



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

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Palliative Care (PC): The Pioneer of a Unified End

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Texas Health Resources (THR)

- Texas Health Resources is one of the largest faith-based, nonprofit health care delivery systems in the United States and the largest in North Texas in terms of patients served. The system's primary service area consists of 16 counties in North Central Texas, home to more than 6.2 million people.

Texas Health Harris Methodist Hospital Fort Worth (THFW)

- 731 Licensed bed facility
- Magnet Designated for third time
- Chest Pain Accredited
- CHF Certified
- CPE Residency Accredited
- CAP Accredited Laboratory
- Commission on Cancer Accredited
- NICHE Designated
- Level II Trauma Center
- Hip Fracture Certified
- Hip and Knee Replacement Certified
- CARF Accredited Rehabilitation Outpatient Program
- Stroke Certified
- Palliative Care Certified
- Designated Baby-Friendly Hospital
- APTA Certified for PT Residency
- Voted Best Place to Have a Baby



Facility Overview (2014 YTD)

Objectives

- Implement the Clinical Practice Guidelines for Quality Palliative Care to promote an evidence-based delivery of palliative care.
- Identify required features of a palliative care program with Advanced Palliative Care Certification from The Joint Commission.

What is Palliative Care?

- PC is holistic care provided to patients and families who have chronic, life-limiting or life-altering diseases
- Some diseases include: Heart Failure, COPD, Cystic Fibrosis, Liver disease, Kidney disease, Cancer, Dementia
- The prognosis of PC patients is often uncertain
- Ask the “1 year question”

What is Palliative Care?

- The medical specialty focused on improving overall quality of life for patients & families facing serious illness
 - Maintaining wellness for the chronically ill
- Emphasis is placed on intensive communication, pain & symptom management, and coordination of care
- PC is provided by a team of experts
- It is appropriate at the same time as treatment that is also meant to cure

PALLIATIVE CARE TEAM MEMBERS

- Physicians
- Advanced Practice Nurses
- Registered Nurses
- Social Workers
- Chaplains
- Others:
 - Child Life Specialists
 - Pharmacists
 - Therapy Services (RT, PT, OT, ST, RD)

Palliative Care Service Line

Target Population

- Adults of all ages:
 - Suffering from serious/life altering illness
 - Life-threatening disease
 - Multiple comorbid health problems
- Neonates:
 - Who are extremely premature (less than 25 weeks)
 - Who have life-altering conditions
 - At the limits of viability (23 weeks)
 - In which curative treatment may fail
 - With an uncertain prognosis



Triggers

Adult Triggers

- Life-limiting/altering diagnosis
- Advanced Care Planning
- Distressing symptom management
- Recipient of hospice services prior to admission
- Facing imminent death
- Enhanced communication and understanding
- Care coordination
- Thinking about withdrawal of life-supporting interventions
- Terminal illness
- Decreased quality of life

Neonatal Triggers

- Short Gut
- Stage IV Head Bleed
- Genetic (chromosomal) issues
- Neonatal abstinence syndrome
- Multiple birth defects
- Gastroschisis
- Ventilator dependence greater than 2 months
- Extreme prematurity (less than 25 weeks)



What does PC offer?

- Expert pain & symptom management
- Enhanced communication between team members
- Family support and education
- Facilitate healthy coping
- Assist with ethical dilemmas
- Establish realistic goals of care



Evidence-Based Care Incorporated

1. Clinical Practice Guidelines for Quality Palliative Care: The National Consensus Project
2. The Joint Commission Standards for Advanced Palliative Care Certification
3. National Association of Neonatal Nurses Palliative Care for Newborns and Infants – Position Statement

Domain 1:

The Structure and Process of Care

- EMR note templates specific to each IDT core team member
- Relationships with community resources
- Palliative Care specific Care Plan in EMR
- Enhanced care coordination with SharePoint use
- Appropriately trained volunteers utilized
- Part of TJC Advisory Panel
- MyCare available for patient access to EMR in real time
- Ongoing QI projects
 - Palliative Care for elderly patients with STEMI
 - Foley Reduction Program (PCU)
 - Palliative Care Assessment in Patients with Stage IV Lung Cancer
 - Integration of Chaplain Residents into the Core Team
 - Increasing Physical Activity in the Patient with CF
- Staff debriefings and PCCT Wellness Retreats
- PC involved in numerous THFW councils
- SWOT analysis for integration of system-wide PC

Domain 1:

The Structure and Process of Care

Multiple Team Members with International and National Presentations

2013 Presentations

- Nursing Management Congress
- Sigma Theta Tau International
- Center to Advance Palliative Care (CAPC)

2014 Presentations

- International Graven's Conference for Infant Development
- AAHPM & HPNA - American Association of Hospice and Palliative Medicine & Hospice and Palliative Nursing Association
- NICHE - Nurses Improving the Care for Healthsystem Elders
- NANN - National Association of Neonatal Nurses
- THR Quality Conference
- Geriatrics
- PLIDA - Perinatal Loss and Infant Death Alliance
- CAPC - Center to Advance Palliative Care
- International Congress on Paediatric Palliative Care

Domain 1: The Structure and Process of Care: Education & Research

- Increased Certified Registered Nurses on PCU
- Increased Palliative Care Certifications
- Palliative Care specific education
 - Clinical Pastoral Care Residency
 - Palliative Care Pearls
 - weeCARE Wisdom
 - ELNEC
 - Team members attended specialty certification training
- Tuition reimbursement & Certification Bonus
- AOA HPM Board Review Course
- Palliative Care Physician Fellowship
- Participation in Local and National Research Studies
 - Safe Zone (PCU)
 - State of Inpatient Palliative Care Units: A National Survey (VCU)
 - The Impact of Palliative Care on Healthcare Utilization for Medicare Beneficiaries (CAPC)
- PCCT PI Research Studies
 - Debriefing Services in the Adult ICU
 - Vitamin D Levels in Geriatric Trauma Patients
 - Development of a Tool to Predict Prognosis Following Ventilator Withdrawal
 - Distress Inquiry in Advanced Lung Cancer (DIAL) with Comprehensive Hospital-Based Interdisciplinary Palliative Care



Domain 2: Physical Aspects of Care

- Physical assessment and treatment of distressing symptoms
 - Pharmacologic
 - Non-pharmacologic
 - Osteopathic manipulative medicine
 - Interventional (surgery)
 - Curative (chemotherapy, antibiotics, etc)
- Order Sets in Care Connect (PC Admission, EOL, WH/WD, NICU Comfort Care, CF Admission)
- Evidence-Based Care
- Palliative Care Flowsheet for nursing documentation
- Weekly rounds for
 - Neonatal ICU
 - Patient-led CF
 - Adult ICUs
 - *What's to Come*
- PCU daily care briefings
- PCCT daily huddle for patient triage
- Dedicated Respiratory Therapy CF team

Pain

Current

Minimum

Maximum

Symptoms

Dyspnea/Shortness of Breath

Secretions

Anorexia

Nausea/Vomiting

Diarrhea/Constipation

Edema

Insomnia

Sleepy/Lethargic/Sedated

Tiredness/Fatigue

Anxiety

Depression

Delirium/Confusion

Agitation

Other



Domain 3:

Psychological and Psychiatric Aspects of Care

- Phoebe, The Comfort Dog
- Aromatherapy
- Psychiatric consult services available
- Legacy building activities
 - Child Life Specialist added to core team
 - Hand molds for surviving family members
 - Memory box for parents who have lost a baby including pictures and infant mementos
- NICU Butterfly Room
- Family conferences
- Referrals to Mother's Milk Bank
- *Hard Choices for Loving People* and *Life Transitions* available in English and Spanish
- Transition program for CF patients
- Celebration of Life
 - Wall of Hope in THFW lobby and NICU
 - Support after losing a loved one by the Pastoral Care Department
 - Bereavement cards for survivors
 - Annual "Walk to Remember" for NICU
 - Veteran's recognition



Domain 4: Social Aspects of Care

- Palliative Care referrals can be initiated by anyone identifying a need
- weeCARE is offered at any point at which the infant's life may be limited, including in utero
- Child Life Specialist
- PCCT works with unit case managers to facilitate safe discharges in accordance with patient and family desires
- Community involvement
- Family Meetings
 - Establish goals of care
 - Multidisciplinary



Domain 4:

Social Aspects of Care:

Community Involvement

- March of Dimes
- St. NICUlas
- CF Climb
- 65 Roses and Cocktails for a Cure
- Band of Roses
- Great Strides CF Walk
- Tarrant County Food Bank
- Heart Walk
- Relay for Life
- Colonial golf tournament
- MS 150 ride for a cure
- Clay Shoot for Neonatal PC
- Shattered Dreams



Domain 5: Spiritual, Religious and Existential Aspects of Care

AR=addiction / recovery
A=Anger
AT=awaiting test results
BC=beliefs challenged
CL=change / loss
CC=chronic condition
C=control / loss of
DA=decisions about care
D=disbelief
DC=discouragement
DV=disrupted view of God
DD=death / dying
FA=fearful / anxious
F=forgiveness
G=gratitude
GR=grief
GI=guilt
H=hopefulness
IS=sense of isolation
J=joy / happiness
L=loneliness
LH=loss of hope

- Integration of CPE residents
- Patients are assessed for cultural needs and religious
- Culture Vision on intranet
- Chaplains available 24 hours a day
- EMR note templates
- EMR Chaplain-specific flow sheet
- Religious services available

AP=advocated for patient
AN=anointing
A=assisted with advance directives
CS=celebrated with subject
CI=clarified, confirmed or reviewed in
BA=provided baptism
BL=provided blessing
PC=provided communion
CP=consulted with physician and/o
CC=contacted clergy
CF=contacted faith community
EFP=encouraged focus on present
ESC=encouraged self-care
EF=explored faith concerns
EM=explored meaning
EO=explored options
FC=facilitated conversation
FD=facilitated decision-making
FI=facilitated identification of emotio
FS=facilitated story telling
FR=faith ritual completed
GF=gathered family

Domain 6: Cultural Aspects of Care

- Newly identified invisible population
 - Children impacted by hospitalized family members (mothers, siblings, etc)
 - Child Life Specialist part of core team
- Chaplains contact preferred religious figures
- Transition program for CF patients
- THFW Diversity Action Team
- Patient information and education available in English and Spanish
- In-house Spanish interpreters
- Language Line
- Hired Hands
- Point to Talk communication boards
- Culture Vision
- Vision assistance devices
- Hearing assistance devices
- Video game consoles
- Digital Art Book



Domain 7: Care of the Imminently Dying Patient

- *Help for Grieving Kids* brochure
- Provide management of distressing symptoms through pharmacological and non-pharmacological methods
- THFW butterfly to communicate imminent death of a patient
- THFW leaf to communicate perinatal death
- *Life Transitions* education manual available in English and Spanish
- Chaplain support available 24 hours for the imminently dying and their families
- Bereavement support for family survivors
- EMR care plan for the dying patient
- Partnership with multiple hospice agencies



Domain 8: Ethical and Legal Aspects of Care

- Withholding and Withdrawing note template and order set
- Adherence to ethical principles
- Development of neonatal Donation After Cardiac Death protocol
- Ethics and legal departments available 24 hours a day
 - Hospital ethicist sits on PC Steering Committee
- Order sets for withholding/withdrawing and end-of-life include Palliative Care Consult
- Advanced care planning
- CF multidisciplinary rounds weekly with corresponding EMR note template
- PCU daily care briefings
- NICU multidisciplinary rounds
- Family care planning for CF patients



Texas Health

Harris Methodist Hospital[®]

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QUESTIONS?



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