INCREASING ACCESS TO HOSPICE CARE:

Adapting a virtual consent, patient intake, and consumer education tool to meet unique needs at end of life

PATRICIA RAMSDEN RN,BSN,CHPCA, MSN '2021

BACKGROUND AND SIGNIFICANCE

- **Problem Statement**

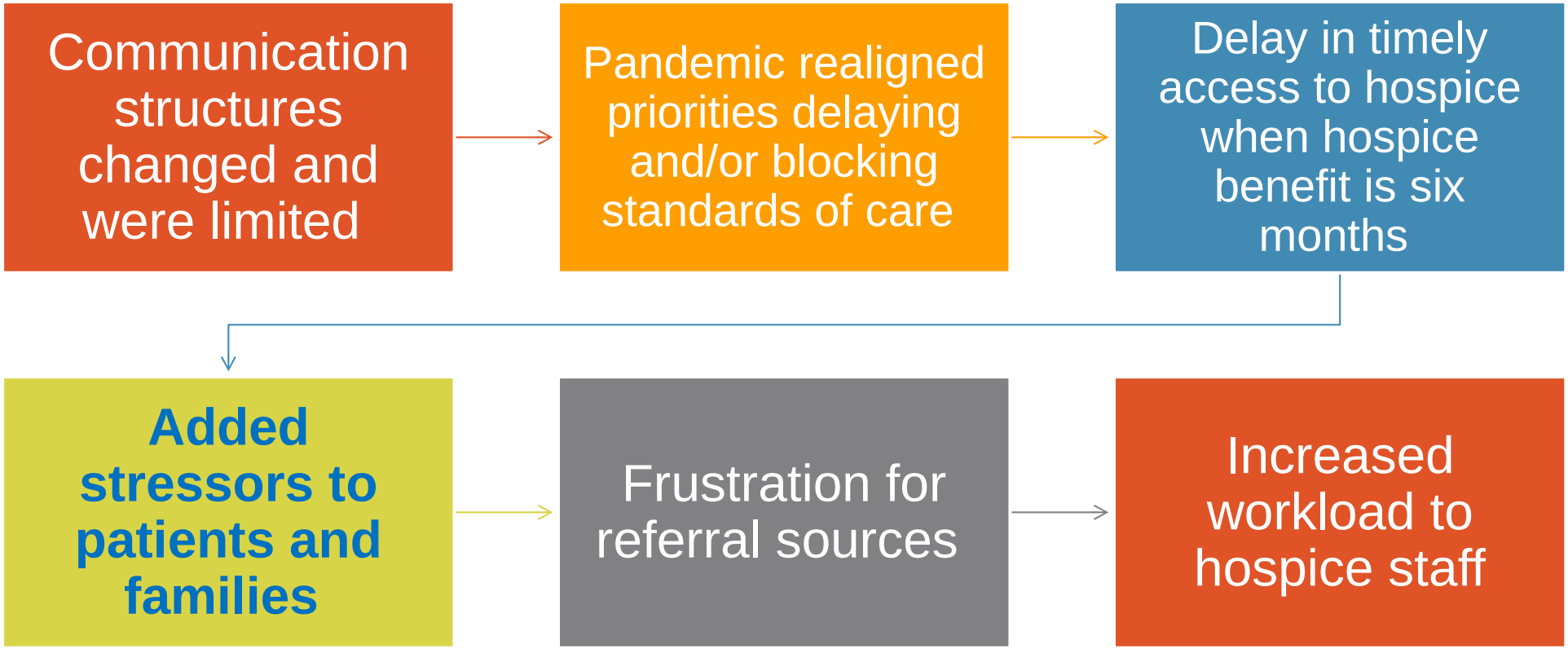
Due to increased **COVID19 restrictions** of families to visit patients in hospitals, long term care and assisted living facilities both health system and social structure obstacles arose in obtaining the **prior system of utilizing signed paper** consent forms in person necessary to **elect hospice care**.

According to the National Hospice and Palliative Care Organization **(NHPCO),** median length of stay for hospice patients is **18 days.**

Delays in accessing care further contributes to additional **pain and symptom burden, unnecessary treatments and separation** from loved ones at end of life.

STAKEHOLDERS: Health and Community

- **Patients**
- **Families, Friends , Caretakers and/or Social Supports**
- Referral Sources: Current Care Team at hospital, LTC, SNF, etc.
- Insurance Companies
- Hospice organization as a whole
- Intake , Admission, Quality, Medical records, Compliance and Education
- Technology Development Partners
- Patient/Family Advisory Council (PFAC)
- Others



CURRENT ISSUES

Adopt virtual electronic consenting process to be user friendly and accessible for patients, families and hospice staff

Access and admission to hospice will be timely ~ s0 critical hospice care begins

Pilot the new virtual tools and evaluate to identify barriers and quality improvements

Increase ease of use to patients, families, hospice staff, and others

PILOT OBJECTIVES

METHODOLOGY: Program Development & Evaluation (MSN-Led)

Pilot program was developed to demonstrate to the organizational leaders the usefulness of virtual tools and data (subjective and objective) that display ease and timely access to hospice care

- Conduct "useful" **data collection and analysis** on current status and identify areas for enhancement
- Weekly project meetings with **interdisciplinary team updates**
- Plan for pilot and **dissemination roll outs** to groups within organization ~ needs for **sustainability**

TIMELINE

Discussions began May 2020

Team assembled June 2020

Kickoff of workflow testing July 2020

Pilot initiated August 2020

Go Live for expanded user group December 2020

Product enhancement & plans for sustainability Spring 2021

USER SURVEY

Q1 Rate your experience with the electronic consent process (Likert, 1 - 5)

Q2 Tell us about your experience with the electronic consent process (free text box)

At completion of using tool

Patient /family		
n = 106 users	4.8 of 5 “stars”	18.3% reply rate

Internal users given same survey

Staff		
n = 25 users	4.2 of 5 “stars”	67.6% reply rate

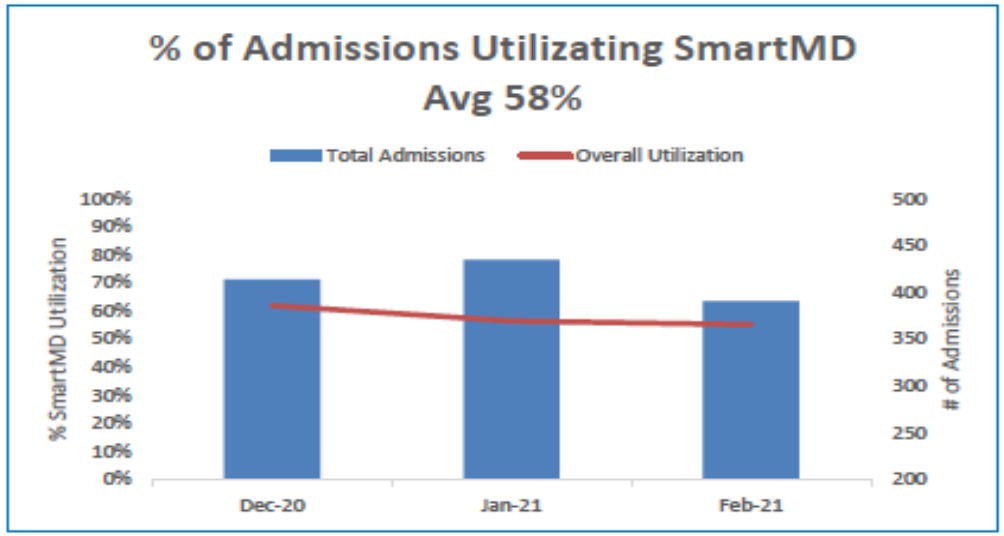
SAMPLE'S SURVEY RESPONSES (N = 131)

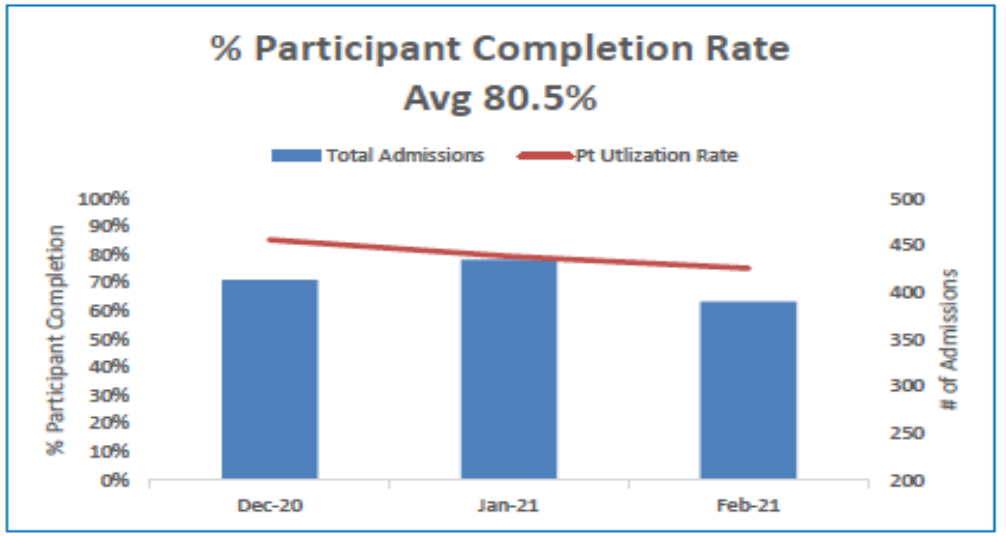
PATIENT /FAMILY USERS

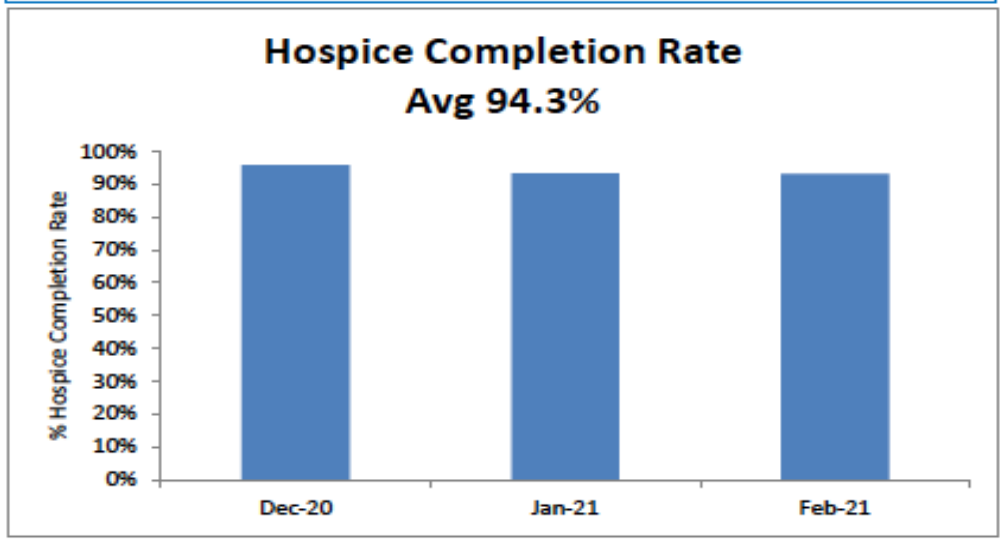
- "Extremely easy to use ; comprehensive welcome video made me feel less alone"
- "Fairly straightforward"
- "Helpful and clear"
- "Easy to follow"
- "Pretty confusing"

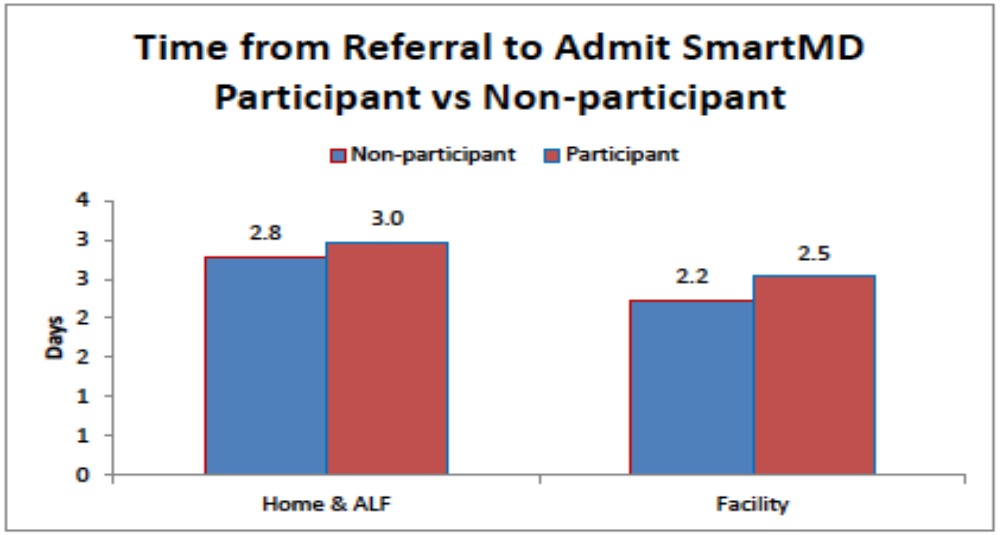
STAFF USERS (Referral & Nurse @ n = 50)

- "Makes things more difficult for patients and families"
- "Easy to use but needs some improvement"
- "Very helpful to be able to edit if the Dr. or date of admission change "
- "Didn't think I 'd be comfortable with it, but it's easy to use"


% of Admissions Utilizating SmartMD
Avg 58%
Total Admissions
Overall Utilization
% SmartMD Utilization
# of Admissions
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
500
450
400
350
300
250
200
Dec-20
Jan-21
Feb-21


% Participant Completion Rate
Avg 80.5%
Total Admissions
Pt Utlization Rate
% Participant Completion
# of Admissions
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
500
450
400
350
300
250
200
Dec-20
Jan-21
Feb-21


Hospice Completion Rate
Avg 94.3%
% Hospice Completion Rate
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Dec-20
Jan-21
Feb-21


Time from Referral to Admit SmartMD
Participant vs Non-participant
Non-participant
Participant
Days
4
3
3
2
2
1
1
0
2.8
3.0
2.2
2.5
Home & ALF
Facility

LESSONS LEARNED

Training , roll out and adoption to select staff **took longer** than expected

Opportunities exist to get current staff **"buy-in"** as shown by survey comments

Data analysis overview with stakeholders was needed to identify barriers, opportunities for improvement and enhancements of product

Biweekly meetings were necessary to keep stakeholders engaged and to identify workflow concerns

Realization that **process remains "ongoing"** and needs adaptation with any change in staffing structure or integration of new technology for **sustainability**

SELECT REFERENCES AND RESOURCES

- Fuller, J.B., & Theofilou, B. (2021, March 4)"Are your managers in sync with your change strategy?" *Harvard Business Review* . Retrieved April 24, 2021 from https://www.hbs.edu/covid-19-business-impact/citations/are-your-managers-in-sync-with-your-change-strategy.
- Roussel, L. A. ,T., Thomas, P. L. & Harris, J. L. (2020). *Management and leadership for nurse administrators (8th ed.).* Jones & Bartlett Learning.
- Ruland, C. M., Moore, S. (1998). Theory construction based on standards of care: A proposed theory of the Peaceful End of Life. *Nursing Outlook, 46*(4) 169-175.
- https://www.nhpco.org/hospice-facts-figures/
- https://hbr.org/2021/03/3-ways-to-humanize-the-virtual-health-care-experience
- Link to tool we are using: https://www.smartmd.com/patient-admissions/