

YOUR MISSION: PROMOTE PALLIATIVE CARE

Palliative care is both a philosophy of care and a highly organized system for delivering care. The goal is to assure that each person experiences the best quality of life throughout the progression of illness. Components of palliative care include symptom management (pain, dyspnea, anxiety, other), eliciting and clarifying goals of care with the resident and family, attention to the resident's emotional and spiritual needs, coordinating the plan of care across settings, and bereavement.



Front row: Mike Albrecht (T/R dir), Kaleeca Bible (ADON), Aaron Wodash (wound nurse), Mary Scholz (SS dir) Back row: Tracy Christofilis (RN/HPNA Certified), Esther Aforo (nurse mgr), Susan Roberts (DON), Laniece Jones (nurse mgr), Tawanna Kyle (nurse mgr), Patty Merker (social worker), Pamela Hayle (quality improvement dir)

Nursing Home Update spoke with Pam Hayle, quality improvement director, to learn how Augustana Health Care Center of Minneapolis is implementing a palliative care program.

Q: Why did the team at Augustana Health Care Center of Minneapolis decide to develop a palliative care program?

We started with a Performance-Based Incentive Payment Program (PIPP) project that focused on care transitions: readmissions, discharges to home, and end of life care. The PIPP project ended last year, but the intention was always to not only continue but to keep building the Palliative Care program. Tracy

Christofilis, one of our nurses, is a certified hospice palliative care nurse and her expertise and encouragement were invaluable. She started the first Minnesota chapter of the Hospice/Palliative Nurse Association (HPNA) in Minnesota.

Q: How do you describe your program?

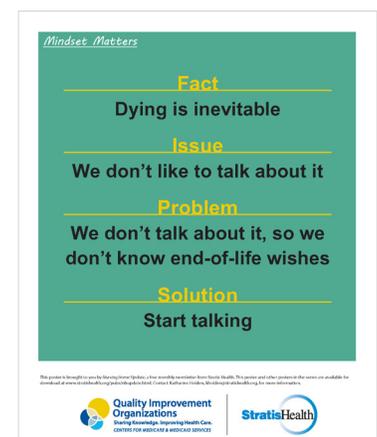
We built our palliative care program around an educational model that includes all staff. Our training program includes palliative care basics and eight training

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POSTER

Our Mindset Matters series of posters focuses on attitude



Download free letter-sized poster at www.stratishealth.org/documents/poster-end-May14.pdf

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modules. When staff attend training and complete at least five of the modules, they are designated a certified palliative care worker and are awarded a pin. So far, 80 staff are certified.

The starting point for each resident is implementing the Physicians Orders for Life Sustaining Treatment (POLST). Staff responsible for reviewing the POLST with the resident must pass a POLST competency test and additional education before working with residents in regards to their end of life preferences. This competency test was developed during the PIPP project. With information gathered from the completed POLST, the palliative care team creates a palliative care plan for residents who select comfort care, in addition to the regular care plan. Our chaplain, therapeutic recreation staff, and social worker do additional assessments.

Our palliative program has many components to support residents. For example, we are exploring aromatherapy, room environment changes, and feng shui. We have learned that there's a best position for bed placement for a person who is actively dying. We also use a butterfly theme to alert all staff to the resident's change to an "actively dying" status. We have a "Butterfly Crossing" ritual that is comforting to both families and staff following a resident's death.

Q: What measures are you using to evaluate the effectiveness of your palliative care program?

We first focused on assuring the POLST was in place. We set a goal of 80% of long term care residents having a POLST in place. Our rate is now 100%. We also wanted to increase our baseline of people receiving palliative care by 20%. We've exceeded that.

Q: Has this program had an impact upon your rate of hospital readmissions?

It's hard to measure the reduction because we're still putting the program in place. We do find it encouraging that we have a lot more Do Not Hospitalize orders for residents in place now than we used to. It has also helped us become better at assuring residents we can handle their pain and other clinical issues in the facility and that hospitalization is not always the best path for comfort or to resolve issues.

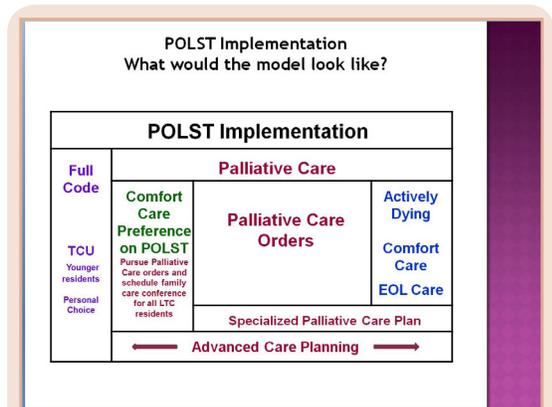
Q: Have you run into any barriers in implementing the program?

The process implementation was difficult. Switching to using the POLST in a large facility seemed overwhelming at first. It seemed like a lot of work, but as we went along that feeling went away, and we could see that the next step after POLST was a disease-specific palliative care plan. Another barrier we've noted is that many physicians are resistant to POLST. We also learned the importance of teaching staff how to have conversations with residents and families about end of life. Talking about these transitions was not something they were used to doing.

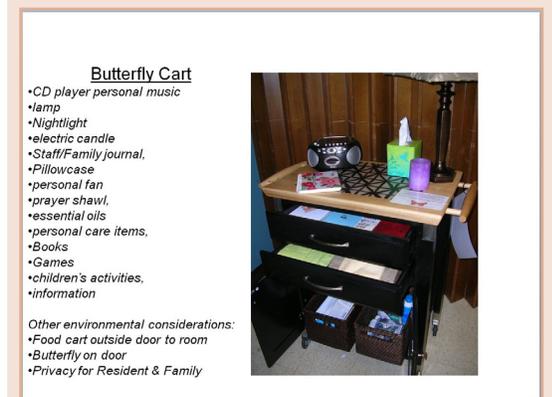
Q: Do you have a success story that you'd like to share with *Nursing Home Update* readers?

Something as simple as putting butterfly decorations on the boxes we use for the deceased resident's personal effects makes an impact in the end of life transition. Both families and staff appreciate the opportunity to honor

residents' deaths. A palliative care program isn't just about taking care of the resident; it's also about caring for the residents' friends and family as well as the nursing home staff.



POLST Implementation Model



What's in the Butterfly Cart

Slide images courtesy of Augustana HCC

Q: Any advice for other nursing homes wanting to improve their palliative care processes?

Define what you can do well and start there. Develop a systematic process knowing there will be challenges and successes. Stick with your plan and you will be successful.

Augustana Health Care Center is located in Minneapolis, MN.

Visit Augustana HCC at: <http://augustanacare.org>

LTC NEWS

New Contact for Medicare Coverage Appeals and Quality of Care Concerns

The Centers for Medicare & Medicaid Services (CMS) has separated medical case review from quality improvement work, creating two separate structures:

- Medical case review – to be performed by Beneficiary Family Centered Care Quality Improvement Organizations (BFCC-QIO)
- Quality improvement and technical assistance QIOs – to be performed by Quality Innovation Network QIOs (QIN-QIO)

Both contracts cannot be held by the same organization and Stratis Health chose to pursue the quality improvement work as a QIN-QIO. We will continue to perform clinical review work, including the Medicare appeal reviews until July 31, 2014.

How Will This Change Have an Impact on Your Nursing Home?

Nursing homes will have a new point of contact in the coming months for appeals of Medicare coverage ending and quality of care concerns. Once the BFCC-QIO serving Minnesota has been selected by CMS, Stratis Health will share information about our successor and provide updates on changes that will have an impact on your nursing home.

Steps You Will Need to Take

- Update all copies of the Notice of Non-Coverage forms which inform beneficiaries that Medicare may stop paying for their care
- Replace all print and electronic copies of beneficiary resources that include the QIO's contact information
- Update policies and procedures that contain a reference to contact Stratis Health (contacts, address, telephone numbers, fax numbers)

Transition Updates

CMS is expected to award BFCC-QIO contracts early May, allowing for a three-month transition. Once a transition plan is developed, we will share more information. Stratis Health is proud to be the federally designated QIO for Minnesota, having served Medicare beneficiaries and their families through the medical case review services for over 40 years. Stratis Health will make the transition to our successor for medical case review services as smooth as possible.

Quality Innovation Network QIOs

The new Quality Innovation Network structure requires a multi-state region approach. Stratis Health has proposed to CMS teaming with the QIOs in Michigan (MPRO) and Wisconsin (MetaStar). Like today, much of the work will be performed at state level with each of the three QIOs offering tailored education, tools, and resources to health care providers in their states. The three will share opportunities and successes throughout the three-state region to facilitate rapid improvement.

For more information, contact Betsy Jeppesen, vice president of program integrity, Stratis Health, 952-853-8510, bjepesen@stratishealth.org.

ATTAX CAMPAIGN UPDATE

Learning Sessions Continue Through June

In April, Stratis Health started offering Acting Together to Achieve Excellence (ATTAX) learning sessions in several locations in Minnesota. These learning sessions will continue through June 3, 2014. Content in these learning sessions includes:

- The identification of best practices from ATTAX collaborative participants that have led to implementation of QAPI and enhanced quality improvement efforts
- The sharing and practice of the newest resources to assist in QAPI implementation including several new QAPI resources that have been released by CMS
- Discussion of how to utilize outcome data, including the composite score that is being used to measure the success of the National Nursing Home Quality Care Collaborative. Learning session participants receive a report with their nursing home's composite score.

If you have not yet registered to attend one of the ATTAX learning sessions, it is not too late. Register up to three members of your nursing home team. Please contact Kristi Wergin at kwergin@stratishealth.org with any questions about the ATTAX campaign.

Register at: <http://www.stratishealth.org/events/attax2014.html>

Post your thoughts on Donna's Diary:
www.donnasnhdairy.org

NURSING ASSISTANT

TIP



Nursing assistants play a key role as part of the interdisciplinary team caring for a resident who is dying. Sometimes nursing assistants will worry about saying or doing the wrong thing when working with a dying resident and their family. Being compassionate and caring in every action you do is important to remember. Practice empathy by asking yourself what you would want, if you were in the resident's or family's position. Allowing private time, listening to someone talk, playing music, or reading to them are all different ways to help with psychosocial needs. Ask what they prefer, and do what you can to meet those needs. It can be a difficult time, but also a personal growth time for all involved. Share ideas regularly with your team and ask for assistance when it feels difficult.

Download the Change Package from http://www.stratishealth.org/documents/NHQCC_Change_Package_CMS_Welcome.pdf

ADVANCING EXCELLENCE CAMPAIGN UPDATE

The MN Advancing Excellence Local Area Network of Excellence (LANE) recently received a report that shows the number of MN nursing homes that have entered data for six consecutive months, and therefore are working toward the designation of Active AE Participant. Using the AE tracking tools and submitting data into the AE website helps build a data base for benchmarking purposes.

MN	Number Selecting This Goal	Number with 6+ consecutive months data
	24	
1 Staff Stability	34	6
2 Consistent Assignment	17	2
3 Person Centered Care	28	1
4 Hospitalizations	45	5
5 Pain	41	2
6 Pressure Ulcers	29	1
7 Infections	11	1
8 Medications	49	8
9 Mobility	11	0

Number of MN homes that have chosen each of the eight AE goals and number of homes that have submitted data for at least 6 months for each of the goals

INTERESTING READING

Report: National Partnership to Improve Dementia Care in Nursing Homes

The Centers for Medicare & Medicaid Services has released an interim report that summarizes activities to date, provides reasons for early progress, and outlines next steps.

Read more about it: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-19.pdf>

Cipro and Related Antibiotics Increase MRSA Risk

Nursing home residents on a fluoroquinolone antibiotic such as Cipro are at an increased risk for methicillin-resistant *Staphylococcus aureus*, according to a French study.

MRSA is a dangerous antibiotic-resistant microorganism.

Read more about it: <http://cid.oxfordjournals.org/content/early/2014/04/10/cid.ciu236.abstract>

EVENTS FROM STRATISHEALTH.ORG/EVENTS

Acting Together to Achieve Excellence (ATTAX) Learning Session 2 April-May, 2014

Locations throughout Minnesota

Read more about it: http://www.stratishealth.org/documents/ATTAX_LS2_RegistrationFlier_CMS_logo_final_2014_03_04.pdf

Community Engagement Grant ACT on Alzheimer's

Communities eager to attain dementia readiness can pursue this grant opportunity – made possible by Blue Plus (an HMO affiliate of Blue Cross and Blue Shield of Minnesota) and the Medica Foundation. The grant round closes June 3.

Read more about it: <http://www.actonalz.org/index.php>

Getting the Most Out of QAPI Center on Aging Summer Institute 2014 May 22, 2014

Brooklyn Center, MN

Faculty includes Alice Bonner, PhD, RN, who directed the CMS Division of Nursing Homes and oversaw the development of QAPI, plus members of the project team from Stratis Health and the University of Minnesota who worked under a CMS contract to develop and test materials for the QAPI launch.

Read more about it: <https://www.tickets.umn.edu/UMATO/Online/default.asp?BOparam::WScontent::loadArticle::permalink=COASI>

AHRQ TeamSTEPPS National Conference June 11-12, 2014 Minneapolis

Pre-conference educational sessions begin June 10. Registration is free, but space is limited.

Register at: <http://www.teamstepps-portal.org/>

Save the Date: 2014 Minnesota Alliance for Patient Safety Conference "Safe Care. Everywhere." October 23-24, 2014 Brooklyn Park, MN

Read more about it: <http://mnpatientsafety.org>

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities. Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

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