Creating a Dynamic IDG
Faculty Disclosure

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The presenter has nothing to disclose.
Reflection: The mind is like a parachute. It works best when it is open

(Discover the Greatness in You by Milton and Michael Willis)
Objectives

• By participating in this workshop participants will know how to pull together a dynamic interdisciplinary team that is responsible for developing and updating policies and procedures affecting the clinical practice and daily operations of a hospice.

• On completion of this workshop participants will become familiar with how to create policies and procedures that are evidenced based researched, in alignment with their organization’s mission and relevant to practice in the field.
What prompted us to go down this path?

COP 418.56(a)2 If the hospice has more than one interdisciplinary group, it must identify a specifically designated interdisciplinary group to establish policies governing the day-to-day provision of hospice care and services.
Our changing hospice environment related to clinical practice and regulations prompted us to look at a different way of doing things.

Staff needed an avenue to bring forth questions and concerns so that as a team we can come up with a solution.
Reflection: Wholehearted, unwavering COMMITMENT is how people become great

(Discover the Greatness in You by Milton and Michael Willis)
How do we inspire......

Commitment

From:
• HS Leadership
• HO Leadership
• Staff

Achieve this by
• Adding it to our strategic plan
• Formalizing our group by creating a charter
• Standing agenda to report out in our leadership meetings
In the quest for your dreams begin with a clear vision…….

(Discover the Greatness in You by Milton and Michael Willis)

Creating a Charter

Step 1
Purpose and Scope

Question
What is the team tasked to do?

Answers

• Establish the interdisciplinary group

• Discuss and develop policies to address clinical processes, considering evidence-based research and ensuring alignment with the mission of Providence Health and Services and providing quality of end of life experience.

• Review and update current policies and procedures
### Key Objectives and Measurements (Deliverables)

<table>
<thead>
<tr>
<th>OBJECTIVES - answers the question what</th>
<th>MEASURE - answers the question how</th>
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<td>Define the policy and process of when patient expresses desire for palliative sedation.</td>
<td>Development and implementation of policy addressing palliative sedation.</td>
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<td>Timely completion of reviews and updates of hospice policies.</td>
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Identify your team members

**What**
- Representation from different disciplines
- Representation from management
- Familiar with regulations
- Representation from medical staff

**Who**
- Field Nurse, SW, PC
- Operation managers and supervisors
- QM
- Medical director
- Additional staff may be asked to participate in specific working groups that require expertise in areas outside of the standing committee
Roles we play!

Identify each team members responsibility:

1. Facilitator- meeting organizer; minute taker; task master
2. Administrator/ sponsor- representative to HS leadership; Hospice Director
3. Medical consultant- Medical director. COP’s state they are responsible for the “medical component” of the hospice program
4. Researchers- rest of team; responsible for doing the research on assigned topics; creating the initial draft policies; contacting other hospices to establish community standards
### TIMELINES AND COMMITMENTS:

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COMMUNICATION MECHANISMS - Emails; Meeting minutes

MEETING FREQUENCY AND TIMING - Every two weeks initially, then to be spread out depending on project deadlines

APPROVAL PROCESS - The recommendations from this committee will be submitted to the Director of Home Services and any other pertinent organizational review.

REPORTING OUT PROCESS - The team will provide periodic reports to Hospice Leadership
HINT......

MAKE USE OF TECHNOLOGY!
We have on-line meetings so it solves the problems of travel and parking; minutes and changes all happen during the meeting because we have access to our computers. By the time we are done with the meeting- we are done!
Charter:

1. Written
2. Posted for all to see
3. Updated annually
How do we keep the fire lit?

STEP 2
Meetings

• Meet regularly- only cancel for emergencies like a survey
• Keep minutes
• Hold each other accountable for deadlines
• Avoid wandering away from topics and getting caught up in details
• Keep it structured

Everybody's time is valuable if they feel the meeting is a waste of time they will stop attending!
CREATING P&P

STEP 3
Reflection: It’s through desire and knowledge combined with action that all things are possible

(Discover the Greatness in You by Milton and Michael Willis)
Selecting Topics

Solicit ideas from field staff, medical staff, leadership, trending in your adverse events and customer complaints, and regulatory changes
Assign the Topic

• Lead: responsible for completing the topic worksheet, doing research and soliciting input from staff
• Co-lead: Assist the lead
• Medical Staff: Contributes to the medical component of the policy
Create a topic work sheet

Think of questions that would address what research is needed to help guide your discussion and make a decision.

Why is decision/policy necessary?
What are the options/alternatives?
What are the possible consequences of each option and how likely are they?
When comparing the alternatives in light of their consequences, which is most achievable?
What is the strongest argument for and against each considered option?
What is the burden on our staff for proposed changes?
What are the financial considerations?
Is the decision/policy consistent with our core values?
What is the level of evidence? (literature, organization recommendation, community standard, etc.)
Are there any other agencies in the system that has this policy/process?
What are other hospice agencies doing? Do they have protocols?
Making a decision

SOLICIT STAFF INPUT

STAFF MEETINGS; SURVEY MONKEY; GROUP EMAIL; SMALL WORK TEAMS

SMALL PILOT OF PLAN - TO TRY OUT IDEAS

LEAD PERSON FOR THE TOPIC CREATES POLICY DRAFT AND IT IS REVIEWED IN THE MEETING

PUT IT TO A VOTE- CAN BE DONE VIA EMAIL- MAJORITY WINS
Traps

1. **Discussion Phase** -
   - **Don’t get caught up in details** - focus on concepts - policy statements
   - **Remember you do not make procedures for the “exceptions”**

2. Decision making process
   - Very seldom that you will have 100%
   - Stand by the groups decision
   - Manage up!

3. Writing the policy
   - Remember it will not be perfect - you will miss something - but you can fix it later on
IMPLEMENTATION, ROLL OUT, STAFF EDUCATION

• Each manager is responsible for updating their team

• Discussion on how big of a roll out is needed:
  – Staff education handouts
  – Staff tools like scripting
  – Who will do the roll out
  – Opportunity for dialogue

• Newsletter or email or both?
Reflection: Breakthroughs occur by taking chances

Even when things seem not to work out, they do work out if you remain positive.

(Discover the Greatness in You by Milton and Michael Willis)
EXAMPLE

Pleurx Drain
Research needed to make a decision

Why is decision/policy necessary?

- Saw increase in number of patients requiring paracentesis/thoracentesis
- Cost of paracentesis affecting our budget
- Improve quality of life by minimizing need for patient from having to go in outpatient procedures
- Improve comfort for the patient (no frequent needle insertions) and decrease risk of infection
- Procedure that promoted patient convenience and independence
- Remove barriers that prevented patients from enrolling if they cannot have paracentesis or thoracentesis procedures
- Ensure that support is given to patient and family when making difficult decisions that come up through the dying process, especially when complicated by the issue of frequent paracentesis/thoracentesis
**What are the options?**

- **Pay for all procedures of paracentesis / thoracentesis**
- **Do not pay for anyone**
- **Case by case looking at process/procedure**
- **Have Pleurx drain inserted prior to enrollment**
WHAT ARE THE POSSIBLE CONSEQUENCES OF EACH OPTION AND HOW LIKELY ARE THEY?

• **WE PAY FOR ALL---COST INCREASE**
  
• **WE PAY FOR NONE---LOSE THE ABILITY TO SUPPORT PATIENT/FAMILIES IN THE DYING PROCESS WHEN THE PATIENT IS APPROPRIATE FOR HOSPICE.**
  
  – **LOSE BUSINESS**
  
  – **DOESN’T TAKE INTO CONSIDERATION OUR CORE VALUES AND MISSION**

• **CASE BY CASE---CHALLENGE TO DEVELOP CLEAR GUIDELINES AND MAKE SURE FAIR TO ALL.**
When comparing the alternatives in light of their consequences, which is most achievable?

**Pluerx Drain Insertion**

**Why?**

More cost effective.

Ease for patient and family

Allow us to develop clear guidelines.
WHAT IS THE STRONGEST ARGUMENT FOR OR AGAINST EACH CONSIDERED OPTION?

• **Allows hospice to be involved early and be able to teach and support patient and family through the dying process.**

• **Allows patients to have reduced procedures and reduced infection risks.**

• **If we continue to do paracentesis / thoracentesis on case by case basis this can lead to patients/families being upset or they will not come on to service. Staff feel this is not practicing the core values of Providence.**
What are the financial considerations?

- **Paracentesis Cost**: $1533.00 + Professional fees $399.00 + Coagulation labs $141.50 = $2073.50
- **Pleurx Drain (Tunneled) Placement**: $1400-1900 + Professional fees $546 (Chest) $1000.00 (Abdomen) = $2900.00
- **Kit**: $91.00 - $116.25
- **Drainage Bottles**: $63.50

Consider having the Pleurx Drain inserted prior to enrollment in Hospice if possible.
IS THE DECISION/POLICY CONSISTENT WITH OUR CORE VALUES?

• COVERING ALL PARACENTESIS/THORACENTESIS IS NOT CONSISTENT WITH STEWARDSHIP

• NOT COVERING ANY IS NOT CONSISTENT WITH CORE VALUE OF COMPASSION

• HAVING PLEURX DRAIN INSERTION SEEMS TO BE THE BEST OPTION THAT WILL BE CONSISTENT WITH OUR CORE VALUES.
WHAT IS THE BURDEN ON OUR STAFF FOR PROPOSED CHANGES?

• REQUIRE COMPETENCIES FOR PLUERX DRAINS
What is the level of evidence?

- Medicare not clear
- National Institute for Health and Clinical Excellence backs the drainage system that can be done in the comfort of the patient’s home over and above paracentesis/thoracentesis procedures
Are there any other agencies in the system that has this policy/process?
What are other hospice agencies doing? Do they have protocols?

Could not find any that is related to hospice.
Finish Product

Policy and Procedure on Pleurx drain that helps guide staff on what our policy is at time of referral or mid care if pt is needing Pluerx drain placed.

Update:
At the creation of this policy Pleurx drain was our only vendor for in home drainage system, we will update the policy to reflect a more generic term since we now have other vendors.
Accomplishments

1. To date we have rolled out 8 new policies:
   - Anticoag Therapy at EOL;
   - Oxygen in EOL;
   - Palliative Sedation;
   - Vent Withdrawal;
   - Pluerx Drain;
   - Complex Cases;
   - Lab Draws and UA’s;
   - Role of Attending

2. Updated more than 100 policies affecting hospice practice
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What’s next for us?

• Electronic submission for staff concerns and questions

• Added to our task: Responsible for approval of staff education handouts related to bigger issues like eligibility

• Topics we are working on: i.e. IDG meeting; Drug Diversion; Managing Defibrillators in EOL
Reflection: Through teamwork people have been able to ACCOMPLISH personal miracles, EXCEED limitations and extend mankind’s boundaries

(Discover the Greatness in You by Milton and Michael Willis)
Questions?
A man was lost while driving through the country. As he tried to reach for the map, he accidentally drove off the road into a ditch. Though he wasn’t injured, his car was stuck deep in the mud. So the man walked to a nearby farm to ask for help.

“Warwick can get you out of that ditch,” said the farmer, pointing to an old mule standing in a field. The man looked at the decrepit old mule and looked at the farmer who just stood there repeating, “Yep, old Warwick can do the job.” The man figured he had nothing to lose. The two men and the mule made their way back to the ditch. The farmer hitched the mule to the car. With a snap of the reins, he shouted,

“Pull, Pat! Pull, Jack! Pull, Fred! Pull, Warwick!”

And the mule pulled that car right out of the ditch.

The man was amazed. He thanked the farmer, patted the mule, and asked, “Why did you call out all of those names before you called Warwick?”

The farmer grinned and said, “Old Warwick is just about blind. As long as he believes he’s part of a team, he doesn’t mind pulling.”