

**Saint Thomas Health Foundation**  
**Civil Monetary Penalty Improvement**

# **Palliative Care Transitional Program**

**TN Department of Health| July 2, 2019**



**Mary Price Director Palliative/CMP Grant Manager**

# GRATITUDE

**Your generous support of our patient community transforms lives. Your partnership with Saint Thomas Health and NHC enables our mission to provide healthcare support to the poor and vulnerable.**

# ACKNOWLEDGMENT OF GRANT PARTICIPANTS



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Post Acute Service Solution Medical  
Director

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NHC Murfreesboro Administrator

**Mari Ann Hood, BSW**  
NHC Murfreesboro Social Worker

# Goal

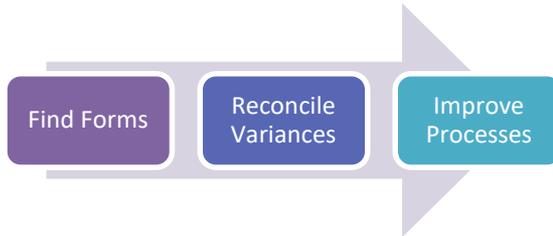
To increase the numbers of patient care conversations that are conducted with and implemented for palliative care patients/residents during transfers to, and residencies at, skilled nursing facilities

Start: Feb. 1, 2018  
End: January 31, 2019  
Extended: June 30, 2019  
Awarded: \$101,212  
Edison Number 169280



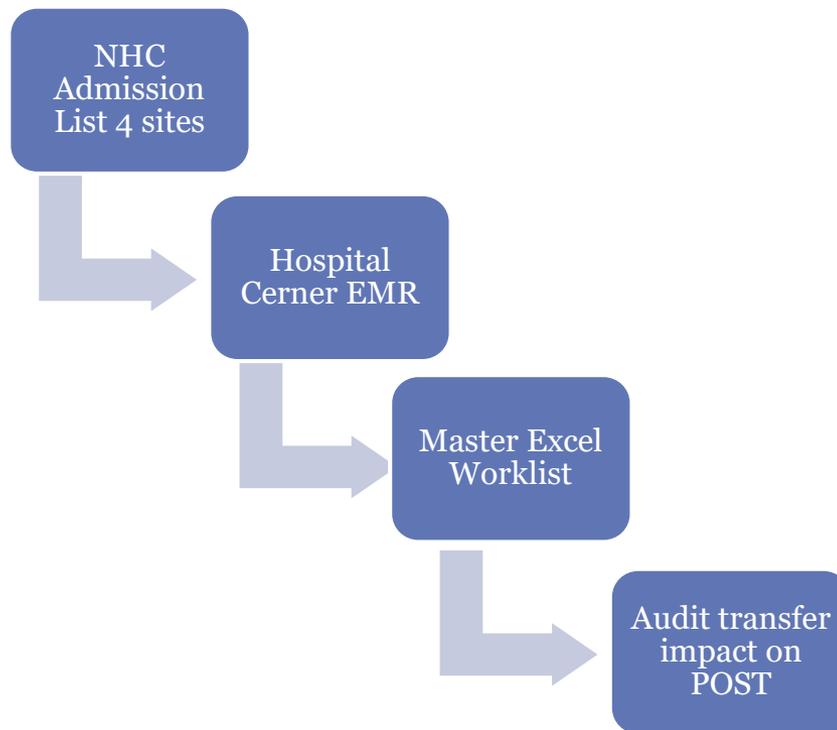
# Phase One

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Q1-2 Feb18-June18

# Find Forms



# Identify Variances

| Worklist |              |      | Present at Hospital |     |                    |     |                                |      |         | Present at NHC |      |         |
|----------|--------------|------|---------------------|-----|--------------------|-----|--------------------------------|------|---------|----------------|------|---------|
| NHC Site | NHC adm date | Name | STH Site            | FIN | Palliative Consult | POA | DNR order this hospitalization | POST | Adv Dir | POA            | POST | Adv Dir |
|          |              |      |                     |     |                    |     |                                |      |         |                |      |         |

123 DNR  
POST  
Variances

STH POST form in medical record

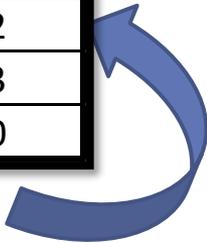
NHC POST form in medical record

# Reconcile Variances

- ✓ NHC Centers faxed 123 POSTs identified as a DNR variance before or after transfer
- ✓ Hospital Audit confirmed 100 of 123 faxed NHC POST forms present in chart

- **Metrics Tracked**

|                                |     |
|--------------------------------|-----|
| <b>Admissions Reviewed</b>     | 372 |
| <b>DNR with POST variances</b> | 123 |
| <b>POST faxes to STH HIM</b>   | 100 |



Note Grant total goal for admissions reviewed was 176



# What's Causing the Variation?

- 91 out of 372 audited had a hospital DNR order with variable POST status before and after NHC admission

| Inpatient Stay        | NHC admission          |
|-----------------------|------------------------|
| 35 No POST Form       | 2 No POST Form         |
| 51 DNR POST Form      | 65 DNR POST Form       |
| 5 Full Code POST Form | 24 Full Code POST Form |



# Process Challenges Addressed

## **No NHC Palliative Teams to manage POST variances**

Selected highest readmission site (NHC Murfreesboro) to :

1. Conduct limited Palliative consults using STH Palliative NP
2. Deliver advance directive training technician and professional staff
3. Use Rutherford ED to intercept DNR POST for Palliative consult

## **Inability to track POST from hospital to NHC**

1. New STH System Policy “Care for Patients at the End of Life” standardized guidelines for DNR orders and POST documents.
2. New NHC Admission Policy: NHC POSTs are faxed back to STH for inclusion in the medical record.



# Process Challenges Addressed

## **ED admissions with DNR POST without Palliative consults**

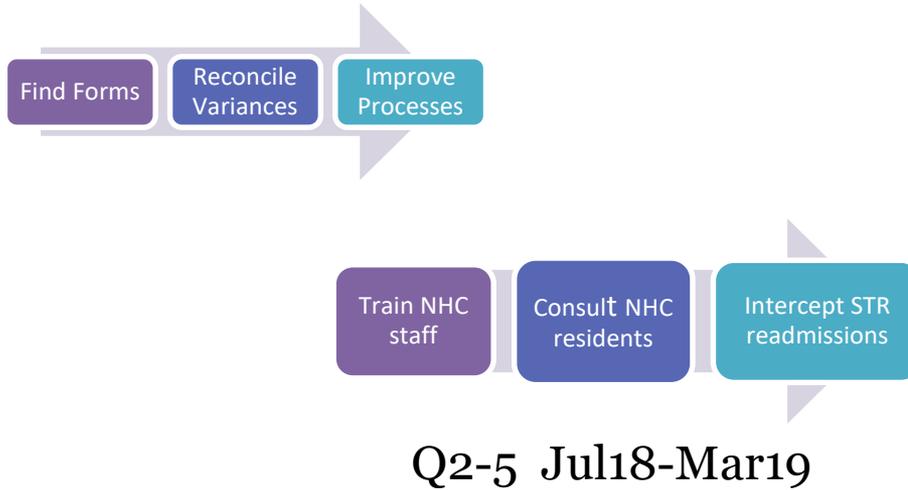
1. Secured ED physician and case manager stakeholders to screen NHC admissions with POST DNR and request Palliative consult at Saint Thomas Rutherford Hospital
2. Completed monthly audits of NHC admissions with POST DNR to determine if interception for Palliative consult occurred

## **Concordant care for patient deaths during grant**

1. Requests made to both NHC and STH for new reports to audit patient deaths during total grant period



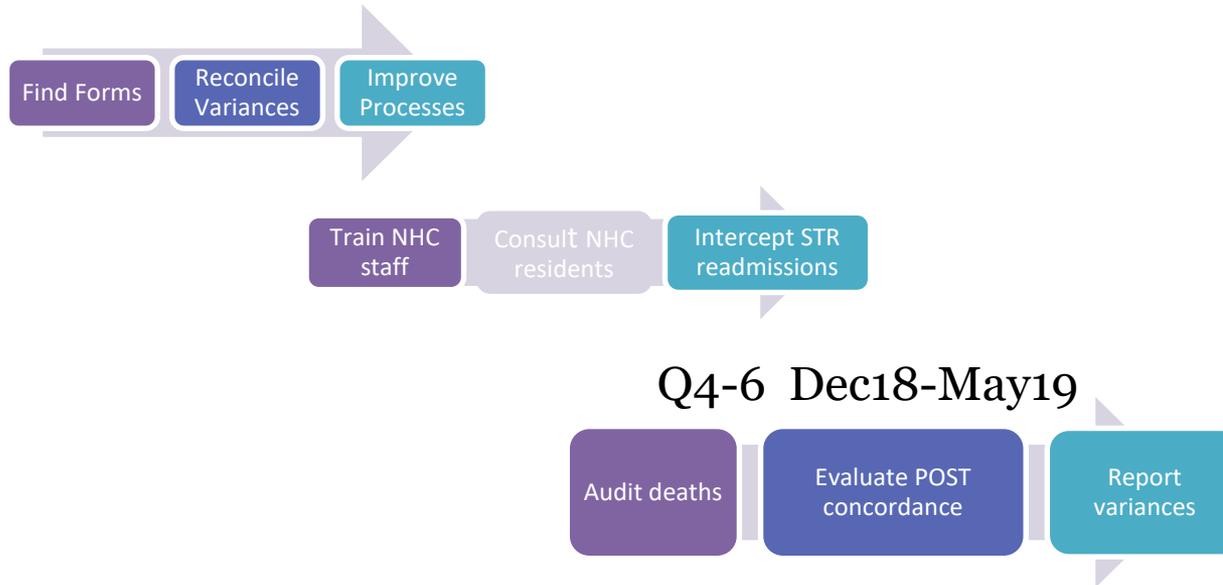
# Phase Two



- **Metrics Tracked**

|   |         |
|---|---------|
| Technician v Prof Training Participants | 77 v 83 |
| Provider Consults NHC                   | 16      |
| NHC transfers with POST DNR             | 75      |
| STR Palliative Consults ED v IP         | 0 v 9   |

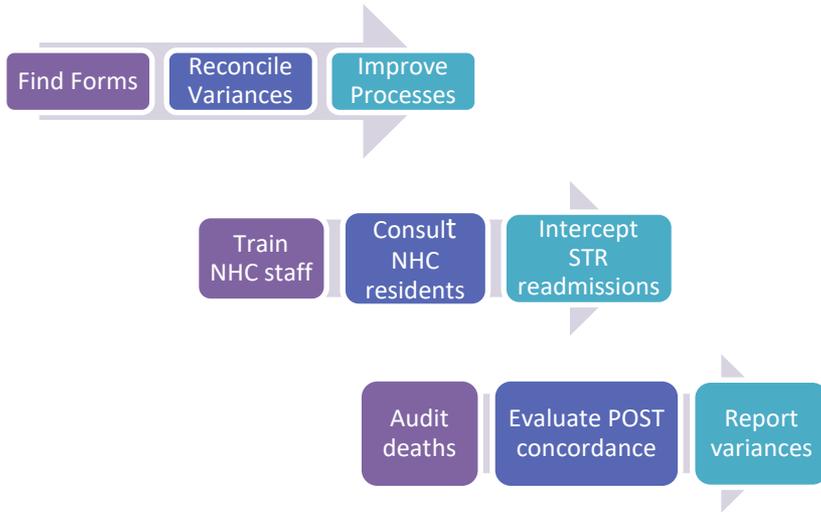
# Phase Three



- **Metrics Tracked**

|   |     |
|---|-----|
| Audit of discordant deaths during grant | 372 |
| STH 20                                  | 2   |
| NHC 7                                   | 0   |

# Closing Phase



June 2019



# Process Challenges Met

## **No NHC Palliative Teams to manage POST variances**

1. Specialty Palliative consults using STH NP included NHC Murfreesboro administrator and social worker and demonstrated positive impact on goals of care and symptom management for 16 NHC patients
2. More than 40 NHC technician and professional staff showed improvement in pre/post test knowledge of advance directives and a training video was created for orientation at all NHC sites.
3. Weekly joint NHC/STH readmission meetings now include screen for DNR POST alerting social worker to request inpatient Palliative consult for any future admission

## **Inability to track POST from hospital to NHC**

1. Monthly hospital quality metric added for Palliative POST completion on DNR patients discharged to SNF/LTC per new STH Policy “Care for Patients at the End of Life”.
2. New NHC Admission Policy: NHC POSTs are faxed back to STH for inclusion in the medical record.



# Process Challenges Remaining

## **DNR POST in ED doesn't trigger Palliative consult**

1. Weekly joint NHC/STH readmission meetings include screen for DNR POST alerting NHC social worker to request inpatient Palliative consult for any future hospital admission may allow for ED interception and cultural shift.

## **Monitoring for concordant care at end of life**

2. Grant discordant cases were reported to hospital safety and medical officers
3. Monthly hospital quality metric added for Palliative consults when patient dies in hospital to screen for concordant care based on medical record documentation



# Conclusion

- Our partnership demonstrated our united mission to know and honor our patient decisions for spiritually centered, holistic care during palliative and end of life transitions.

