Clinical Safety & Effectiveness

Cohort # 22

Improving Compliance with the Perinatal Palliative Care Standard

Team 3

UT Health San Antonio
Center for Patient Safety & Health Policy

University Health System

THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER
Making Cancer History®

Educating for Quality Improvement & Patient Safety

The Team

- **Core Team**
  - Rachel Vandermeer, MD (Department of Pediatrics, UT Health SA)
  - Kristine Talamante, RN, BSN (Palliative Care Department, University Hospital)
  - Marcella Begola, RN, BSN, MS (Palliative Care Department, University Hospital)
- **Support Team**
  - Glen Medellin, MD (Department of Pediatrics, UT Health SA)
  - Tandy Mellard, MSN, RN, CPNP-PC/AC, CHPPN (Palliative Care Department, University Hospital)
  - Rebecca Charlton, MS CCLS (Palliative Care Department, University Hospital)
  - Julie Rowe, CPE (Chaplain, Center for Caring, University Hospital)
  - Julieanne Eddy, RN, MPH, CHPN (Director, Palliative Care Department, University Hospital)
  - Kayla Ireland, MD (Department of Maternal Fetal Medicine, UT Health SA)
  - Cynthia Ledesma, BSN, RN-C, MNN (Clinical Director of Obstetrics , University Hospital)
  - Rebecca Van Zandt, BSN,RN (High Risk Perinatal /Neonatal Nurse Coordinator, University Hospital)
  - Melanie Baker, RN (PCC, Interim Director of Labor and Delivery Department, University Hospital)
  - Sherry Martin (Health Care Quality Management Consultant)


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Background

- Fall 2016- Dr. Bryan Alsip, CMO of University Hospital, requested we develop a perinatal palliative program.

- Currently, University Hospital is seeking two new CMS Designations related to maternal-fetal care:

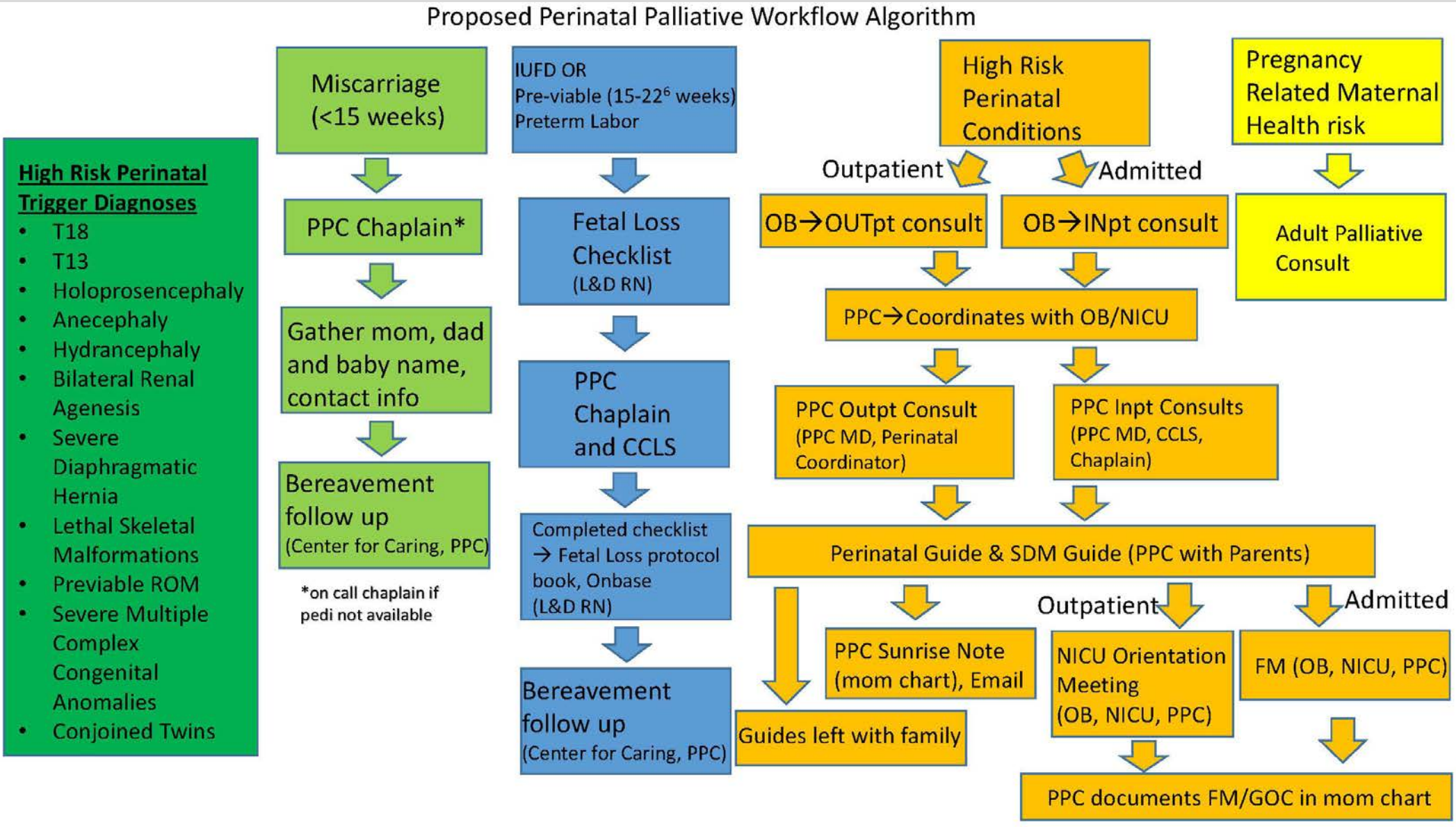
Background

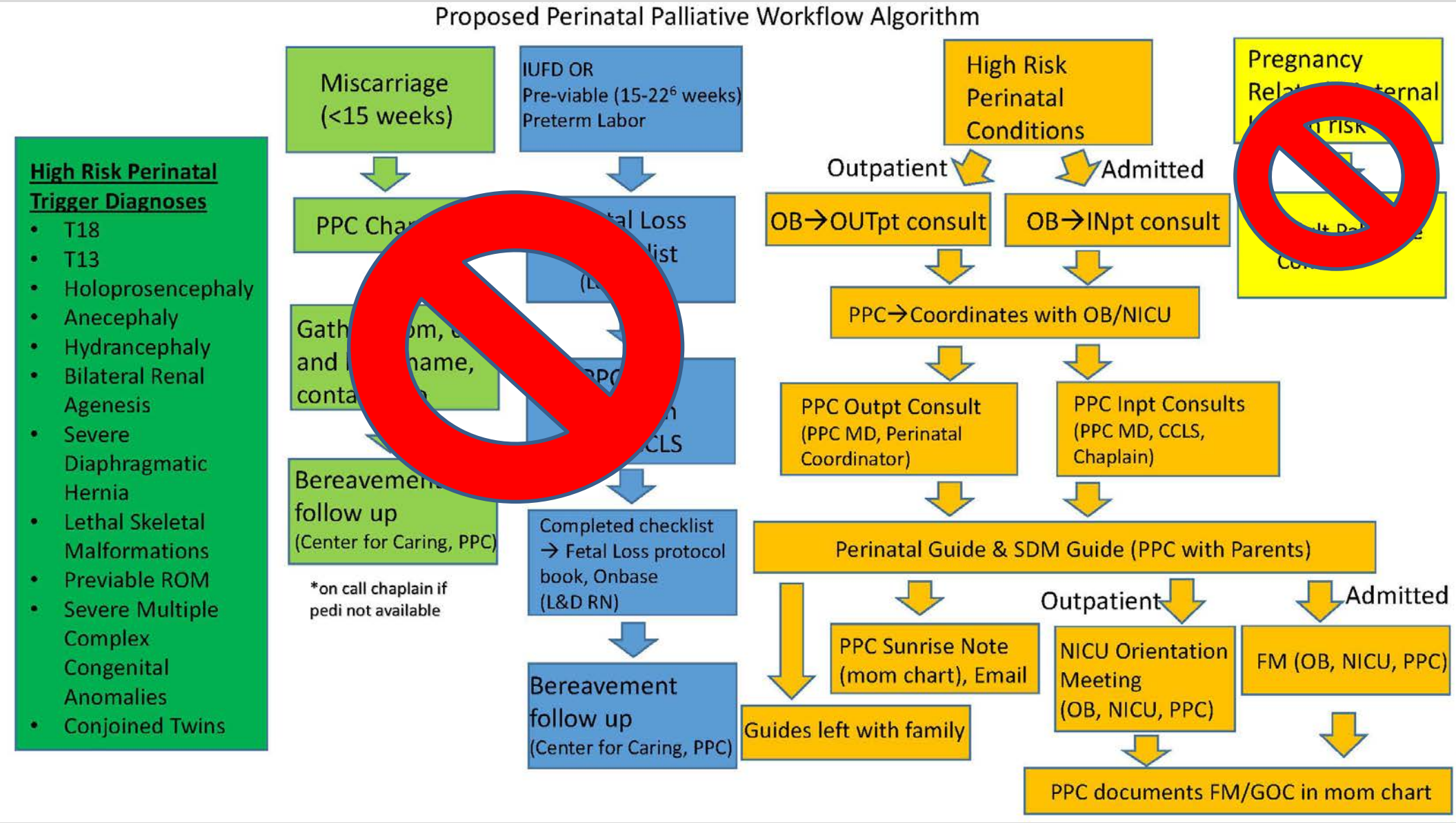
- Winter 2016-2017- Pedi Palliative Care (PPC) team researched standards and models for perinatal palliative programs.

- Spring 2017-1st Perinatal Palliative Task Force Meeting
  - PPC met with NICU, MFM and L&D representatives to formulate a process for perinatal referrals.

- October 2017-3rd Perinatal Palliative Task Force Meeting
  - Presented a Perinatal Palliative Standard of Care

Proposed Perinatal Palliative Workflow Algorithm




Proposed Perinatal Palliative Workflow Algorithm
High Risk Perinatal Trigger Diagnoses
T18
T13
Holoprosencephaly
Anecephaly
Hydrancephaly
Bilateral Renal Agenesis
Severe Diaphragmatic Hernia
Lethal Skeletal Malformations
Previable ROM
Severe Multiple Complex Congenital Anomalies
Conjoined Twins
Miscarriage (<15 weeks)
IUFD OR Pre-viable (15-22⁶ weeks) Preterm Labor
PPC Cha
tal Loss
list
Gath
om,
and
name,
conta
CLS
Bereavemen
follow up
(Center for Caring, PPC)
*on call chaplain if pedi not available
Completed checklist → Fetal Loss protocol book, Onbase (L&D RN)
Bereavement follow up
(Center for Caring, PPC)
High Risk Perinatal Conditions
Outpatient
Admitted
OB→OUTpt consult
OB→INpt consult
PPC→Coordinates with OB/NICU
PPC Outpt Consult (PPC MD, Perinatal Coordinator)
PPC Inpt Consults (PPC MD, CCLS, Chaplain)
Perinatal Guide & SDM Guide (PPC with Parents)
Guides left with family
PPC Sunrise Note (mom chart), Email
Outpatient
Admitted
NICU Orientation Meeting (OB, NICU, PPC)
FM (OB, NICU, PPC)
PPC documents FM/GOC in mom chart

Perinatal Palliative Care Standard

1. Perinatal consult for any baby where parents will need to make decisions about aggressive management versus comfort care.

- Possible trigger diagnoses:
  - Trisomy 13
  - Trisomy 18
  - Holoprosencephaly
  - Anencephaly
  - Hydranencephaly
  - Complex cardiac lesions
    - Single ventricle (Agreed upon by Dr. Hussain)
  - Renal agenesis (bilateral)
  - Severe diaphragmatic hernia
  - Lethal skeletal malformations
  - Conjoined twins

2. Birth Plan elicited by PPC team (outpatient or inpatient)

- Communicated to:
  - Consulting OB
  - Dr. Seidner with NICU
  - Chaplain Service
  - Child life, child life consult placed
  - Entire PPC team

3. PPC notified when mother in L&D

- Email trigger (PPC has this established for PPC patients who are seen in UHS ER)
- OB Charge nurse to call (NEED TO IDENTIFY PROCESS-should be able to look at orders for pediatric palliative care consult order)

4. Each mother with a PPC consult has an emotional/legacy building facilitator at bedside (before, during-if needed- and after deliver)

- Facilitator discipline should depend on the case (MD/NP, Chaplain, Child life, RN)
- A facilitator should be available 24/7
  - ***We likely do not have the staffing to meet these demands at the moment*****

5. Legacy Building

- Facilitated Memory Box
  - Items with instructions
    - This is NOT a fetal loss checklist; staff knows what needs to happen medically and the need for child life or chaplaincy. The goal of this box it to help staff ACTIVELY create memory making.
    - 2 blankets or Olivia Blanket
    - Book
    - Clothes-2 sets if able (something to go to morgue/funeral home, something for parent to keep)
    - Cardstock for hand/foot prints
    - Small stuffed animal or soft rattle
    - Other
  - Training for L&D nurses
    - Ideally, this box would be used by facilitator NOT nursing staff
- Silver charm for mother and keychain for father (funding an issue)

6. Bereavement

- 1 week call from PPC team member
- 6 week card
- Holiday card
- 1 year call from PPC team member
- Perinatal yearly memorial

Baseline Data

- Number of NICU Admissions for 2017: 810 infants
- Number of NICU Admissions in 2017 that expired: 37 infants
- Number of NICU Admissions in 2017 that meet Trigger Diagnosis (after 4/2017): 11
- Number of NICU Admissions in 2017 that meet Trigger Diagnosis (after 4/2017) with PPC consult: 9 (2 missed consults)
- Number of stillbirth/IUFD in 2017: 81
- Reviewed 28/81 charts: NO missed consults

Regroup

- We know we are getting the consult…but are we doing the consult well?
- Met with Dr. Kayla Ireland, Rebecca Van Zandt and Cynthia Ledesma
  - **What can we do better?**
  - You have set a high standard…
    - But does every mother receive the same care??
- Case review revealed **non-compliance** with our own standard of care.

AIM STATEMENT

We aim to increase our compliance with the Perinatal Palliative Standard of care from 60% to 85% by August 1, 2018

Perinatal Palliative Care Standard

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  - Anencephaly
  - Hydranencephaly
  - Complex cardiac lesions
    - Single ventricle
  - Renal agenesis (bilateral)
  - Severe diaphragmatic hernia
  - Lethal skeletal malformations
  - **Conjoined Twins**
  - **OR antenatal or postnatal diagnosis of a condition which is not compatible with long term survival**
  - **OR An antenatal or postnatal diagnosis of a condition which carries a high risk of significant morbidity or death**
  - **IUFD in 3rd trimester**
  - **Pre or periviable PPROM undergoing expectant management**
  - **Maternal Medical Comorbidity necessitating delivery in the pre or periviable period**

2. Birth Plan elicited by PPC team (outpatient or inpatient)

- Communicated to:
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    - Other
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- 1 week call from PPC team member
- 6 week card
- Holiday card
- 1 year call from PPC team member
- Perinatal yearly memorial

*As of 2/2018, PPC team aims to have TWO PPC staff member facilitators available for the case to provide an interdisciplinary approach to care.

6 Metric Perinatal Palliative Care Standard

1. Perinatal consult for any baby where parents will need to make decisions about aggressive management versus comfort care.

2. Birth Plan elicited by PPC team (outpatient or inpatient)

3. PPC notified when mother in L&D

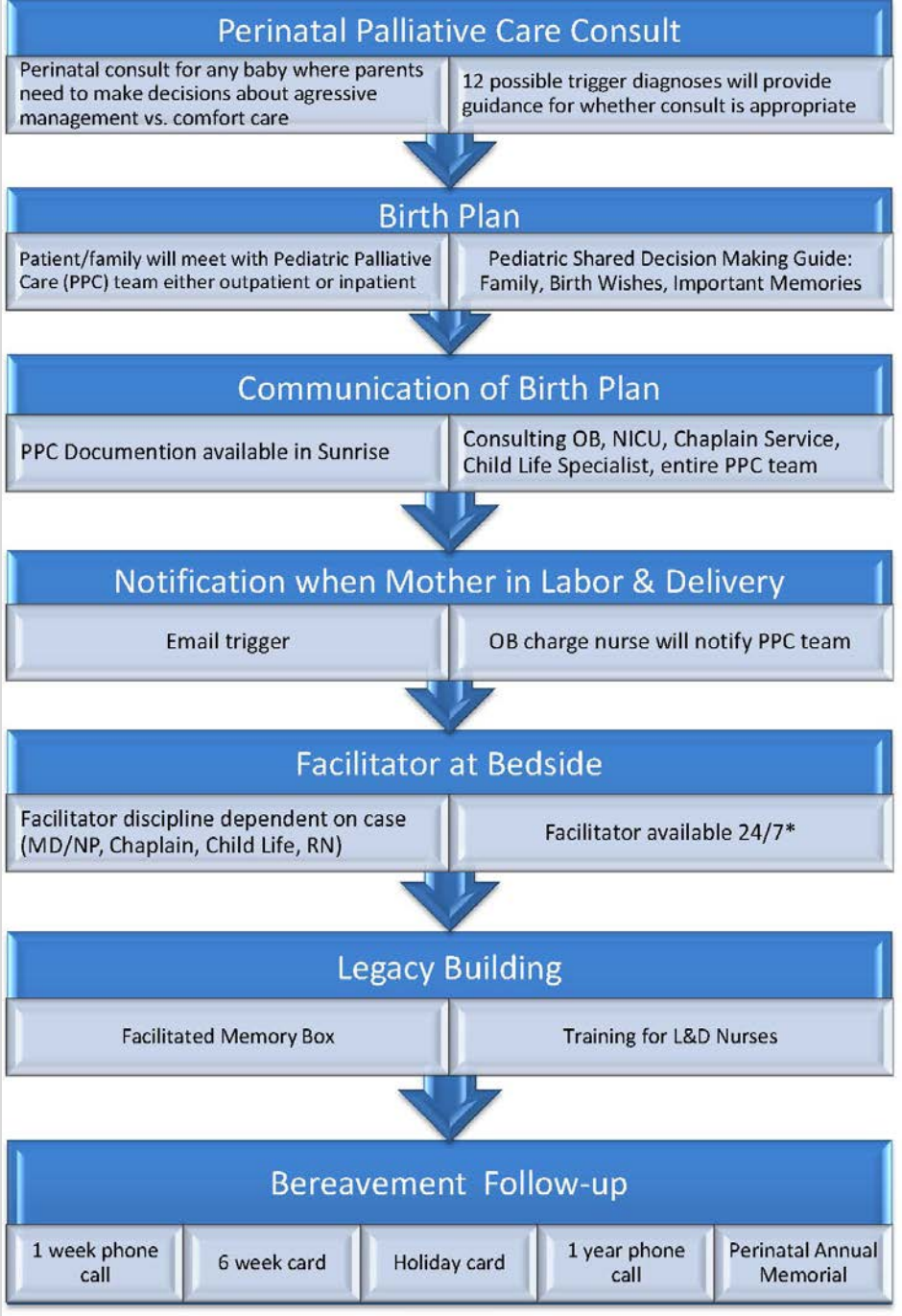
4. Each mother with a PPC consult has an emotional/legacy building facilitator at bedside (before, during-if needed- and after deliver)*

5. Legacy Building

6. Bereavement

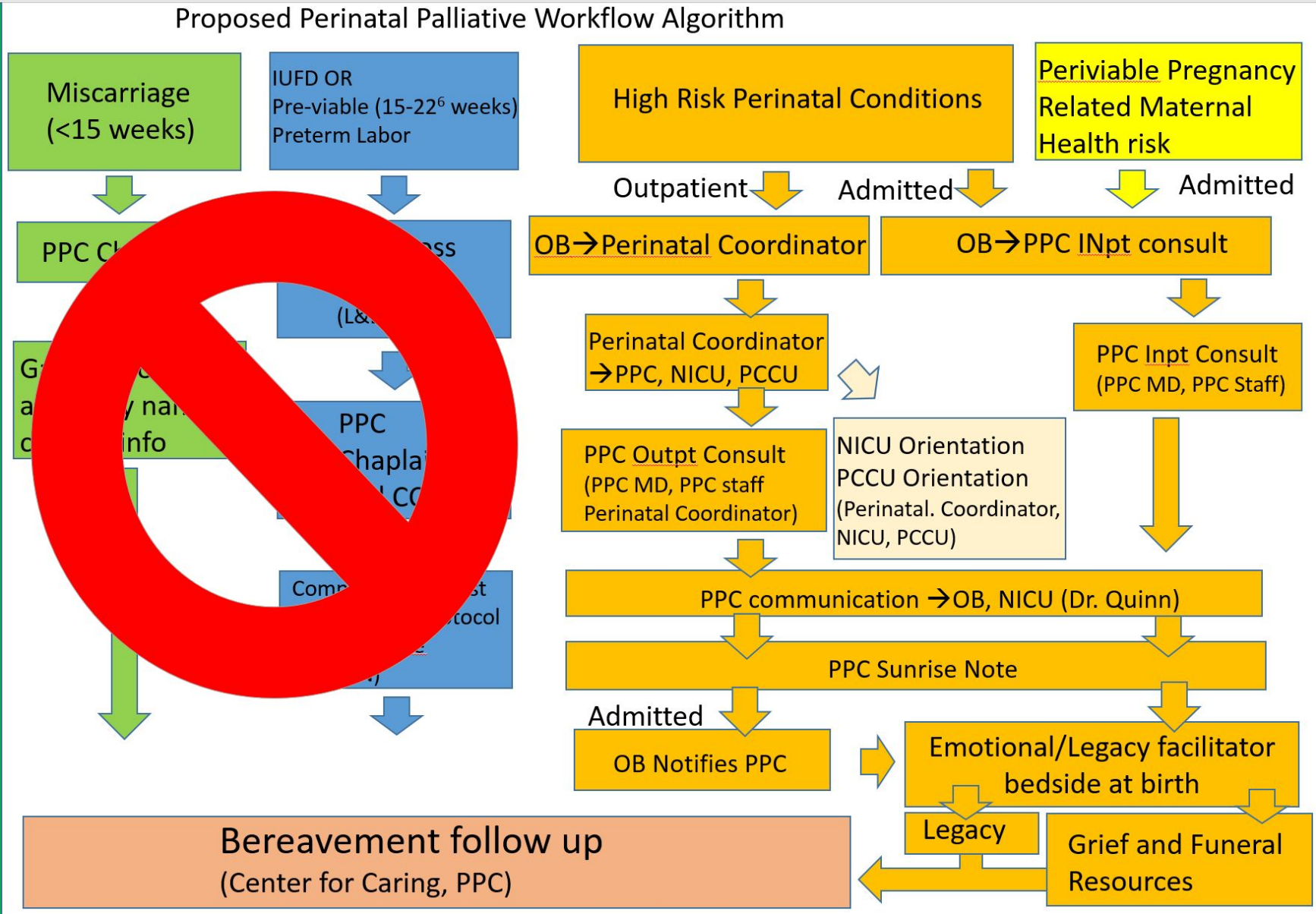
*As of 2/2018, PPC team aims to have TWO PPC staff member facilitators available for the case to provide an interdisciplinary approach to care.

Process Map

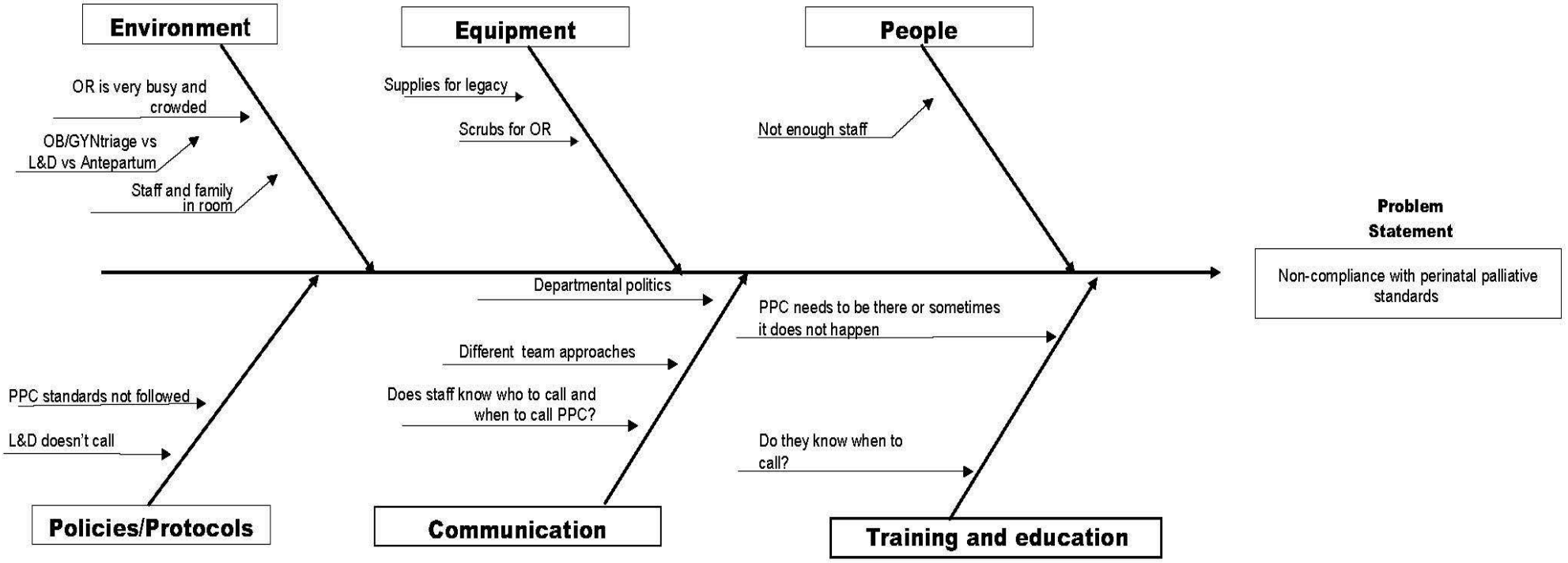

Perinatal Palliative Care Consult
Perinatal consult for any baby where parents need to make decisions about agressive management vs. comfort care
12 possible trigger diagnoses will provide guidance for whether consult is appropriate
Birth Plan
Patient/family will meet with Pediatric Palliative Care (PPC) team either outpatient or inpatient
Pediatric Shared Decision Making Guide: Family, Birth Wishes, Important Memories
Communication of Birth Plan
PPC Documention available in Sunrise
Consulting OB, NICU, Chaplain Service, Child Life Specialist, entire PPC team
Notification when Mother in Labor & Delivery
Email trigger
OB charge nurse will notify PPC team
Facilitator at Bedside
Facilitator discipline dependent on case (MD/NP, Chaplain, Child Life, RN)
Facilitator available 24/7*
Legacy Building
Facilitated Memory Box
Training for L&D Nurses
Bereavement Follow-up
1 week phone call
6 week card
Holiday card
1 year phone call
Perinatal Annual Memorial

High Risk Perinatal Trigger Diagnoses

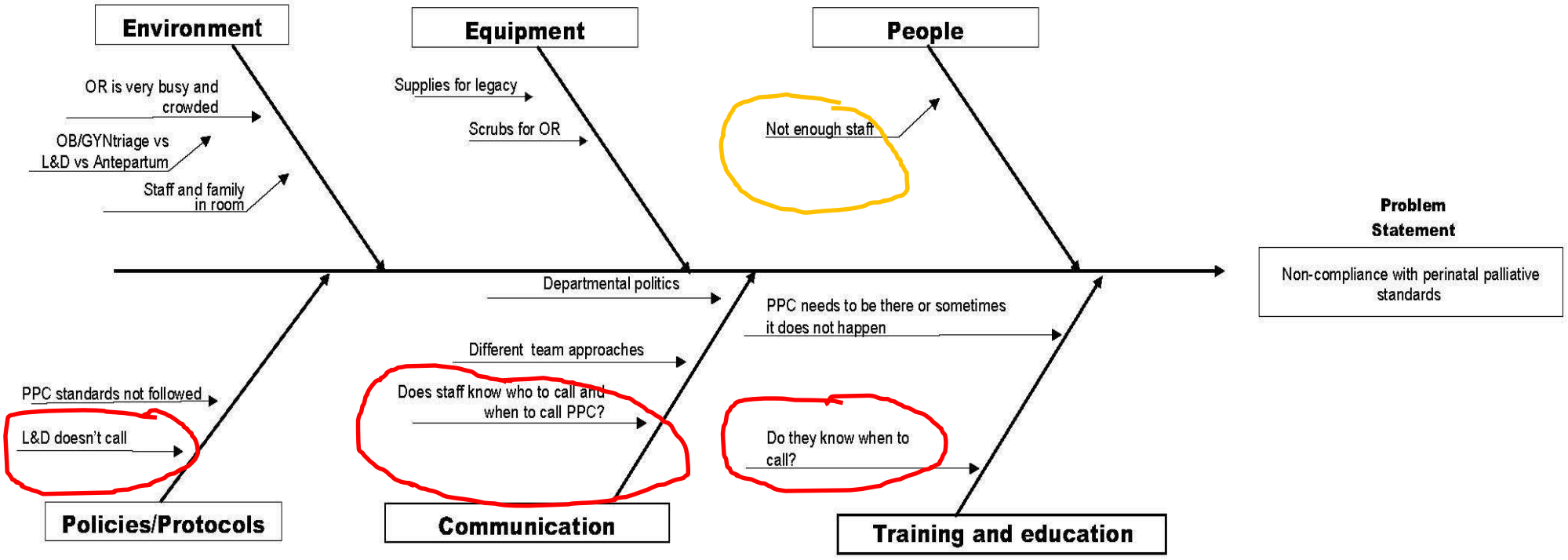
- Trisomy 13
- Trisomy 18
- Holoprosencephaly
- Anencephaly
- Hydranencephaly
- Complex Cardiac Lesions – Single Ventricle
- Anhydraminos or Early Oligohydraminos – bilateral renal agenesis, infantile polycystic kidneys
- Severe congenital diaphragmatic hernia
- Lethal Skeletal malformations
- Conjoined twins
- Unexpected 3rd Trimester (IUFD)
- Periviable PPROM undergoing expectant management WITH prolonged hospitalization
- Antenatal or postnatal diagnosis or condition which is not compatible with long term survival or carries high risk of significant morbidity or death



FISHBONE


Environment
OR is very busy and crowded
OB/GYNtriage vs L&D vs Antepartum
Staff and family in room
Equipment
Supplies for legacy
Scrubs for OR
People
Not enough staff
Problem Statement
Non-compliance with perinatal palliative standards
Departmental politics
PPC needs to be there or sometimes it does not happen
Different team approaches
Does staff know who to call and when to call PPC?
Do they know when to call?
PPC standards not followed
L&D doesn't call
Policies/Protocols
Communication
Training and education

FISHBONE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L&D doesn't call
Do they know when to call?
Policies/Protocols
Communication
Training and education

How Will We Know That a Change is an Improvement?

- We will track our percent total compliance with the perinatal palliative care standard

Case Review

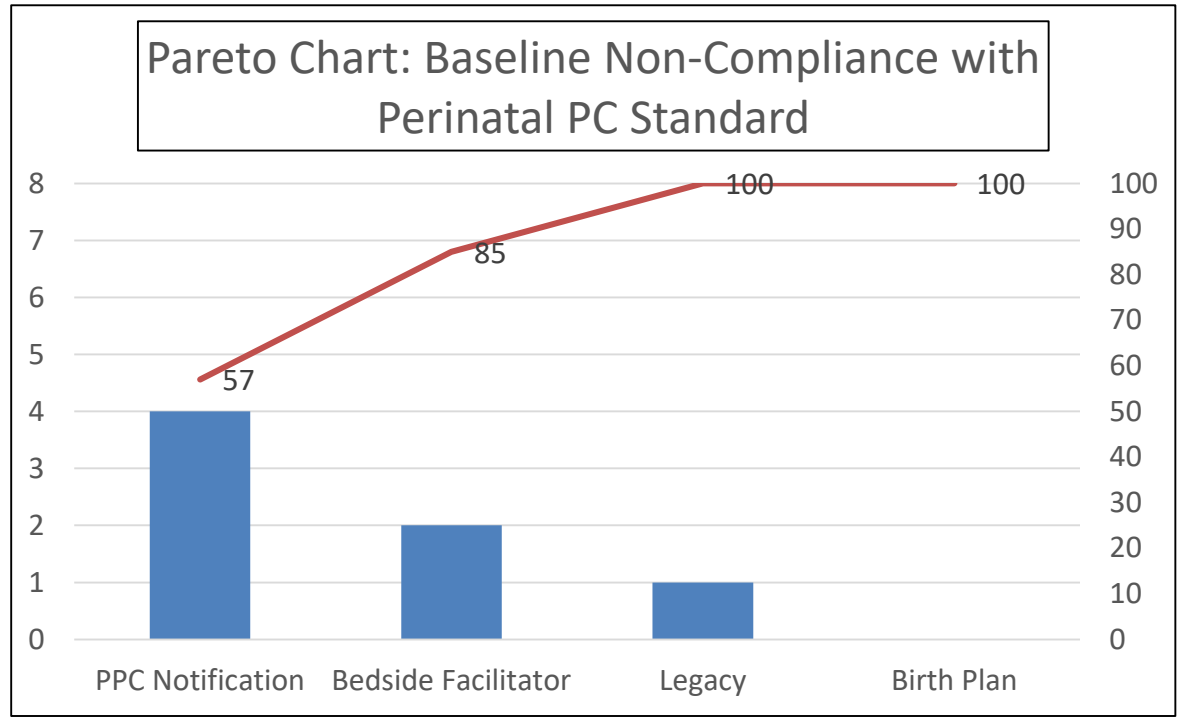
Baseline Data

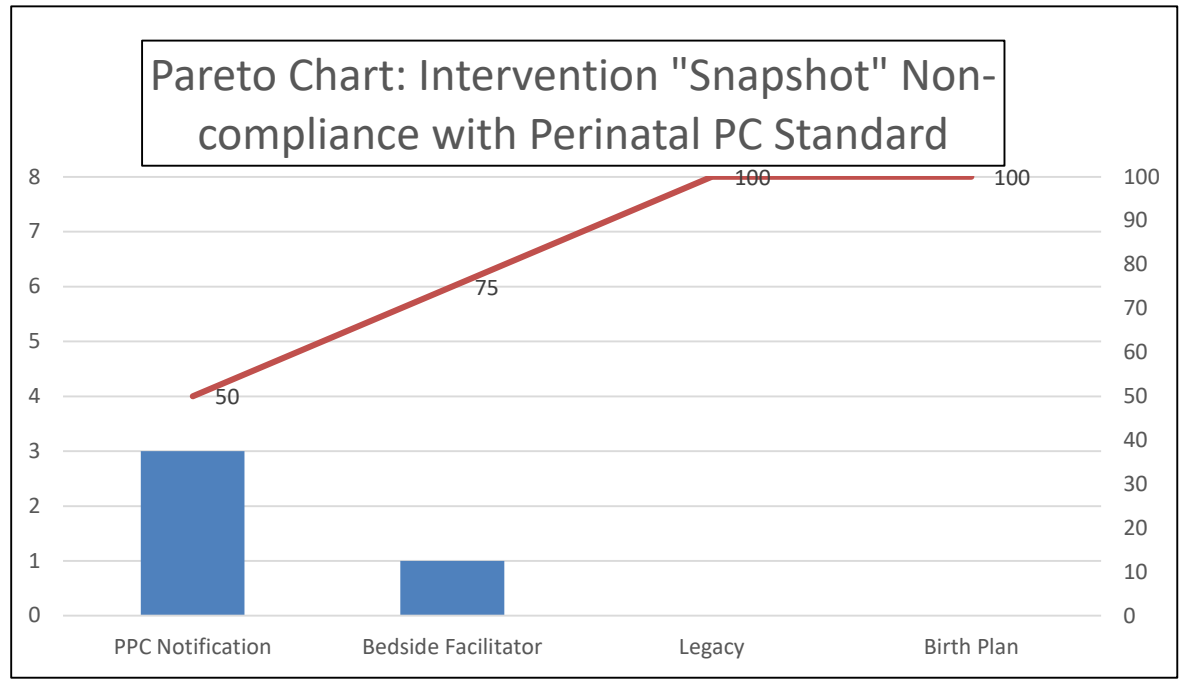
Month/Week	Patient Name	Date of Delivery	Time of Delivery	Viable/ Non-viable	Birth Plan	PPC Notification	PPC Facilitator at Bedside*	Legacy	Total Compliance	PPC Compliance
Jan-18										
1/1/18 - 1/6/18	[redacted]	1/3/2018	14:36	non-viable	Yes	Yes	No	Yes	75%	66%
1/7/18 - 1/13/18										
1/14/18 - 1/20/18										
1/21/18 - 1/27/18										
Feb-18										
1/28/18 - 2/3/18		2/3/2018	16:34	viable	Yes	No	N/A	N/A	50%	100%
		2/3/2018	21:05	viable	Yes	No	N/A	N/A	50%	100%
2/4/18 - 2/10/18		2/8/2018	8:20	non-viable	Yes	No	Yes	Yes	75%	100%
2/11/18 - 2/17/18		2/14/2018	8:10	non-viable	Yes	Yes	Yes	Yes	100%	100%
2/18/18 - 2/24/18		2/23/2018	22:20	non-viable	Yes	No	No	No	25%	33%

Goal	Primary Drivers	Interventions	Measure	Responsible
We aim to increase our compliance with the perinatal palliative standard of care from 60% to 80%	Lack of knowledge of L&D nurses on PPC contact information	Place contact info near computer stations in L&D/OB triage (RS 3)	Track if L&D notifies at time of admit	Kristine and Marcella March 9
		Email OB/L&D Charge RNs and NICU RNS PPC contact info (RS 1)	Track if L&D notifies at time of admit (RS 3)	Kristine and Marcella March 7
	Ineffective staffing hours to include flex hours from	Develop and implement new day flex staffing to ensure 2 perinatal PC facilitators at bedside (RS 4)	NA	Kristine March 7
		Discuss new flex hours in team meeting	NA	Rachel March 9
		Perinatal PC attending/NP sends group text when consult received 6a-7p	Track whether text sent or not	Rachel, Glen, Tandy ongoing
	Lack of a consistent Plan Of Care Documentation	Implement Dove Door Plan of Care: Discuss DOVE model with MFM, OB and L&D (RS 1)	N/A	Rachel and Kristine March 23rd
		Create Signs (RS 3)	N/A	Rachel and Kristine March 23rd
		Train OB/L&D		
		PPC completes and posts on door of PPC patients(RS 1)	Track whether sign posted	PPC Team Members
	Insufficient Support Staff	Gather data on benefits of perinatal palliative care and areas of needed improvement	NA	Dr. Medellin, Dr. Vandermeer, Julieanne Eddy
		Hire a second position (RS 5)		

- ☑ **Provide L&D Nurses with PPC Contact Information**
  - Contact card placed at computer stations in L&D and OB triage
  - Email OB/L&D triage nurses PPC contact information
  - Email NICU charge nurses PPC contact information
- ☑ **Reorganize PPC team's hours to include 6a-8p flex hours**
  - Discussed at PPC team meeting
  - PPC MD/NP provider sends alert team text when new perinatal consult (between 6a-7p)
- **Introduce environmental reminder in patient's room**
  - Discuss DOVE door sign with task force
  - Create Signs
  - Train bedside staff to provide bedside facilitation
- **Hire additional support staff**
  - Gather data on benefits of perinatal palliative care and areas of needed improvement
  - Identify funding for additional staff

Results


Pareto Chart: Baseline Non-Compliance with Perinatal PC Standard
8
7
6
5
4
3
2
1
0
100
100
85
57
100
90
80
70
60
50
40
30
20
10
0
PPC Notification
Bedside Facilitator
Legacy
Birth Plan


Pareto Chart: Intervention "Snapshot" Non-compliance with Perinatal PC Standard
8
7
6
5
4
3
2
1
0
100
100
75
50
100
90
80
70
60
50
40
30
20
10
0
PPC Notification
Bedside Facilitator
Legacy
Birth Plan

Month/Week	Patient Name	Date of Delivery	Time of Delivery	Viable/ Non-viable	Birth Plan	PPC Notification	PPC Facilitator at Bedside*	Legacy	Total Compliance	PPC Compliance
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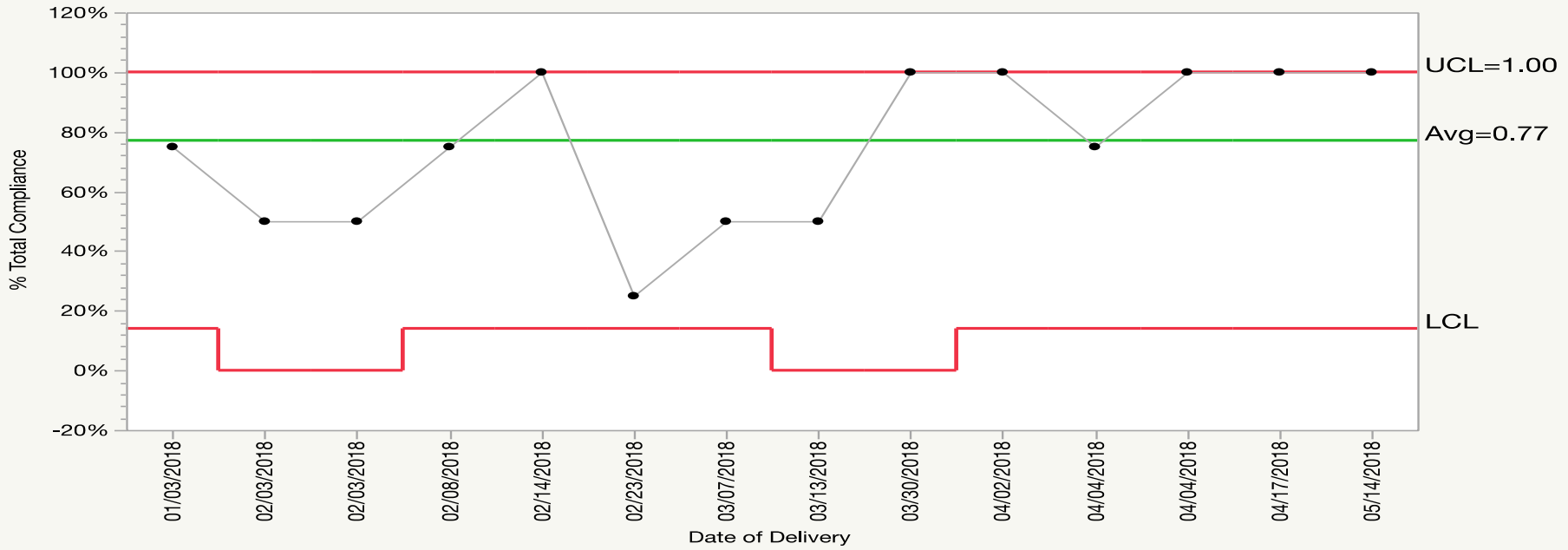
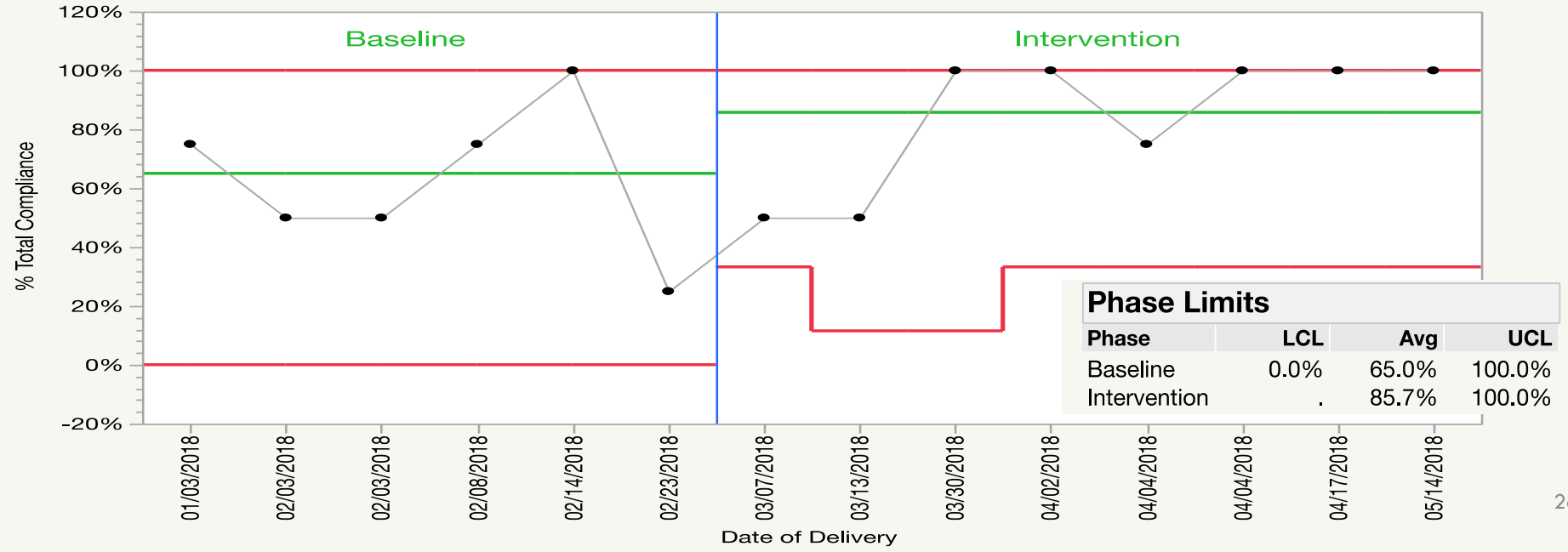
1/1/18 - 1/6/18		1/3/2018	14:36	non-viable	Yes	Yes	No	Yes	75%	66%
1/7/18 - 1/13/18										
1/14/18 - 1/20/18										
1/21/18 - 1/27/18										
Feb-18										
1/28/18 - 2/3/18		2/3/2018	16:34	viable	Yes	No	N/A	N/A	50%	100%
		2/3/2018	21:05	viable	Yes	No	N/A	N/A	50%	100%
2/4/18 - 2/10/18		2/8/2018	8:20	non-viable	Yes	No	Yes	Yes	75%	100%
2/11/18 - 2/17/18		2/14/2018	8:10	non-viable	Yes	Yes	Yes	Yes	100%	100%
2/18/18 - 2/24/18		2/23/2018	22:20	non-viable	Yes	No	No	No	25%	33%
Mar-18										
2/25/18 - 3/3/18										
3/4/18 - 3/10/18		3/7/2018	9:51	non-viable	Yes	No	No	Yes	50%	66%
3/11/18 - 3/17/18		3/13/2018	5:00	viable	YES	No	N/A	N/A	50%	100%
3/18/18 - 3/24/18										
3/25/18 - 3/31/18		3/30/2018	17:46	viable	YES	YES (nicu)	N/A	N/A	100%	100%
Apr-18										
4/1/18 - 4/7/18		4/2/2018	9:21	viable	YES	YES	YES	YES	100%	100%
		4/4/2018	8:48	non-viable	YES	No-had to ask for consu	YES	YES	75%	100%
		4/4/2018	10:47	non-viable	YES	YES	YES	YES	100%	100%
4/8/18 - 4/14/18										
4/15/18 - 4/21/18		4/17/2018	7:47	non-viable	Yes	Yes	Yes	Yes	100%	100%
4/22/18 - 4/28/18										
May-18										
4/29/18 - 5/5/18										
5/6/18-5/12/18										
5/13/18-5/19/18		5/14/2018	20:31	non-viable	Yes	Yes	offered, family declined	Yes	100%	100%
5/20/18-5/26/18										
5/27/18-6/2/18										

SPC p-Chart: % Total Compliance with Standard of Perinatal Palliative Care



Note: Sigma was specified during launch.

SPC p-Chart: % Total Compliance with Standard of Perinatal Palliative Care

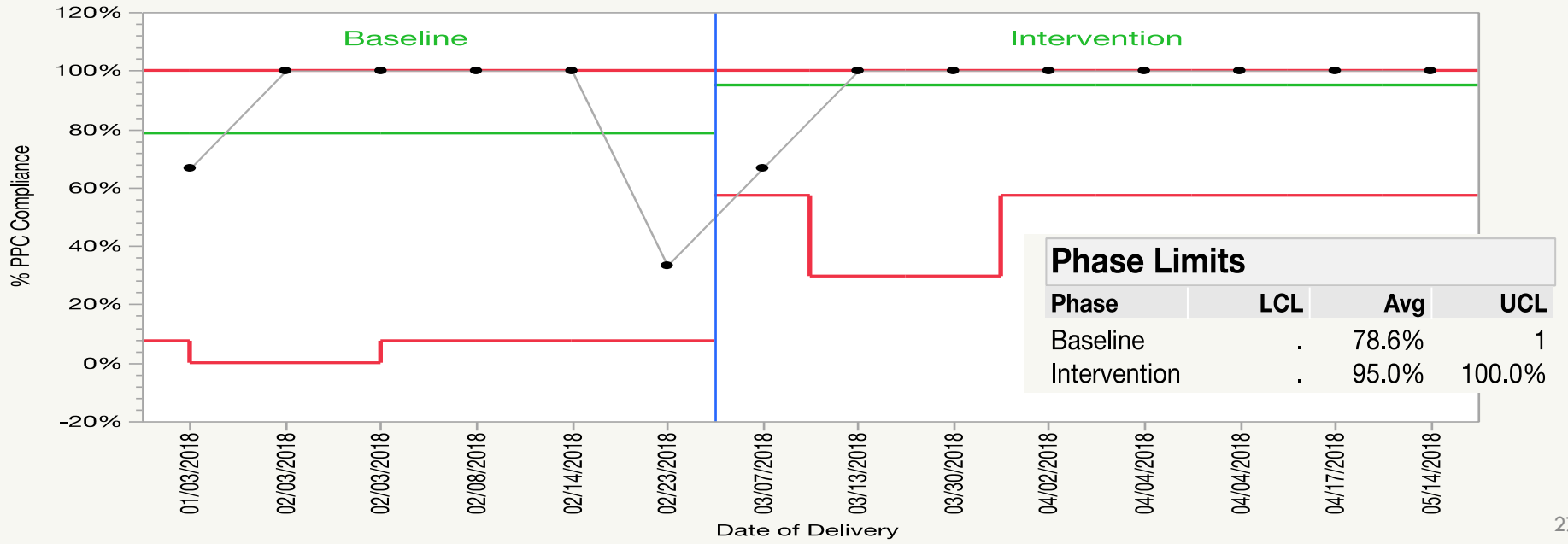


Phase Limits

Phase	LCL	Avg	UCL
Baseline	0.0%	65.0%	100.0%
Intervention	.	85.7%	100.0%

SPC p-Chart: % Compliance with PPC-Initiated Elements of Standard of Care

SPC p-Chart: % Compliance with PPC-Initiated Elements of Standard of Care



Phase Limits

Phase	LCL	Avg	UCL
Baseline	.	78.6%	1
Intervention	.	95.0%	100.0%

Note: Sigma was specified during launch.

Return on Investment

- University Hospital is seeking two new CMS Designations:
  - Level IV (Comprehensive) Maternal Designation
    - August 2018
    - Psychosocial support
  - Centers of Excellence for Fetal Diagnosis
    - Several years in future
    - Perinatal Palliative requirement
  - Designations increase reimbursement for Medicaid deliveries
  - (in future, could be penalized (lose reimbursement) without these designations)

Return on Investment

Recent Steps

- 4th Perintal Palliative Task Force Meeting
  - Introduced DOVE Model Environmental Reminder
  - Reviewed Perinatal Palliative Care Standard

Next Steps

- Implement DOVE MODEL
  - OB/L&D unit leaders (June 2018)
- Meet with Perinatal Staff to discuss grief support for non-palliative cases (June 2018)
- Seek additional staff support (Summer 2018, Hire 2019)

Thank You!!

Educating for Quality Improvement & Patient Safety