

Palliative Care Transitional Program Grant Partnership



Saint Thomas Health Foundation Civil Monetary Penalty Improvement Palliative Care Transitional Program

1. **Grantee Name:** Saint Thomas Health Foundation
2. **Grant Contract** Edison Number: 169280
3. **Grant Term:** Feb.1, 2018 - Jan.31, 2019
4. **Grant Amount:** \$101,212



Reflection



GRATITUDE

Your generous support of our patient community transforms lives. Your partnership with Saint Thomas Health and NHC enables our mission to provide healthcare support to the poor and vulnerable.

Agenda July 19

- Introductions
- Goal
- Process Overview
- Reporting
- Process Improvement
- Honoring Patient Wishes
- Process Challenges
- Next Milestones
- Conclusion

INTRODUCTIONS



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Director of the Civil Monetary Penalty Fund Quality Improvement Program

Jacy Weems

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INTRODUCTIONS



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Stacy Junk

VP Product & Service Innovation- unable to attend July 19

Mary Price

Director Palliative Care

Dr. Catherine Steuart

Medical Director Palliative Care- unable to attend July 19

Susan Parker

Advanced Nurse Practitioner Palliative Care

Rosi Stewart, GPC

STH Grants Manager – joining July 19 by phone

INTRODUCTIONS



Greg Bidwell

Senior VP South Central Region

Dr. Jamie Slandzicki

Post Acute Service Solution Medical Director

Lynn Foster

NHC Murfreesboro Administrator

Casey Reese

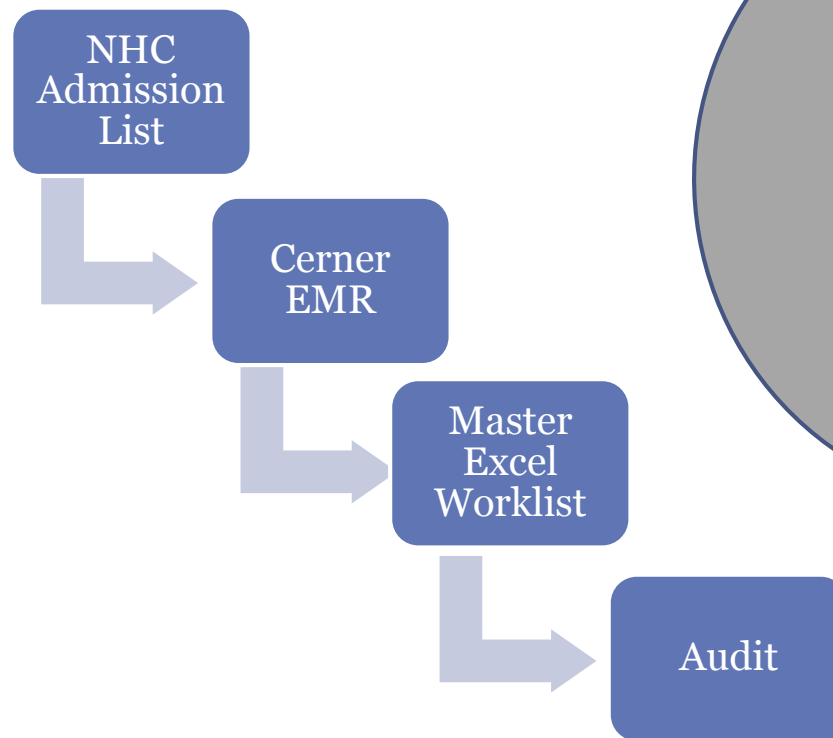
NHC Director of Network Development

Goal

To increase the numbers of patient care conversations that are conducted with and implemented for palliative care patients/residents during transfers to, and residencies at, skilled nursing facilities




Audit Process Phase 1




Track if advance directive, healthcare agent, POST form, DNR order part of hospitalization prior to NHC transfer

Reconciliation and Analysis Phase 1



Worklist				Present at Hospital						Present at NHC		
NHC Site	NHC adm date	Name	STH Site	FIN	Palliative Consult	POA	DNR order this hospitalization	POST	Adv Dir	POA	POST	Adv Dir



DNR
POST
Variance

STH POST form in medical record

NHC POST form in medical record

Reporting Phase 1

Verification

- ✓ Centers receive list of NHC POSTs to be faxed
- ✓ Confirmation email with fax dates by center sent to Mary Price
- ✓ Cerner Audit to confirm scanned POST forms
- ✓ NHC contact retrieves any missing forms

• Metrics Tracked

NHC Grant Dashboard Feb 1-June 30	
Expenses	\$ 15,655
Admissions Reviewed	372
DNR with POST variances	123
POST faxes to STH HIM	100

Note Grant total goal for admissions reviewed was 176

Process Improvement Phase 1

Total hospital patients with a DNR order=91

At transition the status is re-evaluated

Inpatient Stay	NHC admission
35 No POST Form	2 No POST Form
51 DNR POST Form	65 DNR POST Form
5 Full Code POST FORM	24 Full Code POST Form

52 POST
Forms faxed
back to STH
HIM

1. New STH System Policy **“Care for Patients at the End of Life”** in executive approval process. Education for staff & providers pending.
2. New NHC Policy recommended: after the NHC admission process, all DNR POSTs are faxed back to STH for inclusion in the medical record.



Honoring Patients Wishes

Example of Honoring Wishes with NHC POST provided to ED

Section A Check One Box Only	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing. <input type="checkbox"/> Resuscitate (CPR) <input checked="" type="checkbox"/> Do Not Attempt Resuscitation (DNR / no CPR) (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B, C, and D.
Section B Check One Box Only	MEDICAL INTERVENTIONS. Patient has pulse and/or is breathing. <input type="checkbox"/> Comfort Measures Only. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management. <input type="checkbox"/> Limited Additional Interventions. In addition to care described in Comfort Measures above, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital, if indicated. Generally avoid the intensive care unit. Treatment Plan: basic medical treatments. <input checked="" type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only, use intubation, advanced airway interventions, and mechanical ventilation in intensive care unit if indicated. Treatment Plan: Full treatment including in the intensive care unit. Other Instructions:
Section C Check One Box Only	ARTIFICIALLY ADMINISTERED NUTRITION. Oral fluids & nutrition may be given. <input checked="" type="checkbox"/> No artificial nutrition by tube <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input type="checkbox"/> Long-term artificial nutrition by tube. Other Instructions:
Section D Check One Box Only Must be Completed	Discussed with: <input checked="" type="checkbox"/> Patient/Resident <input type="checkbox"/> Health care agent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Health care surrogate <input type="checkbox"/> Parent of minor <input type="checkbox"/> Other: (Specify)
	The Basis for These Orders Is: <input checked="" type="checkbox"/> Patient's preferences <input type="checkbox"/> Patient's best interest (patient is incompetent) <input type="checkbox"/> Medical indications <input type="checkbox"/> (Other)

History of Present Illness

The patient presents with altered mental status and I was called to the patient's room due to severe shortness of breath. Upon arrival to patient's room patient was noted to be nonresponsive with agonal breathing, pale. Unable to obtain oxygen saturation. Noted to be bradycardic in the 50s on the monitor. Paperwork accompanying patient, post form showed no chest compressions, but noted full treatment otherwise. I attempted to call contact, [REDACTED] but was unable to reach. Patient was given 0.5 mg atropine with no improvement in bradycardia. Patient subsequently went into ventricular fibrillation on the monitor. 1 mg epinephrine was given. Patient was intubated, see procedure note. Patient continued to be a ventricular fibrillation. Patient was cardio defibrillated at 200 J once. Patient remained in ventricular fibrillation. Patient had gone greater than 5 minutes with no sustainable rhythm. Upon cessation of bag valve ventilation patient no spontaneous breathing. Upon auscultation patient had no cardiac activity heard. Time of death was called at 2307. No family at bedside.



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Honoring Patient Wishes

Example of Honoring Wishes with NHC POST at NHC Cool Springs

Section A Check One Box Only	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.	
	<input type="checkbox"/> Resuscitate (CPR) <input checked="" type="checkbox"/> Do Not Attempt Resuscitation (DNR / no CPR) (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B, C, and D.	
Section B Check One Box Only	MEDICAL INTERVENTIONS: Patient has pulse and is breathing.	
	<input checked="" type="checkbox"/> Comfort Measures Only. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management	
	<input type="checkbox"/> Limited Additional Interventions. In addition to care described in Comfort Measures above, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: basic medical treatments.	
	<input type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Limited Additional Interventions above, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: Full treatment including in the intensive care unit.	
	Other Instructions: <u>If significant deterioration please call son</u> <u>for help. 615-519-5250</u>	
Section C Check one	ARTIFICIALLY ADMINISTERED NUTRITION. Oral fluids & nutrition must be offered if feasible	
	<input checked="" type="checkbox"/> No artificial nutrition by tube <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input type="checkbox"/> Long-term artificial nutrition by tube. Other Instructions:	
Section D Must be Completed	Discussed with: <input type="checkbox"/> Patient/Resident <input type="checkbox"/> Health care agent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Health care surrogate <input checked="" type="checkbox"/> Patient of minor <input checked="" type="checkbox"/> Other: <u>son</u> (Specify)	The Basis for These Orders Is: (Must be completed) <input type="checkbox"/> Patient's preferences <input checked="" type="checkbox"/> Patient's best interest (patient lacks capacity or preference) <input type="checkbox"/> Medical indications <input type="checkbox"/> (Other)
Physician/NP/CNS/PA Name (Print) _____ Physician/NP/CNS/PA Signature _____ Date _____ MD/NP/PA		

Patient had POST DNR Comfort 4/19/2018 after Palliative inpatient consult. Patient was admitted on 4/23/2018 to NHC Cool Springs, and on that day speech therapy notes there determined that he would be unable to protect his airway or to swallow effectively. 4/25 Hospice care was initiated. 4/26 Roxanol was begun for comfort and 4/27 Ativan was begun for anxiety. Notes all reflect that he was comfortable. He died with his family in attendance at 1100 on 5/1. POST reflected DNR Comfort care.



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Process Challenges

NHC lack of Palliative Interdisciplinary Team

- Contract signed to engage STH Palliative NP during grant period for up to 3 consults per week at NHC Murfreesboro site began July 2

Inability to track POST from hospital to NHC

- Initiated POST policies at STH and NHC after Phase 1

ED admissions with DNR POST don't have Palliative consults

- Selected STR ED and NHC Murfreesboro to pilot palliative consults as part of Phase 2 and stakeholder meeting Aug. 14

Tracking audited patient deaths to confirm concordant care provided

- Requests made to both NHC and STH for new reports to audit patient deaths during total grant period

Next Milestones

- Track NHC Murfreesboro readmits to STR ED
- Palliative consults at NHC MB after STR ED began July 2
- Stakeholder meeting to initiate weekday STR ED Palliative consults for NHC MB admissions with DNR POST scheduled Aug 14
- Four CNA & RN training sessions at NHC MB begins Aug 14



Conclusion

- Our partnership is demonstrating our united mission to know and honor our patient decisions for spiritually centered, holistic care during palliative and end of life transitions.

