

**Successful Collaboration: Working with
Long Term Care Facilities**
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Background--Hospice In Nursing Homes

Hospice enrollment associated with higher level quality –

- ◆ **More likely to have pain assessed & treated**
- ◆ **Less likely to be hospitalized and to die in a hospital**
- ◆ **Less likely to have invasive treatment**



Background

- **But, there is tremendous variability in whether hospice is used within a NH and in the volume of hospice used across and within U.S. states**
 - ◆ **In 2000, 76% of U.S. NHs used any hospice but,**
 - ☞ **Florida 96%; Wyoming 36%**
 - ◆ **And, 21.4% of decedents in collaborating NHs used hospice but,**
 - ☞ **Vermont 9%; 42% Oklahoma**

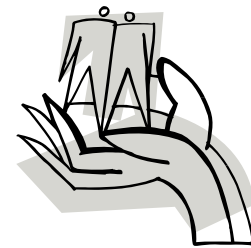


Background

Projects Premise—

There are “best practices” (“collaborative solutions”) out there, and if these are disseminated and integrated into practice, more success will result—more use of and referral to hospice—leading to higher quality of life/care at the end of life.

Also, in light of NH staff shortages and turnover, hospice use provides consistent availability of palliative care expertise and support



Project Aims

- **Synthesize existing research, guidelines and resources**
- **Establish project website –**
<http://www.chcr.brown.edu/NHHSP/INDEX.HTML>
- **Identify and visit “best practice” sites and disseminate “best practice” case study information**
 - ◆ **“Collaborative Solutions”**
 - ◆ **Policies, procedures, practices available on website & disseminated widely**



Identification of Domains Critical to Successful Collaboration

Informal Survey Conducted *(to validate Expert Advisory Committee's thinking)*

- ◆ **Administered by AASHA and NHPCO**
- ◆ **23 NH administrators/CEOs**
- ◆ **71 hospice administrators, coordinators & staff**
- ◆ **Organized site visit information collection and reporting of results per survey's identified domains**



Case Studies

- **To understand environment**
 - ◆ Used information on state policies / practices
 - ◆ Collected site and market information (size, ownership, competition, etc.)
- **To understand practices**
 - ◆ Interviewed administrators/CEO's; liaisons; coordinators/supervisors; medical directors; nurses / social workers / aides; CFOs & billing staff
 - ◆ Collected forms, other that may be useful to others



Study Site Selection

- **Pilot site:**
 - ◆ **Home & Hospice Care of RI** (*non-profit; large; CON state*)
 - ◆ **Saint Elizabeth Manor, East Bay** (*non-profit*)
- **Florida**
 - ◆ **Tidewell Hospice** (*non-profit; very large; CON state*)
 - ◆ **Pines or Sarasota** (*non-profit; Eden NH*)
- **New Jersey**
 - ◆ **Hunterdon Hospice** (*non-profit; small hospice*)
 - ◆ **Hunterdon Care Center** (*non-profit; part of large HC system*)
- **North Carolina**
 - ◆ **Four Seasons Hospice & Palliative Care** (*non-profit; small; CON state*)
 - ◆ **Brian Center Health & Rehabilitation** (*non-profit*)



Study Site Selection

■ Minnesota

- ◆ **Hospice of the Twin Cities, Inc.** (*former for-profit, now non-profit; 76% of care in NH*)
- ◆ **Ambassador Good Samaritan Center** (*non-profit*)

■ Michigan

- ◆ **Hospice Care of Southwest Michigan** (*non-profit*)
- ◆ **The Laurels of Galesburg** (*non-profit; rural*)

■ California

- ◆ **Yolo Hospice** (*non-profit*)
- ◆ **Alderson Convalescent Hospital** (*non-profit; family-owned*)



Administering the collaboration

■ Survey

◆ Fostering good relations

- ☞ Barriers: maintaining functioning vs. dying, Medicare Part A, curative vs. palliative

■ Case Study Findings--Facilitators

- ◆ NH and hospice have a shared philosophy of care.
- ◆ Partnership is mission driven
- ◆ NH acknowledges death
- ◆ NH and hospice have a shared philosophy of care.
- ◆ Partnership is mission driven.



Administering the collaboration

■ Case Study Findings--Facilitators (continued):

- ◆ NH acknowledges death.
- ◆ Administrators committed to collaboration
- ◆ Partnership and staff relationships (at all levels) result from planned systems and activities—not dependent on individual, time, and not left “to chance”
- ◆ Hospice administrator has expertise on the collaboration
- ◆ Hospice administrator has a vision for the collaboration that is easily conveyed, such as “win-win” “it’s about the relationship” “customer service”
- ◆ NH proactive about their expectations
- ◆ OTHER FACILITATORS?



Administering the collaboration – Site Practices

- **Administrative Alignment/Modeling Behaviors**
 - ◆ Be the “champion” of the partnership across H/NH
 - ◆ Touch base on a regular basis & let staff know you collaborate & support the partnership
 - ◆ Assign Hospice/NH dedicated staff to maximize relationships
 - ◆ Provide consistency of staff assigned to NH
 - ◆ Nursing Home Liaison positions/role
 - ◆ “Product Line” Approach
 - ◆ High hospice “presence” in NH
 - ◆ Provide for responsive after hours coverage 24/7
 - ◆ Understand each others systems, regulations, financing
 - ◆ OTHER KEY PRACTICES??



Inter-disciplinary practice & Communication

Nursing Home Residents & Staff as Customers



Inter-disciplinary Practice & Communication

SURVEY

- **Cultivating personal relationships**
- **Open & frequent**
- **Liaisons**
 - ◆ **Barriers: competition / turf issues, judgment issues, other**

CASE STUDIES

- **Facilitators**
 - ◆ **Team which is dedicated to NH care**
 - ◆ **Individual serves as a NH hospice liaison**
 - ◆ **Consistent hospice staffing in NH**
 - ◆ **Low NH and hospice staff turnover**
 - ◆ **High hospice presence in NH**
 - ◆ **OTHER FACILITATORS?**



Inter-disciplinary practice & Communication—Site Practices

■ Hospice Staff Selection

- ◆ Hire hospice staff with prior NH experience
- ◆ Good at relationship building
- ◆ Would instinctively know or learn.....
 - ☞ What would be helpful to NH resident & staff?
- ◆ Someone who can leave their ego at the door
- ◆ Comfortable as informal and formal educator
- ◆ Flexible to meet the needs of resident & staff



Inter-disciplinary practice & Communication—Site Practices

- **Open communication at all levels**
 - ◆ no blame, no we-they, all here for same reason
 - ◆ Intention is positive and collaborative resolution
- **Quick problem identification & communication**
 - ◆ “Pick up the phone when you have a question or concern.”
 - ◆ “Have me paged anytime.”
 - ◆ “Here is my cell phone, call anytime you or your residents’ needs are not being met.”
- **Conflict management & problem solving**
 - ◆ Involve & give feedback to all who were involved
 - ◆ Communicate common goal – quality EOL experience
 - ◆ Encourage them to problem solve with each other
 - ◆ Follow-up on outcome of collaborative problem solving



Inter-disciplinary practice & Communication—Site Practices

- Hospice has Nursing Home Preference sheet for each Home
- Hospice aides wear scrubs and RNs wear lab jackets to differentiate from Nursing Home staff
- Seen as being most helpful with resident/family emotional issues
- Hospice volunteers seen as “softening up patients” who otherwise wouldn’t want to do certain things
- When invited, Hospice staff celebrate with Nursing Home staff at social activities
- Hospice and nursing home administrators use email to communicate
- Notification of hospice when change occurs is a continual challenge, especially with agency staff
- OTHER KEY PRACTICES??



Education

SURVEY FINDINGS

- ◆ For hospice & NH staff, and for families
- ◆ Barriers: NH time constraints, turnover

CASE STUDIES

- Educate hospice staff about relationship building with NH
 - ◆ Approach the NH as a partner, equally valued & recognized
 - ◆ Leave “hospice arrogance” at the door!
 - ◆ Collaborate always – as a guest in “their” home
 - ◆ Acknowledge & respect NH expertise
 - ◆ Not “taking over” the care of the resident
 - ◆ Ask for their update & opinions before seeing the resident or making changes to the care plan
 - ◆ Approach NH staff as Resident’s family



Education – Site Practices

- **Formal NH inservice sessions with much informal education (by hospice)—ALL NH shifts**
- **NH institutes mechanism to assure attendance**
 - ◆ **Checks contingent on attendance**
- **Provide NH staff with ongoing resources for quality EOL care (articles, tools, etc.)**
- **Provide hospice staff with detailed information on systems/forms/procedures for each NH**
- **Provide hospice staff with NH profiles including preferred contact persons, NH preferences, other**
- **Educate hospice staff on NH regulations, documentation (MDS, Profiles, etc.), financing**
- **OTHER KEY PRACTICES??**



Care Planning / Provision

SURVEY FINDINGS

- Joint care plan meetings, integrated care plan
 - ◆ Barrier: Lack of invitation to mtgs., attendance
- Consistency of team, between settings
 - ◆ Barriers: Multiple hospice providers; lack of communication regarding resident changes/needs

SITE FINDINGS--Overview

- Hospice attends NH care plan mtgs and attempts to involve NH staff in hospice care planning mtgs.
- Continual NH/hospice staff dialogue on care plan & provision
- NH has formal and/or informal mechanisms to identify potential referrals
- Family informed of NH/hospice care & service expectations
- Hospice response timely to referrals & to on and off-hour calls



Care Planning / Provision – Site Practices

- **Specific Systems to Facilitate Coordination—**
 - ◆ Only one site had a coordinated care plan
 - ◆ Nursing Home care plans are easily accessible
 - ◆ Hospice care plan meetings are occasionally held at the Nursing Home
 - ◆ Hospice Medical Director does rounds in the Nursing Home with Nursing Home staff in attendance
 - ◆ Assignment sheet is used by the Nursing Home. Resident information and care plan issues are on this sheet as well as whether resident is on hospice or receiving palliative care.



Care Planning / Provision – Site Practices

- **Specific Systems to Facilitate Coordination—**
 - ◆ Coordination is more verbal, than written
 - ◆ Nursing Home has (face down) communication log sheet on back of resident's door
 - ◆ Hospice sends faxes to Pharmacy to order medications and indicate who is paying Family informed of NH/hospice care & service expectations.
- **OTHER KEY PRACTICES??**



Support to resident/family & NH staff

- **SURVEY FINDINGS**

- ◆ **Memorial Services**

- **SITE FINDINGS—OVERVIEW**

- ◆ **Hospice employees verbalize and actualize goal to provide support to NH staff & residents/families-
“How can we help?”**
 - ◆ **Systems in place to provide emotional & bereavement support to NH staff**
 - ◆ **Short turn-around time for NH per diem payment & 100% of Medicaid per diem paid**
 - ◆ **Support to NH with survey and with bureaucracy such as Medicaid applications/eligibility**



Support to resident/family & NH staff– Site Practices

- Provide support to NH staff for cumulative loss/grief
- Ongoing bereavement support to family
- Social worker assists with Medicaid applications and does follow-up
- Hospice obtains special DME that NH can't afford
- Nursing Home staff report that hospice increases the amount of 1 on 1 care provided
- Alternatives available to Medicare hospice (routine home care)
 - ◆ Hospice inpatient suites
 - ◆ Palliative care programs
 - ◆ Palliative care consults
- **OTHER KEY PRACTICES??**



Monitoring Outcomes

- **Staff verbalizes NH and hospice has common missions, visions.**
- **NH staff, supervisory and administrative staff find partnership results in added value to residents, their families and staff.**
- **Partnership does not result in negative financial consequences for NH, hospice or patient/family.**
- **NH and hospice staffs are highly satisfied with relationship.**
- **NH and hospice administrators and supervisors are highly satisfied with relationships.**
- **Residents/families are highly satisfied with NH/hospice end-of-life care**
- **Proportion of NH residents/families accessing hospice/palliative care increases.**

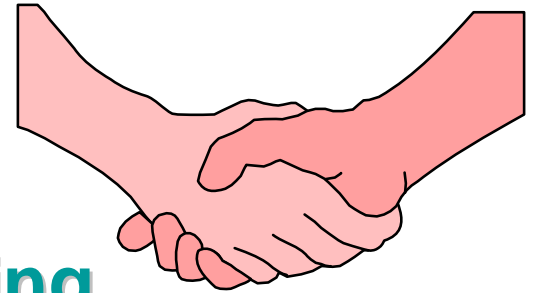


Monitoring Outcomes

- Staff verbalizes NH and hospice has common missions, visions.
- Low levels of unmet physical symptoms for hospice and nonhospice residents
- Low levels of unmet emotional and spiritual needs for hospice and nonhospice residents.
- Less prevalence of pain (improved QI outcome)
- Improved scores on other NH QIs
- Lower NH staff turnover
- Higher proportions of community decedents receive hospice / palliative care prior to death
- Median lengths of hospice stay increase
- Fewer hospital deaths



Successful Collaborations...



...are partnerships where care planning, coordination and provision are performed in care environments where:

- Mutual respect dominates;
 - Providers routinely share knowledge; and
 - policies and procedures clarify the roles of each collaborating party.
- much unwritten & HOSPICE PRESENCE, CONSISTENCY AND COMMUNICATION ARE KEY—A CUSTOMER SERVICE APPROACH FACILITATES SUCCESS

