NHPCO Project ECHO

September 29, 2022
Case presentation by Compassus - Brentwood, TN

ECHO Session Facilitator
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Vice President Quality, 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 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.
§ 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
§ 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.
§ 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)?
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
ASSESSMENT

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 reference tools for symptom support

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

Data reporting at enterprise level using 100% of scheduled visits to capture clinician processes and patient outcomes
### Characteristics of the High Performing Hospice

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

(On the page, scroll down to complete the case study SBAR form for submission case study for consideration)