

Updates to PROMISE Center Report Formatting

By Hien Lu, Associate Director

The Q4FY12 PROMISE reports will be released on January 2, 2013. After much feedback from the field, the PROMISE reports have been revised for to be more user- and printer-friendly. The new report will be a MSWord document that includes many of the easy to read graphs and tables of the old reports but contains the following features:

- A reference line for the current quarter's national mean for each survey item and the Overall score
- A removable Leadership report
- Overall scores by VISN for the current quarter,

fiscal year, and the two past fiscal years

The impetus for the formatting change of the reports was driven by Program Managers' feedback and the desire to reduce unnecessary errors resulting from cutting and pasting. These new reports are generated in SAS and incorporate the data seamlessly.

Please note that the data contained in the Q4FY12 report represents all deaths for Fiscal Year 2012 and are different from the final data reported to VSSC for performance measure purposes. The data on VSSC only reflects data for

deaths through August 15, 2012. This is due to the delay needed to minimize the stress Next of Kins may experience from completing a survey about the care that the deceased Veteran received.

Please contact the HPC Program Manager in your VISN to receive a copy of your VISN's report. If you have questions about the data in the report, please contact our Data Manager, Dawn Smith at dawn.smith2@va.gov.



Visit the VA PROMISE Center website at :
<http://www.cherp.research.va.gov/PROMISE.asp>

Data Inquiries:

Do you have questions about your data? Would you like your data presented differently? Are there additional data you would like to see? Please contact our Data Manager, Dawn Smith, at dawn.smith2@va.gov.



Palliative Care National Clinical Template Feature

Q&A with Debra S. Wertheimer, Physician, VISN 5, Baltimore VAMC

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.

Debra S. Wertheimer, MD, of the Baltimore VAMC, a pilot site, provided the PROMISE team with the following feedback regarding her use of the PC-NCT.

Q. Why did you decide to use the PC-NCT?

A. When VAMHCS (VA Maryland Health Care Systems) was beginning a PC consultation service, the interdisciplinary team felt a formal hospice consult should be created to have consistent information collected and to be an aide in the teaching. At the same time, the PC-NCT was developed and rather than recreate the wheel, the VAMHCS team offered to serve as a pilot site.

Q. What have you found to be helpful?

A. The PC-NCT provides the structure on which to both collect data and have a clear and concise mechanism for communicating the issues related to PC. The PC-NCT reminds the consultants and particularly the trainees using the template what issues are important and specific for Veterans facing end of life issues, as well as, symptom problems and thus is a good teaching tool. The PC-NCT also allows for a clear and concise format for data collection and communication with the referral source.

Q. What kind of information does the PC-NCT give you?

A. PC-NCT is able to provide data about numbers of consults, who participates, the interdisciplinary nature of the consults, the type and severity of symptoms, the capacity of the Veteran, whether advance directives are present, etc. This data will allow the consult service to evaluate both the clinical service and develop supportive data about the workload and needs of Veterans in a facility.

Q. What would you say to another site who is not using the PC-NCT?

A. I believe the push to have the PC-NCT as a national template will provide invaluable data to support the need for PC consults and to improve symptom management. However, as with any form, there should be a clear look at the template to customize the form for your own facility.

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://vaww.visn3.portal.va.gov/sites/NationalImplementationCenter/default.aspx>

To gain access to the SharePoint site please contact Lyndella Talamanco at Lyndella.Talamanco@va.gov

Exceptional VA Staff Recognized by ELNEC

By Diane Jones

Each year ELNEC selects outstanding trainers from throughout the world who exemplify dedication, creativity and leadership in teaching the ELNEC curriculum. 2011, the first year ELNEC began recognizing exceptional VA staff that teach ELNEC-For Veterans, awardees included: Benito Garcia, BSN, MSN (Salt Lake City); Marcia LaHaie, RN, BSN, APRN-BC and Linda Seck, RN, MSN (Ann Arbor); and Sheila Lozier, RN, BSN (Bay Pines). The three 2012 ELNEC-For Veterans awardees are listed below. Congratulations to all!



Gina McWhirter, RN, BSN, is the nurse manager, ICU and Oncology/Infusion at the Cheyenne, WY VA Medical Center. She is leading a BFS-ICARE & Serious Illness Project to create culture change in the facility's ICU. A foundational intervention in her project is to require ELNEC-For Veterans Critical Care (ELNEC-CC) training for all nurses and nursing assistants, while also making it available to the rest of the ICU staff.

Using the Hospice Education Network (HEN) to deliver the training, Gina reserves 20 minutes at each staff meeting for discussion of ELNEC-CC modules, application of principles to daily practice, Q&A sessions, and applications of principles to current and past ICU cases. Staff are given 3 months to complete the eight online HEN modules. To incentivize participants, Gina offers any person who completes the training in two months or less 15 minutes per module of her time, up to a maximum of two hours. This "bonus time" allows them to come in late or leave early, run an errand during their shift, or take an extra break or extra long lunch. In order to earn this time they must also have an interview with a member of the Palliative Care Team to discuss their understanding of the modules, how they see the information being helpful in their practice, any changes they have or will make in their own practice, etc.

Gina's approach to making ELNEC-Critical Care available to her colleagues is not only promising and innovative, it also reflects her dedication to supporting her team in making cultural changes that will truly serve the needs of Veterans and families in her ICU. She has created a well-engineered context for her trainings that includes both didactic and experiential learning opportunities, while finding a way to reinforce learning through planned conversations with colleagues and recognition for their important work together.

Matthew Earnest, RN, BSN, CHPN

Matt earned his Bachelor's in Nursing from the University of Central Oklahoma in 2000. After a stint in the emergency room, he found his calling as a hospice nurse. In 2005 he joined the Oklahoma Air National Guard as a flight nurse and has been deployed overseas three times. In 2009, he was able to combine both his love of hospice and his love of the military as a nurse manager overseeing the operation of the Oklahoma City VA Medical Center's in-patient palliative care unit. Matt attended the ELNEC-For Veterans train-the-trainer in 2010. Through the ELNEC-For Veterans training, he recognized that the majority of veterans receive hospice care outside the VA. Matt felt the need to provide veteran-specific end-of-life education to not only VA staff but also to community hospice agencies. He made the decision to open the consortium up to both VA Medical Center as well as community hospice staff. After returning from his deployment in 2012, Matt collaborated with the Oklahoma Hospice-Veteran Partnership to host the ELNEC-For Veterans training. Matt also made the training available through Microsoft Live Meeting to allow community agencies to attend online. To date, over 80 people in 3 different states have participated in the training. Matt has also conducted veteran-specific end-of-life training at both the Oklahoma Hospice and Palliative Care Association's annual conference as well as with the Oklahoma Department of Corrections. Matt has orchestrated the development of several programs at the OKC VA, which enhances end-of-life care for the veteran such as the No Veteran Dies Alone program. Matt can be contacted at matthew.earnest@va.gov.



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Paula Muehlbauer, MSN, RN, AOCNS

Paula is Clinical Nurse Specialist and Academic Educator for San Diego Veterans Health Care System (SDVAHCS) and San Diego State University (SDSU). She holds a bachelor of science in nursing from Kent State University in Kent, Ohio and a master of science in nursing from George Mason University in Fairfax, Virginia. She is an Advanced Oncology Certified Clinical Nurse Specialist through the Oncology Nursing Society. Paula spent 10 years as an oncology CNS at the National Institutes of Health. In her current position as Clinical Nurse Specialist and Academic Educator, Paula's role includes clinical education for nursing students, and oncology and end-of-life education for nurses. She is an End-of-Life Nursing Education Consortium (ELNEC) trainer as well as an Oncology Nursing Society (ONS) chemotherapy/biotherapy trainer.



Paula coordinates and presents in the ELNEC-For Veterans program at VA San Diego for the new graduate nurses' residency program. Presenters include a chaplain, social worker, and other palliative care nurses. The course culminates with a high fidelity and embedded actors simulation that is based on the ELNEC role-play. The goal of the simulation is to incorporate theory from all the ELNEC for Veterans modules into practice. Pain and other symptom management concerns are also incorporated into the simulation, which includes paying attention to vital sign changes, blue coloring of the extremities, and changes in respiration quality. A Catholic or other denomination chaplain either administers the Sacrament of the Sick (Last Rites) or prays with the family and patient. After the "veteran expires", the participants perform post-mortem care and take the body to the morgue. Participants remain quiet throughout and the morgue staff follow normal procedures as they would for a real patient. Evaluations of this simulation learning experience from the new graduate nurses, faculty and members of the ethics team have been positive. The new graduates reported that they did not like the final part of the scenario because it was "too real", confirming that it is a successful learning experience.

