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

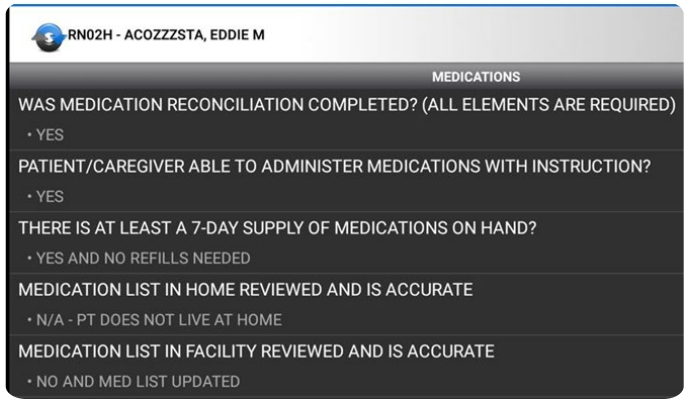
- https://journals.lww.com/journalpatientsafety/Abstract/2021/10000/Medication_Errors_at_Hospital_Admission_and.17.aspx

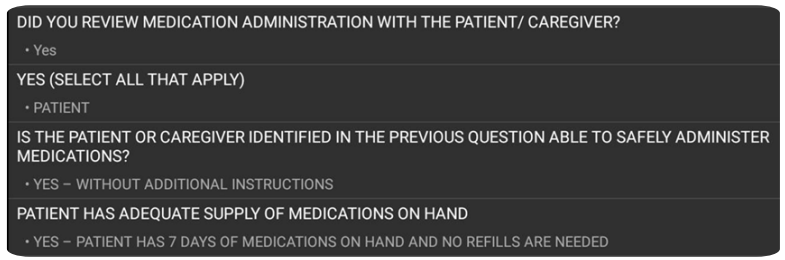
- https://blog.cureatr.com/medication-reconciliation-cms-quality-measures-highlight-importance

- 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)?





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

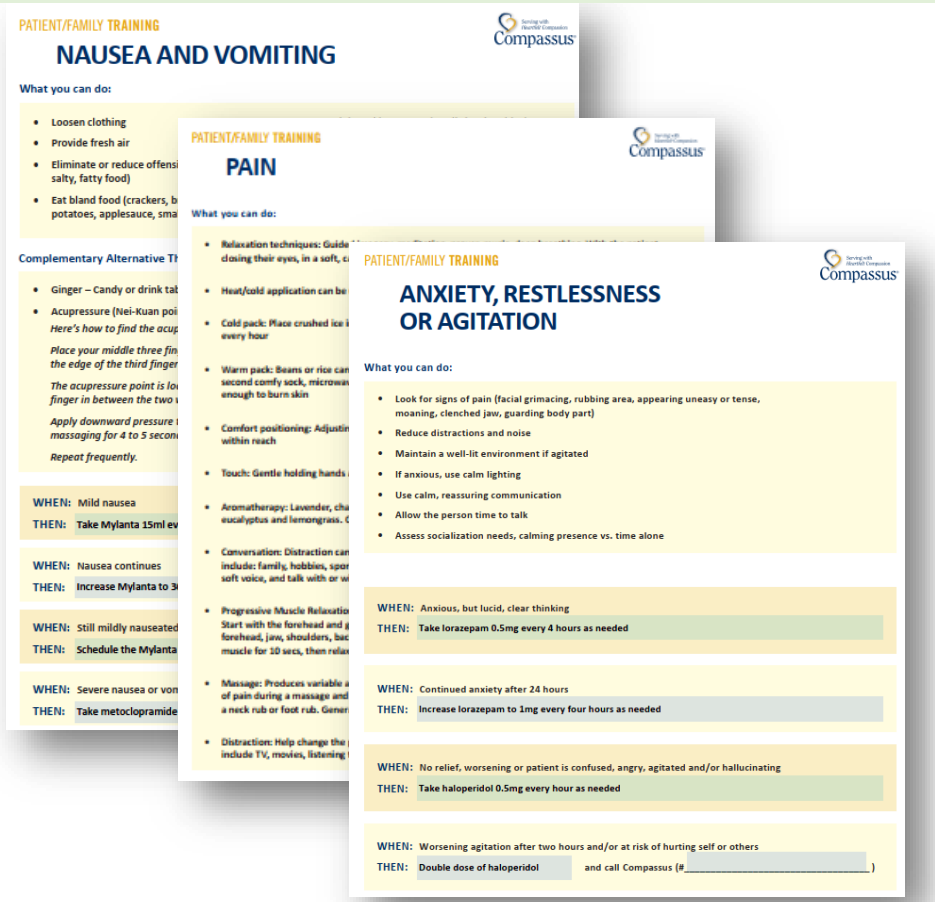
of RNCM / Medical Director:
e review at time of initial visit and at each IDT

YCHOTIC	Haldol; Seroquel; Abilify; Zyprexa; Geodon; Latuda; Risperdal
d Outcome from Discontinuation	No change in behavior or cognitive function; improved alertness; red decreased EPS.
rescribing Recommendation	STOP. Decrease dose by 25-50% weekly.
EMENTIA / ALZHEIMER'S DISEASE	Aricept (donepezil); Exelon (rivastigmine); Namenda (memantine); Raza (galantamine); Namzaric
esired Outcome from Discontinuation	No Behavior change. Reduced risk of aspiration. Medications have no be stage disease. Ineffective in preserving memory, speech, or function in e disease. Use may cause side-effects (nausea, weight loss).
prescribing Recommendation	Medications NOT recommended in end-stage disease. Discontinue. Red 50% weekly. Continue in symptomatic patients with schizophrenic diso and Huntingtons.
	Advair; Pulmicort; Breo; Brovana; QVAR; Dulera; Foradil; Symbicort; Perforomist; Serevent; Symbicort; Daliresp; Anoro; Spiriva; Incruse
tcome from Discontinuation	Improved dyspnea with switch to nebulized long-acting beta-ag steroid; No decline in level of dyspnea reported.
Recommendation	Assess patient for ability to administer. Device demonstrati inhaler technique and identifies the need for nebulizatio patients are unable to gain optimal benefit from use benefit from nebulized delivery. Discontinue inha Consider switch to oral steroid if benefits fro beta-agonist if on scheduled short-actin superiority over oral steroids.
	(beta-blockers; ACE-I; AR
om Discontinuation	Target systolic <160. Decreased Note: Risk of high BP is cumulative useful in end-stage disease.
ibing Recommendation	STOP. Abrupt cessation usually without
TEOPOROSIS	Fosamax (alendronate); Boniva; Actonel Forteo (teriparatide); Prolia (denosumab Premphase, Prempro
Desired Outcome from Discontinuation	Polypharmacy reduction, reduce esopha
Deprescribing Recommendation	STOP. No further benefit. Because of the will last for years. Continued risk greater
ANTICOAGULANTS	Coumadin (warfarin); Eliquis (apixaban); Plavix (clopidogrel); Aggrenox; Pletal; As
Desired Outcome from Discontinuation	Decreased risk of bleeding.
Deprescribing Recommendation	STOP. ASA is NOT a safe alternative. No a
STATINS	Lipitor (atorvastatin); Zocor (simvastatin (rosuvastatin); Lovastatin; Lescol (fluvast Zetia; Welchol
ired Outcome from Discontinuation	Decrease muscle weakness; improved q
scribing 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

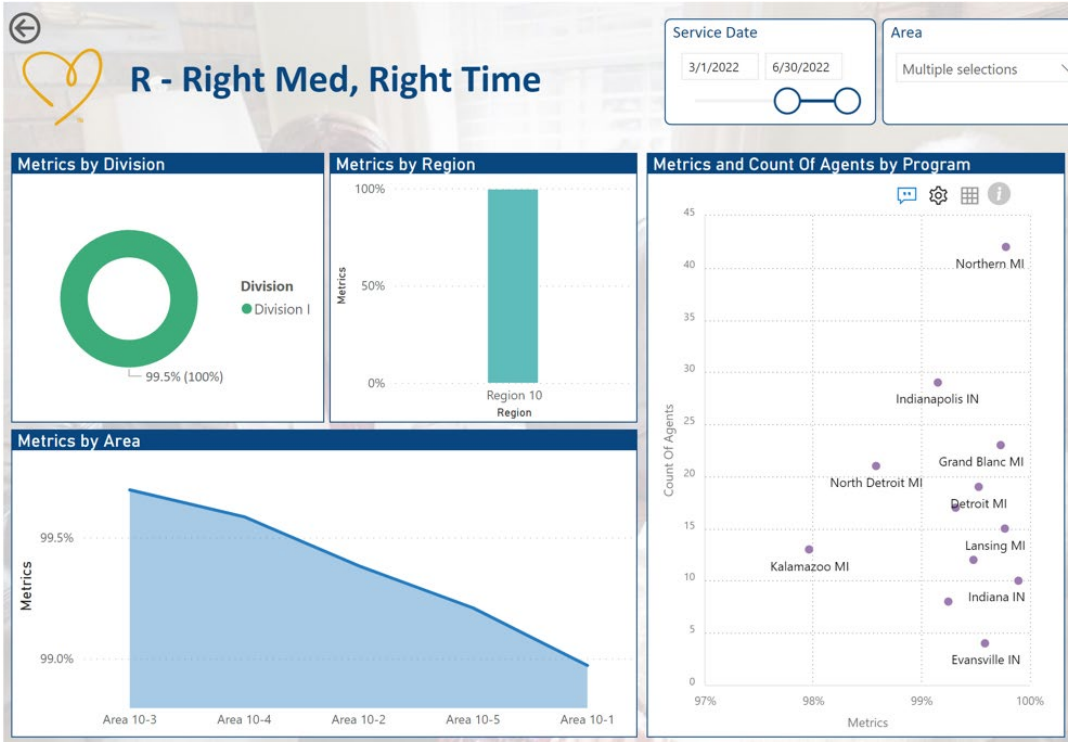


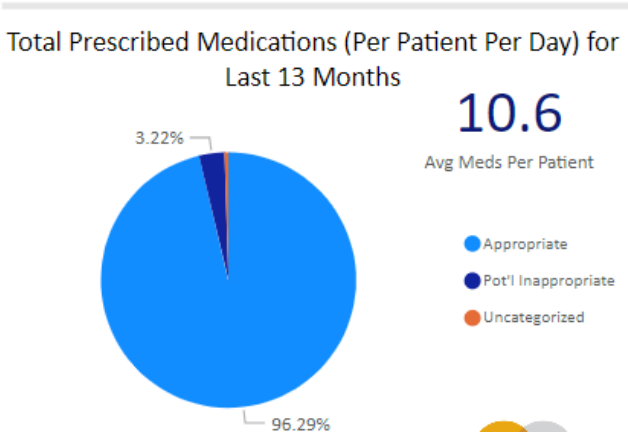
QAPI elements focused on Medication processes

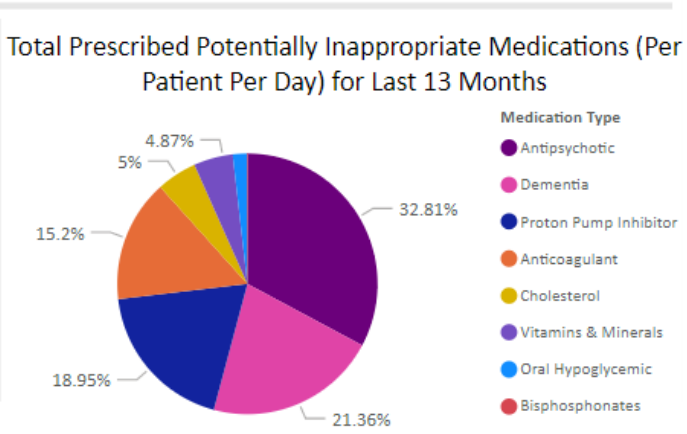
At least **90%** of patients w ill have a documented medication reconciliation completed at each nursing visit	Medication management is a key factor in improving patient comfort - right medications at the right time is the goal for all medication activities
<10% of total after hours calls per month are related to medication refills	Anticipatory care includes ensuring patients have all necessary medications and supplies w hich reduces patient and caregiver anxiety

ASSESSMENT

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







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.nhpco.org/projectecho/

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