IMPROVING THE HOSPICE EXPERIENCE FOR
PATIENTS AND FAMILIES

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Goals for Today
• Challenges facing hospice teams today
• Holy grail – consistent care delivery across hospice teams
• Communication barriers to preparing caregivers and families for end-of-life
• “Intentional” purposeful visit
• Visit design development
• Case Study
Challenging care delivery environment

- Patient and families are in transition; often in crisis
- Short length of stay*
  - 2011 Median Length of Stay – 19.1 nationwide; less in many
  - Means 50% of census dies in 19 days or less
  - 36% died or discharge in 7 days or less
- High acuity
  - Discharged from Hospital
  - General inpatient 26% of deaths in hospice inpatient facility*
  - Pain and Symptoms
- Comfort plan of care for patients and families

* Source: NHPCO 2012 Edition NHPCO facts and Figures: hospice care in America

Hospice teams can confuse patients

- So many team members, so many teams so many opinions…..
Significant Communication Issues

- Crisis
- Unfamiliar, high-levels of anxiety
- Pain and uncontrolled symptoms - 911
- Age of patients and caregivers
- Transition to hospice care goals
- Transition challenges between teams
- Dynamics of family

.....and very little time to prepare

Healthcare Communications Today

“Get with it, Stevie — Walking and talking are the bottom line these days.”
Quality Hospice Care

• Hospice experience
  • One time to get it right
• Family Evaluation of Hospice Care is measureable and comparative
  • Available to the public – coming soon
• Not acute care
  • Relationship not transactional
  • Ready to receive
  • Comfortable with the uncomfortable

Where is your hospice?

• Are your patients and families ready?
  • To handle breathing issues
  • Confident at what to at the time of death
  • Confident in caring for patient
  • Feel emotionally prepared
• Were your teams prepared?
  • Knowing the patient’s history
  • Discussing the Plan of Care
• Would they recommend your hospice?
INTENTIONAL VISIT DESIGNS

Intentional

“Done with intention or on purpose”

- the reason for which something exists or is done, made, used, etc.
- an intended or desired result; end; aim; goal.
- determination; resoluteness.
- the subject in hand; the point at issue.
- practical result, effect, or advantage: to act to good purpose.
- to set as an aim, intention, or goal for oneself.
- to intend; design
- to resolve (to do something)
Visit Design Goals

- Goal driven to the plan of care - personalized
- Excellent end-of-life experience to our patients and families – family not hospice needs
- Excellent customer service and communications – a great experience
- High-levels of consistency - Team-focused

Why Implement an intentional visit?

- Quality of service – clinical, communications and customer experience
- Increase consistency by all team members
  - Communications
  - Goals and purpose
  - Best practices
- Scripting, training and mentoring of key discussion areas for improvement
- Accountability – part of the performance plan
One Approach to Developing a Visit Design

• Observe your teams
  • Supervisory and self-observation
    • Record process, communications and timing
    • Compile
  • Workshop – all teams and disciplines
    • Review learnings from self-observation visits
    • Provide a visit framework
    • Each discipline and team develops intentional visits
• Field test and revise

The Visit Design

• Ensures important things are not overlooked
• 30% prescriptive and 70% judgment
• Utilized for all disciplines
• Allows consistent care across the board
• Time sensitive
Six Phases of a Visit Design

• Pre-visit - my purpose and collaboration
• Discovery – relationship building, needs, concerns
• Assessment – pain, symptoms, needs, plan
• Plan of care – build confidence – communicate, teach, hard conversations
• Checking out – documentation, summary, next steps
• Post-visit – collaborate, team communications

Visit Must Haves

• Discussion of disease process
  • Expectations of what to look for
• Review hospice communication materials
  • Caregiver guide
  • Death and dying booklet
  • Food and water
• Uncover questions and concerns
• Reinforce learning's
• Verbalization of understanding
• Reminder when to call
COMMUNICATION STRATEGIES

Teacher

• Promote caregiver confidence
• Demonstrate and educate
• Positive but realistic tone
• Manage expectations
• Discuss tough issues
• Consistent message by the care plan
Communicate

• Listen
• Say what you do and do what you say
• Tell the caregiver “You are doing a great job.”
• Discuss the care plan, next steps
• Remind to call the hospice, not 911!
• Manage and prepare
• Reinforce and remind
• What else can I do for you today?

Areas of Concern

• Hospice philosophy
• Advanced directives
• Denial of medical condition
• Food and water
• End-of-life symptoms and expectations
• Dying process
• Care planning goals
Tools and tips

- Hard Conversations
  - Script, role play and train -- often
- Communication materials
  - Caregivers guide, dying pamphlets
  - Technology to reach family members
- Mentoring and supervisory visits
  - Timing, quality
- More visits
  - Focused

Case Study

- Large non-profit hospice in Florida
- FEHC scores in lower percentiles (orange and red)
- Customer service issues
- Board initiated project to improve scores
  - Breathing issue preparation
  - Plan of Care communications
  - Consistency within and across teams
  - Dying process confidence, expectations and information
Discovery and Development

- 300 self-observed and observed visits
  - Wide range of visit times
  - Transactional not relationship; too clinical
  - Inconsistent communications and education
  - Focused on immediate needs not on preparing
- 5-hour workshop to develop visit designs
- Pilot of designs by all teams and revised

Rollout

- Comprehensive Training
  - Hospice experience and expectations
  - Expectations or all visits
  - All staff trained on visit design for their area of specialty
  - Communications training, scripting and roleplaying
  - Communications material development
- Focused visit - shorter and specific
- Performance and Accountability
  - Defined visit numbers and time with patients and families
  - Supervisory visits by all staff
Results

• Significant increase in time with patient
  • All teams above 50% of face time
• More visit completed weekly
  • Shorter, yet focused visit for declining patients
  • Less on-call issues
• Increase in 8 FEHC measures from bottom 50 to top 50
  • Plan of care, coordination, confidence and expectations
• Significant decrease in customer service issues

Impact of Intentional Visit Design
Sustained improvement in Quality

FEHC % Scored as Excellent (G1)

Significant Improvement in most measures

FEHC Percent Scores CY 2011 - YTD CY 2014
Community Hospice Earned Elite Status

Continuous Improvement

- New orientation focused on communication and visit design
- Improvement in preceptor program to ensure new staff ready for clinical needs
- Monthly reporting of productivity and face time
- Refresher classes to all clinical staff
- Ready for Hospice CAPS
QUESTIONS?