



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

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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



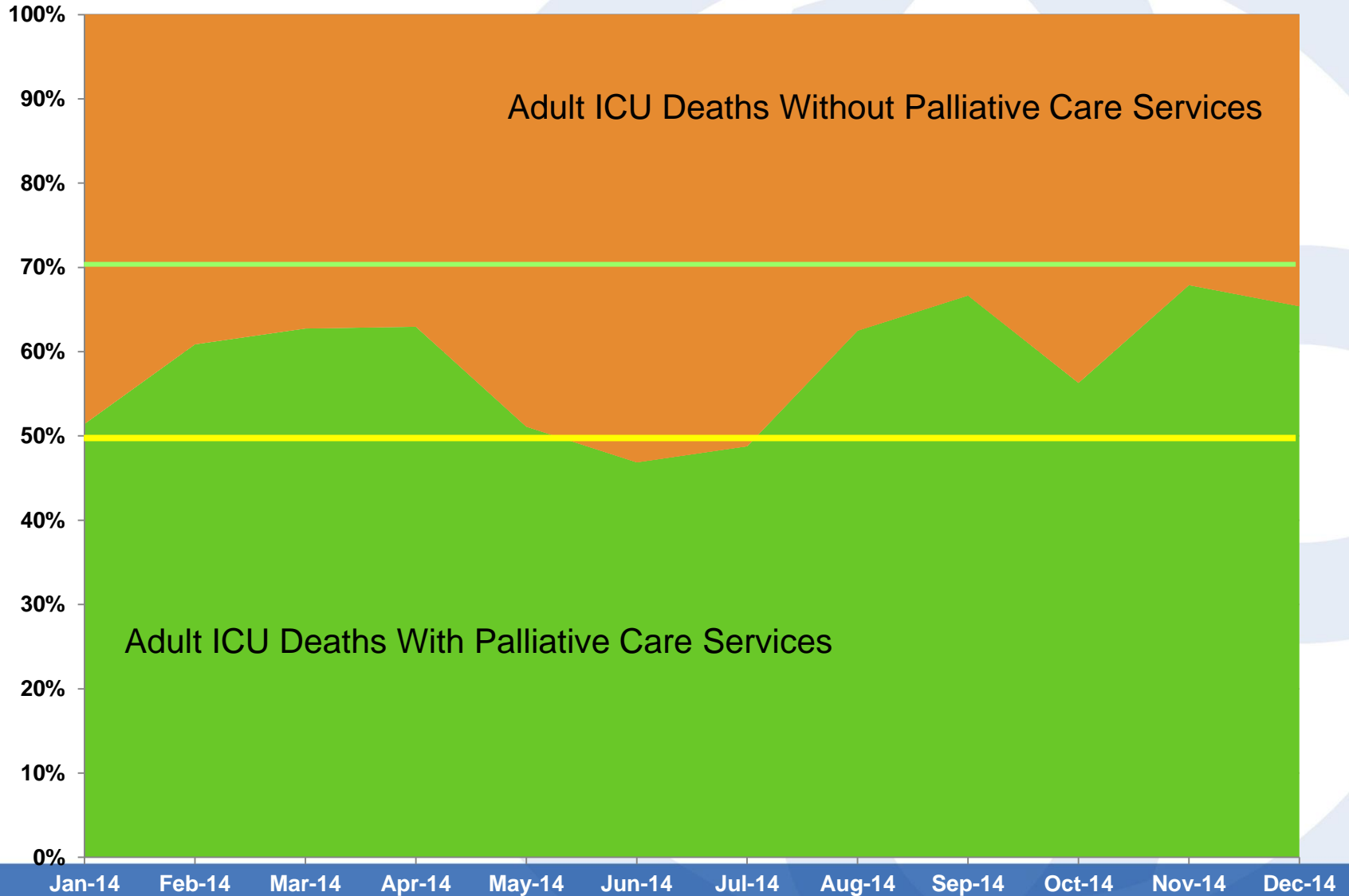
Core Measures

- 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 With Palliative Care Services

Adult ICU Deaths Without 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

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Friendliness and courtesy of the nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Nurses listened carefully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nurses' attitude toward requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Amount of attention paid to special or personal needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How well the nurses kept patient/family informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Skill of the nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience):

B. Visitors and Family

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Accommodations and comfort for visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Staff attitude toward visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience):

C. Physician(s)

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Time physician(s) spent with patient/family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Physician(s)' concern for questions and worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How well physician(s) kept patient/family informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Friendliness and courtesy of physician(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Skill of physician(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience):

D. Personal Issues

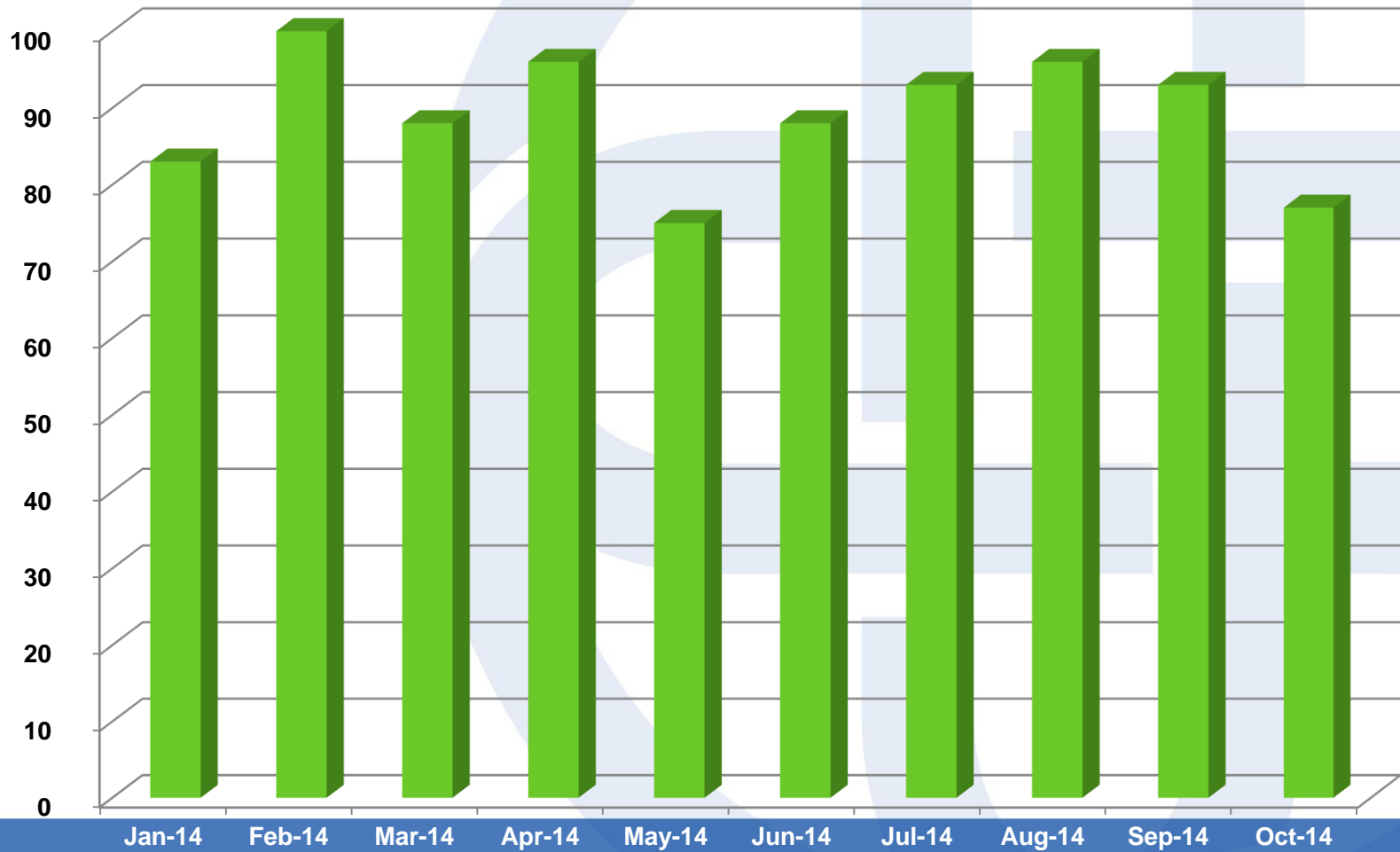
	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Staff concern for privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which hospital staff addressed emotional needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Response to concerns and/or complaints made during stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Staff effort to include patient/family in decisions about treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Degree to which hospital staff addressed spiritual needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Degree to which hospital staff addressed cultural and/or ethnic needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Compassion shown by caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience):



Patient Satisfaction

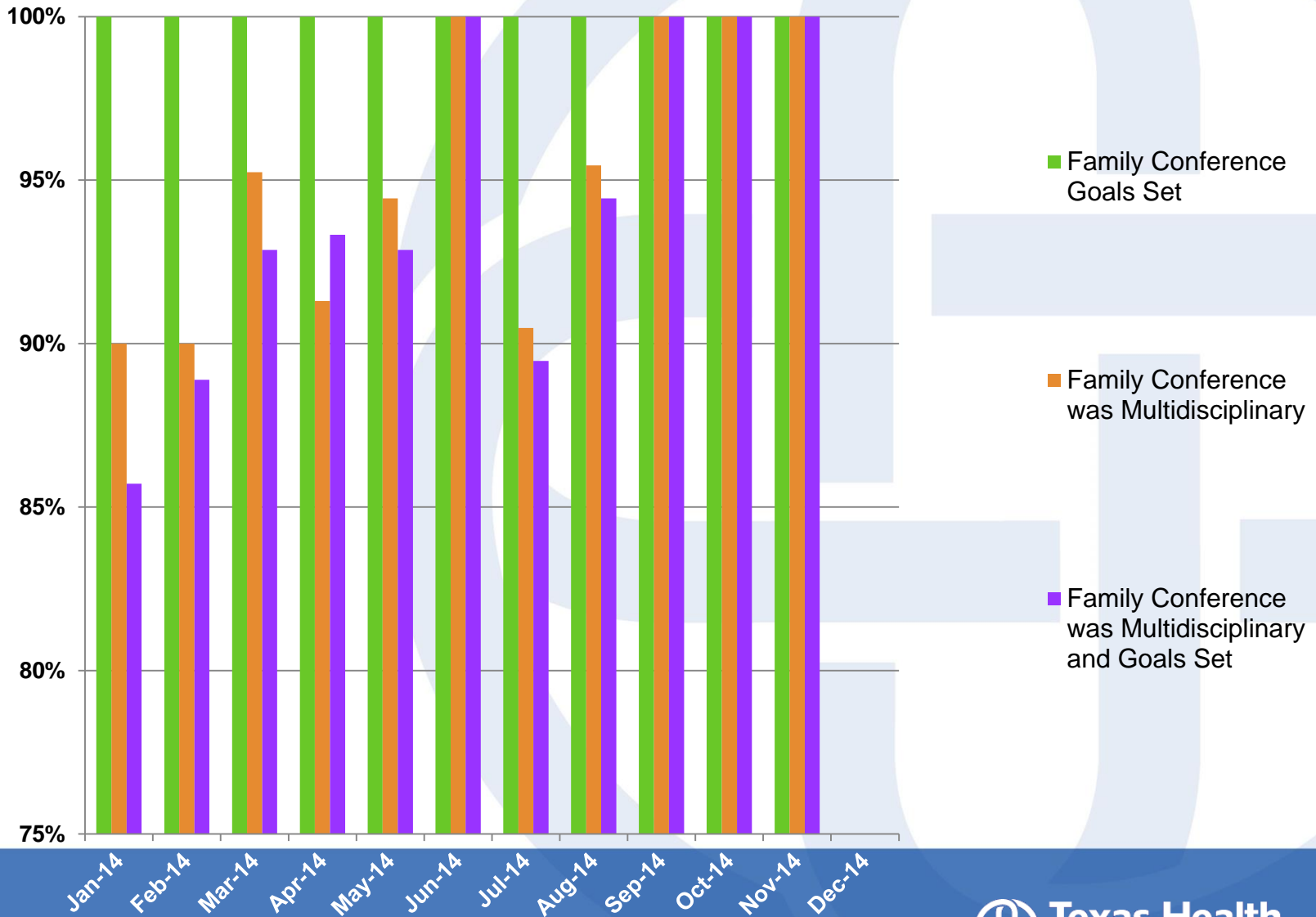
Likelihood to Recommend (non-HCAHPS)



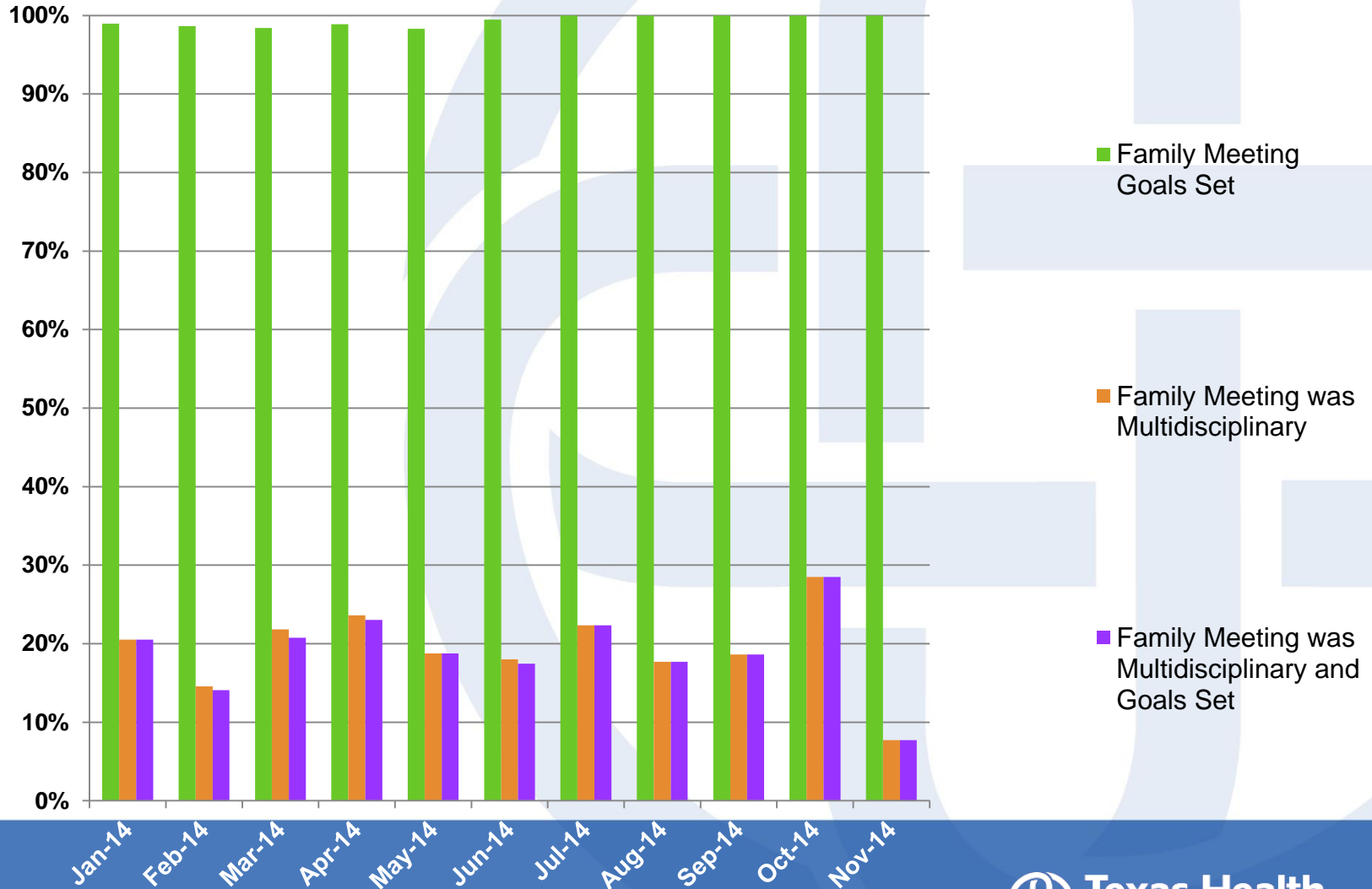
Family Conferences & Meetings

- 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 is 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



Family Meetings



weeCARE Triggers in the NICU

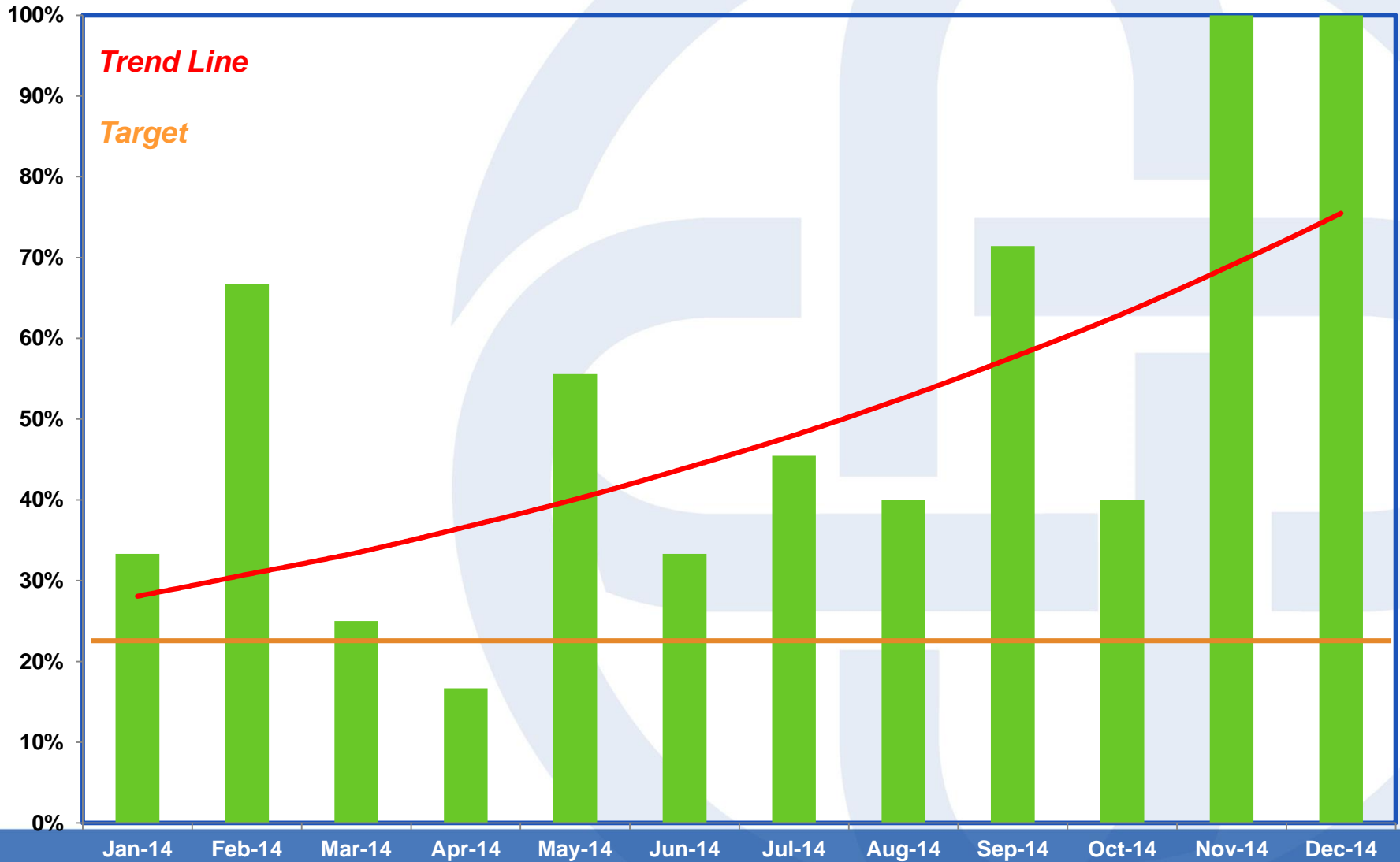
- Needed to identify our target population in the neonatal population
- This data led us to add 2 more triggers over the 2 year period



weeCARE Triggers in the NICU

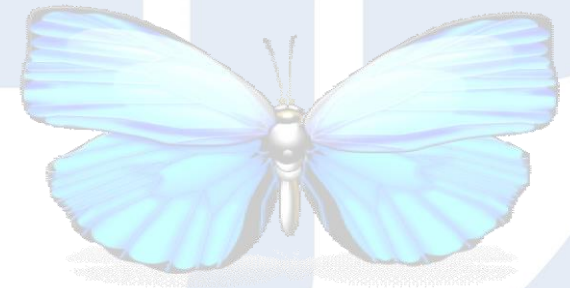
- Short gut
- Stage IV head bleed
- Multiple anomalies
- Chromosomal issues
- Ventilator dependence greater than 2 months
- *Neonatal abstinence syndrome*
- *Extreme prematurity (less than 24 weeks gestation)*

weeCARE Triggers in the NICU



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
- *weeCARE* 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



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QUESTIONS?

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