And the Evidence Shows...Using Specialty Certification from The Joint Commission Improves Quality

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Using The Joint Commission’s Certification for Advanced Palliative Care to Improve Quality

Leisha Buller, MSN, ACNP
Objectives

• Identify the necessary elements from the Clinical Practice Guidelines for Quality Palliative Care to achieve an administrative structural homogeneity.

• Identify opportunities within an existing palliative care service with successful implementation of creative remedies to improve the administrative foundation.
What Does Certification Require?

• On-site review
• Compliance with consensus based national standards
  – Clinical Practice Guidelines for Quality Palliative Care, 3rd Edition from the National Consensus Project
• Effective integration of established evidence-based clinical practice guidelines to manage and optimize care
• An organized approach to collecting performance measurement data and actively using it to improve certified care processes
Selecting Performance Measures

- Types of Measures
  - Clinical
  - Administrative/Financial
  - Perception of Care/Service
- At least 2 should be clinical
  - Evidence-based
  - Reliable
  - Relevant
  - Valid
- At this time, TJC is not prescriptive regarding the specific measures that are implemented.
  - Emphasis is placed on the use of performance measures for improving care
Performance Measurement
Selection Process

- Formed Steering Committee
- Looked for opportunities for improvement
- Sought input from the Consult Teams
- All ideas were discussed and decided upon at Steering Committee
- Reviewed relevance of each measure to quality care
Core Measures

• Determined the percentage of adult ICU deaths with and without Palliative Care Services (PCS)
• Implemented PC specific satisfaction survey & determine the likelihood to recommend PCS
• Determine the percentage of family conferences that established goals, were multi-disciplinary and had both elements
• Develop, implement and determine the use of triggers to appropriately identify weeCARE patients in the Neonatal ICU
Adult ICU Deaths

- All end of life care is palliative care but not all palliative care is end of life care
- Sparked meaningful conversation among Steering Committee
- Concluded that Consult Team are experts regarding end of life care, therefore patients who die in the ICU should benefit from this service
- Presented results to Critical Care Committee quarterly
Adult ICU Deaths

- **Adult ICU Deaths Without Palliative Care Services**

- **Adult ICU Deaths With Palliative Care Services**

- **Touch Goal**

- **Stretch Goal**
Likelihood to Recommend

• Continues to drive much of healthcare services in the United States
• Developed a PC specific patient satisfaction tool
  • Able to differentiate between Adult or weeCARE patients
• Low survey response rate
• Drafted a personalized letter addressing the importance of their response
  • Realized our generic letter was “cold” when sent to families of patient’s who had died
**Patient Satisfaction Survey**

**INSTRUCTIONS:** Please rate the services you received from our facility. Fill in the circle that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

### A. Nurses
1. Friendliness and courtesy of the nurses
2. Nurses listened carefully
3. Nurses’ attitude toward requests
4. Amount of attention paid to special or personal needs
5. How well the nurses kept patient/family informed
6. Skill of the nurses

**Comments:** (describe good or bad experience):

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### B. Visitors and Family
1. Accommodations and comfort for visitors
2. Staff attitude toward visitors

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### C. Physician(s)
1. Time physician(s) spent with patient/family
2. Physician(s)' concern for questions and worries
3. How well physician(s) kept patient/family informed
4. Friendliness and courtesy of physician(s)
5. Skill of physician(s)

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### D. Personal Issues
1. Staff concern for privacy
2. Degree to which hospital staff addressed emotional needs
3. Response to concerns and/or complaints made during stay
4. Staff effort to include patient/family in decisions about treatment
5. Degree to which hospital staff addressed spiritual needs
6. Degree to which hospital staff addressed cultural and/or ethnic needs
7. Compassion shown by caregivers

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### E. Pain

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<th>Question</th>
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<tr>
<td>1. Pain was well controlled</td>
<td>○</td>
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<td>2. Staff did everything they could to help with pain</td>
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**Comments** (describe good or bad experience):

### F. Tests and Treatments

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<td>1. Waiting time for tests or treatments</td>
<td>○</td>
<td>○</td>
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<td>2. Explanations about what would happen during tests and treatments</td>
<td>○</td>
<td>○</td>
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<tr>
<td>3. Courtesy of the person who took blood</td>
<td>○</td>
<td>○</td>
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<td>4. Courtesy of the person who started IV</td>
<td>○</td>
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**Comments** (describe good or bad experience):

### G. Room

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<tr>
<td>1. Pleasantness of room décor</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>2. Room cleanliness</td>
<td>○</td>
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<td>3. Courtesy of the person who cleaned room</td>
<td>○</td>
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<td>4. Room temperature</td>
<td>○</td>
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<td>5. Noise level in and around room</td>
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**Comments** (describe good or bad experience):

### H. Overall Assessment

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<td>1. How well staff worked together</td>
<td>○</td>
<td>○</td>
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<td>2. Overall rating of care given by Palliative Care Team</td>
<td>○</td>
<td>○</td>
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<tr>
<td>3. Likelihood of recommending Palliative Care Services to family or friends</td>
<td>○</td>
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**Comments** (describe good or bad experience):

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Program:  ○ Infant  -or-  ○ Adult  
Completed by:  ○ patient  -or-  ○ family member/friend

Name: (optional)  
Date:  

Thank you for sharing your patient perspective with us.
Your feedback, along with others, will be used to improve the quality of services we provide.
Patient Satisfaction

Likelihood to Recommend (non-HCAHPS)

Texas Health
Harris Methodist Hospital
FORT WORTH
Family Conferences & Meetings

• Challenge to differentiate between a conference and a meeting
• Completed a lengthy literature review to define
• A conference is a pre-scheduled event with the family and healthcare team
• A meeting in an impromptu event with the family and healthcare team
• Advanced care planning important so we continued to measure both
• Family meetings became an internal measure
Family Conferences

- 100%
- 95%
- 90%
- 85%
- 80%
- 75%

- Family Conference Goals Set
- Family Conference was Multidisciplinary
- Family Conference was Multidisciplinary and Goals Set

Graph showing the percentage of family conferences that were multidisciplinary and goals set from January 2014 to December 2014.
Family Meetings

- Family Meeting was Multidisciplinary
- Family Meeting Goals Set

Texas Health Harris Methodist Hospital
FORT WORTH
weeCARE Triggers in the NICU

• Needed to identify our target population in the neonatal population

• This data led us to add 2 more triggers over the 2 year period
weeCARE Triggers in the NICU

• Short gut
• Stage IV head bleed
• Multiple anomalies
• Chromosomal issues
• Ventilator dependence greater than 2 months
• Neonatal abstinence syndrome
• Extreme prematurity (less than 24 weeks gestation)
weeCARE Triggers in the NICU

Trend Line
Target
Palliative Care Committees

- Palliative Care Steering Committee
- Palliative Care Unit Champions
- weeCARE Committee
- Cystic Fibrosis (CF) Interdisciplinary Team
- PCU Unit Based Council
Education is Ongoing

- Ongoing education is imperative for preparing and maintaining certification
- Core PC Team education
- Hospital-wide education
  - More than 3,300 hospital employees
- Physician education
  - 1,200 hospital-privileged physicians
Ongoing Education

- Palliative Care Pearls monthly
- *wee*CARE Wisdom quarterly
- Online learning module for bedside staff and physicians
- Rely on Champions
  - Define PC
  - Differentiate between PC and hospice
  - Help identify appropriate patients
  - Education of their department staff
Ongoing Education

• PC posters for all inpatient units
  – Highlight PC at our hospital
  – Specific population for that unit

• PC resource binders
  – PC overview
  – Identifies and defines roles of core team members
  – EMR documentation
Growth

- Numerous national and international presentations
- Participated in research
- Spearheaded our own research
New Measures

• Determine Palliative Care specific patient satisfaction scores through the “likelihood to recommend”
• Determine the percent of patients with Advance Directives through advanced care planning
• Determine the percent of patients receiving opioids who also have a pharmacologic bowel agent
• Determine the LOS for weeCARE infants in the NICU
References