

Hospice Foundation of America: Creative Partnering With the Community

Three Updates on Successful Community Partnerships

Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA
By Catherine Zimmerman LICSW, ACHP-SW, CSW-G

The Jonathan M. Wainwright Memorial VA Medical Center, located in Walla Walla, Wash., has an active Hospice Veteran Partnership (HVP), called the Tri-State Inland Northwest HVP. This partnership encompasses portions of three states (Oregon, Washington and Idaho), state hospice organizations and approximately twenty-five participating hospice agencies, and other palliative care supporters. The partnership has been operating for four years, and has an organized Steering Committee, which guides the work of the HVP. The Steering Committee is co-chaired by a member of one of the hospice agencies, and Catherine Zimmerman, the Hospice & Palliative Care Coordinator (HPCC) at the VA Medical Center (VAMC).

This year members of the HVP determined to support the Hospice Foundation of America's (HFA) Living With Grief – Improving Care for Veterans Facing Illness and Death conference throughout our catchment area. The HFA teleconference was offered in Walla Walla on April 23rd in Richland, Washington on April 25th and in Lewiston Idaho on May 9, 2013. Members of the HVP assisted in the panel discussions that followed.

The Walla Walla event was held at the community hospital in collaboration with Walla Walla Community Hospice and Providence St. Mary Medical Center. Approximately fifty people attended, and the panel included a patient care coordinator from Walla Walla Community Hospice, the local Vet Center Program Manager, and Catherine Zimmerman, HPCC. During the panel discussion that followed the presentation, members of the community were able to hear about how to help Veterans enroll at the VAMC and the benefits of such enrollment at end of life.

In Richland, Washington, the event was held at Hospice at the Chaplaincy and was attended by about 30 individuals from across the community. The panel discussion that followed included information about the Hospice agency's participation in the We Honor Veterans campaign, efforts by the Chaplaincy to engage Veterans in prisons, and information provided by Catherine Zimmerman, HPCC, on services for Veterans within the catchment area.

The Lewiston event was held at St. Joseph's Regional Medical Center. About 30 members of the community attended, and the panel discussion that followed was supported by local Veterans and the VA's Community Based Outpatient Clinic Manager. Panelists at the Lewiston event discussed the importance of showing respect for Veterans through honoring activities, and participants learned about the VA's death benefits.

The Tri-State Inland Northwest Hospice Veteran partnership was pleased to have the opportunity to participate in these important educational offerings.



Catherine Zimmerman, Hospice & Palliative Care Coordinator
Palliative Care Consult Team Social Worker
Walla Walla VAMC

Salem VA Medical Center, Salem, VA
By Dottie Rizzo, MSN, OCN

The Salem VAMC hosted a showing of the HFA "Improving Care for Veterans Facing Illness and Death" DVD on May 17, 2013. More than 30 Nurses, Social Workers, Chaplains, Hospice Directors, Volunteer Coordinators, Bereavement Specialists, Account Executives, and Community Liaisons attended the event from 13 community hospice agencies serving southwestern Virginia as well as staff from the VA Medical Center.

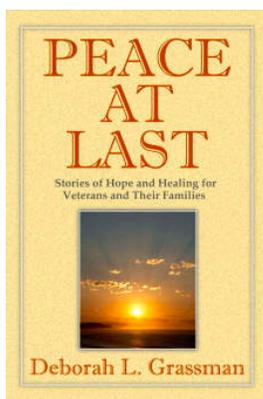
Prior to the presentation, two Veteran participants were recognized and presented with "Honored Veteran" pins and heartfelt gratitude for their service to our country.

Following a very interactive discussion of the presentation, we held a recognition ceremony for the community hospice agencies participating in the We Honor Veterans campaign by presenting them with framed certificates. Three hospice agencies in attendance had achieved Level 1, two had achieved Level 2, and one had achieved Level 4.

We also had a drawing for 3 copies of Deborah Grassman's book, Peace at Last.

Overall the presentation was a resounding success and a wonderful opportunity for VA staff and area hospice agencies to work together to improve care for Veterans at end of life.

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VISN 3, Bronx, NY
By Diane Jones

In collaboration with the VISN 3 Hospice-Veteran Partnership, Dr. Carol Luhrs organized a daylong conference as part of VISN 3's palliative care program quarterly meetings. The conference, which included the HFA's program, Improving Care for Veterans Facing Illness and Death, and panel discussion followed by a We Honor Veterans workshop, was held April 23, 2013 at the James J. Peters VA Medical Center in Bronx, NY. Both VA staff and community partners were in attendance, including 46 members of VISN 3's palliative care consult team members from eight campuses, 24 representatives from hospices serving NYC, Hudson Valley and North Jersey and invited guests. Dr. Luhrs worked with EES to plan the conference and was able to offer 5.5 continuing education contact hours to physicians, nurses, social workers, and psychologists.

The We Honor Veterans (WHV) workshop brought together members from VISN 3's regional HVPs, including the NY Metro area, Hudson Valley, Northport and New Jersey. The purpose of the workshop was to help the regional HVPs plan their own local workshops, which focus on VA and hospice staff working together to complete WHV activity reports. Led by Etta Nappi, Veteran Liaison, VITAS Innovative Hospice Care, and Diane Jones, palliative care consultant, Implementation Center, the workshop introduced materials developed by the NJ Hospice-Veteran Partnership such as a WHV Partner Level Checklist, Activity Reports, and Action Plans, all of which can be accessed on the Implementation Center's Comprehensive End of Life Care (CELC) SharePoint. ●

Please contact Diane Jones (djones@ethosconsult.com) for more information

Palliative Care National Clinical Template Feature

Q&A with Kim Kelley, VISN 11 Palliative Care & Geriatrics Program Manager

The Palliative Care National Clinical Template (PC-NCT), developed by QuIRC, will soon be available for use throughout the VA system. The template, currently in use at a number of demonstration sites around the country, helps providers accomplish and document the essential elements of a comprehensive palliative care history and physical examination. It captures clinical information to allow clinicians and programs to obtain information about the Veterans under their care and their own daily performance to improve the care we provide for Veterans facing life limiting illnesses.

In past issues, Dr. Debra S. Wertheimer from the Baltimore VAMC (December 2012) and Dr. Marian McNamara of the Indianapolis VAMC (Winter 2013) provided the PROMISE team with helpful feedback regarding their use of the PC-NCT. In this issue, Kim Kelley, VISN 11 Palliative Care & Geriatrics Program Manager, shares her experience in implementing the PC-NCT at VISN 11 sites.

Q. As demonstration sites, many of your teams are currently using the PC-NCT. What have you found to be most helpful?

We were very fortunate that all our teams were willing to use the template and provide feedback. The structure of the template itself has been most helpful.

The organization of the template makes it easy to follow and can remind or "prompt" the provider to make sure all the domains have been covered during the assessment. The standardization of the note makes it easy for providers to review specific information-they know where to look for it in the consult. The template is user friendly, with one example being the data that is automatically pulled into the note - problem list, medications, labs, vital signs is very helpful.

We are looking forward to the follow-up template to help track performance, such as improvement in symptom management, etc...The data will be invaluable!

Q. How did you overcome the challenge(s) you faced in implementing the PC-NCT at your facilities?

Listened to concerns of everyone involved and worked together to problem solve. The QuIRC staff responded to questions and concerns and worked with us in problem solving. Some Clinical Application Coordinators (CACs) were not as up-to-date on the template as others. We identified a CAC from one of the facilities to help out and be a resource to others - this was very helpful.

Q. How do you think the PC-NCT can be used to improve care?

Consistency with assessing domains of care will be a good start. I think the reports that are generated from the template will help identify the domains that teams are doing well

in and areas that need improvement. The reports have an abundance of data, which can drive quality improvement of care!

Q. What do you believe is important for program managers to consider when implementing the PC-NCT?

Evaluate the current consult processes, what's working well, what's not working well, and identify opportunities for improvement. It may be helpful to have one or two teams in a VISN start using the template and then spread. Providing education to providers and team members is a must. Clinical Applications Coordinators are key people that will also need to be involved from the beginning, as well as, medical records/medical administration staff. Identifying one CAC for the VISN to assist with this is helpful.

Program Managers will need to be the leaders in promoting the use of the template and communicating the benefits of use. Showcasing success stories and data is always helpful.

For additional information regarding the PC-NCT please contact QuIRC Director Karl Lorenz at Karl.Lorenz@va.gov or QuIRC Associate Director Kelly Chong at Kelly.Chong@va.gov.

Information is also available on the CELC Implementation SharePoint at: <https://vawww.visn3.portal.va.gov/sites/NationalImplementationCenter/QuIRC/default.aspx>

To gain access to the SharePoint site please contact Dr. Carol Luhrs at Carol.Luhrs@va.gov ●

The Magic Questions

Person-Centered Care Planning in Palliative Care Improves Family Satisfaction

Karen Blackstone, MD on behalf of the Palliative Care Team, Washington DC VA Medical Center

Background:

We standardized a communication tool for use by palliative care staff and trainees in our CLC and hospital-based palliative care consult service. The Magic Questions provide a simple, intuitive framework to help providers explore a seriously ill person's sense of meaning and purpose in life, while prompting further discussion of the expected trajectory of illness in context of personhood, and development of a person-centered treatment plan.

Intervention:

CLC staff and palliative care trainees incorporated the Magic Questions script during initial patient interviews and at family meetings. The script included an introductory sentence and three elements:

“It helps me to be a better health care provider for you when I know about you as a person.”

- 1) “Tell me about yourself (or your loved one).”
- 2) “What makes you (or your loved one) happy these days?”
- 3) “What worries you (or your loved one) for the future?”

We adopted the Magic Questions in 2012 and began consistent implementation in initial interviews and family meetings in 2013. The documented Magic Question responses become the point of reference for future family meetings when new decisions about treatment are necessary or when death is expected. After the death, the Magic Questions are reviewed in bereavement with families in a telephone call of condolence. Personalized letters to families include a remembrance of what gave meaning to their Veteran's life.

Results:

All Veterans with advanced illness and their families are able to answer the Magic Questions and easily engage in discussions following. They commonly



describe the importance of maximizing their independence, the value of their relationships, and how much they care for others. They often worry more about their loved ones and not about their own symptoms or dying.

Conclusion:

The Magic Questions are easily incorporated by a Palliative Care Team in a CLC and hospital-based palliative medicine consult service. Patients and families can identify and share what gives them meaning and concern. The discussion can be documented, shared among interdisciplinary team members, and lead to further successful discussion of person-centered treatment plan. Following consistent implementation of the Magic Questions families identify improved satisfaction with overall care, and report more excellent kindness, listening, emotional support and feeling informed when death is expected. ●

Bereaved Family Survey Results

	FY11 (N)	FY12 (N)	FY13 TO DATE (N)
Overall Score	34% (117)	40% (88)	65% (40)
Kindness	74% (117)	77% (87)	86% (42)
Listening	65% (120)	61% (85)	79% (42)
Emotional Support prior to death	58% (116)	53% (83)	64% (42)
Alert when Veteran about to die	68% (115)	78% (82)	90% (40)

High Response Rates in Columbia

Thoughtful Condolence Cards and Memorial Services Support Families

Columbia Palliative Care Coordinator Julia Fairchild, RN-MSN, CHPN

Management officials at the Harry S. Truman Memorial Veterans' Hospital in Columbia, Mo., were very pleased with the recent results of the Bereaved Family Survey (BFS). The facility's survey response rates were among the highest for a level 1C medical center.

When assessing this performance, Julie Fairchild, RN-MSN, CHPN, Palliative Care Coordinator at the Columbia, Mo. VAMC, agreed that there was a high likelihood that a specific action on the part of the Medical Center Director had a direct correlation to the higher response rate. Shortly after arriving as Medical Center Director at the Truman VA facility in late 2006, Sallie Houser-Hanfelder, FACHE, initiated a program in which she personally signs condolence cards for all Next of Kin with each inpatient death. An attractive card was designed by the facility's Medical Media department and has been used effectively since early 2007.

Fairchild also attributed the BFS response rates to Truman VA's quarterly memorial service for family and friends of deceased Veterans. The idea of this memorial service was the brainchild of a now retired VA nurse who worked in Primary Care. This employee suggestion was adopted and implemented more than 10 years ago. Fairchild works collaboratively with VA chaplains and other interested staff to ensure that families and friends are invited to attend the quarterly service in the medical center chapel. Following the service, which is conducted by Alan Helland, Chaplain, there is a social hour with light refreshments provided through donated funds. Voluntary Service handles the donations, orders



PHOTO: COLUMBIA.VA.GOV

"Families are reminded of the culture of caring and exceptional treatment"

and serves the refreshments. Depending upon the number of Veterans who have died in the previous quarter, attendance at the memorial services often times fills the VA chapel.

Through a variety of activities, families of deceased Veterans from the Columbia, Mo. VAMC are reminded of the culture of caring and the exceptional treatment provided to their loved ones while alive and the support to them during and after the deaths of the Veterans. ●

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

<http://www.cherp.research.va.gov/PROMISE.asp>

Do you have questions about your data? Would you like your data presented differently? Is there additional data you would like to see? Please coordinate your questions with your VISN's Palliative Care Program Manager and contact our Data Manager, Dawn Smith, at dawn.smith2@va.gov.

Please email Laura.Scott@va.gov with PROMISE Newsletter submissions



Answers to your PROMISE Questions

Useful Information on Data, Reports and Changes in Definitions

Q&A with Dawn Smith, PROMISE Center Data Manager

❖ Do you have any general tips for staff on how to best interpret data?

The first tip is to always check to make sure the number of observations is large enough to confidently interpret the data and make comparisons. We recommend a sample size of at least 30. Once you have established that the sample size is adequate, look at scores for each BFS item over time and compared to the National and VISN means. If the sample size is not large enough for a single quarter, combine multiple quarters to achieve adequate sample size.

❖ In addition to the quarterly reports, what other data can the PROMISE Center provide?

PROMISE also provides supplemental data on a quarterly basis. This data includes the Overall score and individual BFS items broken out by Venue of Death and Palliative Consult, Likert scale data for each individual BFS item, and qualitative data. Additionally, the PROMISE Center collects process measures from either the Corporate Data Warehouse or by review of the Electronic Medical Records. We provide information on four items – Palliative Care consults in the last 90 days of life, Chaplain/Veteran and Chaplain/Family Contacts and Bereavement contacts as part of the supplemental data. Custom reports are created for each VISN and facility when your VISN participates in a BFS QI collaborative call. The PROMISE Center can fulfill most data requests. You can email the Data Manager to request PROMISE data.

❖ Are there certain BFS items which are most often associated with NOK providing an “Excellent” response to the Overall care BFS question?

Nationally, the following items are most highly associated with the NOK providing an ‘excellent’ response to the Overall BFS question:

- Kind, caring, respectful
- Providers took time to listen
- Staff provided the medication and medical treatment wanted
- Emotional support before death
- Personal care

❖ Why do you discourage staff from looking at data where $n < 30$?

According to central limit theory, observations < 30 are not considered statistically robust enough to interpret and use for quality improvement initiatives. Scores for observations < 30 will likely fluctuate aggressively in a short period of time.

These fluctuations are most likely due to the small sample size as opposed to the type of care given. In short, small sample sizes are not reliable.

❖ If a facility wants to improve care but their n’s are less than 30, what can a facility focus on or request information on?

The facility can focus on looking at the yearly data provided in the quarterly report or the cumulative fiscal year data provided on the VSSC website. Facilities can also email the Data Manager and request a custom report or schedule a BFS QI call where a custom report will be provided before the call. A review of the qualitative comments can provide additional insights to how families perceived care at the end of life.

❖ Why does the PROMISE Center combine multiple quarters?

PROMISE combines multiple quarters of data together so that facilities with either a small number of deaths or low response rates will have a better ability to track scores over time with more reliable, statistically robust scores. However, there are still some facilities with really small numbers that even combining multiple or all quarters does not result in adequate sample size.

❖ Recently the PROMISE Center changed how it records Palliative Care consults. Can you give an overview of the changes?

Previously, the Palliative Care consult definition was defined as any note in the patient’s EMR in the last 31 days of life with the word “palliative” or “hospice” in the title. However, this definition is considered more of a palliative ‘contact’ instead of formal ‘consult’. In consultation with the National Hospice and Palliative Care Program office and VISN Program Managers and Clinical Champions for HPC, we revised the definition of a palliative care consult to be a level three or higher PC consult completed in the last 90 days of a patient’s life or death in a TS96 or 1F bed. Palliative Care consult data is now extracted directly from the CDW. ●



Dawn Smith, M.S.