Senior Project Manager

Angela G. Zambeaux, Senior Project Manager, Institute for Healthcare Improvement, has managed a wide variety of IHI projects, including a project funded by the US Department of Health and Human Services that partnered with the design and innovation consulting firm IDEO around shared decision-making and patient-centered outcomes research; the STAAR (STate Action to Reduce Avoidable Rehospitalizations) initiative; virtual programming for office practices; and in-depth quality and safety assessments for various hospitals and hospital systems. Prior to joining IHI, Ms. Zambeaux provided project management support to a small accounting firm and spent a year in France teaching English to elementary school students.
Faculty

Kelly McCutcheon Adams, LICSW has been a Director at the Institute for Healthcare Improvement since 2004. Her primary areas of work with IHI have been in Critical Care and End of Life Care. She is an experienced medical social worker with experience in emergency department, ICU, nursing home, sub-acute rehabilitation, and hospice settings. Ms. McCutcheon Adams served on the faculty of the U.S. Department of Health and Human Services Organ Donation and Transplantation Collaboratives and serves on the faculty of the Gift of Life Institute in Philadelphia. She has a B.A. in Political Science from Wellesley College and an MSW from Boston College.
Laufe Sokol-Hessner, MD, is a hospitalist and the Associate Director of Inpatient Quality at Beth Israel Deaconess Medical Center (BIDMC) in Boston. He has worked in southern Africa on multiple occasions, completed medical school and residency at the University of Pennsylvania in Philadelphia, and worked as an attending physician at the University of Washington Medical Center in Seattle before joining BIDMC. On the wards, his work includes collaborating as a member of interdisciplinary teams of health care providers, coaching medical students and residents as they develop their communication skills, and caring for a broad variety of patients and their families. In his quality improvement role he leads several projects, including Conversation Ready at BIDMC.
Webinar Series Objectives

At the conclusion of this webinar series, participants will be able to:

- Articulate the vision and mission of The Conversation Project and different ways to approach end-of-life care conversations.
- Describe strategies that have worked for pioneer organizations to engage patients and families in discussions to understand what matters most to them at the end-of-life.
- Explain ideas for reliably stewarding this information across the health care system, including strategies for working with electronic health records.
- Teach ways to engage communities that help to activate the public in having these conversations in advance of a potential medical crisis.
- Test methods to help staff engage in this work personally before exemplifying it for their patients.
- Describe changes to CMS reimbursement policies for advanced care planning conversations.
Today’s Agenda

- Introductions
- Debrief Session 5 Suggested Action
- *The Exemplify Principle in Action/ Connecting In a Culturally Respectful Manner*
Conversation Ready Principles

1. **Engage** with our patients and families to understand what matters most to them at the end of life
2. **Steward** this information as reliably as we do allergy information
3. **Respect** people’s wishes for care at the end of life by partnering to develop shared goals of care
4. **Exemplify** this work in our own lives so that we understand the benefits and challenges
5. **Connect** in a manner that is culturally and individually respectful of each patient
Schedule of Calls

**Session 1** – The Conversation Project: Reaching people where they live, work, and pray  
**Date:** Tuesday, May 23, 2017, 2:00 PM-3:00 PM Eastern Time

**Session 2** – Engage: Moving from passive to proactive  
**Date:** Tuesday, June 6, 2017, 2:00 PM-3:00 PM Eastern Time

**Session 3** – Steward: Achieving the reliability of allergy information  
**Date:** Tuesday, June 20, 2017, 2:00 PM-3:00 PM Eastern Time

**Session 4** – Respect: Meeting people where they are as illness advances  
**Date:** Tuesday, July 11, 2016, 2:00 PM-3:00 PM Eastern Time

**Session 5** – The Exemplify Principle in Action/ Connecting In a Culturally Respectful Manner  
**Date:** Tuesday, July 25, 2017, 2:00 PM-3:00 PM Eastern Time

**Session 6** – CMS Reimbursement  
**Date:** Tuesday, August 8, 2017, 2:00 PM-3:00 PM Eastern Time
Suggested Action following Session 4:

- Review one of the following Ethnogeriatrics modules
  - African-American
  - American Indian
  - Asian Indian
  - Asian Indian
  - Chinese
  - Filipino
  - Native Hawaiian and Pacific Islander
  - Hispanic/Latino
  - Japanese
  - Korean
  - Pakistani
  - Vietnamese

- Identify at least one story in your own practice where culture competency fell through the cracks and less than optimal care was provided at the end-of-life
A Tale of Two Health Systems: Exemplify
Retaining Hope Health Care

At Retaining Hope Health Care, professionals rarely discuss the implications of their own end of life care wishes in the context of their work/interactions with patients. There is a strong culture of being death denying and the dynamic of not wanting to take away hope persists even in how colleagues talk with one another about their futures.
Reliability Health Care

At Reliability Health Care a strong culture of “walking the walk” exists among providers. There are programs to prompt employees and physicians to undertake the work of examining their own wishes and discussing those with their loved ones. Providers have no sense of hypocrisy when they talk with their patients about having these conversations and can say with confidence, “I have done this myself, there were some bumps, but overall, it is a tremendous gift I have given to myself and to my family.”
What does it mean to Exemplify?

- Exemplify this work in our own lives, so that we fully understand the benefits and challenges
  - “Walk the walk”
  - Consider the “I voted” or “I gave blood” stickers
“Talk Turkey” Encourages End-of-Life Discussions

Published: 11/21/2013 9:00:00 AM

As families around the country gather for Thanksgiving, BIDMC’s Department of Social Work and Ethics Support Service will hold its annual “Talk Turkey” campaign to educate staff, patients and visitors about the importance of health care proxies on Monday, Nov. 25 and Tuesday, Nov. 26.

Health care proxy forms in multiple languages and other advance directives materials will be distributed at the east and west campus cafeterias, as well as the West Clinical Center and Carl J. Shapiro Clinical Center lobbies.
Employees explaining why a Proxy is important
BIDMC employees exemplifying

- 60 Human Resources employees, during monthly staff meeting, ~1 hour
  - Social worker, physician, project manager
  - A few slides and a video
  - Distribution of the Massachusetts Health Care Proxy form, associated FAQs, and a brief Conversation Planning Guide
  - Table and then whole room discussion

- Majority found it valuable

- Important minority found it uncomfortable to talk with colleagues and bosses
BIDMC physicians exemplifying

• “Do this across the hospital… it was interactive and practical”
• “It was helpful to learn about proxies…I need to select one”
• “It’s never too soon to have the conversation…I need to have it”
• “I need to address proxy status with my patients more, and have more conversations with them”
From University of Pittsburgh Medical Center

Celebrates the “Day of Conversation” in April

Encourages…

• Conversation Starter Kit
• Video on the National Healthcare Decisions Day website
• Five Wishes®
• “Just Talk About It!”
“…in addition to our community outreach efforts, we have started to engage med students, residents, nurses and nursing students, case managers, and social workers. Fortunately, we have a wonderful [palliative care] doctor on our outreach team, she has… been a huge asset to the team… [connecting] me with … different departments throughout the hospital to schedule presentations… we’ve received a lot of positive feedback in doing this, and have even been asked to do 2-3 part series for the different groups. It’s very encouraging!”
“Starting January 2014 [we] began giving The Conversation Project presentation to all new employees at [our medical center] and … [future work will include] engaging our HR and benefits departments to include The Conversation Project in our own wellness program, reach out to the different unions that are represented in our facility to see if they would be interested in working with us, and then on April 16th we will be participating in National Healthcare Decisions Day by promoting, for the second year in a row, “Take your Healthcare Proxy to Dinner” campaign.

Last year, this campaign was for all employees at our hospital. Any employee that brought in a copy of their healthcare proxy forms to employee health was entered into a drawing for a dinner gift certificate for two.

This year we are hoping to collaborate with the Mayor of Buffalo and local restaurants to take this effort outside of the hospital and into the community. We have a meeting with the marketing department to see if they can help us brainstorm ideas to make this event a community-wide initiative in addition to encouraging our employees.”
From Winter Park Memorial Hospital

Spiritual Ambassadors selected Conversation Project/Conversation Ready training as their annual mandatory participation project for 2015

- One-hour education sessions provided for Spiritual Ambassadors
- Discussion of how the Conversation fits into their roles as:
  - Spiritual Ambassador
  - Employee (potential fit into their work role)
  - Faith Community Member
  - Family Member
  - Community Member
TCP has also worked with Goodyear and Tufts Health Plan
Pause

Questions? Comments?
A Tale of Two Health Systems: Connect
At Retaining Hope Health Care providers are in a “set it and forget it” mode when it comes to examining the effect of culture on decision-making style and the decisions themselves. Values default to Western, upper middle class perspectives on death with a presumption of Judeo-Christian traditions. Families are relied on for language interpretation and there are few connections to non-dominant tradition clergy. Cultural differences are seen as a source of frustration and something that slow providers down.
At Reliability Health Care there are systemic, reliable efforts to understand the influence of a patient’s cultural values on end of life care decision-making. Cultural values are seen as being different but still equal. Professional interpreters are used and bridges are built to smaller faith communities within the area served by the system. Providers have the humility to admit what they do not know and to approach families in a spirit of curiosity rather than superiority.
Connect

Connect in a manner that is culturally and individually respectful of each patient

- Meet people where they are uniquely
  - Language
  - Ethnicity
  - Race
  - Socioeconomic status
  - Gender
  - Sexual Orientation
  - Religion
The Conversation Project Starter Kit Workshops

Participants from Islamic Society of Boston Cultural Center (ISBCC)
Clergy at the Intersection of Life and Death

“Henry Ford Health System has worked for decades with the faith community, ...but before the IHI Conversation Ready program challenged us, we had never brought the two communities together.”

- Over 200 clergy and clinician dialogue partners
- They post resources for faith communities [http://www.henryford.com/body.cfm?id=59375](http://www.henryford.com/body.cfm?id=59375)
- Tailor advance care planning outreach to underserved or underrepresented populations
“Astrologically Auspicious”

- Complexity of diversity
- Ask questions
- Example from Hindu culture:
  - Importance of karma
  - Deference to family or spouse
  - Embrace of astrology

The Delicate Art of Interpreting for Palliative Care

“Interpreters can be called upon to deliver bad news at an oncology clinic, at a patient’s bedside, or during a genetic counseling interview, a fetal ultrasound, or even an eye exam.”

Interpreters render meaning--not words--from one language to another

Preparing the gatekeepers

African American Community

- Recognize, acknowledge and respect historic, systemic racism
- Acknowledge internal biases
- Recognize importance of religiosity and spirituality and the role of churches in health care
- Work toward continuous improvement in communication
- Strategic engagement with community partners

Pause

- Please share examples of how your institution is fostering a culture that connects.

- Questions? Comments?
Session 6

CMS Reimbursement

Kate Lally, MD, FACP
Chief of Palliative Care, Care New England Health System

Jean Acevedo, LHRM, CPC, CHC, CENTC
AAPC Fellow, Compliance Consultant

Tuesday, August 8, 2-3 PM Eastern
Thank You!

Please let us know if you have any questions or feedback following today’s webinar.
Eligibility for Nursing CEU requires submission of an evaluation survey for each participant requesting continuing education:

https://www.surveymonkey.com/r/TCP072517

Share this link with all of your participants if viewing today’s webinar as a group (**Survey closes Aug. 4**)

Be sure to include your contact information and Florida nursing license number

FHA will report 1.0 credit hour to CE Broker and a certificate will be sent via e-mail (Please allow at least 2 weeks after the survey closes)