Today’s Take Aways

**WHAT** - project and goals

**WHEN** - time frame of project

**WHERE** - project piloted

**HOW** - goals were accomplished

**OUTCOMES** - of project
Palliative Care in Nursing Homes
Knowledge Check

Palliative Care cannot be provided if the patient is receiving skilled care?

**Answer:** This is not true, since Palliative Care is a consult visit covered under Part B by Medicare, a skilled patient may receive this service.
Name some diagnoses which could benefit from a palliative care consult

**Answer:** Cancer, End Stage Renal Disease, Dementias, End Stage Cardiac and Liver Diseases etc.
Palliative Care in Nursing Homes
Knowledge Check

Nursing Home resident who get palliative care consults use hospitals less?

**Answer: True** – Brown University, 2016 – 1,500 residents in Rhode island and North Carolina

- First consult 8-30 days before death – 11.1% hospitalized vs. 22% not receiving
- First consult 61-180 days before death – 6.9% hospitalized vs. 23%.
- Emergency Room visits – 50% lower for residents with consults compared to those without.
Why Palliative Care is Important in SNF

- Reduces acute care transfers and admissions
- Increases satisfaction for staff, residents and families
- Provides additional support to SNF staff
- Fosters Advance Care Planning and conversations surrounding Goals of Care
- Provides for “Person Centered Care” – focus of SNF new 2017 rules and regulations
- Addresses Symptom Management by trained providers
Project Background

► Recent studies indicate that most Medicare beneficiaries would like the end of their life to be marked by loving care at their place of residence rather than receiving highly technical care in a hospital. Despite a growing focus on person-centered care, skilled nursing facilities (SNFs) struggle to deliver care in this way.

► Palliative care is one solution to this quality problem
The goals of this project is to improve quality of life and satisfaction with end-of-life care received by residents of skilled nursing facilities (SNFs) and reduce unnecessary and unwanted acute care transfers.
Specific Goals

► Improve SNF staff competency and knowledge related to end-of-life care through direct education, experience and Learning and Action Network (LAN) participation

► Promote the appropriate use of palliative care in order to improve quality of life

► Improve resident and family satisfaction with the care provided at end of life
Specific Goals

► Reduce avoidable acute care transfers, admissions and readmission of residents
► Develop and evaluate a toolkit for palliative care education and its implementation that can be disseminated throughout both North Carolina and Georgia
How – Goals Achieved

Special Innovation Project that was piloted in 3 communities from 9/2016 – 8/2018:
► 2 in Central North Carolina – Greensboro and Winston-Salem
► 1 in Southeast GA – Savannah

Recruited:
► 22 SNFs in NC (target 15)
► 13 SNFs in GA (target 10)
Expectation of SNFs

- Provide staff time for training during the first two months of intervention implementation and as needed during the intervention
- Collect surveys of residents and family member satisfaction along with the palliative care organizations
- Collect knowledge and attitude surveys of staff members along with the palliative care organizations
- Participate in at least 75% of LAN Activities
Education Provided Through the LAN

Topics of webinars included:

- Who is appropriate for palliative care
- Symptom management
- Relationship between Value Based Purchasing and Palliative Care
- Delirium
- Advanced Directives
- What Palliative is not and what it is
- The Facility’s Perspective: A panel discussion about the practical aspects of palliative care in the SNF
Resources and Tools

► Monthly electronic newsletter with featured resource of the month
Resources and Tools
Outcomes

- Satisfaction surveys for residents and families showed great satisfaction in palliative care services received. Claims data showed a downward trend in admissions and emergency department rates over time with an overall reduction in hospital use. SNF self-reported data on acute care transfers supports the claims data findings.
Comments From Family Members

“It was very comforting. We appreciated the one on one time and the weekly visit. The medicine review was very helpful as well as the addition of medicine that helped with pain and anxiety. The doctor was caring, knowledgeable and easy to talk to.”

“As a former hospice volunteer, I was aware of the importance of palliative care but did not realize how valuable this resource could be. It has been wonderful to be able to talk with the doctor about what is best for my husband and her concern for me has been very impressive. In summary, I feel that the availability of palliative care in the nursing facility has made a difference in the care of my husband, and its availability in the nursing facility will greatly improve the overall quality of care for the patients.”
I feel the doctor has helped me greatly. I am thankful for her involvement. “

“Palliative care has been a wonderful addition to the care my husband has received and has been a Godsend for me. “

“She helped understand what was coming and what all could be done.”
Do you believe the overall care the patient received improved as a result of having received palliative care? (n=12)

Did the involvement of palliative care give you greater satisfaction with the care your loved one is receiving and/or received? (n=12)
Results of the Intervention

Georgia Hospitalization Rates

Georgia ED visit Rates
Advance Care Planning Forms
Acute Care Transfers

Acute Care Transfers 2017 vs 2018

Average: 7.619047619

Average: 4.166666667
Sustainability

► Develop a toolkit for palliative care education and its implementation that can be disseminated throughout the Communities in both North Carolina and Georgia

Keep going...
Contact Information

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