

## Updates about PROMISE data and reports

By Hien Lu, Associate Director

The final Bereaved Family Survey data posted on the VSSC website and as part of the National Directors' Performance Plan for FY12 are for deaths from October 1, 2011 through August 15, 2012. The data does not include all of FY12 deaths due to 1) the reporting dates set forth by the Office of Quality and Performance and 2) the necessary delay in collecting BFS responses to minimize respondent stress.

The full Q3FY12 report was released on October 1, 2012. Included with the reports are additional data breakouts that include the 1) scores by venue of death (ICU, Acute, CLC, Hospice Unit), 2) Palliative care

contact in the last month of life and 3) answer breakouts for individual questions. If you have questions about the data, please contact our Data Manager, Dawn Smith at [dawn.smith2@va.gov](mailto:dawn.smith2@va.gov).

The Q4FY12 report will be released on January 2, 2013. PROMISE is in the process of revising the look of the quarterly reports based on feedback provided by program managers. We will be moving away from the Excel format to a MSWord document. Please expect these changes to be implemented in the Q4FY12 report.

We are pleased to announce that PROMISE has developed the capabilities to extract the death information at the

national level for all VISNs and facilities. After many months of careful cross-checking with the lists provided to us, we are confident that our system is fully operational. Starting with September deaths, VISNs no longer need to provide us with the lists on a monthly basis. Thank you to all the Program Managers, DSS and IT personnel for your assistance in pulling the death information without fail every month for so many years. It has helped us immensely!



Performance Reporting and Outcomes Measurement  
to Improve the Standard of care at End of life

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](mailto:dawn.smith2@va.gov).



The Comprehensive End-of-Life Care PROMISE Center, Philadelphia VAMC. Copyright (C) 2012 Department of Veterans Affairs. All rights reserved

# VA Staff Collaborating with Community Agencies

By Diane Jones

Recently, the Implementation Center has tapped Scott Donelenko (VISN 8 -NFSG) to moderate a Palliative Care Pharmacists call and e-mail group. The focus of the call and e-mail group is to help Palliative Care Pharmacists across the VA share ideas, policies, and educational resources to enhance our respective palliative care teams and the care of our Veterans. The first call will be held on Wednesday, October 31st at 12 noon Eastern Time. The VANTS access code is 50953#. Time and frequency of these calls will be announced in the future.

The October Hospice-Veteran Partnership (HVP) Workgroup meeting focused on the many exciting community partnership activities taking place across the country in preparation for Veterans' Day celebrations. Here are a few of the innovative ways VA staff are reaching out to community agencies and institutions:

## **VISN 6 (Randy Johnson)**

VISN 6 held a face-to-face palliative care strategic planning meeting organized by Dr. Jorge Cortina and led by Dottie Rizzo with its facilities and invited the North Carolina, South Carolina and Virginia state hospice executive directors to join them for part of the meeting.

Discussions included:

- keeping the States' websites up-to-date with current VA Fact Sheets from each facility
- spreading the word about the state organizations' electronic newsletters
- trouble shooting any difficulties community hospice agencies have getting in touch with VA providers and vice versa
- expediting Veteran enrollment into the VA system

- sharing Veteran specific educational resources

## **VISN 21 and 22 (Meredith Magner-Perlin and Mary Zuccaro)**

VISN 21 and 22 palliative care program managers are working together with the California Hospice and Palliative Care Association (CHAPCA) to plan events across the two VISNs in celebration of Veterans' Day. Formal meetings are being planned around California and less formal gatherings will be held in Nevada.

## **Hampton VA (Yvonne Bailey)**

The Hampton VA will be holding a half-day community partners program at a local library in the near future. This regional HVP has a steering committee comprised of VA staff and community healthcare providers (hospice, home health, hospital) that work together to plan HVP meetings. Yvonne also reported that their "VA Fact Sheet for Community Partners" have been well received by the community. She has found that much more education needs to be done within the hospital to ensure that new hires and reassigned staff understand the urgency associated with hospice referrals.

## **Fayetteville, AR VA (Kathleen Johnson)**

Fayetteville palliative care staff have had great success disseminating their "VA Fact Sheet for Community Partners" to community hospices. Phone calls from community agencies have focused almost exclusively on assisting transitions for Veterans returning to their homes with hospice care.

## **Walla Walla VA (Catherine Zimmerman)**

The Walla Walla HVP is holding a strategic planning meeting in the

early fall and recently held its 3rd annual Palliative Care Forum. They have identified concerns about timeliness of orders, transitions to home hospice, and the need to foster collaboration. They recently celebrated a success when Walla Walla leadership approved Veterans' access to all four levels of home hospice care. They are working on interfacility transfers for Veterans who want to die in a VA facility (Walla Walla is located in a highly rural area with no inpatient medical or hospice beds).

## **Marion VA (Marietta Kellum)**

Marietta is organizing HVPs in Marion's catchment area of southern Illinois and parts of Kentucky, and Indiana. She has held three local HVP meetings and has had a great response from the community with participation from 40 agencies, including 10 hospices and a total of 86 attendees. Plans call for quarterly meetings and continuing to include all community healthcare providers.

The HVP Workgroup meets on the 1st Thursday of each month at 12:00 noon Eastern Time. The access code is 71359#. All calls are conducted via VANTS (800) 767-1750 and agendas are posted to the SharePoint for your convenience.

Please contact **lyndella.**

**talamanco@va.gov** if you would like to be added to the BFS-ICARE, HVP Workgroup, Palliative Care Pharmacists, or PC-ICU e-mail groups or to be given access to the CELC Implementation Center SharePoint. Regular notices will be sent to these email groups announcing the agenda and link for each Live Meeting. Relevant resources and educational materials will be disseminated as they are developed or identified.

# Cheyenne ICU Staff Address Burnout

By Gina McWhirter, Nurse Manager, ICU & Oncology/Infusion & Palliative Care Program, Cheyenne VA

I remember the day that it became apparent to our ICU team that we were frustrated, emotionally drained, physically tired, and teetering on the edge of burnout. We had consulted the Palliative Care team many times in the past, but this day staff members continued to enter my office to discuss frustrations. That evening, as I reflected on the day, I realized it was the culture of our unit that needed to change. If I was going to help our Veterans, their families, and my staff it wasn't going to be by just listening to them. It was going to be by creating a vision. That is when we began our journey.

There are numerous cultural beliefs regarding death and dying that patients, families, and medical providers bring to their experiences in the Intensive Care Unit (ICU).

In addition to these views is the ICU culture where highly trained physicians and nurses have historically sought to preserve

life at all costs. Add to this the common misconception that hospice and palliative nursing is a culture of embracing only death (Byock, 2006) and you have a recipe for either disaster or change. We went through the disaster and decided to go for change. It had to be better, right?

Unfortunately, most clinical practice lags behind research knowledge. Recent research shows that implementation of best practice guidelines for ICU palliative care is beneficial to patients and their families, as well as staff (Nelson et al., 2011). It was apparent from previous experience that we needed to work on communication and staff burnout when dealing with death and dying in the ICU. In addition to that our team determined that there were four other areas we needed to work on for the project to be successful: (1) for staff to understand the similarities between the disciplines of Critical Care and Palliative care, (2) work on respect and trust within the interdisciplinary team, (3) understand the cultural differences associated with end-of-life care, and (4) train staff on the different aspects of the Care and Communication Bundle and implement this bundle in our ICU.

To measure our success we created two assessment tools to survey the ICU staff. The first tool has statements that align with the four areas of concentration of our project and the second addressed staff communication and burnout. These surveys will be given at the beginning of the project for baseline data, after each implementation, quarterly for one year, and yearly thereafter unless problems arise. This will allow us to measure success throughout the project and in the sustainment phase. Our goal is to increase 25% from baseline each of the four areas as well as the communication and staff burnout by the end of the implementation phase of the project.

## Cheyenne VA ICU End of Life Survey for Staff

## Cheyenne VA ICU Staff and Palliative Care Questionnaire

\*Any surveys or questionnaires of VA employees require appropriate leadership approval

### References:

Byock, I., (2006). Improving palliative care in intensive care units: Identifying strategies and interventions that work. *Critical Care Medicine*, 34, 302-305.

Nelson, J. E., Cortez, T. B., Curtis, J. R., Lustbader, D. R., Mosenthal, A. C., Mulkerin, C., Ray, D.E., Boss, R.D., Brasel, K.J., Campbell, M.L., Weissman, D. E., Puntillo, K.A. (2011). Integrating palliative care in the ICU: The nurse in a leading role. *Journal of Hospice and Palliative Nursing*, 13(2), 89-94.



Photo credit: www.cheyenne.va.gov



Please email [Laura.Scott@va.gov](mailto:Laura.Scott@va.gov) with PROMISE  
newsletter submissions