



THE WASHINGTON HOME
CENTER FOR PALLIATIVE
CARE STUDIES



INSTITUTE FOR
HEALTHCARE
IMPROVEMENT

RAND

Medicaring Quality Improvement Collaborative (MC-QulC)

Adapting Health Care to
Serious Chronic Illness in the
Last Phase of Life

January – November 2004



BREAKTHROUGH SERIES

“ With such good intentions, how can so much go wrong? Study after study finds that patients, families, doctors, and other health professionals often want the same qualities in care at the end of life: dignity, comfort, communication, and the company of loved ones. And yet, time and again, we seem trapped in desperate struggles and wasted energies that help no one. Rational, respectful care at the end of life is describable; now we need to assure it. ”

Donald M. Berwick, MD, MPP

President and Chief Executive Officer
Institute for Healthcare Improvement
Boston, MA

This collaborative is for you!

This collaborative is for you if your organization wants to:

- Improve quality of life for individuals living with serious illness
- Decrease hospital length of stay
- Enhance use of hospice
- Meet JCAHO requirements for pain relief
- Build new palliative care programs
- Learn and apply quality improvement methods to a real problem

Does your organization want to contribute to the future of health care -- and relieve suffering right now? Virtually everyone eventually lives with very serious illness and disability for a few years before death. The current health care system is especially ill suited to serving this part of life. You and your team could be part of the solution! If your patients, Board, or leadership are concerned with the persistent shortcomings in care with this population, here's your chance to join a proven process that works – and spread good continuous quality improvement practices at the same time. Working together with other teams to improve quality can help you meet JCAHO requirements, improve performance on hospital or nursing home comparison guides, and build palliative care programs. Use this opportunity to bring your organization in line with national priorities set by the Institute of Medicine and the Medicare program related to:

- Pain in advanced cancer
- Care for advanced heart failure
- Pain in nursing homes
- Pressure ulcers in nursing homes

Led by Joanne Lynn, MD, The Washington Home Center for Palliative Care Studies (CPCS) has worked with more than one hundred health care organizations, helping them implement effective quality improvement projects in care for serious chronic illness toward the end of life. With the Institute for Healthcare Improvement (IHI), the CPCS has supported successful national and regional Quality Improvement Collaboratives in which participating teams dramatically improved the quality of care for the populations they serve.

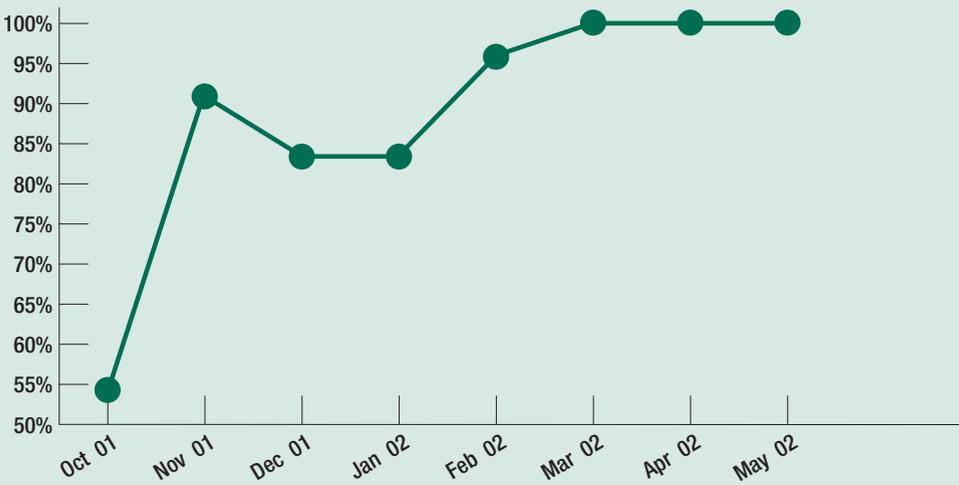
Together, we can create the care system of the future – we can build “the care to count on when you need it most!”

Breakthrough improvements achieved in past CPCS-led Collaboratives

- 60% reduction in patients with pain greater than 5 on a 10-point scale
- 50% or greater decrease in exacerbations in heart or lung failure
- 90% or greater rates of documented discussion and planning in advance of emergency or incompetence
- Substantial increases in hospice length of stay
- Substantial decline in use of artificial feeding in advanced dementia

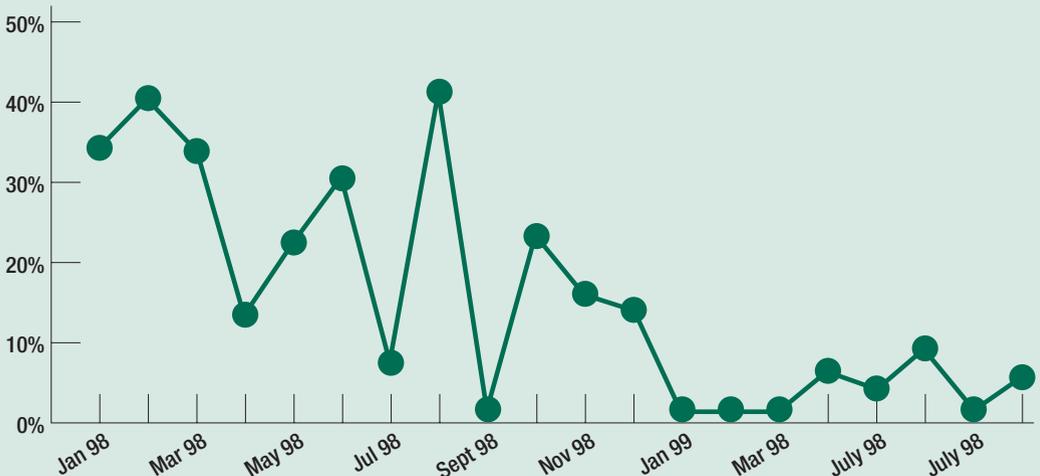
Percentage of after hours hospice nurse visits taking place within 2.5 hours of patient/family request

Visiting Nurse Service of New York Hospice Care



Percentage of exacerbations requiring emergency room care

Hospice of Winston-Salem



Collaborative Leadership



Joanne Lynn, M.D.

Director,
The Washington Home Center
for Palliative Care Studies (CPCS)
President,
Americans for Better Care of the Dying



Diane E. Meier, MD

Director,
Center to Advance Palliative Care
Director,
Hertzberg Palliative Care Institute
Professor,
Departments of Geriatrics and Medicine
Mount Sinai School of Medicine



Perry G. Fine, M.D.

Professor of Anesthesiology,
University of Utah
National Medical Director,
Vista Care



Margaret L. Campbell, APRN, BC, FAAN

Nurse Practitioner
Palliative Care and Clinical Ethics
Detroit Receiving Hospital



Mark J. Kator

President and CEO
Isabella Geriatric Center, New York
Adjunct Associate Professor
Wagner Graduate School of
Public Service
New York University

What You Will Gain

- Hands-on experience in developing aims, measures and possible changes for improving care and in implementing changes in your practice setting
- An exciting and committed group of colleagues, all aiming to help one another fix serious problems in health care
- A knowledgeable expert faculty, ready to provide content expertise and coach teams on the improvement process

What to Expect

Learning Sessions

Teams attend three Learning Sessions where they receive guidance in the theory and practice of improving the quality of care for serious illness, help one another solve challenges, and celebrate successes.

Phone and E-Mail Consultation and Feedback

The collaborative faculty will provide ongoing coaching, support and technical assistance to the teams via telephone, e-mail, and state of the art list serve technology.

Other Collaborative Benefits

The collaborative faculty will engage your organization's senior leadership in the improvement process, keep teams abreast of best practices, and mobilize support for needed changes in financing or regulation.

Participation Cost

- The most significant cost is the commitment of staff time – optimally, the equivalent of one FTE – to manage and implement the quality improvement activities. While the amount of time will vary by participant, team commitment is vital to the success of the program.
- The fee for an organization to participate in this 10 month long collaborative is \$12,000. An organization may send up to three individuals to each Learning Session without incurring additional cost. The cost of per additional attendee is \$800 per person, per Learning Session.
- Participating organizations will be responsible for travel and lodging expenses associated with the three Learning Sessions.

Who Should Participate?

Any health care organization such as nursing homes, hospices, home health care agencies, hospitals and health care systems that are looking to improve the quality of care in issues related to care for persons who live with serious chronic conditions.

How to Apply?

Please complete the attached application form or email us at echaudhry@thewashingtonhome.org

Want to Learn More?

- For more information on the collaborative please visit us at www.medicaring.org/nc2004
- An informational call will be held on October 7, 2003 at 3:00PM EST. Please call 1800-882-3610 and use 1438952# as your password to join the call.
- Please call Ekta Chaudhry at 202-895-2634, to discuss tailoring our offering to your needs and what we can help you achieve.

Application Form

NATIONAL COLLABORATIVE APPLICATION CENTER FOR PALLIATIVE CARE STUDIES

Fax to: (202) 966-5410, or

Email to: echaudhry@thewashingtonhome.org or

Mail to: The Washington Home Center for Palliative Care Studies

4200 Wisconsin Avenue, NW, 4th Floor

Washington, DC 20016

Tel. (202) 895-2625

Please print or type:

Organization _____

Contact Name _____

Title _____

Address _____

City _____

State/Prov _____

ZIP/Postal Code _____

Phone _____

Fax _____

Email _____

We wish to participate in the
Medicaring Quality Improvement
Collaborative (MC-QulC)
organized by CPCS.

Signature (CEO, COO, VP for Medical Affairs, or equivalent must sign)

Title

On a separate sheet:

1. Briefly describe your organization (including organization type, size, and structure) and its current programmatic and quality improvement activities aimed at improving care for serious chronic illness.
2. What does your organization want to accomplish as a participant in this collaborative? Describe in a paragraph your proposed area of focus. Please include any data describing your current performance in this area (confidentiality will be maintained).
3. Please list the names and titles of the three people most likely to participate in the collaborative and attend the three Learning Sessions.

Participation in the National Collaborative includes:

- Full participation of a three-person team for approximately ten months, beginning in January of 2004.
- Ongoing consultation, communication, and support from experts and peers during Action Periods, when organizations apply the learning and implement iterative tests of change.

Participation fee:

- The fee for an organization to participate in this collaborative is \$12,000.
- An organization may send additional people to a Learning Session for a fee of \$800 per person per Learning Session.

Participating organizations are responsible for their own travel and lodging expenses.

For more information, visit www.medicaring.org/nc2004 or call us at 202-895-2625

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