

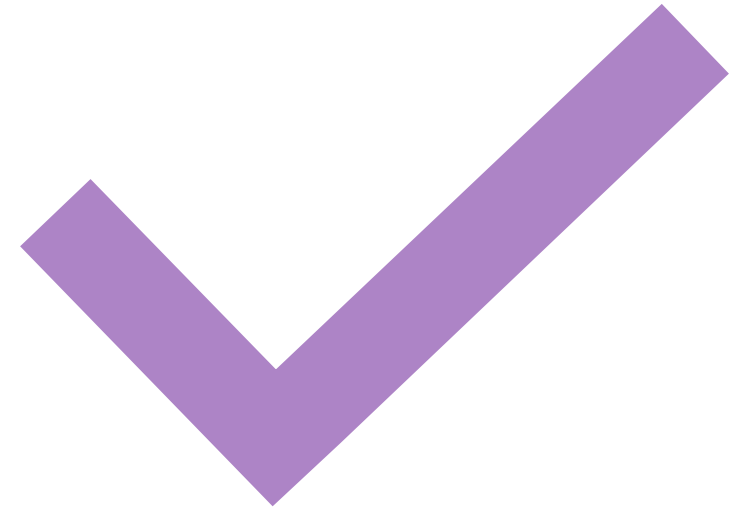
The Hospice Model: Leading the Way for Interprofessional Education & Competency

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Learning Outcomes

Upon completion of this presentation, participants will be able to —

1. Examine the hospice interprofessional collaborative practice model.
2. Discuss competency outcomes in hospice interprofessional education programming and its effect on quality measures.
3. Identify strategies to build interprofessional education curricula using the hospice model.





The Hospice Model

- Dame Cicely Saunders
- Holistic Hospice Care
- IDT/IDG



The Hospice IDT/IDG

- ▶ Provides interdisciplinary care to seriously-ill and terminally-ill patients and their families.
- ▶ Care teams are comprised of medical and non-medical disciplines and include volunteers and lay workers in healthcare.

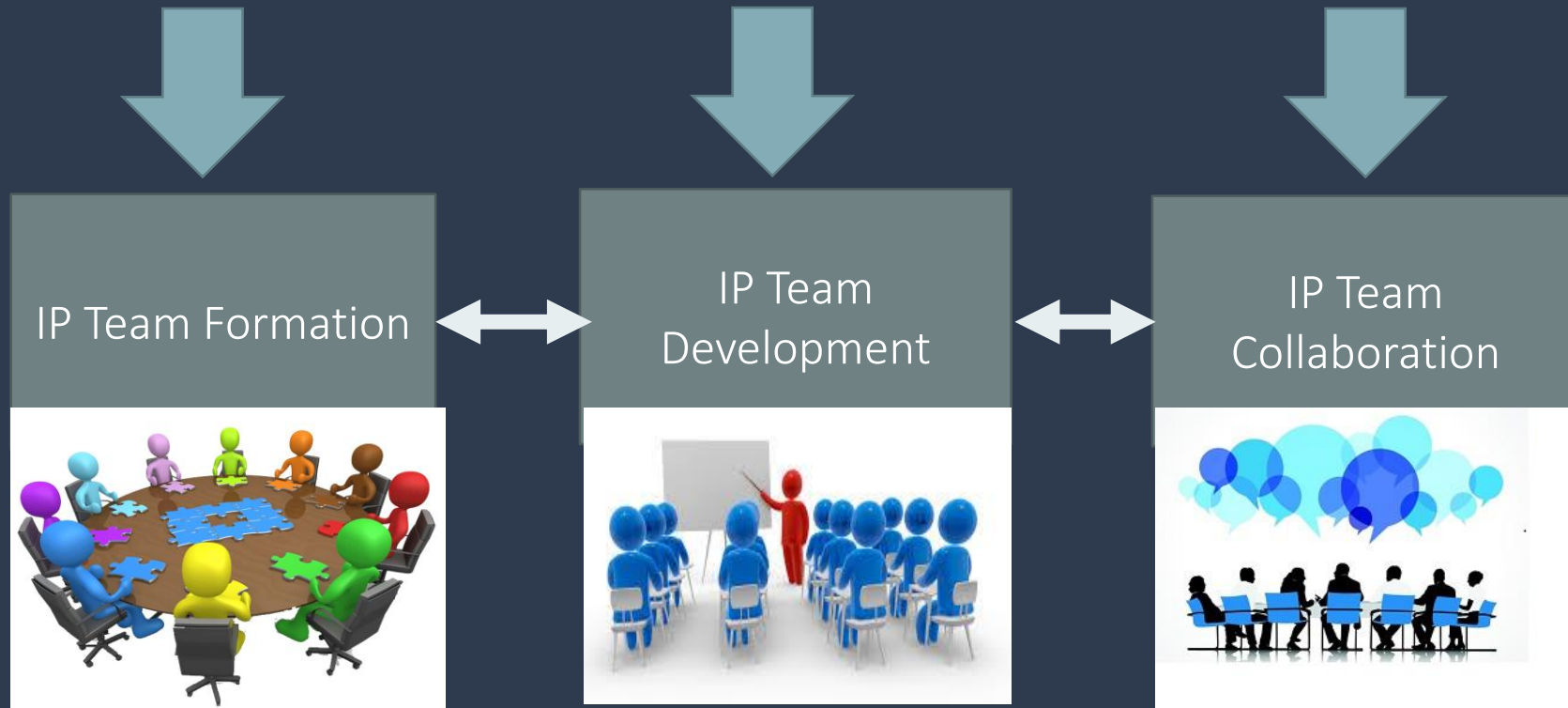


Interprofessional Collaboration & Education

“IPE involves educators and learners from two or more health professions and their foundational disciplines who jointly create and foster a collaborative learning environment. The goal of these efforts is to develop knowledge, skills, and attitudes that result in interprofessional team behaviors and competence.”

~ Education Task Force of the American Association of Colleges of Pharmacy (AACCP)

Shared Goal: Effective Delivery of Patient Centered Care



Desired Outcomes: Satisfaction, Growth, Retention

Hospice Item Set & Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

Hospice Item Set (HIS)

- NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen
- NQF #1634 Pain Screening
- NQF #1637 Pain Assessment
- NQF #1639 Dyspnea Screening
- NQF #1638 Dyspnea Treatment
- NQF #1641 Treatment Preferences
- NQF #1647 Beliefs/Values Addressed (if desired by the patient)

CAHPS®

- Communication with family
- Getting timely help
- Treating patient with respect
- Emotional and spiritual support
- Help for pain and symptoms
- Training family to care for patient
- Rating of this hospice
- Willing to recommend this hospice

Experience/ Strategies

- 800 employees/ 1000 volunteers
 - 400 staff nurses (RN/LPN)
 - 200 CNA
 - 50 SW
 - 30 Chaplains
 - 40 MD/NP
 - 25 senior managers/exec staff
 - 55 in HR/ Bus Dev/IT/Housekeeping/ Other
- 1300 patients/ day; avg LOS 3 days
- Service area of near 25K SM; multiple cites across DMV; WVA
- Turnover rate 25%
- Near zero education development engagement past orientation
- Surveys also revealed lack of confidence in role and responsibilities across all staff (clinical and non clinical)
- Lack of knowledge about CAHPS and quality indicators
- No confidence in teaching ability- VITAL to hospice delivery of care
- No confidence in EMR documentation

Thinking This Through: Teaching/ Learning Strategies

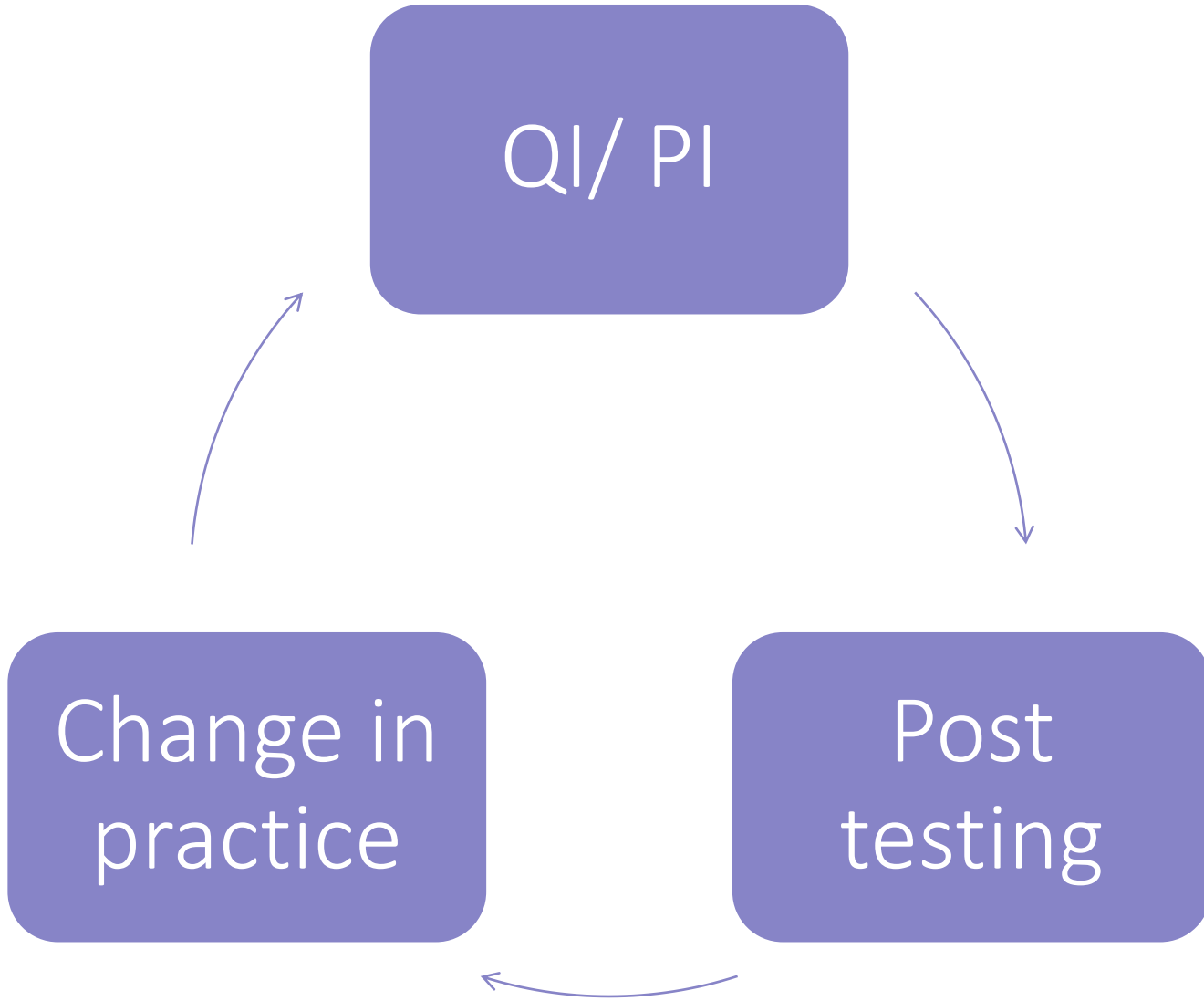
Self Directed/
e-Learning

Lecture

Discussion
groups/
mentoring

Mentoring/
role modeling

Simulation



QI/ PI

Change in
practice

Post
testing

Thinking This
Through:
Competency &
Outcome
Measurement

Challenges to Implementation

- Identifying new clinical training sites and establishing new partnerships (simulation centers, eLearning content)
- Requiring organizations to alter their staffing practices.
- Modifying accrediting and regulating standards and criteria to meet learning needs.
- Developing faculty and preceptor skills and experience necessary to teach new content and to evaluate effectively.
- Engagement.
- Changing the status quo; true institutional and cultural change is very difficult and takes time.



What's Next?

- Research in IP Collaboration
- IP Collaboration and Value

Conclusions

The hospice interprofessional collaborative practice model provides an example of a best practice education strategy to be duplicated across various healthcare settings.

Building both curricula and competency outcomes based on quality measures and IP collaboration can have a positive impact on interprofessional education programming and delivery of care.

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Resources



Thank You For Your
Participation!

Any Questions?