

Giving Patients and Families a Voice

Innovative PC-ICU Family Meeting Initiative Brings Interdisciplinary Approach to ICU

By Natalie Kuzla, M.S., PROMISE Center

In recent years, teams in several VA facilities around the country have been implementing a quality improvement initiative targeting the quality of care Veterans receive in Intensive Care Units. The PC-ICU Family Meeting Initiative aims to provide Veterans in the ICU with a more interdisciplinary approach to care by incorporating palliative care consultations and family meetings into the care plan, two components that are not traditionally part of the ICU syllabus. This initiative focuses on the quality, not quantity, of care provided to Veterans in ICU by fostering compassionate and educational discussions between medical staff, Veterans, and their families, so that Veterans and families are aware of their options and have a plan of care in place.

The PC-ICU Family Meeting initiative at VISN 10's Dayton VAMC was spearheaded by ICU Nurse Manager Debra Watkins, RN and ICU Nurse Manager, Tronica Wheeler, RN ICU CNL, Angie Brower, ICU RN, Lynn Johnson, ICU RN, Palliative Team members Drs. Damanjeet Kahlon and Loveleen Bains (both certified in hospice and palliative care) and Palliative Coordinator Kathleen Hayes RN, CHPN. This team has systematized the Family Meeting goals of care discussions into an effective decision-making process for seriously ill Veterans and their family members. ICU RN Lynn Johnson designed a Family Meeting Brochure with key questions that help family members identify talking points for the family meeting. Ms. Watkins explains, "Over the years I saw lots of things being done to patients that they didn't want to have done, but the communication hadn't occurred through the proper channels, and during the final minutes of the Veteran's life, there was no plan for helping them communicate their wishes." Ms. Wheeler elaborates that by incorporating family meetings in advance of the Veteran's decline, "We let them decide what they want, and give them a say in what quality care is. It's their definition of quality, not ours."

Members of the team have attended ELNEC educational seminars and trainings, and Dr. Damanjeet Kahlon hails the team as a "well-oiled machine." Dr. Kahlon further explains that "Everyone is receptive, connected, and we get the feeling that we're doing the right thing for the family by getting palliative care involved early." The team's coach and VISN Program Manager for Hospice and Palliative care, Mary Davidson, MSN, praised the team. "They are the team that when you offer them an opportunity for improvement, they always see it as 'How is this going to



make it better for Veterans?' They always want to take on the mission." Ms. Davidson shared that over the past four years, there has been a 13% drop in the number of Veterans that die in an ICU bed at the Dayton VA. Pre-project chart reviews this past summer revealed that 40% of ICU patients had their goals for medical care documented in a templated Family Meeting Note. The goal of this initiative is to increase to 50% the number of Family Meeting Notes by day 5 of the Veteran's ICU stay. The positive results are also evidenced by improving scores on the Bereaved Family Survey, and comments from Veterans' families bestowing high kudos upon ICU staff for their compassion and caring.

At the VISN 8 San Juan VAMC, team leaders Melissa Rivera, Clinical Psychologist and Palliative Care Coordinator, Tamara Rodriguez-Barreto, RN, and Dr. William Rodriguez, along with their coaches, Dr. Brian Struck and Matt Earnest, RN, credit the Family Meeting initiative for Veterans' and families' improved satisfaction with care in the ICU. As explained by Ms. Rodriguez-Barreto, "Family meetings help us build a connection with the Veterans and their families, convey our passion about improving their care, build trust, and improve communication and satisfaction." By documenting the family meetings in a patient's medical record, anyone treating the patient on future rounds can be informed of their wishes and know what topics have been addressed.

With the the coaches acting as a sounding board, the San Juan team has developed supplemental materials to fortify their efforts. Family Meeting brochures are provided to family members to help explain the initiative, clarify differences between palliative and hospice care, and assist in preparing questions and guiding discussions. The team itself uses a Family Meeting template and roadmap to guide them through the phases of their work with each Veteran and family, as well as a checklist to help prepare for each meeting. Dr. Struck and Mr. Earnest praised the San Juan team for their hard work and passion, adding that "We couldn't have been asked to coach a better team. They're extremely proactive and self-motivated, and have done great work. They bring great honor to the San Juan VA."

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Dr. Pierre Lavedan and ICU Registered Nurse Susan Needham lead the PC-ICU Family Meeting initiative at the VISN 23 Omaha VAMC. Their primary goal in implementing the initiative at their facility was to increase the number of family meetings taking place in the ICU, and ensure

and Extended Care, Omaha, and Dwight Nelson, VISN 23 Extended Care and Rehabilitation Coordinator. Dr. Lavedan and Ms. Needham explain that although they face challenges with resident physicians rotating through the facility due to its status as a teaching hospital, there has

inform families of the difference between palliative and hospice care. And more residents are rotating through the Palliative Care and Geriatric services, which gives them a better understanding of the value of palliative care consults, and that it's not simply a 'giving up'."

Both Dr. Ramirez and Ms. Schauer expressed how fulfilling working with the Omaha team on the Family Meeting initiative has been, and see great possibilities in the future – "Our hope is that this will be more than just an initiative. We see these ICU family meetings and palliative consults earlier in the admission becoming the norm. Certainly it will take time, but we see it as sustainable and as crucial to better care."

All three teams are to be commended for their commitment to and passion for improving care for Veterans. Their dedication, even in the face of adversity, should inspire us all.

“We’ve got to let the Veterans live before they die, so what better way than by giving them a choice in their care.”

that they occur on or before the fifth day of a patient's stay.

The team is guided by coaches Caroline Schauer, RN, VISN 23 Hospice and Palliative Care Program Manager, and Dr. Jorge Ramirez, VISN 23 Hospice and Palliative Care Medical Director. They also receive invaluable support from Dr. Catherine Eberle, Chief of Geriatrics

been growing support for and understanding of the initiative. "More and more doctors are getting on board and seeing the value of including palliative care consultations for appropriate ICU patients," explains Ms. Needham.

Dr. Lavedan highlights the importance of education in reinforcing the importance of the initiative, "Family Meetings really allow us to

Angel Net Fulfills a Father's Day Wish

Staff throughout VISN 23 and VISN 12 Ensure Safe Passage for Veteran

By Laura Scott, M.S.Ed., PROMISE Center

Last June staff at Chicago's Jesse Brown VAMC fulfilled a dying Veteran's final wish. Staff in several states coordinated efforts and exemplified thoughtfulness and commitment to high quality of care for our Veterans.

The facility staff in Chicago were approached by a dying Veteran who requested that he be brought home to celebrate Father's Day with his family. The staff quickly mapped the route the Veteran would travel with his son from Chicago to Minnesota and reached out to staff along the path in Madison, Tomah and Fargo. The staff also ensured a Fargo VA home hospice team would arrive and set up services immediately upon the Veteran's arrival in Minnesota.

Before embarking on the trip, the Chicago staff provided the father and son with Palliative Care Consult Team (PCCT) phone numbers at each VA along the route and fully explained all risks. A social worker from Unity Hospice, an agency which partners with the Jesse Brown VAMC, also provided information on what to do in case of an emergency, DNR forms for each state they would travel through, and a Power

of Attorney form. Prior to leaving Chicago on Friday evening, VA Chaplain Berryman blessed the Veteran, his son and their car.

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Upon arriving in Minnesota on Saturday morning, the prearranged hospice agency immediately began providing services. The next

day the Veteran celebrated Father's Day surrounded by his devoted family. His family also presented the Veteran with an ultrasound photo of his soon-to-be grandchild. The Veteran's final wish had been delivered and he peacefully passed away on Monday morning.

This multi-VISN effort would not have been possible if not for many people: Chicago's social workers Shelby Scarbrough and Todd Nelson, chaplain Edgar Berryman, nurse practitioner Lynne O'Donnell, Dr. Udai Jayakumar; Madison's social worker Sheila Schroedl; VISN 12's Program Manager Jolene Renda; and Fargo's social worker Trisha Chadduck and the facility's telephone operator. VA staff also collaborated with Chicago's Unity Hospice and Minnesota's Lakeland Hospice and Home Care.

These staff ensured this Veteran's final wish was honored. Through careful and thorough planning, the Veteran's final days were peaceful and spent at home with his loving family.

Partnering with Families to Ensure Excellent Care

Columbia, Missouri Disseminates Invitation to Families

By Laura Scott, M.S.Ed., PROMISE Center

Columbia's Palliative Care Coordinator, Julie Fairchild, recently implemented an initiative aimed at inviting family members to participate in care coordination. Fairchild reviewed the PROMISE Center's Bereaved Family Survey quarterly report data and noticed high scores in the CLC. The PCC explained, "I was trying to look for any patterns on what we are doing well and capitalize on that." During the fall, Ms. Fairchild met with CLC staff and provided a presentation on the strongest areas of care for the unit. The presentation also included a discussion on the book, *Influencer: The Power to Change Anything*. Staff was encouraged to connect with Veterans and families and continually invite input on the care provided.

After providing information and support to CLC staff, Fairchild set out to expand her vision for the unit to improve care in real-time. In October, she designed formal invitations encouraging family to provide ongoing feedback on care provided in the CLC. The unit's social worker began distributing these invitations to family members of Veterans on admission to the CLC unit.

Fairchild explained, "I felt that if family were kept more in the loop they would be more inclined to feel

better about the care and be part of the process. We try to encourage family to speak up, but asking and giving a formal invitation are two different things. My hope was they would feel more directly part of the process."

After starting the initiative, Fairchild decided to reach out to Travis Weger, the facility's Visual Information Specialist. Weger designed an updated invitation, which is both appealing to the eye and informative. Two sided and displaying

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the VHA seal in the background, the invitation affirms the importance of family input and provides detailed contact information for numerous staff in the unit. Potential areas of concern including pain control, anxiety, spiritual care, and emotional care are listed for family members as well.

The invitation can be viewed on the Implementation Center's SharePoint located here: <https://vaww.visn3.portal.va.gov/sites/>

[NationalImplementationCenter/default.aspx](#), under Tools, Marketing and Brochures. To receive access to the SharePoint please contact Richard Moore at Richard.Moore7@va.gov.

To ensure effective distribution, Fairchild communicated the initiative to the CLC Nurse Manager and the Medical Center Director. Both have advocated for the project and, in the future, the facility hopes

to pass out the invitation in all units.

The newly designed brochure has been recently distributed and Fairchild will revise the invitation and procedure based on staff and family feedback.

Fairchild acknowledged, "My biggest obstacle was expecting to have

a perfect product. If you have an idea, you do not have to wait for the perfect product before beginning. Be open and flexible. I'm not going to print 1,000 invitations, because we may change them and adapt to something more useful in the future."

The PROMISE Center applauds Fairchild and the Columbia, Mo. facility for their commitment to improving care for Veterans.



Quality Improvement Resource Center (QuIRC)

The Quality Improvement Resource Center (QuIRC) serves as one of three national Quality Centers that support the CELC Initiative to foster quality improvement through identifying CPRS and other electronic tools for palliative care practice.

New Staff Announcement:

Philip Suh is a new member of the Quality Improvement Resource Center (QuIRC). Prior to joining QuIRC as a Program Support Intern, he served twelve years of active duty in the US Army. He graduated from the United States Military Academy with a Bachelor of Science in Human Resources/General Management with a focus in Environmental Engineering. Mr. Suh is currently pursuing a Masters degree at the Fuller Theological Seminary in Pasadena, CA while working part-time at QuIRC. He looks forward to learning from and contributing to the VA Hospice and Palliative Care Program.

Palliative Care National Clinical Template (PC-NCT 3.0) will soon be available nationwide!

The Palliative Care National Clinical Template (PC-NCT 3.0) will be available to all VA Palliative Care Consult Teams for installation in early 2014. VA clinician leaders guided the development of the PC-NCT to enable bedside providers to help promote uniform VA practices, educate learners in the essentials of consultation, and guide quality improvement through local and national data collection.

For more information on the PC-NCT, please visit the QuIRC web-page in the CELC Implementation Center SharePoint site: <https://vaww.vision3.portal.va.gov/sites/NationalImplementationCenter/QuIRC/default.aspx>



QuIRC Address:

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2014 CALL CALENDAR



Name	Frequency	Time (ET)	Access Code	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	Sept. 2014	October 2014
AACT	1st Thursday every other month	3:00pm	35929#	-	3/6	-	5/1	-	7/3	-	9/4	-
ELI	1st Thursday alternating months	3:00pm	Lync	2/6	-	4/3	-	6/5	-	8/7	-	10/2
Core Palliative Care Training	Schedule TBD	3:00pm	Lync	-	3/18	-	-	6/20	7/25	-	9/26	-
National HPC	Quarterly on 2nd Monday	3:00pm	16464#	-	3/10	-	-	6/9	-	-	9/8	-
BFS ICARE Listening Sessions	4th Thursday	3:00pm	Lync	2/27	3/27	4/24	5/22	6/26	7/24	8/28	9/25	10/23
PC-ICU Networking Sessions	3rd Wednesday	2:00pm	Lync	2/19	3/19	4/16	5/21	6/18	7/16	8/20	9/17	10/15
PC-PACT Networking Sessions	3rd Tuesday every other month	2:00pm	Lync	2/18	-	4/15	-	6/17	-	8/19	-	10/21
Hospice Veteran Partnership Workgroup	1st Thursday	12:00pm	71359#	2/6	3/6	4/3	5/1	6/5	7/3	8/7	9/4	10/2



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 chart review data collection, we ask that you email hospice unit updates to our Chart Review Data Manager at Fiona.Simmons@va.gov.

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

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

Please email Laura.Scott@va.gov to be added to the newsletter email distribution list

