



Increasing Hospice Utilization for Acute Myocardial Infarction (AMI) Patients

Wendy Hatfield, MSN, RN, CHPN & Gail Sherman, BSN, MS, RN



Background

This was one of four top Clinical Performance Improvement Goals for 2017. All patients and families should receive the right care, at the right time, and in the right setting. When curative therapies are no longer an option, Hospice Services and Palliative Care (PC) Medicine can provide non-curative therapies that improve experiences for patient & families during this difficult period of life.

Aims/Goals/Objectives

Identify AMI patients that could benefit from Hospice referral and establish why more AMI patients aren't being placed into Hospice? The rate for the performance period Jun. – Jul. 2017 was **3.92%** (goal 5.68%).

Problem

- Deep dive into the cases YTD that expired and were not referred into Hospice;
- Analyze referral patterns (Palliative Care & Hospice Liaison roles); Comfort Measure Only (CMO) / Terminal Extubation vs. Home for Hospice or GIP status;
- Plan strategies to implement in CCU / 2W (cardiac) using PDCA & Rapid Cycle Change;
- Identify key process inputs/outputs: Initiated by Provider - order for Palliative Care Consult (or Hospice referral / order if patient ready for discharge).

Data collection plan:

- Attend CCU MDRs - promote referral to Hospice for AMI patients & follow-up on disposition status for selected cases.

Measurement system:

- Monthly data: discharge disposition must indicate Home for Hospice or Inpatient Hospice to be pulled for inclusion.

Acknowledgments:

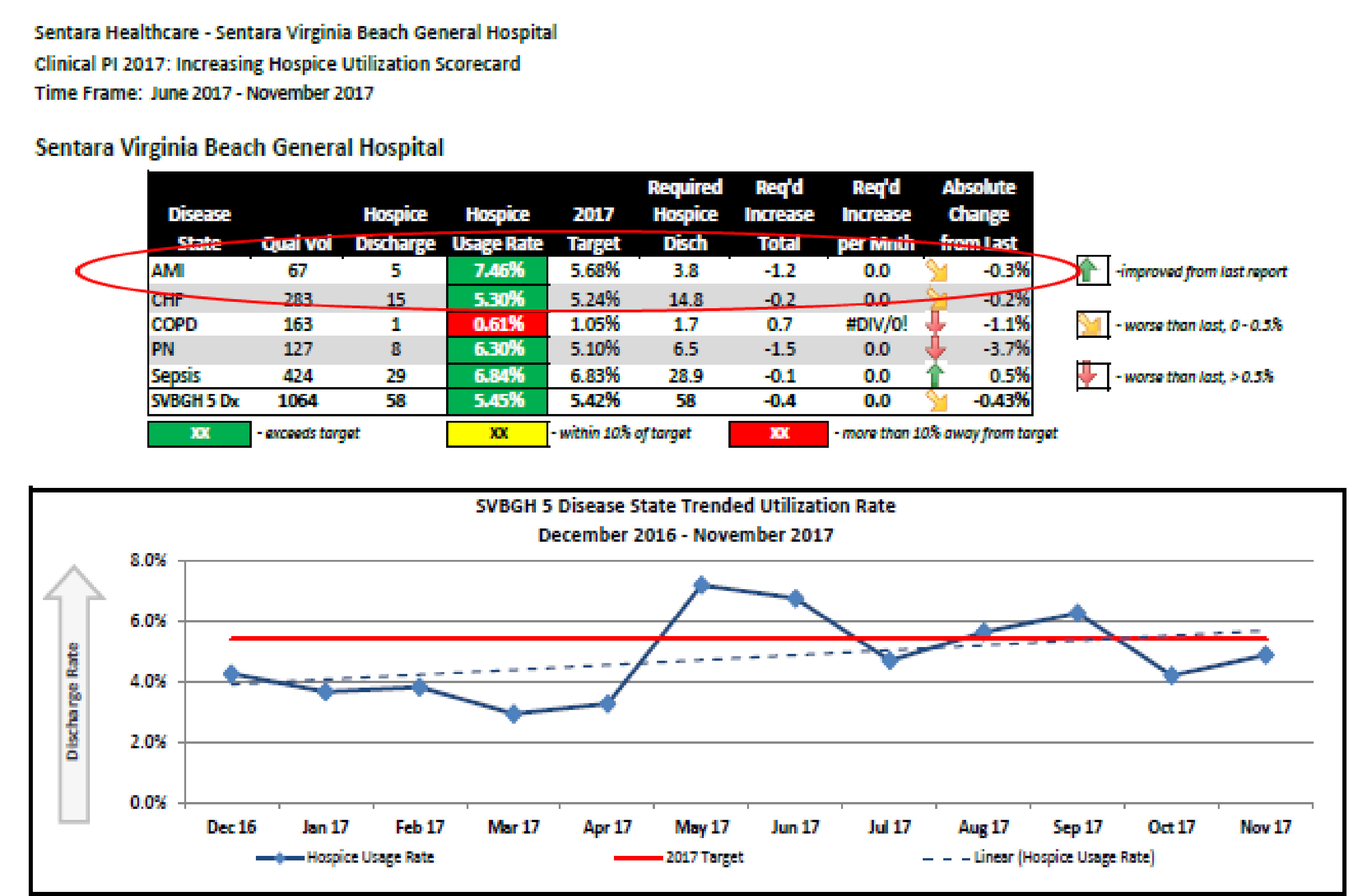
Peggy J Braun, MHA, BSN, RN, CENP
Vice President Patient Care / Chief Nurse Executive
Sentara Virginia Beach General Hospital & Sentara Independence

Methods

- Converted chaplain 0.9 FTE to a 0.6 Hospice and PC Nurse Specialist.
- Interviewed and hired a RN certified in Hospice & Palliative Care with extensive experience in Hospice nursing. Specialty certification for hospice and palliative nursing establishes a professional commitment to safe, ethical, and evidence-based care.
- The Nurse Specialist started mid-Oct. and demonstrated a significant impact within 4 weeks coordinating efforts of PC and Hospice groups to get everyone on the same page.
- She participated in ICU and CCU MDRs to identify patients who would benefit from education and/or emotional support with end-of-life (EOL) decisions.
- She also identified patients with chronic illnesses who would benefit from Palliative Care consult earlier in their disease process and identified patients at EOL who would benefit from Hospice services (whether on an inpatient or outpatient status).
- She collaborated with physicians and nursing to bring optimal care to patients and families even if that care was assisting them in the dying process to finding meaning and minimize suffering.
- The nurse specialist attended an End-of-Life Nursing Education Consortium (ELNEC) conference to become an ELNEC trainer. Trainers host professional development seminars for practicing nurses within their institutions, incorporating ELNEC content into nursing curriculum.
- CCU Staff were mentored one-on-one regarding identification of patients who would be appropriate for PC and/or Hospice evaluations.
- CCU Staff were educated on the philosophies of PC and Hospice Care and appropriate end-of-life care for the dying patient.

Results

AMI Hospice Utilization Jun. – Nov. 2017 improved to **7.45%**.



Conclusion

Education and mentoring has empowered CCU staff to identify cardiac patients that are appropriate for Palliative Care or Hospice evaluations. Having a direct link with a Hospice and Palliative Care Nurse Specialist has been critical for driving improvement in communication and planning for Hospice utilization and end-of-life care for AMI patients.

References

Hospice and Palliative Nurses Association, the Hospice and Palliative Credentialing Center and the Hospice and Palliative Nurses Foundation.

American Association of Colleges of Nursing (AACN); *ELNEC Courses* (2018).

Contact Information

Wendy Hatfield, MSN, RN, CHPN
whhatfie@Sentara.com
Nurse Specialist: Hospice and Palliative Care
Virginia Beach General Hospital
CISCO: 395-3006
Office: 395-8139