
Introduction

The 2015-2018 Quality Initiative encourages centers to use a systems based approach to performance improvement, such as the Baldrige Performance Excellence Criteria or Quality Assurance/Performance Improvement.

Sue Cornell, Administrator of Bayberry Commons, describes a successful performance improvement project their center undertook by using a systematic approach.

Background

As an organization, we had been struggling to align our care with the expectations of residents and families regarding their health care decisions. Many times, this led to unnecessary hospitalizations because the advance directives did not match the diagnosis and clinical picture of the resident. The conversation regarding symptom management, disease progression and long term prognosis were not occurring. Also, our staff was struggling with how to better manage the resident's pain and psychosocial issues. As a facility, we had been educated about the benefits of palliative care but did not have a true understanding of the role of palliative care. Additionally, the palliative care that was offered was a one-time consult done by an outside hospice. As a result, our short-term pain rate was higher than average. Our residents were also at risk for re-hospitalization. With the current state of reimbursement and the Five-Star Rating system, maintaining a low re-hospitalization rate is extremely important.

Strategies the Organization Took to Improve

To begin our journey toward improvement, Bayberry Commons enrolled in the Palliative Care Initiative in 2014, a program of the Quality Improvement Organizations (QIO). This program focused on advanced care planning, advanced directives and spiritual care.

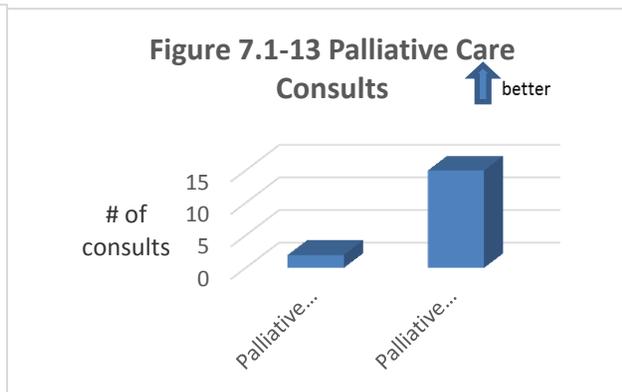
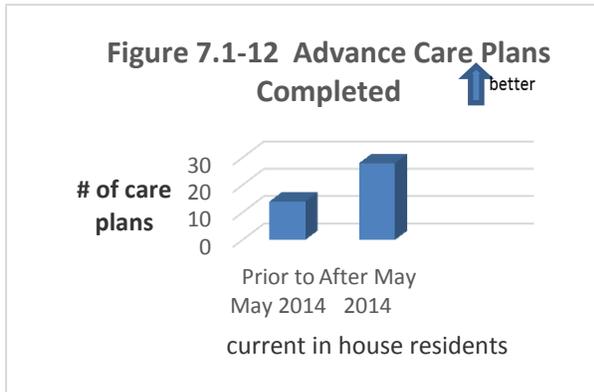
The Palliative Care Initiative had us track the number of residents with advanced directives and advanced care plans in place before and after the project. It also contained an educational component regarding palliative care and required that we form a Palliative team. Additionally, Bayberry had been tracking 30 day re-hospitalization rates utilizing the INTERACT program. The goal was to measure the impact that increased advanced care plans and better education regarding palliative care would have on re-hospitalization rates.

We established a Palliative Care team. This team started with a Root Cause Analysis (RCA) to determine what we were doing right to provide comfort to our residents and areas in which we could improve to fully meet our residents needs holistically. Through our RCA and Plan Do Check Act (PDCA), we identified that we needed better support services to deliver palliative care in-house. We made a goal to obtain a massage therapist, train one of our nurses in palliative care and to hire a spiritual care coordinator. We also needed to better educate our staff and residents as to what palliative care is and its role in providing support and comfort.

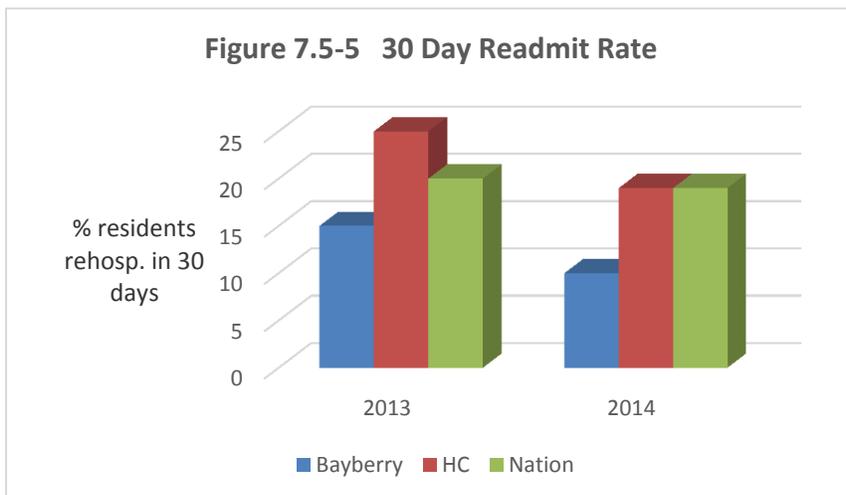
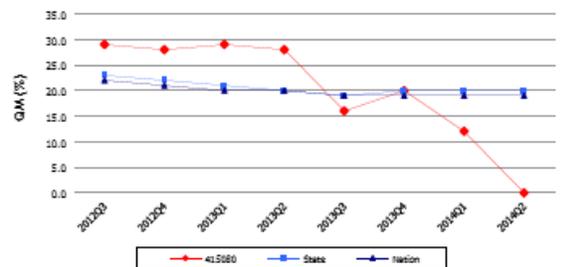


Key Improvements

Establishing a solid palliative care program resulted in positive outcomes in the areas that we identified as important, management of short-term pain and a lower re-hospitalization rate. See the data on the graphs below.



Moderate to Severe Pain - Short Stay**



Conclusions

Throughout this process, Bayberry has truly learned the meaning of palliative care. We now look at the whole person bridging the physical, social and emotional needs of our entire community. Palliative Care is not a program at Bayberry but a culture. Over the past year, our palliative program has expanded to include yoga, art and pet therapy. Our spiritual care coordinator visits twice a week to build relationships with families, residents and staff. Together as a team, our palliative care nurse works hand in hand with the physicians, families and residents to provide comfort and to facilitate difficult conversations related to end of life care. We plan on continuing our palliative care process by growing our program internally and externally. Recently, our spiritual care coordinator took over facilitating our family support group. We also had our first official art show to show off the many projects completed by our residents. Externally, our palliative care team is working to share their processes and successes with other health care providers. This past year they presented at the Rhode Island Health Center Association (RIHCA) Quality Symposium and two area hospitals. They are hoping to submit a poster proposal for the 2016 American Health Care Association/ National Center for Assisted Living Quality Summit.

