Strategies for Success: How to Achieve Palliative Care Certification

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Advanced Certification for Palliative Care
Overview of Hospital and Palliative Care program

- 10th largest hospital system in the country
- Located in South Florida
- Flagship organization with both pediatric and adult care
- Residency and fellowship programs
- Certifications through The Joint Commission in:
  - Hip & Knee
  - Stroke
  - CABG
  - Palliative Care

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Overview of Hospital and Palliative Care program (continued)

- Adult and Pediatric Team
- Board certified physicians in both pediatrics and adults
- Chaplain, RN, social worker, and volunteers staff team
- Reports directly to Cancer Service Line
- Approximately 1000 patients per year
- Electronic medical record through CERNER
The Pursuit to Certification and Benefits Realized

- Program was established through a planned gift in 1997
- Established Palliative Care Committee comprised of multidisciplinary stakeholders from the organization
- Established palliative care presence in rounds on all ICU’s, and inpatient oncology unit
- Developed competency and educational training.
- Developed Quality structure and patient experience measures that aided in improving patient care.
- Re-vitalized monthly educational grand rounds
- Physician training
- Market differentiator
- Initially applied for Live strong Grant
## Initial Challenges and Strategies for Success

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Success</th>
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<tbody>
<tr>
<td>Consistency between adult and pediatric teams</td>
<td>Development of expanded multi-disciplinary team</td>
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<td>Education among the organization</td>
<td>Quality measures that improve both outcomes and experience</td>
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<td>Cost – didn’t receive first Live Strong grant</td>
<td>Palliative Care Fellowship and medical student and resident engagement</td>
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<td>Making the Financial case for Palliative Care</td>
<td>Physician training – especially in oncology, CVICU, and Trauma</td>
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<td>Developing Electronic documentation among a health system with palliative at only one location</td>
<td>Rounding in units</td>
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<tr>
<td>Establishing rounds in all ICU’s and other inpatient units</td>
<td>Unit based in services and training</td>
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Stacie T. Pinderhughes, MD
Chair, Division of Palliative Medicine
Banner Health
Overview of Hospital and Palliative Care program

- Banner Health: Overview
  - Banner Good Samaritan
- The Road to Developmental Initiative
- Recognition as System Program
- Banner Health: Vision for Palliative Care
The Pursuit to Certification and Benefits Realized

- Legitimization of Palliative Care program locally and system wide
- Increasing the number of Palliative Care programs with certification nationally
Initial Challenges and Strategies for Success

- PI measures: What do you choose?
- Satisfaction survey: How do you do it?
- 24x7 availability: How do you achieve it?
- Plan of Care documentation
Maria Gatto, MA, APRN, ACHPN, NP, HNP
UCO Director Palliative Care
CHE Trinity Health
Overview of Health System Palliative Care System Initiative

Combined Organization Serves 21 States Nationwide

- Operating revenue $13.3 billion
- 82 hospitals
- More than 87,000 employees
- 4,100 employed physicians
- 89 continuing care facilities
- 2.75 million annual home health/hospice visits
- $1 billion in Community Benefit Ministry
The Pursuit to Certification

FY13-16 Palliative Care System Wide Initiative

I. FY13 Focus: Acute Care In-Patient Setting

II. Three High Priority Goals for All Acute Care Inpatient Settings

• All acute care in-patient facilities have a Palliative Care program
• Standardized palliative care documentation
• Standardized palliative care data collection and outcomes

III. System Wide Quality Standards Identified

• TJC, Palliative Care, Advanced Program Certification
• Clinical Practice Guidelines of Quality Palliative Care: 8 Domains
• NQF, National Quality Forum, Consensus Standards, 12 Operational Domains of Palliative Care
• NQF, National Quality Forum, Endorsed Palliative Care Measurement
Initial Challenges

- Scope: 7 States, 28 Programs, Multiple time zones
- Coordination-Collaboration-Consensus: 80/20 Rule
- Avoiding Meeting Conflicts
  - Scheduling meetings
- Avoiding Meeting Fatigue
  - Scheduling assignment of participants
- Avoiding Meeting Fatigue
  - Scheduling assignment of participants
- Lean Processes
  - S-M-A-R-T Goals (Specific, Measureable, Attainable, Realistic, Timely)
Strategies for Success

Step 1: EMR System Wide Gap Analysis using The Joint Commission Palliative Care Standards

Step 2: Program Assessments: NQF, Consensus Standards 12 Operational Domains, Palliative Care

Step 3: Project Management Tools, LEAN Approaches

Step 4: Governance Structure
  • Workgroups: Documentation, Metrics, Implementation Education
    • The Joint Commission, Collaborative Partners: Special Thanks David Eickemeyer
Benefits Realized

I. IMPLEMENT:
   • FY 12: 14 Existing Acute Care Palliative Care Programs
   • FY 13: 8 Implemented Programs
   • FY14YTD: 2 Implemented, 3 pending, 1 pending FY15

II. IMPROVE
   i. Outcomes:
      • YTD Consults (March) 3,039
      • FY14 Projected consults 3,815
      • Average cost savings $1,180 per consult
      • Projected actual savings for FY14: $4.5M
      • Actual savings YTD FY14: $3,836,698.00

   ii. Documentation: Standardized & Implemented Palliative Care Documentation
   iii: Data: Standardized Clinical, Operation, Financial Dashboard
   iv. Education: System Wide Contract: EPIC & ELNEC

III. Joint Commission Certification Achieved
   • FY 13: St. Joseph Mercy Oakland, Saint Alphonsus Regional Medical Center
Q & A Session
Contact Us

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