Advances in Geriatrics

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The VISN 3 Palliative Care Program: A Successful Collaboration

The Geriatric Research, Education and Clinical Center (GRECC) located at the James J. Peters VA Medical Center (JPVAMC) in Bronx, NY has long served as an invaluable resource for palliative care. Its work in this regard has included collaborations with its host network, VISN 3 (the VA New York/New Jersey Healthcare Network), on planning activities, presentations at professional meetings, publications, educational conferences, research projects, and clinical demonstrations. The Bronx GRECC also collaborated with VISN 3 in 2003 to initiate a VISN-wide palliative care program (PCP). By helping to improve palliative care at the local, regional, and even national levels, the Bronx GRECC has exceeded Congress's 1980 charge for GRECCs to serve as local and regional resources for geriatric research, education, and clinical care.

INITIATING THE PCP

In 2003, the VHA undertook an initiative to improve its provision of palliative care. This initiative was in line with the advice of many professional health care organizations, which have called in recent years for better care for hospitalized patients with advanced disease.[1–4] To encourage such improvements, the VHA directed each of its facilities to establish an interdisciplinary palliative care consultation team that included, at a minimum, a physician, a nurse, a social worker, and a chaplain.[5]

Leadership at VISN 3 responded to this directive by designating two new network positions: director of palliative care (a part-time position that was filled by a physician) and palliative care coordinator (a full-time position that was filled by a nurse practitioner). The director and coordinator, in turn, were charged with developing a network-wide PCP by implementing palliative care teams at all acute care hospitals and nursing homes in VISN 3, developing a standardized process of team performance, and measuring outcomes.

Over the next five months, the director and coordinator developed interdisciplinary PCP teams at two of the network's five acute care hospitals (the other three hospitals already had palliative care teams) and all three of its free standing nursing homes. In doing so, they collaborated with facility directors to identify interested and qualified physicians, nurses, social workers, and chaplains at the facilities and designate them as team members.

After the PCP teams were established at each of the facilities, involved staff set about implementing a number of other initiatives—many of which drew extensively on the expertise and guidance of Bronx GRECC staff.

PCP STRUCTURE

Strategic plan

The VISN 3 PCP is run according to a strategic plan that the program leaders developed in collaboration with the Bronx GRECC. This plan is based on the National Consensus Guidelines for Quality Palliative Care and the National Quality Forum Preferred Practices.[6,7] Three VISN workgroups were established in 2003 to facilitate

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The VHA's Geriatric Research, Education and Clinical Centers (GRECCs) are designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology throughout the VA health care system. Each GRECC focuses on particular aspects of the care of aging veterans and is at the forefront of geriatric research and clinical care. For more information on the GRECC program, visit the web site (http://www1.va.gov/grecc/). This column, which is contributed monthly by GRECC staff members, is coordinated and edited by Kenneth Shay, DDS, MS, director of geriatric programs for the VA Office of Geriatrics and Extended Care, VA Central Office, Washington, DC.

ongoing development of the PCP in standards of care and outcomes, education and training, and community outreach. All members of the PCP teams participate in one of these workgroups, and each workgroup is responsible for ensuring that operational targets in the strategic plan are met annually.

Consultation templates

To provide a uniform interdisciplinary consultation process across the VISN, PCP staff developed three standardized templates for use when evaluating patients for palliative care: an initial consultation by a physician or an advanced practice nurse, a psychosocial assessment by a social worker or psychologist, and a spiritual assessment by a chaplain.

The initial consultation template includes a validated symptom assessment tool, the condensed Memorial Symptom Assessment Scale (cMSAS),[8] the Karnofsky Performance Status scale,[9] the Quality of Life scale, a standardized prognostic scale, a review of goals of care, and a list of standard nonpharmacologic recommendations for common symptoms. The use of this consultation template promotes comprehensive patient assessment; the collection of patient symptom data; and standardized, evidence-based recommendations.

The psychosocial assessment template was developed by group consensus among the social workers assigned to the PCP teams. It was based primarily on the psychosocial assessment and ongoing documentation used by area hospices and the documentation developed by the Brooklyn campus of the VA New York Harbor Healthcare System. The psychosocial assessment template helps social workers and psychologists to assess how patients and their families are adjusting to the final phase of their illness and to promote psychoeducation about the dying process. It also prompts social workers to consider referrals to needed VA and community resources, and it includes a bereavement risk assessment of the primary caregiver.

The spiritual assessment template was developed by a group of VISN chaplains. It is intended to help identify patients' sources of spiritual strength (such as family and faith) and unresolved spiritual issues (such as guilt and unfinished business). In using the template, chaplains attempt to explore the patient's past and future, identify fears, and address these fears in a guided manner that instills hope and enhances quality of life.

Staff members

The PCP and the Bronx GRECC are linked through shared staff members. For example, a senior Bronx GRECC health services researcher serves as co-chair of the PCP's standards and outcomes workgroup. Similarly, the Bronx GRECC associate director for education serves as the co-chair of the PCP's education and training workgroup. As co-chair, the Bronx GRECC's associate director provides the expertise and faculty for a variety of educational and training activities offered to the PCP teams and the general hospital staff.

Education

A number of the PCP's initiatives involve staff education. PCP leaders collaborated with the Bronx GRECC to hold an intensive, two-day training workshop for all PCP team members shortly after the teams were established. Subsequently, the PCP, the GRECC, and the VA Employee Education Service initiated quarterly educational meetings that bring all of the PCP teams together.

The VISN e-newsletter, *The Cloak*, serves as another educational forum for the PCP. It features reports on the program's accomplishments and discussions of PCP updates, along with case reports, original articles, reports from national meetings, book reviews, and notices of upcoming educational events.

The PCP holds case-based, educational teleconferences, through which the PCP teams of different facilities make presentations to one another. It also holds interdisciplinary team training workshops and workshops adapted from material developed by the Education in Palliative and End-of-Life Care Project and the End-of-Life Nursing Education Consortium.

The PCP promotes the sharing of best practices through joint educational, performance improvement, and program development endeavors that serve as opportunities for extensive networking among the PCP teams. The breadth of activities is ensured through the quarterly face-to-face educational meetings, monthly clinical teleconferences, monthly PCP team coordinator conferences, and monthly workgroup teleconferences.

Assessment and feedback

The PCP and the Bronx GRECC also have collaborated to develop program performance assessment and feedback measures. One of these measures is a web-based "report card" for providing feedback on the PCP teams' performances; such feedback also is provided through regular meetings.[10] In addition, PCP and Bronx GRECC staff developed standardized, comprehensive assessment templates for all PCP team members.

The After Death Bereaved Family Member Survey is another of the PCP's assessment measures.[11] Originally developed by Dr. David Casarett at the Center for Health Equity Research and Promotion at the Philadelphia VA Medical Center, this survey is used to interview the family members of palliative care patients who have died in a VA hospital or nursing home. Its

questions, which have been approved by the VHA's Office of Quality and Performance,[11] involve communication; pain and symptom control; respect for patient preferences; goals of care; and emotional, spiritual, and practical support. Six months after the death of a patient who received palliative care at a VISN 3 facility, trained clinicians who were not involved in the patient's care conduct the survey over the telephone. The PCP then uses the family members' survey responses to improve pain management, communication with patients and families, and spiritual and emotional support for patients and families.

Research

The Bronx GRECC is instrumental in contributing a research perspective to the PCP's efforts to operationalize standards and define and measure processes and outcomes of care. For example, the Bronx GRECC research group analyzes the results of the After Death Bereaved Family Member Survey and symptom assessment data, and it has contributed to the development of process measures for monitoring the completion of interdisciplinary assessments by palliative care team members. Bronx GRECC investigators expand VISN 3 palliative care quality improvement efforts into research projects and obtain Institutional Review Board approval to initiate funded studies.

PROGRAM RESULTS

Since VISN 3 established its PCP, all of its sites have seen a steady increase in the number of palliative care consultations per year. The proportion of VISN 3 inpatients with a palliative care consultation prior to death increased from 23% in fiscal year (FY) 2002 to 64% in FY 2007 (Figure). This increase has occurred in all venues, with 89% of patients in VA nursing homes, 53% in acute care hospitals, and 38% in intensive care receiving palliative care consultation prior to death in FY 2007. In addition, the mean number of days between the initial palliative care consultation and the patient's death—an indicator of how early in the course of the patient's illness the palliative care team was consulted—increased from 47 days in 2003 to 99 days in 2007. We believe that these successes are due, in part, to the PCP's ongoing monitoring of individual team performance on process measures and program goals.

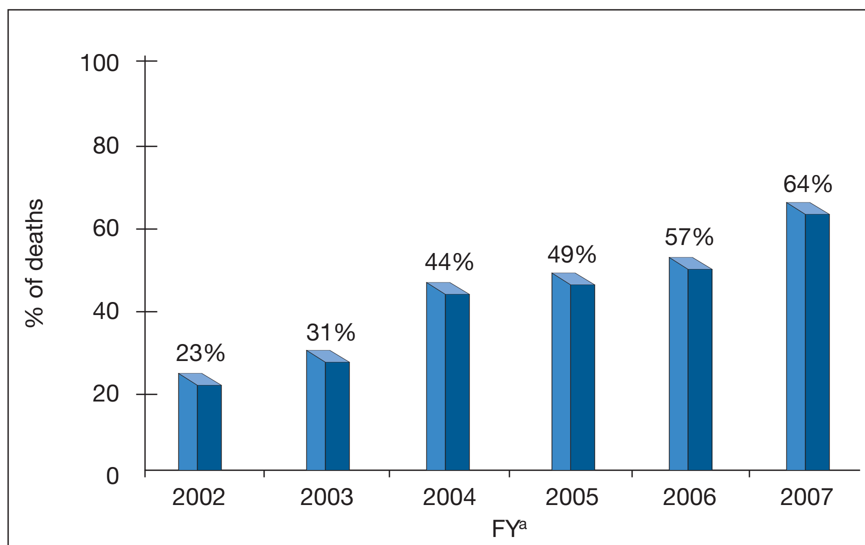

Figure. Percentage of inpatient deaths with palliative care consultation from FY 2002 through FY 2007. [a]FY = fiscal year.

The strong infrastructure of the PCP has facilitated VA Health Services Research & Development Service approval of a VISN-wide grant to study palliative care cost and utilization outcomes. The results from an initial pilot study in several VISN 3 facilities were presented at a national health services research meeting in June 2005 and published in 2006.[12]

PCP leaders also have identified some areas for program improvement, and they have initiated changes accordingly. For example, results of the After Death Bereaved Family Member Survey indicated that 22.5% of families that were surveyed as of 2007 did not receive as much contact regarding spirituality or religion as they wanted. The chaplains of the PCP teams responded to this concern by establishing a system to increase their communication with families. In addition, a spiritual history of patients and their families has been incorporated into the initial palliative care assessment.

The After Death Bereaved Family Member Survey results also indicated that 45.7% of families that were surveyed as of 2007 did not receive as much assistance with the practical issues involved in a loved one's death, such as funeral and burial arrangements, as they wanted. In response, PCP staff prepared written patient education materials and a VISN patient education handbook to assist families with and educate the general hospital staff about practical issues surrounding death.

A SUCCESSFUL COLLABORATION

The VISN 3 PCP's collaboration with the Bronx GRECC has improved both access to palliative care consultation and the monitoring of palliative care

quality. This collaboration illustrates the potential for GRECCs to improve clinical care, education, and research in their facilities and across entire networks. ●

Author disclosures

The authors report no actual or potential conflicts of interest with regard to this column.

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