



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

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Achieving Structural Homogeneity in Two Seemingly Diverse Populations

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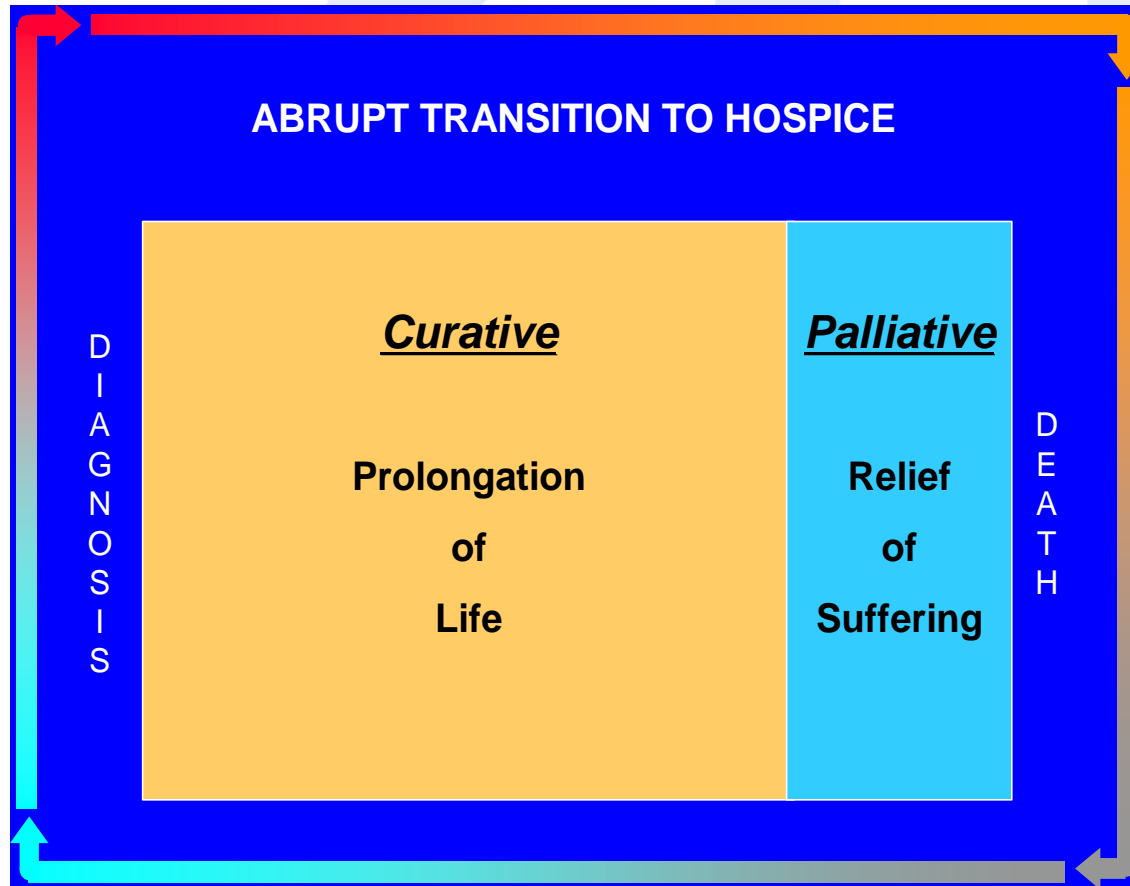


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Objectives

- 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.

Palliative Care: OLD MODEL



Palliative Care: NEW MODEL

Continuum of Care - Optimal

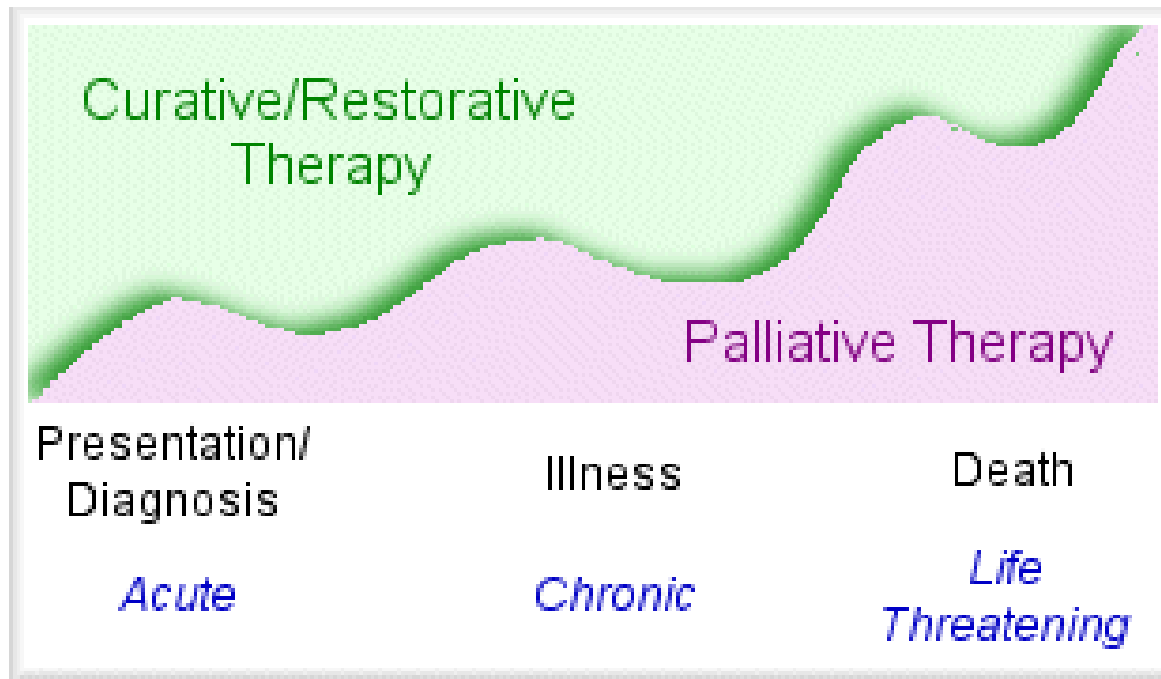


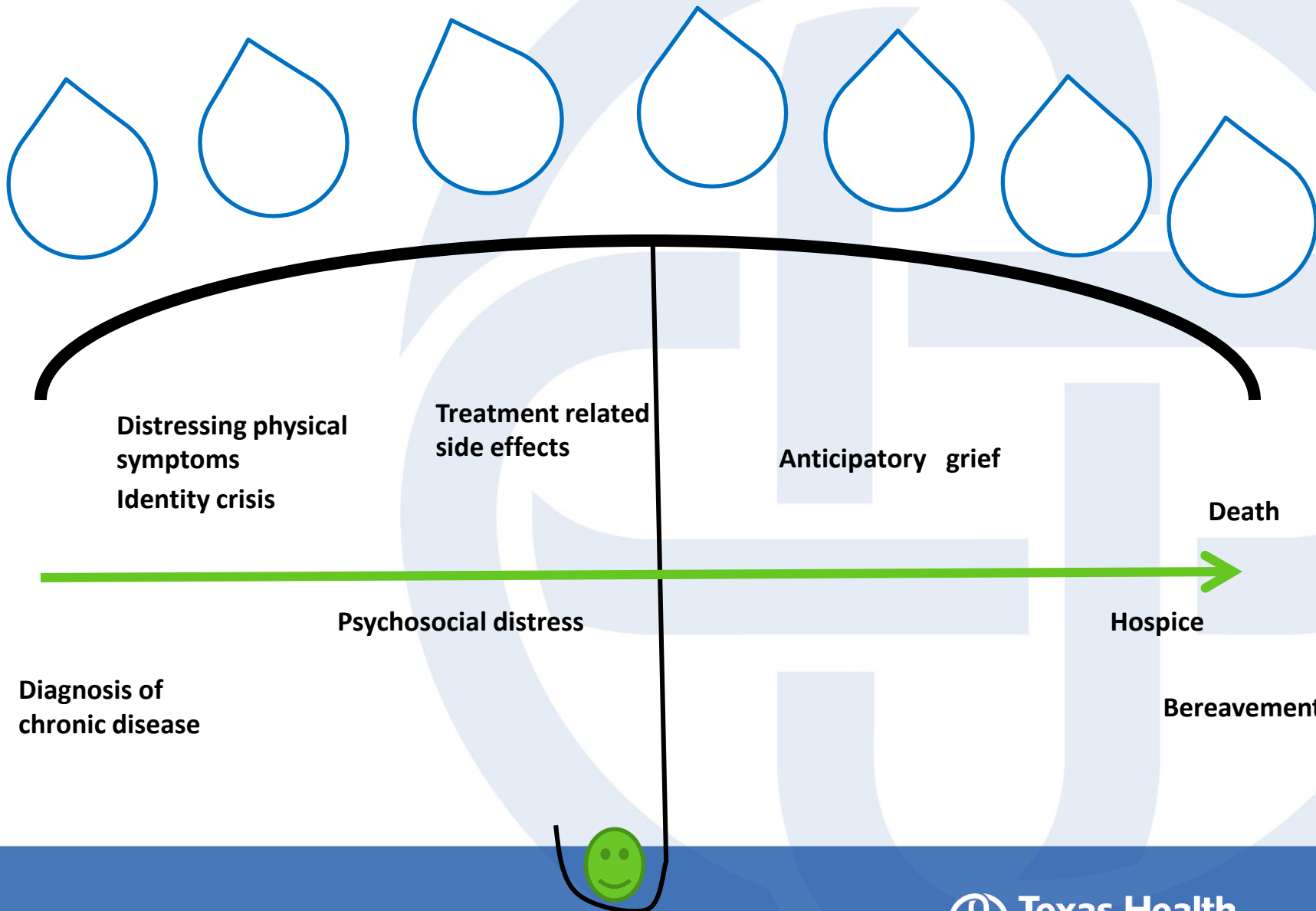
Figure 2. Adapted from Frank D. Ferris, 2000.

How to grow a consult service...

- 2 distinctly different interdisciplinary teams (IDT)
 - Each team comprised of
 - Physician(s)
 - Nurse(s)
 - Social Worker(s)
 - Chaplain(s)
- Other elements
 - 16-bed inpatient PC unit
 - Nurse Manager who oversees both the PCS line and the inpatient PC unit
 - Program Coordinator
 - 2 Medical Directors
 - Collaborating NICU Nurse Manager

One Cohesive Overarching Structural Umbrella

- Common themes between numerous families
 - Inability to:
 - Articulate prognosis
 - Comprehend all available treatment options
 - Frustration expressed with fragmented care received across healthcare setting
 - These needs spawned the development of our neonatal PC Program (*weeCARE*)



Why would a patient receive Palliative Care?

- Advanced care planning
- Distressing symptom management
- Facing end-of-life issues
- Enhanced communication
- Considering withdrawal of life-supporting interventions
- Grief & bereavement support
- Inadequate social support system
- Complex family issues
- Terminal illness
- Decreased quality of life

One Facility but Worlds Apart

- Adult PC Consult Team created in 2001
- Adult Team participated in CAPC Leadership Training
- Inpatient unit opened in 2009
- Adult Team participated in CAPC Registry
- Then...
 - One day adult manager received a call that there was a Palliative Care Team in the Neonatal ICU (*weeCARE*)
- The *weeCARE* Team wanted to seek TJC Certification for Palliative Care as their own recognition
- And the Adult Team had already started the process but as a TJC requirement all populations had to be served

What Then?

- The two teams needed to find common themes and get to know each other
- It was noted that there was missing documentations from *weeCARE*
 - Meeting agendas/minutes
 - Patient notes in EMR
 - Gap between outpatient and inpatient
- Team members jaded
 - Negative environment
 - Dismissed a culture of accountability
 - Team was floundering

Time of Change

- Leadership from both teams began to meet and develop a strategic plan
- Jaded team members quickly disengaged, leaving group full of spirit and optimism
- Metamorphosis took approximately 2 years prior to our first certification from TJC

Essential Elements

- Standardization of Clinical Practice Guidelines
- Creation of PC Steering Committee
- Creation of Org Chart for Reporting Structure
- Scope of Service
- Mission and Vision
- Engaged PC Champions
- Performance Measure Score Card
- Note templates in EMR
- Education house wide
- Creation of PC Specific Care Plan in EMR
- Creation of a PC Specific Patient Satisfaction Survey

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

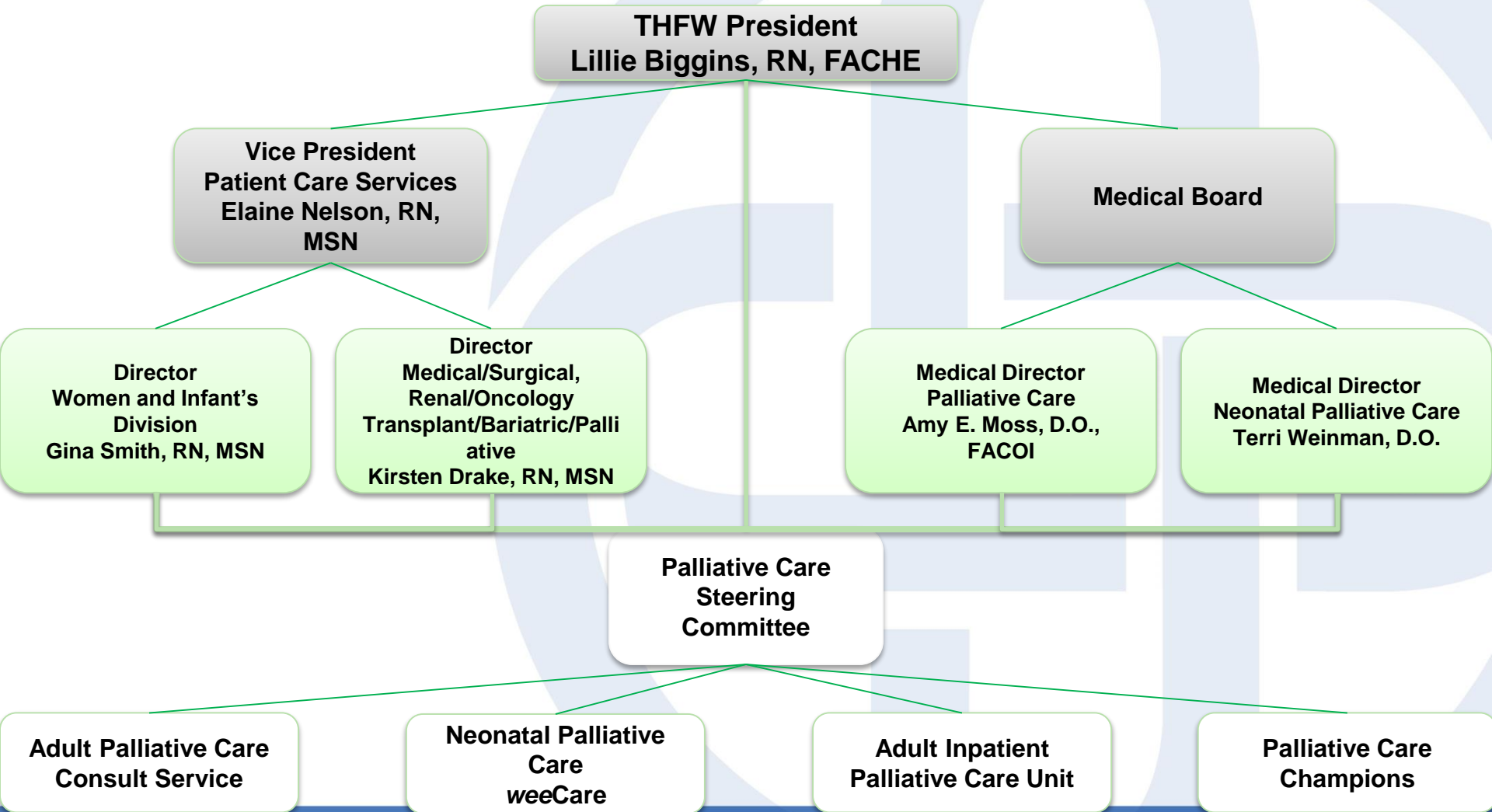
Determination of Population Needs

- Enhanced communication
- Clarification of information and choices for treatment
- Symptom management
- Advanced care planning
- Assistance with ethical dilemmas
- Facilitating healthy coping mechanisms
- Offering family support and education
- Ensuring that comfort care is optimized
- Maintaining dignity

Palliative Care Services Steering Committee

- Medical Director for Palliative Care Services
- THFW ACNO
- Adult Palliative Care Consult Team (PCCT) Physician
- PCCT Social Worker
- PCCT Child Life Specialist
- weeCARE Palliative Care Medical Director
- Coordinator for Palliative Care Services
- Palliative Care Services Nurse Manager (PCU & PCCT)
- Nursing Director of Medical-Surgical, Renal, Oncology, and PC Division
- Neonatal Intensive Care Unit (ICU) Manager
- Nursing Director of Women and Infant's Division
- Respiratory Coordinator for CF and Cardiovascular Services
- Pastoral Care
- Oncology Physician
- Pharmacy
- Physical Therapy
- Director of Ethics
- Community Members

**Texas Health Harris Methodist Hospital Fort Worth
Palliative Care Services
Organizational Chart**



THR's Mission and Vision

Mission

To improve the health of the people in the communities that we serve.

Vision

Texas Health Resources, a faith-based organization joining with physicians, will be the health care system of choice.



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Palliative Care Service Line

Mission

Palliative Care Services is dedicated to improve the quality of life for patients and families with serious life altering disease or illness.

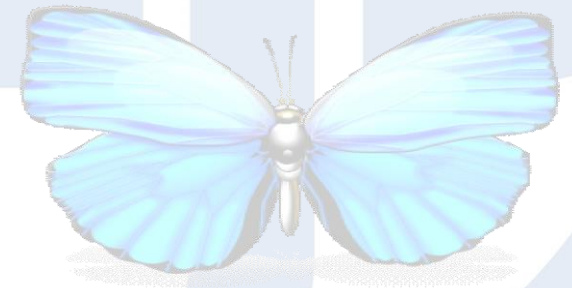
Vision

Through the commitment to working together as a multidisciplinary team, the Palliative Care Program will be the program of choice to ease or alleviate the suffering of patients and families with serious/life altering illness.



Palliative Care Committees

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



Note Templates

- Physician/APRN Consult
- Physician Progress Notes
- *weeCARE* Consult
- *weeCARE* Follow-up
- *weeCARE* Interdisciplinary Rounds
- Social Work Initial Visit
- Social Work Follow-up
- Pastoral Care Initial Visit
- Pastoral Care Follow-up
- Child Life Specialist Assessment
- CF Patient Rounds

Certification OFIs

- Deficiency within Core Team Structure
 - Lacked access to social worker for adult team
 - Staff unable to identify psychosocial needs and resources
 - Psychosocial assessment missing on initial visits
 - Adult Chaplain unexpectedly passed away
 - Triage for spiritual assessment inconsistent
 - Inadequate PC training for existing Pastoral Care Staff
 - Anticipatory grief assessment overlooked

Solutions to the OFIs

- Gained a 0.8 FTE social worker
- Trained other internal social workers in PC assessment & documentation jkto assist in covering census
- Created PC specific CPE education for residents
- Developed daily huddle to better triage patient needs and follow-ups



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QUESTIONS?



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