

Optimizing Quality of Life for Patients with Chronic Illness Through Palliative Care

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Staten Island Performing Provider System implemented the DSRIP Project 3gii, Integrating Palliative Care into Nursing Homes to increase access to palliative care for patients. The goal is to ensure that palliative care interventions are made available through the normal course of care. All ten skilled nursing facilities on Staten Island are the providers in the project with training leads from University Hospice at Staten Island University Hospital and Visiting Nurse Service of New York Hospice and Palliative Care. There are 3,114 certified beds across the ten skilled nursing facilities.

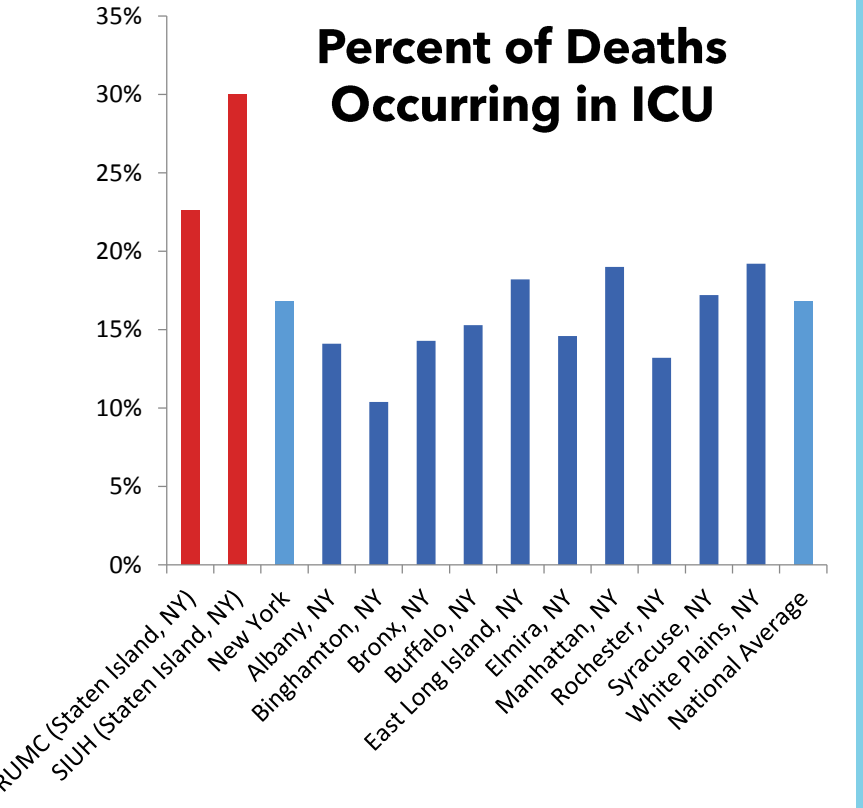
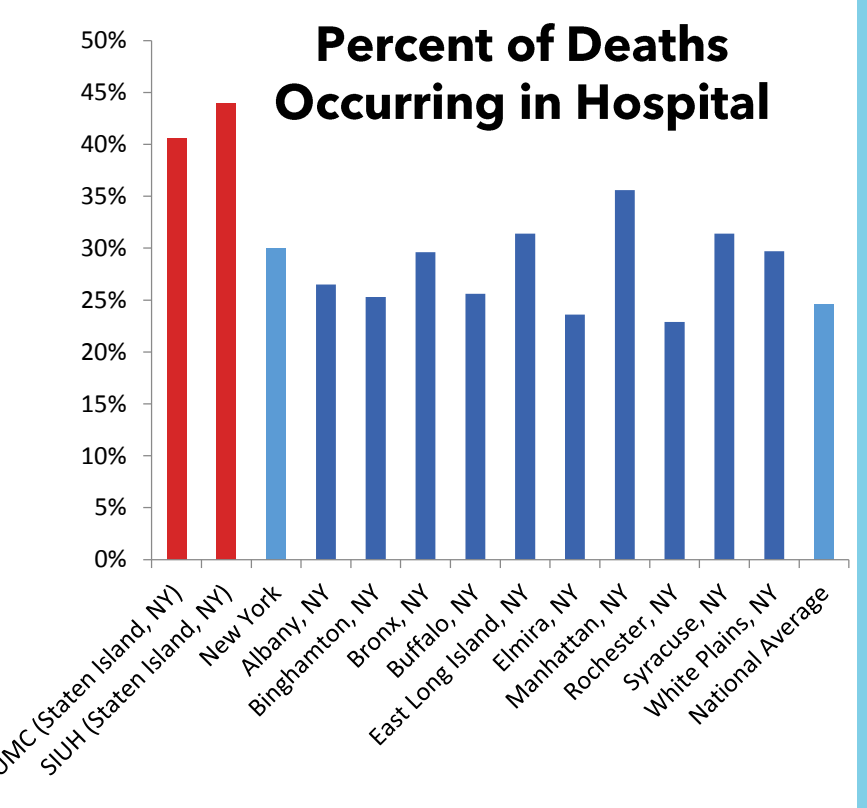
Clinical Recommendations: Process for implementing the National Quality Forum (NQF) palliative care standards.	Identify palliative care Interdisciplinary Team (IDT). The IDT must include MD, RN, SW, and pastoral care counselors at a minimum.	Determine a process and criteria for identifying palliative care eligible patients.	Determine a process (who, what, when) for initial conversation with the patient and family. Meet with the family as an IDT.	As patients are accepted onto palliative care, each discipline from the IDT performs an initial comprehensive assessment.	Develop the initial plan of care (POC) within the first week. Use DOH guidance on Medical Orders for Life-Sustaining Treatment (MOLST).	Schedule standard palliative care meetings every 15-30 days to review and update the POC. Reassess patients not on palliative care.	When a patient dies have a bereavement process in place e.g. groups or referrals to community services and support.
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Why Does Palliative Care Matter?

New York has the highest percentage of hospital deaths and the highest cost at the end-of-life out of all the 50 states in the United States. Palliative care improves health-related quality of life.

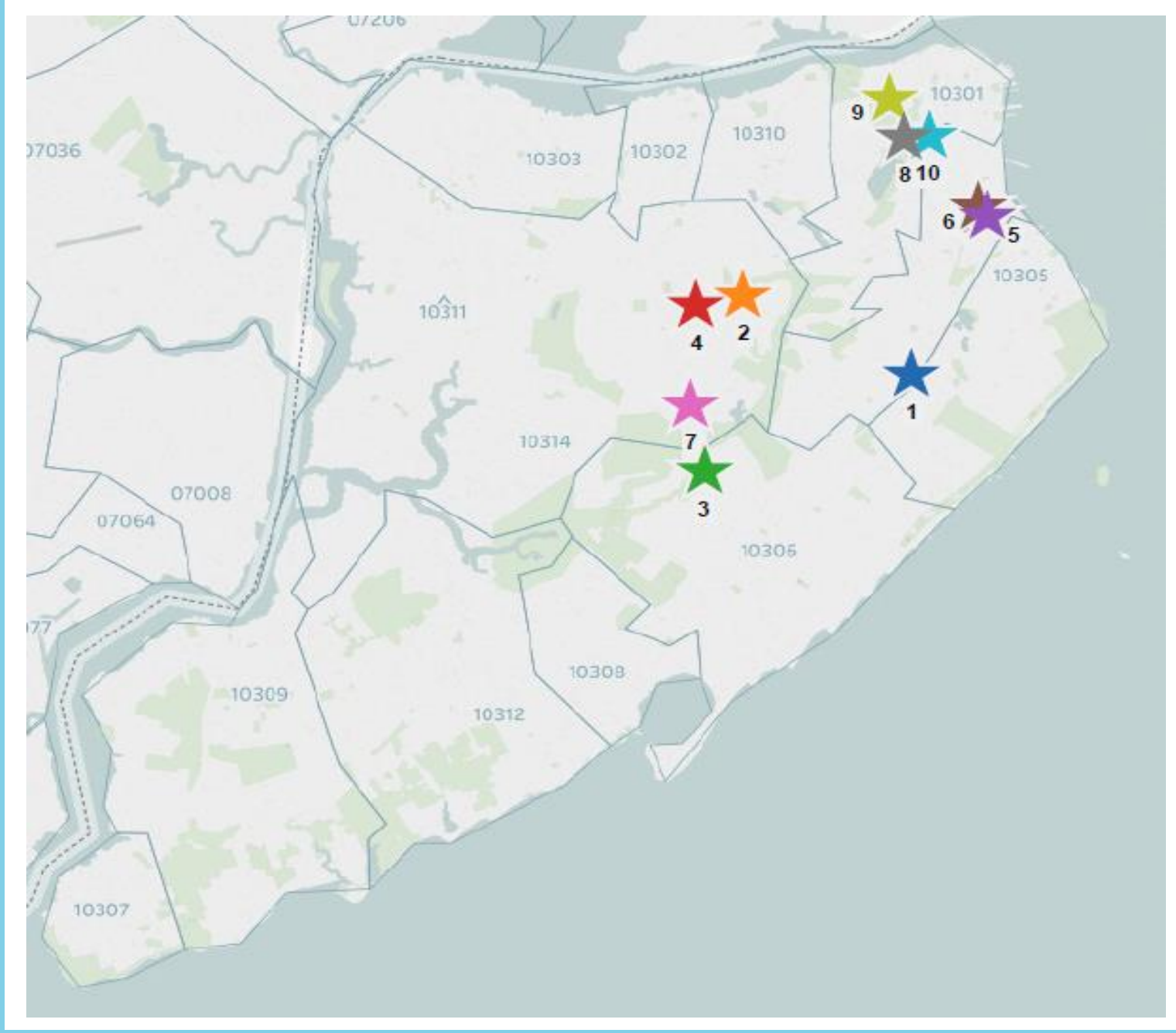
"Advanced heart failure imposes significant physical, psychosocial, and spiritual burdens on patients and their families. The palliative care in heart failure trial provides empirical evidence that palliative care improves health-related quality of life in end-stage heart failure patients." (Rogers, J. G. et al, Journal of The American College of Cardiology, 70, 331-341, July 18, 2017)

"We examined the effect of introducing palliative care early after diagnosis on patient-reported outcomes and end-of-life care among ambulatory patients with newly diagnosed disease. Despite the fact that fewer patients in the early palliative care group than in the standard care group received aggressive end-of-life care (33% vs. 54%, P=0.05), median survival was longer among patients receiving early palliative care (11.6 months vs. 8.9 months, P=0.02)." (Temel, J. et al, The New England Journal of Medicine, 363, 733-742, August 19, 2010)



This data was obtained from The Dartmouth Atlas, which is funded by the Robert Wood Johnson Foundation and the Dartmouth Clinical and Translational Science Institute, under award number UL1TR001086 from the National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health (NIH).

Ten Skilled Nursing Facilities on Staten Island



Skilled Nursing Facility	Certified Beds
1. Carmel Richmond Healthcare and Rehabilitation Center	300
2. Clove Lakes Health Care and Rehabilitation Center, Inc	576
3. Eger Health Care and Rehabilitation Center	378
4. Golden Gate Rehabilitation & Health Care Center	238
5. New Vanderbilt Rehabilitation and Care Center, Inc	320
6. Richmond Center for Rehabilitation & Specialty Healthcare	300
7. Sea View Hospital & Rehabilitation Center and Home	304
8. Silver Lake Specialized Rehabilitation and Care Center	278
9. Staten Island Care Center	300
10. Verrazano Nursing Home	120

Palliative Care Training in Staten Island Skilled Nursing Facilities

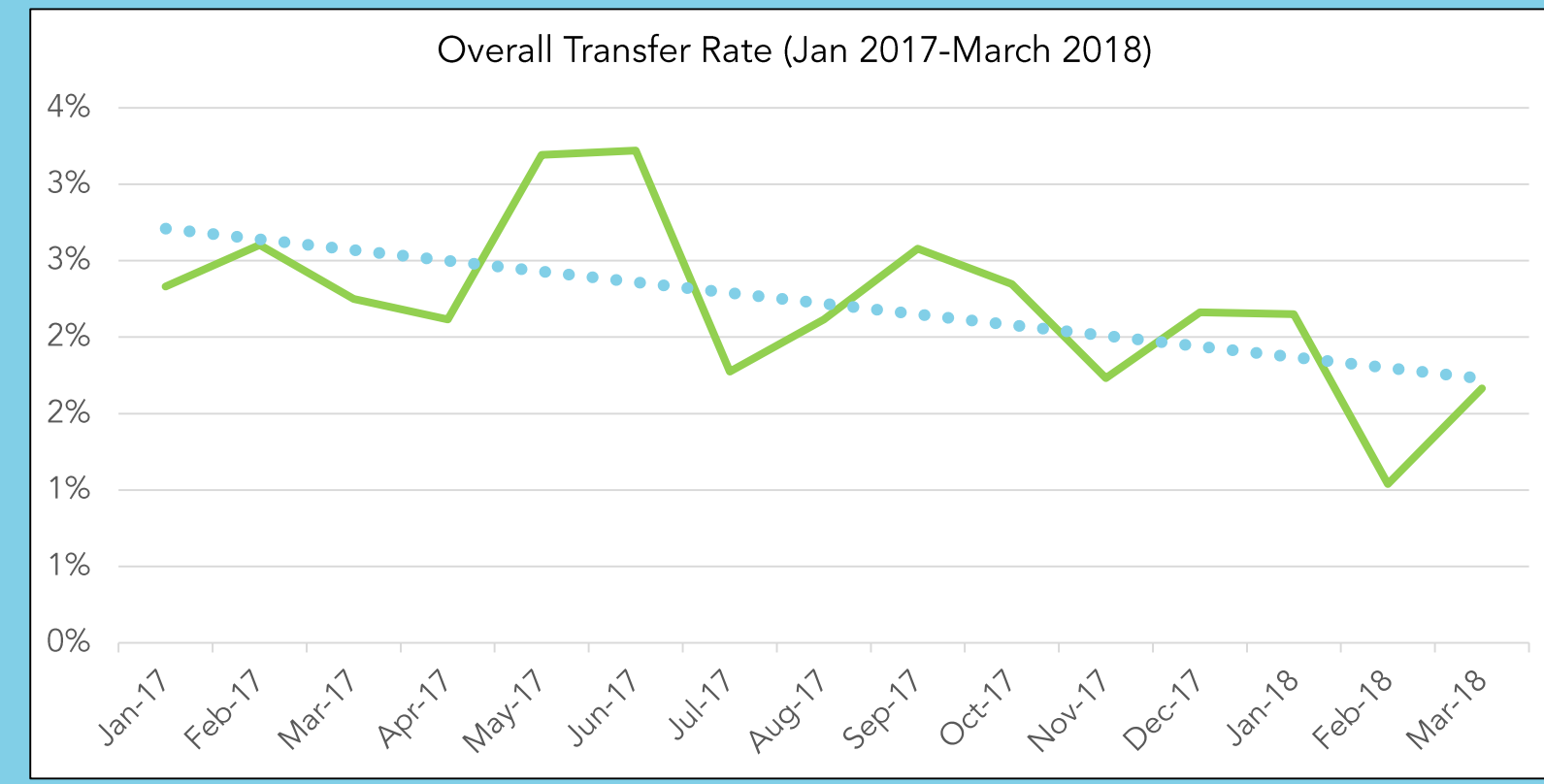
Palliative Care Curriculum	Intro	Pain Management	Symptom Management	Spiritual Cultural Considerations	Ethical Considerations MOLST	The Conversation	Actively Dying	Bereavement
	30 Min	60 Min	60 Min	60 Min	60 Min	60 Min	60 Min	60 Min
MD/NP	X	X	X	X	X	X	X	X
RN/LPN	X	X	X	X	X	X	X	X
CNA	X			X		X	X	X
SWSCC	X			X	X	X	X	X
OT/PT/ST/Diet	X				X	X	X	
Families	X					X		
CEU Awarded		YES	YES	YES	YES	YES	YES	YES
Total Classes 1039	229	100	91	157	103	127	92	140
Total Participants 11,847	2,825	761	652	1,870	964	2,017	764	1,994

X = staff included in module, Blank = staff not included (all training includes day, evening, night, and exclusive weekend staff)

Over demonstration year 2 (April 2016- March 2017) 11,847 participants completed eight modules of palliative care training across ten skilled nursing facilities with a total of 9,022 continuing education units awarded. Additionally, nursing home patients and families were provided evidence-based palliative care videos to help them make informed decisions and ascertain appropriate goals of care through shared decision-making. Palliative care training is being sustained through the End-of-Life Nursing Education Consortium (ELNEC) train-the-trainer program. Each skilled nursing facility had a staff member complete an additional 16-hour course to become a certified ELNEC trainer in demonstration year 4 (April 2018-March 2019).

Outcomes "Excellent training! A great deal to think about personally and professionally." - ArchCare at Carmel Richmond Healthcare and Rehabilitation

Ten skilled nursing facilities on Staten Island each completed a Plan-Do-Study Act cycle focused on improving patient and family education on palliative care, educating physicians on advance care planning, and ensuring that there is a sepsis protocol in place. There were 901 total patients on palliative care during March 2018 with an overall decreasing trend in hospitalizations from January 2017 through March 2018.



Time Period	Total Patients	Total # of Transfers	Overall Transfer Rate	# of ED Visits	# of Inpatient Visits	Unique Patients Transferred
Jan-17	429	10	2.3%	7	3	10
Feb-17	461	12	2.6%	6	6	10
Mar-17	489	11	2.2%	4	7	11
Apr-17	520	11	2.1%	4	7	11
May-17	564	18	3.2%	7	11	18
Jun-17	590	19	3.2%	10	9	19
Jul-17	620	11	1.8%	6	5	9
Aug-17	662	14	2.1%	5	9	12
Sep-17	698	18	2.6%	6	12	17
Oct-17	724	17	2.3%	8	9	15
Nov-17	751	13	1.7%	8	5	13
Dec-17	786	17	2.2%	6	11	16
Jan-18	837	18	2.2%	15	3	17
Feb-18	866	9	1.0%	3	6	9
Mar-18	901	15	1.7%	9	6	12

Data Source: 3.g.ii Actively Engaged Data, SIUH/RUMC Data Feeds

How to Create a Self-Sustaining Palliative Care Program

Palliative care training team decides on program guidelines. Develop palliative care program requirements based on the clinical practice guidelines by the National Consensus Project for Quality Palliative Care.	All ten Staten Island skilled nursing facilities (SNFs) sign a contract agreeing to the goals outlined.	Choose an educational program and begin year-long training initiative. Staten Island PPS chose the ELNEC curriculum.	Provide support to aid staff in having goals of care conversations. Staten Island PPS chose ACP Decisions videos https://www.acpdecisions.org	Begin three physician training modules on fundamentals of palliative care, pain management, and symptom management. CMEs offered to participating physicians.	Implement Integrated Palliative care Outcome Scale (IPOS) https://pos-pal.org/ Education on NYS MOLST, aim to increase MOLST utilization https://health.ny.gov/	Staff development directors attend a Train-the-Trainer ELNEC program so that they may continue education for new employees and give refresher courses.	Improve staff competency on advance care planning. Increase access to palliative care for patients. Improve patient outcomes.
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