disorder and Huntingtons.
ASTHMA	Advair; Pulmicort; Breo; Brovana; QVAR; Dulera; Foradil; Symbicort; Perforomist; Serevent; Symbicort; Daliresp; Anoro; Spiriva; Incruse
Desired Outcome from Discontinuation	Improved dyspnea with switch to nebulized long-acting beta-agonist; No decline in level of dyspnea reported.
Deprescribing Recommendation	Assess patient for ability to administer. Device demonstration required. Consider switch to oral steroid if benefits from inhaler are not realized. Consider switch to oral steroid if benefits from beta-agonist if on scheduled short-acting beta-agonist superior over oral steroids.
BLOOD PRESSURE	(beta-blockers; ACE-I; ARB)
Desired Outcome from Discontinuation	Target systolic <160. Decreased risk of stroke. Note: Risk of high BP is cumulative and difficult to reverse. Not useful in end-stage disease.
Deprescribing Recommendation	STOP. Abrupt cessation usually without harm.
OSTEOPOROSIS	Fosamax (alendronate); Boniva; Actonel; Forteo (teriparatide); Prolia (denosumab); Premphase, Prempro
Desired Outcome from Discontinuation	Polypharmacy reduction, reduce esophageal irritation
Deprescribing Recommendation	STOP. No further benefit. Because of the slow rate of bone loss, it will last for years. Continued risk greater than benefit.
ANTICOAGULANTS	Coumadin (warfarin); Eliquis (apixaban); Plavix (clopidogrel); Aggrenox; Pletal; Aspirin
Desired Outcome from Discontinuation	Decreased risk of bleeding.
Deprescribing Recommendation	STOP. ASA is NOT a safe alternative. No evidence of benefit.
STATINS	Lipitor (atorvastatin); Zocor (simvastatin); Crestor (rosuvastatin); Lovastatin; Lescol (fluvastatin); Zetia; Welchol
Desired Outcome from Discontinuation	Decrease muscle weakness; improved quality of life
Deprescribing Recommendation	STOP. NOT Recommended.

ASSESSMENT

Patient/ family reference tools for symptom support

- WHEN/THEN tools for symptom management to align with medications on hand and non-pharmacological interventions

QAPI elements focused on Medication processes

At least **90%** of patients will have a documented medication reconciliation completed at each nursing visit

Medication management is a key factor in improving patient comfort - right medications at the right time is the goal for all medication activities

<**10%** of total after hours calls per month are related to medication refills

Anticipatory care includes ensuring patients have all necessary medications and supplies which reduces patient and caregiver anxiety

PATIENT/FAMILY TRAINING
NAUSEA AND VOMITING

What you can do:

- Loosen clothing
- Provide fresh air
- Eliminate or reduce offensive salty, fatty food
- Eat bland food (crackers, potatoes, applesauce, smoothies)

Complementary Alternative Therapies:

- Ginger – Candy or drink tea
- Acupressure (Nei-Kuan point): Here's how to find the acupressure point: Place your middle three fingers on the edge of the third finger. The acupressure point is located on the edge of the third finger in between the two lines. Apply downward pressure and massage for 4 to 5 seconds. Repeat frequently.

WHEN: Mild nausea
THEN: Take Mylanta 15ml every 4 hours

WHEN: Nausea continues
THEN: Increase Mylanta to 30ml every 4 hours

WHEN: Still mildly nauseated
THEN: Schedule the Mylanta refill

WHEN: Severe nausea or vomiting
THEN: Take metoclopramide 10mg every 8 hours

PATIENT/FAMILY TRAINING
PAIN

What you can do:

- Relaxation techniques: Guide the patient to close their eyes, in a soft, comfortable position.
- Heat/cold application can be helpful.
- Cold pack: Place crushed ice in a bag and apply to the area every hour.
- Warm pack: Beans or rice can be used in a second comfy sock, microwave enough to burn skin.
- Comfort positioning: Adjust the patient to a comfortable position within reach.
- Touch: Gentle holding hands.
- Aromatherapy: Lavender, chamomile, eucalyptus and lemongrass.
- Conversation: Distraction can include family, hobbies, sports, soft voice, and talk with or without music.
- Progressive Muscle Relaxation: Start with the forehead and jaw, shoulders, back, muscle for 10 secs, then relax.
- Massage: Produces variable relief of pain during a massage and a neck rub or foot rub. Gentle.
- Distraction: Help change the subject, include TV, movies, listening to music.

WHEN: Mild pain
THEN: Take Tylenol 325mg every 4 hours

WHEN: Moderate pain
THEN: Take Tylenol 325mg every 4 hours and Tylenol with codeine 30/300mg every 4 hours

WHEN: Severe pain
THEN: Take Tylenol 325mg every 4 hours and Tylenol with codeine 30/300mg every 4 hours and call Compassus (800-828-8282)

PATIENT/FAMILY TRAINING
ANXIETY, RESTLESSNESS OR AGITATION

What you can do:

- Look for signs of pain (facial grimacing, rubbing area, appearing uneasy or tense, moaning, clenched jaw, guarding body part)
- Reduce distractions and noise
- Maintain a well-lit environment if agitated
- If anxious, use calm lighting
- Use calm, reassuring communication
- Allow the person time to talk
- Assess socialization needs, calming presence vs. time alone

WHEN: Anxious, but lucid, clear thinking
THEN: Take lorazepam 0.5mg every 4 hours as needed

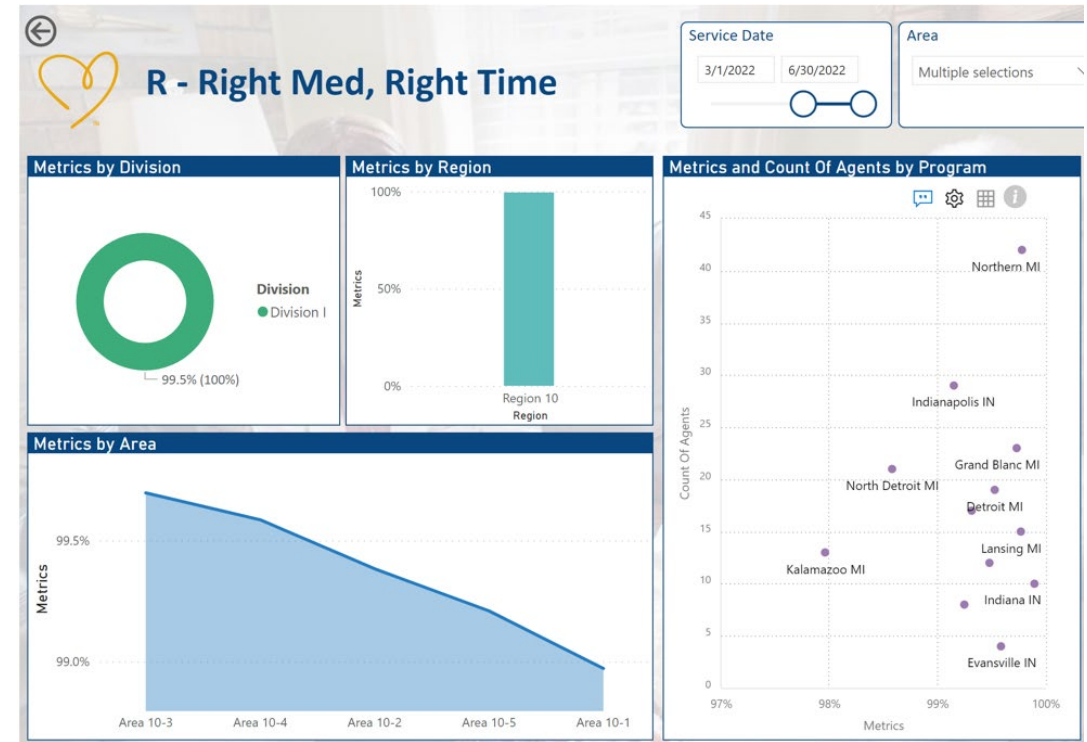
WHEN: Continued anxiety after 24 hours
THEN: Increase lorazepam to 1mg every four hours as needed

WHEN: No relief, worsening or patient is confused, angry, agitated and/or hallucinating
THEN: Take haloperidol 0.5mg every hour as needed

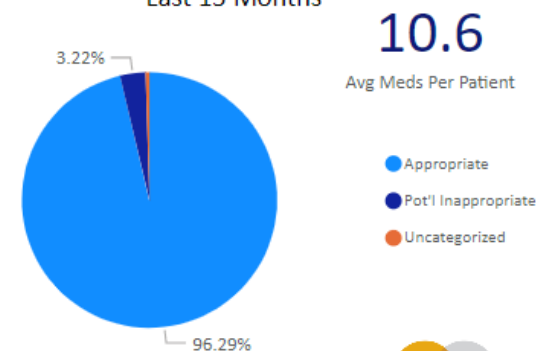
WHEN: Worsening agitation after two hours and/or at risk of hurting self or others
THEN: Double dose of haloperidol and call Compassus (800-828-8282)

ASSESSMENT

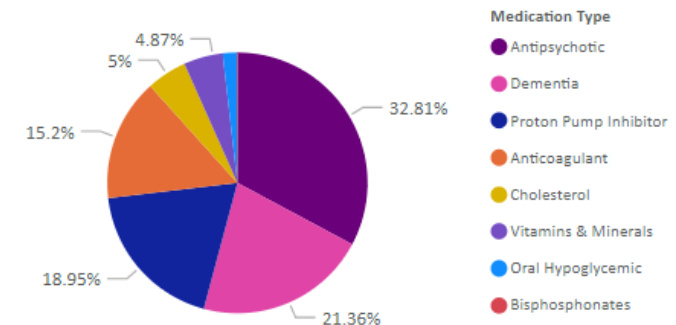
Data reporting at enterprise level using 100% of scheduled visits to capture clinician processes and patient outcomes



Total Prescribed Medications (Per Patient Per Day) for Last 13 Months



Total Prescribed Potentially Inappropriate Medications (Per Patient Per Day) for Last 13 Months





Characteristics of the High Performing Hospice

Category	Description	Evidence
Compliance	Structured, relevant compliance program	Education for all staff about regulatory requirements – instrumental in establishing Right Med, Right Time
Quality	Structured, relevant quality program	Utilize data for performance improvement Education for all staff about quality initiatives and data
Staffing	Recognition of staff as most critical resource	Engagement in organizational quality initiatives Opportunities to participate in innovative patient care programs and models
Education/ Development	Competency and Skill Building	Provide direct feedback using real-time mentoring and review; provide learning and professional development opportunities
Patient/ Family Care Provision and Outcomes	Individualized, proactive patient care	Effective and timely symptom management Training for improved patient/ caregiver confidence and to reduce hospitalizations Focus on goals related to well-being

RECOMMENDATIONS

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)