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PROMISE Center News

A Collaboration between VA Hospice and Palliative Care (HPC) and the Center for Health Equity Research and Promotion (CHERP)

ELNEC-For Veterans Curriculum Now Available

By Diane Jones

The Implementation Center is pleased to announce that the ELNEC-For Veterans curriculum is available to VA staff and community partners. The modules have been posted on the **SharePoint** at ELNEC for Veterans and CDs will be sent by VISN Palliative Care Program Managers to facility palliative care coordinators. In addition, the curriculum will be posted on the We Honor Veterans website at **www.wehonorveterans.org**.

Included on the CD are seven Veteran-specific modules. There are also files that provide additional information and resources to augment the teaching materials. Each module includes PowerPoint slide sets, case studies, the faculty outline, module objectives key references, participant outline and supplemental teaching materials.

The modules include:

Module 1: Palliative Nursing Care

Module 2: Pain Management

Module 3: Symptom Management

Module 5: Cultural Considerations in End-of-Life Care

Module 6: Communication

Module 7: Loss, Grief, Bereavement

Module 8: Final Hours

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> The End-of-Life Nursing Education Consortium (ELNEC) Project is a national end-of-life educational program administered by City of Hope National Medical Center (COH) and the American Association of Colleges of Nursing (AACN) designed to enhance palliative care in nursing. The ELNEC Project was originally funded by a grant from the Robert Wood Johnson Foundation with additional support from funding organizations (the National Cancer Institute, Aetna Foundation, Archstone Foundation, California HealthCare Foundation and the Department of Veterans Affairs). Except for ELNEC-For Veterans curriculum, materials are copyrighted by COH and AACN and are used with permission. Further information about the ELNEC Project can be found at **www.aacn.nche.edu/ELNEC**.

Please contact Lyndella Talamanco (**Lyndella.Talamanco@va.gov**) if you encounter any problems or need access to the Share Point.

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.

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Palliative Care National Clinical Template Feature

Q&A with Dr. Marian McNamara, Physician, VISN 11, Indianapolis 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.

Last month we received helpful feedback from Dr. Debra S. Wertheimer from the Baltimore VAMC. This month Marian McNamara, MD, of the Indianapolis 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. The Roudebush VA Palliative Care (PC) Team in Indianapolis decided to participate in the initial trial of the PC-NCT for multiple reasons. We wanted to answer the question: What is a Palliative Care Consultation? When we started to use this template in October of FY2011, we noticed wide variation in the definition of a PC Consultation. The PC-NCT supported uniformity across the system. The modules in the PC-NCT could be adapted to the needs of the Veteran but prompted providers to address all of the necessary components of a comprehensive consultation: Advanced Directives, Goals of Care, Symptom Assessment-physical and psychological, Prognostication with a standardized tool, Decision Making Capacity, and Discharge Planning . The template was designed incorporating evidence based data entry about symptoms -physical and psychological- and a functional assessment scale with prognostication potential. At the Indianapolis VAMC, Internal Medicine residents and Geriatric and Palliative Medicine fellows rotate on the PC team. The template was a potential teaching tool for use with these learners. We also believed the template would capture information on the Veteran population we served, which could be used for quality improvement and program planning. The imbedded encounter form allowed capture of the palliative care modifier as well as other information in the consultation document. The template was easily adapted to inpatient and outpatient consultation.

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

A. The PC-NCT does have a start up learning curve. We were pleased to note that providers adapted to this during the initial month of use. The residents and fellows adapted very quickly and had mastered its use in days. The areas which provided challenge included: remembering to change the location prior to starting the consultation entry, attaching the consultation to the consultation request template, saving data when interruptions occurred, and selecting the modules that were appropriate for the Veteran.

The gains have been worth the effort involved. Comprehensive PC Consultation using the PC-NCT documented information valuable to our medical and surgical teams and helped to establish the PC Team as a source of evidence based knowledge useful to the care of the Veteran.

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Q. What were some of the obstacles you faced in implementing the PC-NCT at your facility?

A. The first obstacle was getting buy in from the PC team users. Prior to launching the project, we discussed the PC-NCT with the PC Team to gain their support and acceptance. The second challenge was to provide support to new users to overcome the learning curve. This is an ongoing project when new team providers are added and monthly when residents and fellows rotate. Providers pocket cards are available listing the components of the consultation which can cue for information required in the PC-NCT. A Template Tips sheet is provided which includes information about the PC-NCT. Both are distributed to new users. Another challenge is the length of time needed to enter the data. As the user becomes familiar with the process, this time shortens. To overcome obstacles in transmitting information to our referral providers, formatting of the consultation document by the PC provider is necessary to make the recommendations easily visible.

It is important to have IT support to have the template loaded for use. It has also helped with customization of the template, although very few changes were made to the PC-NCT at our institution.

We have stressed that the PC-NCT is a tool to be used to organize information. Data is not entered during the interview .The PC-NCT should not take away from communication and listening during contact with the Veteran and family. Telling of the story is important and does not always fit the PC-NCT format. It is the role of the PC provider to interpret and enter the data following the Veteran interaction. The PC-NCT uses dialogue boxes that support entry of this processed information.

Q. How have you used the PC-NCT to improve care for Veterans?

A. This document has helped us do a comprehensive evaluation of Veterans at the time of initial evaluation. Every consultation done at our facility is done using the PC-NCT. Data collected from the document can be a source of information about the Veteran population seen in the facility. The Indianapolis VAMC sees a large number of acute patients with a cancer diagnosis. It is possible to track the symptom burden of this and other groups.

Use of the PC-NCT allows the consultations to be easily tracked electronically. It is also possible to obtain information useful for assessment of quality. For example, it is possible to access data collected on the number of times a full symptom assessment was entered and/or how often psychological symptoms were assessed for the consultation.

Summary:

The PC-NCT has played an important part in the development of our PC program. The Palliative Care Team is pleased with the final product and we have integrated it into our daily work.

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

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