

Prepared For:

Ohio Health Care Association Annual Convention

How New Quality Regulations Impact Hospice and Long-Term Care and How They Affect Your Hospice Residents

About the Speaker

Perry Farmer graduated from the University of Oklahoma, and afterward pursued a securities license. Farmer started his career in healthcare in 1989. Believing in learning from the ground up, Farmer began as a nurse's aide and worked through each department in the nursing home, eventually becoming administrator. After earning his nursing home administrator license, he quickly became a turnaround specialist.

In 1995, Farmer and his family started Crossroads Hospice. As president, and founder, Farmer is the visionary for this unique hospice company that is known for innovation and raising the bar in care for patients, families and health care professionals. It has grown to 11 sites in seven states with annual revenue in excess of \$160 million and 1,900+ employees.



Learning Objectives

- Improving Quality of Care in Long-Term-Care: Structure, Process and Outcomes
- Effective Collaboration Between Hospice and LTC
- Key Findings on Pain, Increased Need for Palliative Care Services
- Key Measures Adopted
- How Does It Work?
- What are the Key Concerns
- Assessing Residents for Pain Issues – Implications Now and in the Future

Disclosure of Commercial Interests

I have commercial interests in the following organization:

Crossroads Hospice (President):

Crossroads Hospice provides comprehensive, compassionate hospice services to patients with life-limiting illnesses and their families at 11 locations in seven states.

COLLABORATION and why it is ***DIFFICULT***

Improving QOC in LTC

QOC is broken down into 3 areas

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1. Structure

Improving QOC in LTC

QOC is broken down into 3 areas

1. Structure
 - Education, training and mix of staff
 - Characteristics of facility/ characteristics of Residents
 - Resident demographics, payer mix, and case mix
 - Physical plant including ease of access and safety of Residents

Improving QOC in LTC

QOC is broken down into 3 areas

1. Structure
2. Process

Improving QOC in LTC

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1. Structure
2. Process
 - Assess' the services actually provided to the Residents, such as: over/under use of care or poor technical performance.

Improving QOC in LTC

QOC is broken down into 3 areas

1. Structure
2. Process
3. Outcomes

Improving QOC in LTC

QOC is broken down into 3 areas

1. Structure
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3. Outcomes
 - Include changes in the health status and conditions of Residents which are attributable to the care provided or not provided.

Outcomes

With OBRA, we have been given tools to assess/evaluate Residents to determine *positive outcomes*.

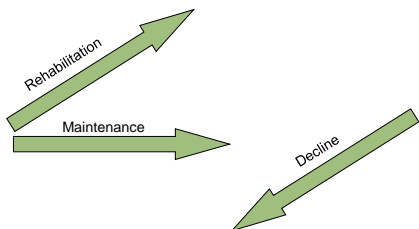
MDS and RAI

- Evaluates and assess' Residents
- Triggering problems which leads to the development of a care plan
- Staff use treatments, medications, activities, diet and other interventions to "resolve" problems indicated
- "Resolution" equals "Outcome"
- Most of outcomes are based on curative (rehabilitation) or maintenance goals

Competitive Philosophies

- **Curative**
 - Definition: a substance or treatment that can restore health.
- **Palliative**
 - Definition: alleviating pain and symptoms without eliminating the cause.

OBRA vs. Palliative



So,
if **expected outcomes** are
the measurement of success
or failure, then
collaboration is not only
necessary but can be very
beneficial.

National Quality Forum (NQF)

"As the number of older adults in this country continues to grow, palliative and end-of-life care services are needed more than ever."

"As the number of palliative and end-of-life care programs continue to grow across the country, it's critical that providers have the right measurement tools to help ensure patients receive safe, high-quality, and compassionate care."

"Palliative care teams have been shown to help improve patient care quality throughout the course of treatment."

What or who is the National Quality Forum?

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1. Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them.
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- 3. Promoting the attainment of national goals through education and outreach programs.**

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- They simply asked the Question: "***Does your hospice have a Quality Assessment and Performance Improvement (QAPI) program that includes three or more quality indicators related to patient care***"

Structural Measures

There are 10 structural measures which they wanted to know if you were addressing.

Structural Measures

Domain 1: Patient Safety

Structural Measures

Domain 1: Patient Safety

1. Sub Domain 1: Infections
2. Sub Domain 2: Falls
3. Sub Domain 3: Medication Safety
4. Sub Domain 4: Pressure Ulcers/Wounds
5. Sub Domain 5: Oxygen Safety
6. Sub Domain 6: Patient Safety or Incidents Generally
7. Sub Domain 7: Patient/Family Ratings of Care Regarding Patient Safety

Structural Measures

Domain 2: Physical Symptom Management

Structural Measures

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1. Pain
2. Dyspnea
3. Nausea
4. Bowel Management
5. Physical Symptoms - Other

Structural Measures

Domain 3: Care Coordination and Transitions

Structural Measures

Domain 3: Care Coordination and Transitions

- Care Coordination among hospice care professionals
- **Care Coordination between hospice and other professional care providers or settings**
- Transitions **to** other care settings
- Transitions **from** other care settings
- Family ratings of care coordination/transitions
- Care Coordination/transitions - other

Structural Measures

Domain 4: Patient/Family Preferences

Structural Measures

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- Advanced Directives/surrogate designation
- Documenting patient/family preferences and goals of care
- Meeting patient/family preferences and goals of care

Structural Measures

Domain 5: Communication and Education

Structural Measures

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- Communication with patient/family regarding hospice care broadly
- Family ratings of communication
- Family education/communication about the dying process
- Family/caregiver confidence
- Family education about managing symptoms
- Family education about equipment use
- Family education about safety
- Family education about advance directives/surrogate designation

Structural Measures

Domain 6: Patient/Family Experience/Ratings of Care and/or Services

Structural Measures

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- Overall Ratings/willingness to recommend
- Patient personal care needs met
- Respectful treatment
- Improved comfort/wellbeing/quality of life
- Evening/weekend on call service
- Volunteer Services
- Family ratings of disciplines providing care

Structural Measures

Domain 7: Spiritual

Structural Measures

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- Screening/assessment/management of spiritual needs/issues
- Patient/Family experience/ratings of spiritual care
- Spiritual care - other

Structural Measures

Domain 8: Structure and Process of Care

Structural Measures

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- Visit Frequency
- Volunteer services
- Other structures and processes of care

Structural Measures

Domain 9: Psychosocial

Structural Measures

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1. Sub Domain 1: Depression
2. Sub Domain 2: Anxiety
3. Sub Domain 3: Social Support
4. Sub Domain 4: Psychosocial Distress
5. Sub Domain 5: Psychosocial - Other

Structural Measures

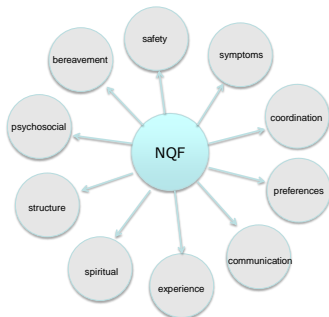
Domain 10: Grief, Bereavement and Emotional Support

Structural Measures

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- Grief and bereavement assessment and care
- Emotional care for the patient/family before and/or at the time of death
- Emotional care for the family after death
- Culturally sensitive caregiving

NQF Measures Summary



NQF also adopted 14 measures...
3 of which will have an immediate affect on your hospice Residents

- Pain screening
- Pain assessment
- Comfortable dying

How will it work

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- You simply ask the question?
 - *"Are you uncomfortable because of pain"*

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- All patients upon admit will be assessed for pain issues
- Those patients that reported some level of pain, or assessed for some level of pain will be reassessed 48 hours from the time of admit
- The % of patients still experiencing pain will then be reported to CMS



So what does that mean for me?



Why did this happen?

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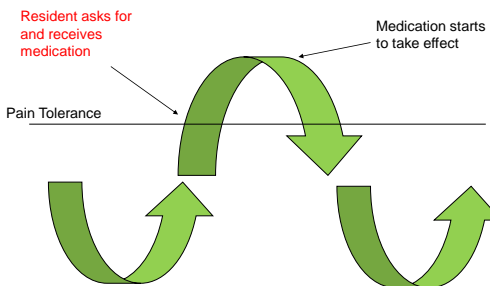
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- 45% - 80% of LTC Residents have some level of chronic pain
- 14.7% were in SEVERE persistent pain
- And 41.2% still in pain 60-180 days later!



How did this happen?

PRN Medication Usage



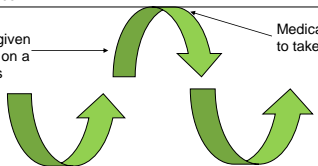
PRN Medication Usage

- Problems could include
 - Residents ability to communicate effectively the level of pain that they are experiencing
 - Staff training/education/ability to effectively/legally assess the level of pain that the resident is experiencing.
 - Physician and NF "fear" of chemical restraints, and documentation necessary

Standing Orders

Pain Tolerance

Resident is given medications on a routine basis



Medication starts to take effect

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 2. Assist, as necessary, with transferring the resident to a different facility that provides hospice services.

Assuming you want to keep your resident

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 - 1. Ensure that the hospice services meet the professional standards and principles in a timely manner.**

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- The IDT member responsible must have:
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 - AND will be responsible for the following...

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- **Obtain from hospice: most recent care plan; election form, medication information**

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- **Ensuring that the NF staff provides orientation in P&P of NF for: pt. rights, forms, record keeping, to Hospice!!**

How to relate this to QAPI
AND
EFFECTIVELY COLLABORATE

QAPI AND COLLABOTATION

- To use as QAPI AND Coordination of Care you can...

QAPI AND COLLABOTATION

- To use as QAPI AND Coordination of Care you can...
 - Look at Care plan OR more simply

QAPI AND COLLABOTATION

- Determine what is important to you

QAPI AND COLLABOTATION

DISNEY, WALT		M	T	W	R	F	S	S	M	T
		1	2	3	4	5	6	7	8	9
BATHS	IND/SUP									
	LIM									
	EXT									
VISITS/TIME BY DISCIPLINE	TOT									
	NA									
	NURSE									
TREATMENTS/COUNCELLING	SW									
	CHAP									
	NURSE									
TREATMENTS/COUNCELLING	BEREAV									
	SW									
	CHAP									

QAPI AND COLLABOTATION

- Determine what is important to you
- MAKE IT MEASUREABLE

QAPI AND COLLABOTATION

- Determine what is important to you
- MAKE IT MEASUREABLE
- SET GOALS

QAPI AND COLLABOTATION

- Determine what is important to you
- MAKE IT MEASUREABLE
- SET GOALS
- COMMUNICATE YOUR EXPECTATIONS,
COMPARE PROVIDERS

Thank You
