Atlantic Health System's Community Palliative Care Learning Collaborative (C-PCLC)

An Overview for our Facility Partners

Atlantic Health System

With thanks to our generous donor,

Marquis Health Services is a leading provider of subacute rehabilitation and long-term care across the Northeast US. Operating nine centers throughout New Jersey, Marquis has established a reputation for progressive specialized care and programming and care transformation via investment, education and collaboration with health care partners in all markets served.

Landscape

The graying of America and epidemic rise of chronic disease are among the greatest health challenges of the 21st century. At the same time, the demand for high-quality palliative and hospice care is on the rise. Recent New Jersey legislation on end-of-life care is designed to help patients "get the care they need and no less, and the care they want and no more" thus requiring post- acute facilities to provide education and access to quality palliative care and hospice (S3116 NJ Law for Facilities).

As the leading health system in this region, Atlantic Health System is providing a unique opportunity to partner with neighboring facilities to ensure that they not only meet the requirements under the law but demonstrate improved outcomes for their patients through their participation in the community palliative care learning collaborative.

The Need

Only one third of NJ older adult residents are aware of Advance Directives or Physicians Orders for Life-Sustaining Treatment (POLST), and fewer understand the importance and benefits of palliative care for advanced illnesses according to the Center to Advance Palliative Care™, a national organization dedicated to increasing the availability of quality palliative care services.

Millions of Americans are living with serious illness, and this number is expected to increase exponentially over the next 25 years with the aging of the baby boomers. The Community PCLC intends to meet the existing needs identified by the NJ Governor's Advisory Council on end-of-life care, including: shortage of palliative and end-of-life care services; lack of communication and conversations; lack of culturally competent end-of-life-care; and lack of public awareness.

The same Council reported most healthcare providers have very little, if any, training in advanced care planning and communication skills, cultural competency, and patient-centered end-of-life care. The COVID-19 crisis has highlighted the need for palliative care and end-of-life training of healthcare providers, especially those in long term care facilities, which account for more than half current COVID-19 deaths in NJ.

Although 90% of all hospitals with 300 or more beds have a palliative care team, where you live matters when it comes to accessing quality palliative care services. Atlantic Health System's foundations have raised funding over the past two decades to help build and support palliative care programs individually and as a system. Atlantic Health System and Atlantic Medical Group have also teamed up to also embed palliative care initiatives for patients requiring outpatient specialized care and to support long term care facilities, nursing homes, and other community-based organizations.

Community Palliative Care Learning Collaborative – Overview

This collaborative will create a coordinated, proactive system among the region's healthcare providers that will identify patients suffering with a serious illness, provide them with palliative care options, and deliver appropriate care according to each patient's preferences.

Atlantic Health System facilitators representing palliative care and care coordination expertise will guide their partner facilities in developing meaningful, measurable and sustainable interventions aimed at improving access to palliative and end-of-life care for patients and their families.

A pre- and post-learning survey of PCLC participants will be completed. The program anticipates that participants will be able to (1) increase their PC knowledge, skills and confidence; (2) identify a multidisciplinary PC champion team as future PC trainers in each facility; (3) enhance linkages between PC specialist and non-specialist providers to improve the quality and coordination of care; (4) implement a collaborative facility "PC bundle", to standardize PC service delivery and enhance patient autonomy, consisting of:

- a PC trigger tool – process for identifying patients with unmet PC needs
- a PC power plan – a set of evidence-based actionable care and treatment guidelines for PC
- an ACP documentation – template for advance care planning discussion and completion of advance directives and POLST among patients served

The "Bundle"

1. **WHO would benefit from palliative care services?**
   Implement a process within our primary cohort for identifying patients who would benefit from palliative care services.

A meaningful cohort is one with which you can make a measurable impact and help you build the capacity to see 100% of palliative care appropriate patients. Various screening criteria and tools that may be used to identify patients within your cohort will be discussed and then developed to integrate into the functioning of your facility. In selecting your cohort, consider this project a first step toward the ultimate goal of capturing every patient in your facility who could benefit from palliative care services.

2. **WHAT can we do to improve the quality of our patient's lives?**
   Implement for identified cohort patients a set of actionable palliative care and treatment guidelines (order sets) that addresses the symptoms and stressors of their illness/es.

While care and treatment will not be prescribed by Atlantic Health System, key palliative care categories and elements will be defined, and tools, education and examples of guidelines will be provided, again allowing the facility to tailor their care to their patients.

3. **WHY these discussions are important**.
   Implement a model for including Advance Care Planning that encourages and optimizes patient and family involvement and honors the patient's values and preferences in relation to the natural progression of their illness.

Focus will be placed on improving clinical communication skills, promoting open dialogue regarding advance care planning between facility team members, patients and their families and utilizing a variety of tools and modalities to encourage discussions about and documentation of end-of-life care preferences will be key.

4. **HOW to move forward from your learnings**.
   The summative conference will provide an opportunity for each facility to consider their learning experiences over the year and analyze their goals for sustainability and improved patient outcomes through the inclusion of palliative care as an element of high-quality care in those living with serious illness.

Timeline of C-PCLC Activities

Date/Time	Event Description	Notes
July 12 2021 9:00 – 3:00 Malcolm Forbes Auditorium & Zoom	Launch Palliative Care Bundle **Palliative Care Trigger**	• Identify cohort that will be followed and studied within the year. • Various palliative care referral criteria and tools are examined • Identifying Palliative Care Patients
Fall 2021 Half day	**Providing Palliative Care**	• Symptoms – physical & psychosocial • Order sets • Managing patients in house • Education for Patient/Family • Primary v Specialized Palliative Care • Community Resources
Winter 2022 Half day	**Advance Care Planning**	• Clinical Communication Skills Training • "The Conversation" • POLST vs Advance Directives • How to engage family • Online resources, tools, games, etc.
Spring 2022 Full day	**Summative Conference**	• Year in review • Learnings • Sustainability • Outcomes • Resources • Next Steps

Key Initiatives:

- Faculty Recruitment/Facilitators - subject matter experts will lead learning sessions;
- Enrollment - from 17 post-acute facilities within Atlantic Health System service coverage
- Learning Sessions – three quarterly face-to-face meetings, bringing together multidisciplinary teams from each organization and an expert faculty. Curriculum will include concepts and principles of patient-centered palliative care and end of life care, assessment and identification of seriously ill or dying patient, symptom management, Advanced Care Planning and goals of care discussion, cultural competence, community resources, and a change package (palliative care bundle and Model for Improvement) that will improve significantly and sustain performance;
- Action Periods – between Learning Sessions, teams test and implement changes in their local settings, and collect data to measure the impact of these changes;
- Monthly Progress Reports - supported by conference calls, peer site visits, and web-based discussions to share information and learn from regional palliative care experts and other health care organizations
- Summative Congress – once complete, the work will be documented with teams presenting their results and lessons learned in a final C-PCLC meeting (to include key stakeholders and non-participating NJ organizations)

Atlantic Health System Collaborative Lead Administrators

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