CARE 4 Us:
Promoting Improvements in Palliative Care in SE PA
Susan Choi, PhD, CPHQ
March 19, 2014
What is Palliative Care?

• Specialized medical care for people with serious illnesses

• Focuses on providing patients with relief from symptoms, pain, and stress of serious illness—whatever the diagnosis

• Goal is to improve quality of life for patients and families

• Provided by a team of doctors, nurses and other specialists who work together with a patient’s other doctors to provide an extra layer of support

• Appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment

Source: Center to Advance Palliative Care, [www.getpalliativecare.org/whatis/](http://www.getpalliativecare.org/whatis/)
Prioritizing Palliative Care

In 2011, HCIF’s Clinical Advisory Committee prioritized the promotion of palliative care in the region.

• Recognition of benefits of palliative care in terms of improved quality and cost of care
• Growth of palliative care nationally, but only 67% of hospitals in PA have palliative care programs\(^1\)
• Synergy with national initiatives recognizing importance of palliative care
  – One of National Quality Forum’s six National Priorities for Action
  – Joint Commission Advanced Certification for Palliative Care program begun in September 2011

CARE 4 Us Overview

- 18-month Partnership for Patient Care initiative (July 2012 – Dec 2013)
- Multi-faceted programming for hospital and non-hospital providers and organizations
- Cost-share model for hospital programming
  - Partnership with the Center to Advance Palliative Care (CAPC)
  - Expert advisory panel with CAPC and local faculty
CARE 4 Us Goals

- Raise awareness of palliative care
- Improve the **quality** of palliative care programs in SE PA
- Increase the **number** of palliative care programs in SE PA
CARE 4 Us Participants

<table>
<thead>
<tr>
<th>Track 1</th>
<th>Track 2</th>
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<tbody>
<tr>
<td>The Joint Commission Advanced Certification in Palliative Care</td>
<td>Palliative Care Leadership Center (PCLC) Training to build palliative care programs</td>
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<tr>
<td>Bryn Mawr Hospital</td>
<td>Crozer-Chester Hospital</td>
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<tr>
<td>Einstein Medical Center Montgomery</td>
<td>Holy Redeemer Hospital</td>
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<tr>
<td>Einstein Medical Center Philadelphia</td>
<td>Jeanes Hospital</td>
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<tr>
<td>Fox Chase Cancer Center</td>
<td>Penn Medicine Chester County Hospital</td>
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<tr>
<td>Temple University Hospital</td>
<td>Riddle Hospital</td>
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<tr>
<td>Thomas Jefferson University Hospital</td>
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Track 1: TJC Advanced Certification

- Recognizes hospital palliative care programs that demonstrate:
  - An interdisciplinary team
  - Leadership endorsement and support
  - Patient and family engagement
  - Processes supporting coordination of care and communication among all care settings and providers
  - Use of evidence-based national guidelines or expert consensus to guide patient care.

- Certification process
  - Application with Performance Improvement Plan
  - One-day site visit/survey
Track 2: PCLC Training

• CAPC program that provides intensive operational training and yearlong mentoring for palliative care programs at every stage of development & growth

• Training and mentoring provided by PCLCs, eight leading palliative care programs across the country that represent diverse settings

• 2+ day training for entire team at PCLC site, followed by mentoring via phone and email
## CARE 4 Us Components

### For Hospitals

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<tr>
<th>Track 1</th>
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<tr>
<td><strong>Joint Commission Advanced Certification</strong></td>
<td><strong>Building palliative care programs</strong></td>
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<tr>
<td>Webinars and networking to prepare for certification</td>
<td>Webinars and networking to prepare for Palliative Care Leadership Center (PCLC) training</td>
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<tr>
<td>CAPC National Seminar</td>
<td>CAPC National Seminar</td>
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<tr>
<td>Technical assistance for certification application and review process</td>
<td>PCLC site visit</td>
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<tr>
<td>Mentoring from CAPC consultant (six months)</td>
<td>Mentoring from PCLC site (12 months)</td>
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### For Non-Hospital Providers and Support Organizations

- Educational webinar series
Webinar Series Topics

• Palliative Care in Outpatient Setting
• Communication and Goal Setting
• Spirituality
• Pain and Symptom Management
• Nutrition
• Behavioral Health
• Palliative Care in Long-Term Care
• Home-based Palliative Care
• Health Reform and Advocacy
Track 1 Advanced Certification Status

• 3 participants:
  – Submitted applications to TJC in Fall 2013
  – Successfully completed surveys in Jan – Feb 2014, resulting in 3 certified programs:
    Thomas Jefferson University Hospital
    Temple University Hospital
    Fox Chase Cancer Center

• 2 participants unable to proceed due to leadership transitions

• Mentorship of CAPC consultant, Dr. David Weissman, praised by participants
Track 2 Program Development Status

• PCLC Training and Mentorship
  – All participants completed PCLC site visits May – Nov 2013
  – PCLC site visits described as “invaluable”
  – Mentors providing ongoing support with goals, financial issues and sustainability, measurement, physician engagement, marketing

• Program Development
  – 2 programs initiated services in July – Sept 2013
  – 2 programs anticipated to start in April – Sept 2014, pending hiring
Congratulations and thanks to all of our collaborative participants!

Questions?
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Temple University Hospital

Joint Commission Palliative Care

Advanced Certification Program

Elizabeth Menschner, MSN, MAS, RN, NEA-BC

Jane Feinman, RN, MSN

03/19/2014
Temple University Hospital

- **Facilities:**
  - Tertiary Care – Trauma Center
  - Psychiatric Facility

- **Medical Staff**
  - Academic
  - Primary Care Physician Network
  - Community Based Providers

- **Key Facts:**
  - Serves one of the nation’s most economically challenged urban areas
  - Highest volume of patients covered by Medicaid in Pennsylvania among full service hospitals

- **FY13**
  - 29,283 Inpatient Visits
  - 131,319 Emergency Room Visits

- Major delivery sites are located in
  - Urban Renewal Area
  - Federally Designated, Primary Care Professional Shortage Area
Our Community

- Our primary population service area includes more than 750,000 residents
- 62% have ≤ a high school education compared to 44% nationally
- 64% have a household income of under $20,000
Regional Support & Partnership

- TUH/FCCC partnered with HCIF for CARE 4 Us – regional campaign to increase awareness of palliative care

- A regional symposium held on September 25, 2012 served as the formal launch for this campaign.
Our Journey

- **12/2008**: First Meeting to Discuss needs of TUH
- **06/2010**: Palliative Care Curriculum Introduced to IM Residency, Education to Oncology Group
- **07/2011**: Palliative Care Team Members join Ethics Committee
- **05/2012**: First Annual Regional Palliative Care Medical Conference with Dr. Quill, Education to Cancer Committee, First IM Resident Pain Lecture
- **04/2009**: Official Launch of TUH Palliative Care
- **08/2010**: Breaking Bad News/EOL Models Introduced into TUSM
- **01/2012**: IM Grand Rounds/Specialty Update in Palliative Care Elective for MS 1&2 Students Launched
Our Journey, continued

12/2012 Regional Symposium for Trauma/Surgery RN’s, Surgery Grand Rounds - Surgeons Role in Palliative Care

06/2013 Second Annual Regional Conference with Dr. Meier, ED/Nephrology Grand Rounds, IED Grand Rounds

12/2013 Exceeded 1000 Consults/Year, DNR Education for Medical Staff

07/2012 Palliative Medicine Rotation begins for 4th year Students, Residents and Fellows

02/2013 Webinar - Pain and Symptom Management Care 4 Us Campaign

09/2013 Education for Medical Interpreters
Palliative Care Team

- **Mary Kraemer MD**: Co-Director, Faculty TUH General Internal Medicine, TUH Team 2009, Board Certified in HPM 2012
- **Emily Browning LSW, ACHP-SW**: Inpatient Palliative Care 8 yrs, Ordained Minister, TUH Team 2009, Certified 2012
- **Jim Ingalls, Chaplain**: Ordained Minister, Hospice Chaplain 20 yrs, TUH Team 2009, President of Pa Hospice Network
- **Susan Beidler PhD, MBE, CRNP**: FNP 2003, Multiple clinical and academic appointments, TUH Team 2011, Certified HPM 2013
- **Katherine Eaddy MSW, LSW, CCLS, CIMI**: Center for Grieving Children, Hospice SW 2011, TUH Team 2013
Top 5 Referral Triggers

<table>
<thead>
<tr>
<th>Trigger</th>
<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
<th>FY 2013</th>
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<tbody>
<tr>
<td>Needed help with decisions/ goals</td>
<td>445</td>
<td>560</td>
<td>709</td>
<td>965</td>
</tr>
<tr>
<td>Prolonged LOS (&gt;5 days), no progress</td>
<td>170</td>
<td>244</td>
<td>310</td>
<td>409</td>
</tr>
<tr>
<td>Psych, spiritual or cultural issues</td>
<td>193</td>
<td>326</td>
<td>403</td>
<td>288</td>
</tr>
<tr>
<td>In ICU with poor prognosis</td>
<td>202</td>
<td>183</td>
<td>209</td>
<td>266</td>
</tr>
<tr>
<td>Pain and symptom management</td>
<td>237</td>
<td>303</td>
<td>235</td>
<td>264</td>
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## Top 4 Primary Diagnoses

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<tr>
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<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
<th>FY 2013</th>
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<tbody>
<tr>
<td>Pulmonary</td>
<td>99</td>
<td>96</td>
<td>96</td>
<td>119</td>
</tr>
<tr>
<td>Neurologic</td>
<td>54</td>
<td>71</td>
<td>91</td>
<td>121</td>
</tr>
<tr>
<td>Cardiac</td>
<td>43</td>
<td>63</td>
<td>90</td>
<td>167</td>
</tr>
<tr>
<td>Cancer</td>
<td>161</td>
<td>241</td>
<td>295</td>
<td>388</td>
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# Number of Cases with Reduced Days

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<thead>
<tr>
<th></th>
<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
<th>FY 2013</th>
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<tbody>
<tr>
<td>1-2 Days</td>
<td>52</td>
<td>142</td>
<td>178</td>
<td>291</td>
</tr>
<tr>
<td>3-5 Days</td>
<td>139</td>
<td>204</td>
<td>253</td>
<td>293</td>
</tr>
<tr>
<td>6-10 Days</td>
<td>31</td>
<td>8</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>222</td>
<td>354</td>
<td>438</td>
<td>592</td>
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![Bar chart showing the number of cases with reduced days by fiscal year and duration]
Number of Consults per Fiscal Year

 FY 2010: 477
 FY 2011: 596
 FY 2012: 796
 FY 2013: 1,105
Palliative Care Performance Improvement Indicators

• Advance Directive documented with palliative care consult
• Opiates ordered with bowel regimen
• Patient/caregiver satisfaction
• Initial consult within 24 hours of request
Survey Preparation

- Start with monthly meetings and develop specific policies and procedures
- Develop a PI plan and select indicators to monitor (two involving direct patient care)
- Begin to collect data, review standards and tweak processes.
Survey Preparation

• Submit application and begin bi-monthly meetings to review data, policies and standards
• Once date has been established begin weekly meetings and begin training hospital departments about the survey process.
• Involve key departments in the process.
Joint Commission’s Advanced Certification Program In Palliative Care

- **Benefits include:**
  - Certification is an independent evaluation that validates the quality of the palliative care program
  - The standards for certification will help a hospital build a better, more organized program that tailors treatment to patient goals and needs
  - Certification evaluates ways the hospital can improve performance and clinical practice to improve patient care
  - Certification will help the hospital achieve regular and more consistent flows of data and information
TUH JOINT COMMISSION CERTIFIED IN PALLIATIVE CARE