PROMISE Center
Newsletter
SPRING 2015

Philadelphia Honor Guard Recognizes Veterans with a "Final Salute"

By Meghan McDarby, PROMISE Center

At the Philadelphia VA Community Living Center (CLC), it is both an honor and a privilege to own a pair of white gloves. A pair of white gloves symbolizes great responsibility. A Veteran who dons these gloves is committed to paying a final tribute to brother and sister Veterans who die in the CLC or hospice unit. A Veteran wearing these gloves is a member of the Philadelphia Honor Guard.

For CLC resident Mr. Gerry Donlon, the idea of the Honor Guard had been in the works for a long time. He was motivated by a desire to provide a final dignity to the men and women who had fought for our country. "I was saddened by seeing what they did with Vets," speaks Mr. Donlon of the previous procedure in place to transport deceased Veterans from the CLC/Hospice Unit to the morgue. "They took them out the back door, past the trash cans, and then put them into the vehicle. To me, it looked like they were disposing of trash."

After two years of planning, hard work, and persistence, Mr. Donlon successfully launched the Honor Guard. The moving experience happens similarly for all Veterans who die in the CLC or hospice units. First, Mr. Donlon is notified by a member of the staff that a fellow Veteran has passed away. Mr. Donlon then notifies other members of the Honor Guard (all of whom are CLC residents) and asks them to assemble in the hallway outside of the deceased Veteran's room. Regardless of the time of day, Honor Guard members who are physically capable stop what they are doing and assemble to prepare for the procession.

> *"These people are my family. And I want to make sure my family members are taken care of."*

The members of the Honor Guard wait for the family to arrive, sometimes up to two hours, and slowly begin the procession when the family is ready. Mr. Donlon also arranged the installation of a phone connected to the facility's speaker system so that "Amazing Grace" and "Taps" could be played over the loudspeaker during the procession, which pays tribute to the deceased and at the same time alerts residents and staff that a Veteran has died; those who can take a moment to join the procession or stand in silent attention in the hallway. Led by the members of the Honor Guard, the procession moves from the resident's room through the hallways of the CLC until it reaches the main entrance. A final salute is led by Mr. Donlon; all Veterans, both residents and staff, salute; civilians can put their hand on their heart as a gesture of honor. Two staff members then help lift the flag off of the gurney and proceed to fold the flag in proper military fashion. This flag is given back to Mr. Donlon. A flag will also be folded at the graveside during the funeral and given to the family.

Finally, Mr. Donlon reads a hand-written prayer to the assembled group of family, staff, and residents. According to Chaplain Fredi Eckhardt, she encouraged Mr. Donlon to "take the lead for the final prayer," which seems only to have bolstered the impressiveness of the Honor Guard program. "Last week, it was a full house by the time they did the folding of the flag," said Chaplain Eckhardt. "The family was so moved; as they took the body out, both parents said 'thank you so much.' They were even taking pictures. Families are so gracious and thankful. They were really moved."

Mr. Donlon humbly reported that the Philadelphia Honor Guard has now honored 11 CLC residents with a procession since the program officially began just a few months ago. "These people are my family. And I want to make sure my family members are taken care of."

Q&A
Cincinnati VAMC's Palliative Care Screen **Page 2**

From the Beginning
Final Honors in Reno **Page 3**

BFS ICARE Calls
Quarterly call information **Page 4**

QuIRC Updates
Benefits of using the PC-NCT **Page 4**

Embracing the Value of Palliative Care

A Q&A with Kristine Wilson MSN, RN, CNL at Cincinnati VAMC

Kristine Wilson MSN, RN, CNL, is Nursing Excellence & Innovations Coordinator and Acting Chief of Nursing Professional Staff Development at the Cincinnati VAMC (VISN 10)

-Hien Lu Associate Director, PROMISE Center

Q. Why did you develop this Palliative Care (PC) Screen?

A. The need for a palliative care screen was recognized through two different workflows. Initial need was recognized while working with the Congestive Heart Failure (CHF) readmission team. Our chart reviews revealed a large percentage of heart failure readmissions with late stage disease, yet no interaction with the Palliative Care team nor documentation of advanced disease management planning. Secondly, as the Clinical Nurse Leader (CNL) for a Medical/Surgical Hematology/Oncology unit I recognized a large number of late stage oncology patients with frequent readmissions and no Palliative Care involvement. I developed the screen to help communicate to the physicians (a mix of residents and hospitalists) those patients appropriate for palliative care consultation and the reasons why.

Q. What is included in the PC Screen?

A. The initially developed screen was an in-depth look at the patient, their admitting diagnosis, and their concomitant conditions. This screen was used by the CNLs in their assigned units, as well as the Palliative Care Nurse Practitioners (NP) in the Intensive Care Units (ICU) to identify those patients appropriate for a Palliative Care consultation. This screen was effective at identifying appropriate patients, however it was cumbersome and time consuming to use.

When it was decided to embed the palliative care screen into the nursing admission process, a more streamlined assessment was necessary. The screen was cut down to four basic questions:

Nursing Palliative Care Screen

1. Is the patient being admitted for a diagnosis of metastatic cancer? Yes No
2. Does the patient have a severe baseline cognitive dysfunction (includes any of the following: non-ambulatory, bed-sores due to dementia, minimal (<6) intelligible words during assessment or complete dependence in all Activities of Daily Living) Yes No
3. Has the patient had two or more hospitalizations within 3 months for the same/similar diagnosis? (Auto-generated list of all admissions with diagnosis over the past 6 months) Yes No
4. Has the patient been consulted to Palliative Care in the past 6 months? (Auto-generated list of dates Palliative Care was consulted over the past 6 months) Yes No

For a "yes" to any of the above:

Palliative Care is a service that specializes in discussing advanced illness planning and treatment options to ensure you have all of the information you need to make the best decisions for your future. You may qualify for a consultation with this service.

Would you like a palliative care consult for their evaluation?

Yes, a consult to Palliative Care consult will be generated.

No

Q. What impact has the PC Screen had on generating requests for PC consults?

A. Since implementation of the Nursing Palliative Care Screen on April 15, 2014 through mid-October a total of 53 consults had been generated; an average of 9 per month (out of approximately 450-500 admissions each month).

Q. How have you used the information gathered from the PC Screens?

A. Primarily the screen has been used to refer patients to the palliative care service who would otherwise not have been known by the palliative care team. Secondarily, the screen is being used to assess the need for and appropriate number of designated palliative care beds in the future.

Q. How did you train the nurses to conduct these PC Screens?

A. One of our educators from the CLC (which houses our hospice unit) has been integral in educating staff through the End-of-Life Nursing Education Consortium (ELNEC) course and on-unit in-services. Just prior to implementation she took a roaming education cart from unit to unit to reinforce previous palliative care education (differentiating palliative care from hospice) and introduced the screen to staff members.

Q. What obstacles did you encounter and how did you overcome them?
A. Although unit education was provided, there are still staff nurses who are uncomfortable with introducing the concept of palliative care to patients with life-limiting diagnoses; therefore they may not be completing the screen accurately. Ongoing education about palliative care, as well as discussion groups may be a consideration in the future.

Q. What advice do you have for another facility that may be interested in implementing a PC Screen as part of the nursing assessments?
A. Engage a group of staff who are passionate about palliative care to mentor the remaining staff members on their unit. Role-play the discussion and help staff embrace the value of palliative care. Ensure that all members of your Palliative Care team are visible and engaging with staff on a regular basis to continually reinforce the tenets of the Palliative Care Service.

From the Beginning to the End

Veterans and families receive a final honor in military fashion at Reno, across the nation

By Meghan McDarby, PROMISE Center

During a recent trip to the Reno VA in August, Secretary McDonald received a presentation on the Honors Escort program. The Secretary congratulated Celia Ranson, Dolores Corona-Tuttle, and exemplary associated staff on this wonderful initiative and was eager to see it implemented at VA Medical Centers across the country.

Nearly three years ago, Celia Ranson, a Veteran herself, became the first escort. While working on the ICU, Celia realized that there was no procedure in place to honor a deceased Veteran being transported from the ICU to the morgue. She believed that each Veteran should be recognized for the services to his or her country, and she found it discouraging that there was no procedure of acknowledgment in place.

Along with the help of very interested staff, she turned these beliefs into a standard procedure for the Reno VA. At the beginning, it was only Celia. Then she went to facility maintenance: employees from housekeeping were among the first to offer their invaluable help. Dolores Corona-Tuttle, who would later assist with obtaining executive approval for the idea, emphasized the fact that the rest was really possible because of the grassroots movement that followed among the staff. "The number of people kept growing…as more and more people learned about the Honors Escort, more and more people wanted to be involved."

Over the course of three years, both Veteran and civilian Honors Escort staff members (the team is now comprised of 60 members) have provided 24/7 honors escort service to hundreds of Veterans who have died in the Reno VA. The medical support staff and trained honors escorts, particularly members of the housekeeping staff, have been integral to the high-functioning nature of this program. "Every escort has a special, powerful meaning," says Dolores, "and you can't convey the feeling in words, the connection that you have to country, to Veterans, to the purpose of what we do. We're serving our Veterans." From start to finish, the Honors Escort offers a final dignity to the Veteran and the Veteran's family.

Celia received approval through the Training Management System to hold Honors Escort trainings for interested VA staff across the country over November 4-5, 2014 and March 4-5, 2015. Due to delays in disseminating information about the training dates in November, only two individuals attended the first Honors Escort training: one VA staff member from Washington D.C. and another from Palo Alto. Nevertheless, Celia feels confident about the ability of those two staff members to take back information from the training to their facilities to start the Honors Escort Program.

According to Celia, the training in March will be even more robust. She and Dolores have taken the time to reach out to community hospitals and have even prepared an educational video that has been disseminated to these local hospitals. There has been a great interest in the Honors Escort training among hospitals in the community since as many as approvimately 96% of Veterans die outside VA facilities. Celia believes that it is critical for VA Medical Centers nationally to maintain connections with the community. "When trainers become coordinators," says Celia, "they must be sure that they reach out to community hospitals as well; it is important for them to try to reach their Veterans." Celia noted that she also has potential sponsors who have been reaching out to her about the Honors Escort Program.

Celia Ranson and Dolores Corona-Tuttle look forward to expanding this powerful program across the nation. For more information, individuals interested in becoming Honors Escort coordinators may contact Celia Ranson at Celia.Ranson@va.gov

Implementation Center News

Quarterly BFS I CARE National Networking Calls

The What: Over the past two years with our monthly networking calls, we've honed our format and processes for identifying bright spots: teams who have about the same resources as the rest of us, but somehow achieve remarkable results. In FY15, we will be meeting up on a quarterly basis.

The Why: After you get your comprehensive Bereaved Family Survey (BFS) quarterly report, then what? It may be a while before your VISN's next BFS Quality Improvement (QI) collaborative call. In the meantime, you've identified some challenges and are wondering what you can do to address them.

The How: The BFS I CARE quarterly calls are an opportunity for you to network with experts and colleagues from across the nation who are facing similar challenges in working to improve bereaved family satisfaction with VA end of life care. We come together, standing on our I CARE core values of integrity, commitment, advocacy, respect, and excellence, to both share and harvest our strong practices.

Save the Date!
4/30/15 and 7/23/15
at 3PM ET

Please join us for a national online conversation about improving bereaved family satisfaction with VA end of life care in all venues of care, including outpatient. Join the meeting HERE.

If you would like to be added to our mail invitation list, please email Mary.Zuccaro@va.gov

QuIRC News

QuIRC, the Quality Improvement Resource Center, has recently joined the Implementation and PROMISE Centers' Quality Improvement conference calls to support sites in initiating and evaluating QI projects. Sites that use the Palliative Care National Clinical Template (PC-NCT) on these calls are being offered reports which reflect the complexity of their consults and will complement the information provided by the BFS in guiding QI projects. From the QI conference calls some potential benefits of using the PC-NCT have been identified:

1. For sites who would like to evaluate their effectiveness at moving the PC consult earlier in the disease trajectory ("upstream"):

   The PC-NCT reports provide a distribution of Palliative Performance Scale (PPS) scores which reflect the functional status and fraility of the patients for whom consults are completed. Sites can examine the distribution of the PPS scores over time to see if fewer consults are completed in the 10-20% range and more in the 50-60% range, suggesting that consults are being requested/completed "upstream" of end of life.

2. For sites that would like to see an increase in surrogate response rates on the BFS:

   The PC-NCT allows for a standardized place for recording surrogacy contact information, and if the information has changed (is new). This abstraction of contact information may be simpler.

In addition, QuIRC would like to acknowledge the outstanding efforts of Asheville, NC and Indianapolis, IN which lead the nation in PC-NCT use for the period of March 2014-November 2014.

For more information about the PC-NCT and QuIRC, please contact Joy Goebel at Joy.Goebel@va.gov

2015 BFS QI Collaborative Call Schedule

March 2015	VISN 16 3/2/15 @ 3PM ET VISN 12 3/3/15 @ 2PM ET VISN 11 3/16/15 @ 3PM ET VISN 6 3/18/15 @ 3PM ET
April 2015	VISN 22 4/7/15 @ 2PM ET VISN 9 4/8/15 @ 9AM ET VISN 10 4/16/15 @ 2PM ET VISN 1 4/21/15 @ 1PM ET
May 2015	VISN 15 5/6/15 @ 2PM ET VISN 18 5/18/15 @ 3PM ET VISN 7 5/19/15 @ 11AM ET VISN 5 5/26/15 @ 3PM ET
June 2015	VISN 2 6/1/15 @ 3PM ET VISN 20 6/5/15 @ 3PM ET VISN 23 6/9/15 @ 12PM ET VISN 3 6/15/15 @ 12PM ET VISN 8 6/17/15 @ 11AM ET

Reminder for Palliative Care Program Managers and Clinical Champions:
Did one of your facility's hospice units change its location in your facility or is it being renovated? Did a hospice unit recently close or a new one open? In order to ensure accurate data collection, we ask that you email hospice unit updates to our Associate Director at Hien.Lu@va.gov

Visit our PROMISE Center Website for more information on the Bereaved Family Survey and Resources:

http://www.cherp.research.va.gov/PROMISE/index.asp

Please email Natalie.Kuzla@va.gov to be added to the newsletter email distribution list

The **PROMISE** (Performance Reporting and Outcomes Measurement to Improve the Standard of care and End of life) **Center** aims to (1) identify and reduce unwanted variation in the quality of end-of-life care throughout the VA and (2) to define and disseminate processes of care ("Best Practices") that contribute to improved outcomes for Veterans near the end of life and their families.

The **Implementation Center** trains and mentors VA palliative care staff, and supports ongoing implementation and monitoring of quality improvement initiatives and "best practices'. The Implementation Center also provides access to tools, resources, and educational materials to help enhance care.

QuIRC (the Quality Improvement Resource Center) serves as part of the VA Comprehensive End-of-Life Care (CELC) Initiative to develop and implement provider facing electronic tools for the VA's national electronic medical record in hopes of improving the quality of palliative care.

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