



**Improving the Hospice Experience  
for Patients and Families with innovative intentional  
visit and communications models**

**Session 6D  
Friday, September 27, 2013  
11:00:00 AM to 12:00:00 PM.**

[www.nhpco.org/cts2013](http://www.nhpco.org/cts2013)

#CTC13

National Hospice and Palliative Care  
Organization



---

---

---

---

---

---

---

---

**Improving the Hospice Experience  
for  
Patients and Families**

**Robin Finkelstein**  
Deyta  
Phone: (502) 777-2915  
Email: [Rfinkelstein@deyta.com](mailto:Rfinkelstein@deyta.com)

**Mary McElroy**  
Community Hospice of Northeast Florida  
Email: [mmcelroy@communityhospice.org](mailto:mmcelroy@communityhospice.org)

---

---

---

---

---

---

---

---

**Goals for Today**

- Challenges facing hospice teams today
- Holy grail – consistent care delivery across hospice teams
- Communication barriers to preparing caregivers and families for end-of-life
- "Intentional" purposeful visit
- Visit design development
- Case Study

---

---

---

---

---

---

---

---

## Challenging care delivery environment

- Patient and families are in transition; often in crisis
- Short length of stay\*
  - 2011 Median Length of Stay – 19.1 nationwide; less in many
  - Means 50% of census dies in 19 days or less
  - 36% died or discharge in 7 days or less
- High acuity
  - Discharged from Hospital
  - General inpatient 26% of deaths in hospice inpatient facility\*
  - Pain and Symptoms
- Comfort plan of care for patients and families

\* Source: NHPCO 2012 Edition NHPCO facts and Figures: hospice care in America

---

---

---

---

---

---

---

---

## Hospice teams can confuse patients

- So many team members, so many teams so many opinions.....



---

---

---

---

---

---

---

---

## Significant Communication Issues

- Crisis
- Unfamiliar, high-levels of anxiety
- Pain and uncontrolled symptoms - 911
- Age of patients and caregivers
- Transition to hospice care goals
- Transition challenges between teams
- Dynamics of family

.....and very little time to prepare

---

---

---

---

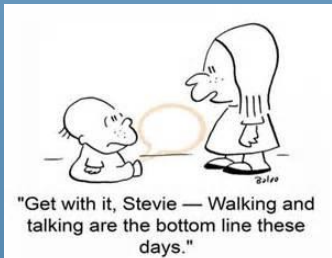
---

---

---

---

## Healthcare Communications Today



---

---

---

---

---

---

---

## Quality Hospice Care

- Hospice experience
  - One time to get it right
- Family Evaluation of Hospice Care is measureable and comparative
  - Available to the public – coming soon
- Not acute care
  - Relationship not transactional
  - Ready to receive
  - Comfortable with the uncomfortable

---

---

---

---

---

---

---

## Where is your hospice?

- Are your patients and families ready?
  - To handle breathing issues
  - Confident at what to do at the time of death
  - Confident in caring for patient
  - Feel emotionally prepared
- Were your teams prepared?
  - Knowing the patient's history
  - Discussing the Plan of Care
- Would they recommend your hospice?

---

---

---

---

---

---

---

## Intentional Visit Designs

---

---

---

---

---

---

---

### Intentional

" Done with intention or on purpose"

- the reason for which something exists or is done, made, used, etc.
- an intended or desired result; end; aim; goal.
- determination; resoluteness.
- the subject in hand; the point at issue.
- practical result, effect, or advantage: to act to good purpose.
- to set as an aim, intention, or goal for oneself.
- to intend; design
- to resolve (to do something)

---

---

---

---

---

---

---

### Visit Design Goals

- Goal driven to the plan of care - personalized
- Excellent end-of-life experience to our patients and families – family not hospice needs
- Excellent customer service and communications – a great experience
- High-levels of consistency - Team-focused

---

---

---

---

---

---

---

### Why Implement an intentional visit?

- Quality of service – clinical, communications and customer experience
- Increase consistency by all team members
  - Communications
  - Goals and purpose
  - Best practices
- Scripting, training and mentoring of key discussion areas for improvement
- Accountability – part of the performance plan

---

---

---

---

---

---

---

### One Approach to Developing a Visit Design

- Observe your teams
  - Supervisory and self-observation
    - Record process, communications and timing
    - Compile
- Workshop – all teams and disciplines
  - Review learnings from self-observation visits
  - Provide a visit framework
  - Each discipline and team develops intentional visits
- Field test and revise

---

---

---

---

---

---

---

### The Visit Design

- Ensures important things are not overlooked
- 30% prescriptive and 70% judgment
- Utilized for all disciplines
- Allows consistent care across the board
- Time sensitive

---

---

---

---

---

---

---

## Six Phases of a Visit Design

- Pre-visit - my purpose and collaboration
- Discovery - relationship building, needs, concerns
- Assessment - pain, symptoms, needs, plan
- Plan of care - build confidence - communicate, teach, hard conversations
- Checking out - documentation, summary, next steps
- Post-visit - collaborate, team communications

---

---

---

---

---

---

---

## Visit Must Haves

- Discussion of disease process
  - Expectations of what to look for
- Review hospice communication materials
  - Caregiver guide
  - Death and dying booklet
  - Food and water
- Uncover questions and concerns
- Reinforce learning's
- Verbalization of understanding
- Reminder when to call

---

---

---

---

---

---

---

## Communication Strategies

---

---

---

---

---

---

---

## Teacher

- Promote caregiver confidence
- Demonstrate and educate
- Positive but realistic tone
- Manage expectations
- Discuss tough issues
- Consistent message by the care plan

---

---

---

---

---

---

---

## Communicate

- Listen
- Say what you do and do what you say
- Tell the caregiver "You are doing a great job."
- Discuss the care plan, next steps
- Remind to call the hospice, not 911!
- Manage and prepare
- Reinforce and remind
- What else can I do for you today?

---

---

---

---

---

---

---

## Areas of Concern

- Hospice philosophy
- Advanced directives
- Denial of medical condition
- Food and water
- End-of-life symptoms and expectations
- Dying process
- Care planning goals

---

---

---

---

---

---

---

## Tools and tips

- Hard Conversations
  - Script, role play and train -- often
- Communication materials
  - Caregivers guide, dying pamphlets
  - Technology to reach family members
- Mentoring and supervisory visits
  - Timing, quality
- More visits
  - Focused

---

---

---

---

---

---

---

## Case Study

- Large non-profit hospice in Florida
- FEHC scores in lower percentiles (orange and red)
- Customer service issues
- Board initiated project to improve scores
  - Breathing issue preparation
  - Plan of Care communications
  - Consistency within and across teams
  - Dying process confidence, expectations and information

---

---

---

---

---

---

---

## Discovery and Development

- 300 self-observed and observed visits
  - Wide range of visit times
  - Transactional not relationship; too clinical
  - Inconsistent communications and education
  - Focused on immediate needs not on preparing
- 5-hour workshop to develop visit designs
- Pilot of designs by all teams and revised

---

---

---

---

---

---

---



## Rollout

- Comprehensive Training
  - Hospice experience and expectations
  - Expectations of all visits
  - All staff trained on visit design for their area of specialty
  - Communications training, scripting and roleplaying
- Communications material development
- Focused visit - shorter and specific
- Performance and Accountability
  - Defined visit numbers and time with patients and families
  - Supervisory visits by all staff

---

---

---

---

---

---

---

## Results

- Significant increase in time with patient
  - All teams above 50% of face time
- More visit completed weekly
  - Shorter, yet focused visit for declining patients
  - Less on-call issues
- Increase in 8 FEHC measures from bottom 50 to top 50
  - Plan of care, coordination, confidence and expectations
- Significant decrease in customer service issues

---

---

---

---

---

---

---

## Questions?

**Robin Finkelstein**  
Deyta  
Phone: (502) 777-2915  
Rfinkelstein@deyta.com

**Mary McElroy**  
Community Hospice of Northeast  
Florida  
mmcelroy@communityhospice.org

---

---

---

---

---

---

---