



# Health, healing, and wellness for all ages

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- The Longview Assisted Living Residence
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- Siena Village
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- A continuing care retirement community for adults 62 and older on the CHCC campus
- Up to 199 spacious, one-level, maintenance-free residences
- Rich array of amenities and social, cultural, and wellness opportunities



**Christian Health Care Center**

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**SENIOR LIFE**

**SHORT-TERM REHAB**

**MENTAL HEALTH**

**THE VISTA**



# Advance Care Planning in the Post-acute Care Environment





# Christian Health Care Center

**Douglas Struyk, CPA, LNHA, President and CEO**

## Introduction

### **Speakers:**

**Marianne Guerriero, BSN, RN, NE-BC**  
Nurse Executive, Ramapo Ridge Psychiatric Hospital

**Nancy Mericle, BA, RN, CDON/LTC, HPCN**  
Nursing Services Director  
Heritage Manor Nursing Home/Southgate

**Rev. Sandi Masters, MDiv, BCC**  
Chaplain, Heritage Manor

**Teresa DeLellis, MSW, LSW, CDP**  
Director of Social Services, Heritage Manor





# Advance Care Planning (ACP) Program Overview

## Participation in this webinar will:

Highlight our unique approach to providing advance care planning in the post-acute care environment.



Speakers will share thoughts on:

- the history of our three-year journey, and the challenges and successes in developing an ACP program;
- how to develop a program for clinical-care team members to attain facility-specific certification in advance care planning;
- knowledge and skill set necessary to have conversations with patients and families related to end-of-life wishes, including the use of the Practitioner Orders for Life-sustaining Treatment (POLST); and
- how to successfully implement the ACP program, including educational sessions for patients and families.

# History of our ACP Program

## Our journey

A need was identified to:

enhance our palliative-care planning program to include discussions about advance care planning.

This was a result of:

- residents on our long-term care units experiencing an increase in medical co-morbidities and exacerbation of chronic conditions;
- residents/patients on the post-acute care unit (PACU) presenting with complicated medical situations - often times unanticipated and/or unexpected; and
- regulatory push in New Jersey re: POLST.

Historically, discussions related to end-of-life issues were in clinical terms: DNI, DNH, DNR.

Now movement is toward beginning end-of-life discussions by focusing on holistic goals of care.



# ACP Program

## First steps

- Key staff attended the End-of-Life Nursing Education Consortium (ELNEC) Training Program in Boston: Staff nurse/Clinical Educator, Long-term Care Charge Nurse, Assistant Director of Nursing

***“The ELNEC project is a national education initiative to improve palliative care administered by the American Association of Colleges of Nursing (AACN) located in Washington, DC and in the City of Hope, Los Angeles, CA.”***

Facilities can customize ELNEC training modules and materials to meet the specific and unique needs of the various populations served.

- **ACP Program Task Force established**

COO, Director of Nursing, Director of Social Work, Chaplain, Director of Food and Nutrition Services, Staff Educator, and additional nursing leaders. Hospice provider - RN assisted with training.



# Development of our ACP Educational Program

## The ACP Task Force recognized the importance of:

- training staff about end-of-life care discussions,
- providing staff with the specialized knowledge and skills related to palliative care/end-of-life care/advance care planning was necessary for Christian Health Care Center to continue to provide the highest level of quality care and to make a positive difference in the lives of all those we serve,
- understanding that engaging in these discussions was a cultural shift for our staff and that they may not be comfortable or feel equipped to have these often difficult and emotional conversations with residents/families.



# Development of ACP Training Modules

## Training modules were developed.

- Training of staff needed to be interdisciplinary. The Interdisciplinary Care Team and the supporting clinical department leaders were selected/identified as the initial group to become certified.
- Clinical leaders with the most expertise would be responsible for specific modules and the corresponding training/competency.
- Initial goals included the development of action plans with target audience/date of completion for each module.





# ACP Certification

## Requirements

- Attend all modules/classes:

*Module 1: ACP*

*Module 2: Ethical, Spiritual, and Cultural Issues*

*Module 3: Communication*

*Module 4: Pain and Symptom Management*

*Module 5: Final Hours*

*Module 6: Loss, Grief, and Bereavement*

- Complete:

Five wishes

Assigned CEUs

Quality of Life Statement

POLST form

Documentation of one ACP conversation



# Module 1: ACP

## Module 1: ACP “Resident Choices”

Presented by Assistant Director of Nursing

- Why do we need ACP?
- Keys to success of ACP
- Benefits of ACP
- Opportunities for ACP
- Barriers
- Introduction to POLST



# Module 2, Part 1

## Ethical Issues



**Module 2, Part 1:** Ethical dilemmas emerge daily in palliative care and ACP on both macro and micro levels.

Presented by Chaplain

- Ethics definition
- Four ethical principles: Autonomy, Beneficence, Non-maleficence, and Justice<sup>1</sup>
- Ethical issues in palliative care/ACP
- Preventive ethics
- The Four Box Method: Systematic approach to ethical consultations<sup>2</sup>

<sup>1</sup> Beauchamp, T.L. & Childress, J.F. *Principles of Biomedical Ethics (6<sup>th</sup> Ed)*, New York, NY: Oxford University Press

<sup>2</sup> Jonsen, A, Siegler, M & Winslade, W. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine (7<sup>th</sup> ed)*, New York, NY: McGraw-Hill

# Module 2, Part 2

## Cultural and Spiritual Issues

**Module 2, Part 2:** Culture influences everything, and our spirituality flows from our deepest values and beliefs which give meaning and purpose to our lives. Both are inextricably involved in our decision-making processes and choices.

Presented by Chaplain

- Culture
  - Culture defined
  - Cultural disparities in end-of-life care
  - Cultural considerations in communication/ language we use
  - Role of family
  - Cultural influences on decision-making
  - When cultures clash
- Spiritual
  - Spirituality and religion defined
  - Cultural considerations of spirituality and religion



# Module 3: Communication/POLST Form

**Module 3:** Recognizing the complexities and skills of good communication is essential in end-of-life care.

Presented by Director of Nursing

- Special significance of communication at the end-of-life
- Strong collaboration and communication between disciplines is vital.
- Barriers and myths of communication
- Patient/family expectations
- Verbal and non-verbal communication
- Attentive listening and mindful presence



- ❖ Used as a reference – INTERACT tools on ACP Communication Guide: Tips for starting and conducting the conversation and helpful language for discussing End-of-Life Care.



# Module 4: Pain and Symptom Management

**Module 4:** Pain and symptom management is essential in end-of-life care.

Presented by Hospice Registered Nurse

- Definition of pain
- Barriers to effective pain management
- Pain assessment and physical exam
- Types of pain
- Pain vs. suffering at the end of life
- Pharmacologic management of pain
- Non-pharmacologic techniques



## Module 5: Final Hours

**Module 5:** Dying is a physical, psychological, social, and spiritual event for both the patient and family members. Staff has a unique role and responsibility to facilitate a dignified, comfortable death which honors patient and family choices.

Presented by Chaplain

- Palliative-care staff: Multiple supportive roles
- Death is an individualized personal experience.
- Physical stages, considerations, and decisions surrounding death
- Spiritual considerations when death is imminent
- Cultural considerations when death is imminent
- Families' common fears
- Care following death



# Module 6: Loss, Grief, and Bereavement

**Module 6:** Each individual - patient, family, and staff - experiences loss, grief, and bereavement uniquely. Interdisciplinary approach to those experiencing loss, grief, and bereavement is vital. Each discipline addresses different needs while caring for the whole person.

Presented by Director of Social Services

- The grief process
- New perspectives
- Definitions: loss, grief, mourning
- Bereavement
- Types of grief
- Factors influencing grief process
- Caregiving: The human toll



# Initial Lessons Learned

## Identified barriers

- Time limitations
- Incorrect assumptions:
  - Physicians/APNs were familiar with the initiative (POLST) in our state to enhance end-of-life care decisions/communication.
  - Physicians/APNs were on board with the initiative to further develop our facility-specific ACP program.
  - **Some** nurses and social workers would not be comfortable having these conversations, but learned that **many** felt it was a very sensitive topic and that it was too personal.
- Culture change
- Need for policy and procedure
- Documentation



# Challenges for the ACP Task Force

## Breaking down the silos

- Coming from hospital with unrealistic expectations
- Absence of communication
- Health-care cultural change



## Completing the POLST/differing verbiage and unclear choices

- POLST form hard to translate to patients/families
- Creating a cheat sheet with talking points to make it easier to explain to patients/families

## Identifying goals of care

- Patients/families want prognosis/diagnosis from doctor; don't want to make decisions without him/her.
- Family dynamics
- Engaging/partnering with physicians



# Engaging Physicians

## Collaboration

Organized a lunch-and-learn session with physicians and APNs when it was acknowledged that they should have been included earlier in the process and in the development of the ACP program.

### Discussion included:

- how the need was identified for further development of an ACP program;
- how this need is consistent with our mission/vision, caring for the whole person;
- an increase in multiple co-morbid conditions in our LTC and PACU;
- partnering with patients/families and having these discussions align goals of care for the entire Interdisciplinary Care Team (including patients/families);
- patients may experience less transfers back and forth to the hospital for symptom management that could be achieved without transfer, and the resulting impact on readmission rate; and
- POLST regulations in New Jersey relating to ACP.



# Operationalizing the ACP Program

## Incorporating the conversations into existing procedures

- Admission
- Re-admission/post-hospitalization
- IDC/family meeting

## Identifying new points of contact

- Creating community/family sessions
- External case manager as liaison with hospital palliative care team/shared partnership
- Created a QAPI/ACO measure
- Completed second round of training
- Incorporated other disciplines and front-line staff
- Integrated goals with Person- and Family-centered Care initiative



# Accomplishments

- Significant cultural change hardwired into clinical practice and operational processes
- Staff comfort, competency, and empowerment
- Physicians active involvement in initiating end-of-life care discussions
- Improved communication and collaboration with partners, i.e. hospitals, home-care agencies, hospice
- Increased awareness surrounding ACP.
- Reduced confusion related to actions and interventions necessary in relation to advance directives
- Seeds are planted that have come to fruition at future point of contact, i.e. significant change in status or readmission.
- Increased opportunities for sharing within the community
- Resulting staff empowerment
- 256 POLST forms completed over the past three years



# References

- End-of-Life Nursing Education Consortium (ELNEC). *American Association of Colleges of Nursing (AACN). Washington, DC, City of Hope, Los Angeles, CA.*
- INTERACT- Florida Atlantic University
- “The Palliative Response- Sharing the Bad News,” the Birmingham/Atlanta VA Geriatric Research, Education and Clinical Center
- POLST.org
- Beauchamp, T.L. & Childress, J.F. *Principles of Biomedical Ethics (6<sup>th</sup> Ed)*, New York, NY: Oxford University Press
- Jonsen, A, Siegler, M & Winslade, W *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine (7<sup>th</sup> ed)*, New York, NY: McGraw-Hill
- Frequently Asked Questions - NJ Health, State of New Jersey

# Thank you!



We're happy to answer your questions.





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