

Palliative Care Demonstration Project Change Packet #1



TEAM CHARTER:	
Leads: _____	Timeframe:
Participants:	Start Date: _____
_____	End Date: _____

Instructions: The purpose of this tool is to provide practice leaders with simple steps to conduct a quality improvement initiative. The framework for continuous improvement is: Aim-Measure-Change & Plan-Do-Check-Act (PDCA). Improvement model steps and description are on the left. The practice-specific improvement plan is developed by filling in the blanks in the boxes in the right column. Additional resources and tips are available at <http://MOQC.org>.

Initiative Background: Assessment and treatment of palliative care needs should be provided for all cancer patients from the time of initial diagnosis and service delivery should be structured accordingly. Palliative care services are most effective when integrated into specific care settings including the oncology office practice. This requires training in the fundamentals of palliative care as well as having standards of care and standardized processes in place that support the patient and family with symptom management, medical decision-making, goals of care planning and, emotional and social needs resolution.

Improvement Model Steps

Practice Improvement Plan:

<p>AIM:</p> <p><i>What are you trying to accomplish & by when?</i></p>

<p>AIM:</p> <p>Improve the assessment and management of symptoms that are common in patients with palliative care needs by JUNE 2012.</p>

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Improvement Model Steps

Practice Improvement Plan:

MEASURE:

How will you know if a change is an improvement?

Measure # 1:

The percentage of the target population's provider office visits with Edmonton Symptom Assessment System (ESAS-r) ratings documented in the medical record(s).

Target: > 80% by DECEMBER 30, 2011.

Measure # 2:

The percentage of target population medical records with treatment plans documented when Edmonton Symptom Assessment System (ESAS-r) ratings are significant (e.g. patients have persistent problematic symptom/ symptom complexes).

Target: >80% by MARCH 31, 2012.

Measure # 3:

The percentage of target population medical records with documentation if a secondary and/or tertiary palliative care consultation*occurred for a persistent, problematic symptom or symptom complex identified on the ESAS-r.

(*Consultation/ referral to a palliative care specialist and/ or Hospice)

Target: > 80% by MAY 31, 2012

CHANGE:

What changes can we make that will result in improvement?

CHANGES:

1. Document ESAS-r ratings in the Medical Record
2. Develop standard plans of care for patients with persistent problematic symptom/symptom complexes for your practice
3. Develop triggers for secondary or tertiary palliative care referrals (i.e. referral to Palliative Care Specialists and Hospice)

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Improvement Model Steps

Practice Improvement Plan:

**PLAN:
DEFINE SCOPE**

*Target Population
Who is included?*

DEFINE SCOPE

The following patient population will be given the ESAS-r to complete: (by diagnosis, stage, provider, etc.)

**PLAN:
DEFINE BOUNDARIES**

*Are there Special
Conditions/ Exceptions?*

DEFINE SCOPE

The following patient population will NOT be given the ESAS-r to complete: (diagnosis, stage, age, research participants, language or cognitive barriers etc.); other parameters to work within.

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Improvement Model Steps

Practice Improvement Plan:

**DO:
IMPLEMENT
PROCESS**
*How will we standardize
the work?*

ESAS-r IMPLEMENTATION PROCEDURE

The ESAS form will be distributed to the target population at patient arrival (*by whom*): _____

The completed ESAS form will be collected & reviewed by the MA during intake (*or other describe*):

The MA will alert the provider if significant ESAS ratings (*how*): _____

The ESAS ratings will be recorded in the medical record (*where, how & by who e.g. image ESAS form, exception reporting, paper ESAS filed in record, etc.*)

Treatment plans for persistent problematic symptom/ symptom complexes will be documented in the medical record:

If a secondary or tertiary palliative care consultation/referral occurs, standard documentation in the medical record will include: (*where note located in record, elements of note*)

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Improvement Model Steps

Practice Improvement Plan:

CHECK:

Did we get the desired results?

Evaluation Process

A. Lead Team meeting will occur at the following time:

B. Performance Tracking Board will be posted in the following location:

C. Data (see additional detail on measures) will be sampled (n= 10 charts) every 2 weeks until stable state by whom: _____

ACT:

What can we do/change to meet our goal or spread to another area when we got desired results?

A. If the ESAS is effective, can you implement on a larger scale?

B. Can you streamline/ automate the documentation and trending of data?