

TRANSFORMING PALLIATIVE CARE: THE COMPASSIONATE COLLABORATIVE CARE MODEL

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OBJECTIVES

- Explain the purpose and contributing factors for development of the Compassionate Collaborative Care Model
- List key quality indicators of compassionate collaborative care in palliative settings
- Describe measures to enhance collaborative practice culture among health care professional individuals, teams, and organizations in palliative settings globally

BACKGROUND

- Growing global concern regarding the lack of compassion in healthcare education and practice
- Compassionate collaborative care (CCC) is the shared vision for excellence in healthcare [1]
 - Consensus outcome from a 2014 conference
 - Mechanism for achieving the “Triple Aim”:
 - ✓ improving health status
 - ✓ strengthening care provision
 - ✓ controlling health cost

“There is an urgency to this work. We have a window of opportunity as the nation’s attention focuses on healthcare. We can and must build systems that promote health and provide compassionate care. The well-being of each and every one of us, our loved ones and the American public depends on it.”

*– Beth Lown, MD, Medical Director,
Schwartz Center*



INTRODUCTION

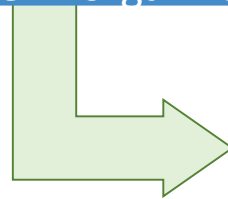
Benefits of CCC:

- Patient and family-centered care
- High quality and safe patient care
- Provider wellbeing, healthy work environments



Yet:

- poorly understood, multi-dimensional
- challenging to assess, implement and evaluate in organizations



Palliative and end-of-life care; exemplar practice settings where CCC is evidenced



OUR MOTIVATION & AIM

- Motivated by shared experiences and challenges in teaching, practicing and delivering compassionate end-of-life care in a way that is meaningful and measurable for patients, families, teams, and organizations.
- To identify key quality indicators of CCC across palliative and end-of-life care (EoLC) settings at the individual, team and organizational levels.



METHODS (1)

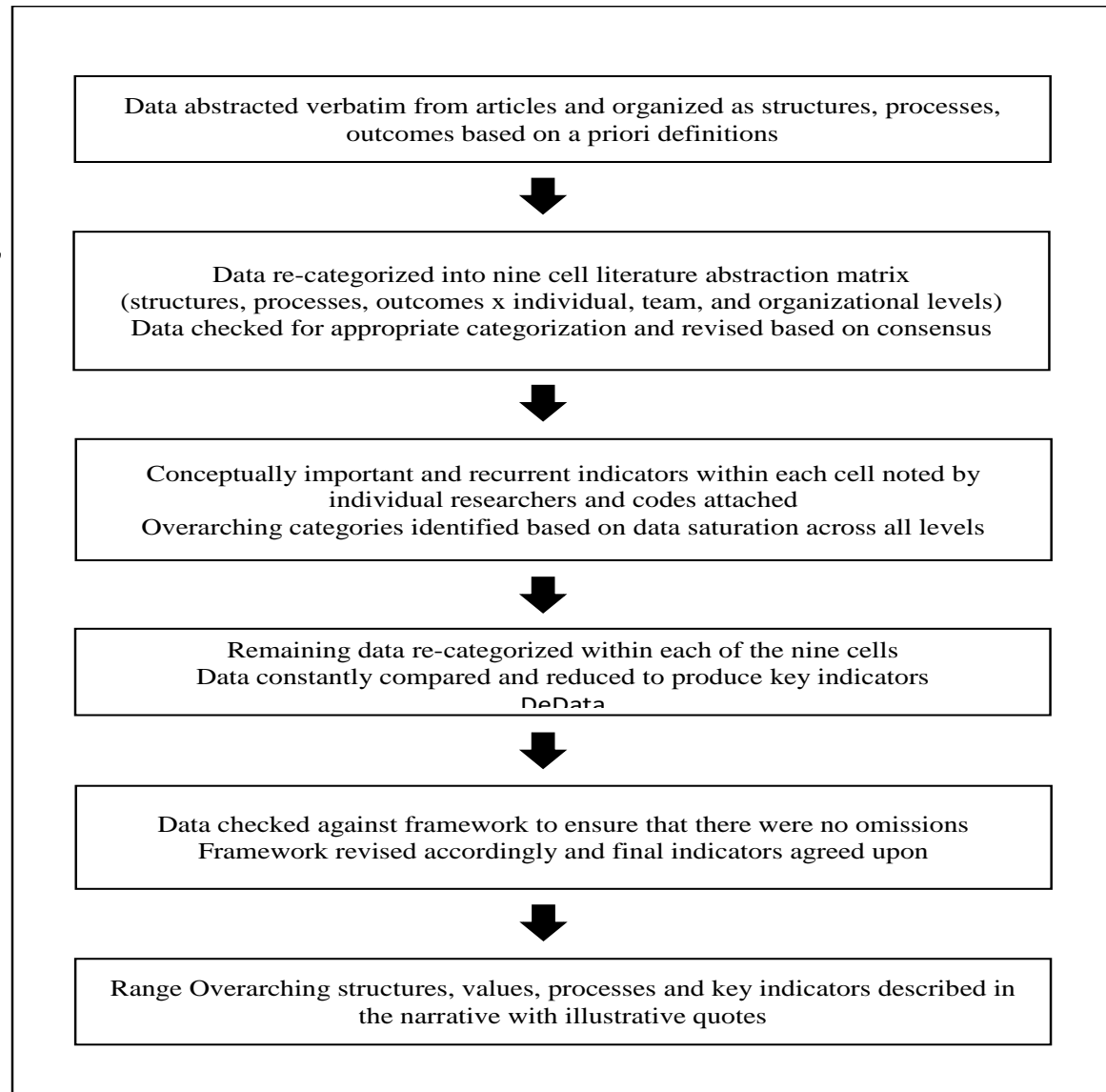
- An integrative review of palliative and EoLC literature
- Adopted conceptual definition of CCC: [1,2]

“A process through which caregivers from different professional and non-professional backgrounds work together with patients and families to deliver care that recognizes, understands and responds to concerns, pain, distress, or suffering, with the aim to support positive patient-family, team, and organizational outcomes across healthcare settings and sectors”

1. The Schwartz Center for Compassionate Healthcare and the Arnold P. Gold Foundation. Advancing compassionate, person-and family-centered care through inter-professional education for collaborative practice. (2014)
http://www.theschwartzcenter.org/media/Triple-C-Conference-Framework-Tables_FINAL.pdf
2. WHO. Framework for action on interprofessional education and collaborative practice. 2010.
http://www.who.int/hrh/resources/framework_action/en/

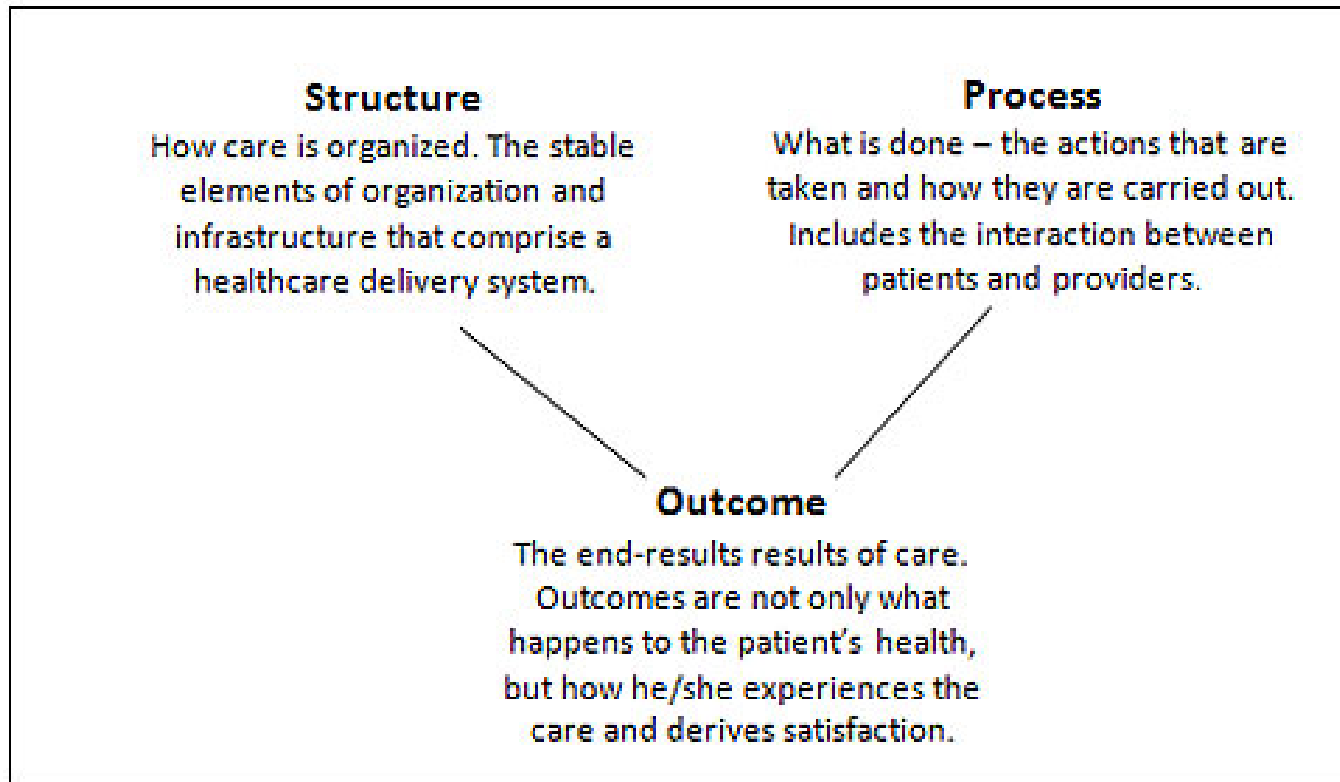
METHODS (2)

- Comprehensive search of CINAHL, Medline, PubMed, ProQuest → 296 articles
- Two-phase screening process (titles/abstracts, full manuscripts) → 25 articles
- Quality appraisal
- Data abstraction and reduction



METHODS (3)

Donabedian's healthcare quality framework guided analysis and interpretation



METHODS (4)

CCC Indicators	Individual (patient, family, provider)	Team	Organization
Structure Attributes and characteristics; the “what and where”, supportive resources (material and human)	Cell 1	Cell 2	Cell 3
Process Interventions; what is done in giving and receiving CCC, the “how”, actions, steps, change that occurs over time	Cell 4	Cell 5	Cell 6
Outcome Short-term and long-term effects and impacts of CCC on patients, providers, teams, and organizations	Cell 7	Cell 8	Cell 9



RESULTS (SUMMARY)

- Final literature sample: 25 articles
(17 from the U.S.A., 4 from Canada, 3 from the UK and 1 from Iran)
- Findings presented as narrative summary of overarching themes and categories across individual, team, and organizational levels.
 - **Overarching themes:** Patient and family-centered care, communication, shared decision-making, goal setting, satisfaction, and development
 - **Overarching values:** empathy, sharing, respect, and partnership
 - **Structural quality indicators:** supportive care, holistic practice, relational skills, inter-professional resources, leaders and champions
 - **Process quality indicators:** care rounds, Schwartz Rounds™, advance care planning, bereavement care, and strategic planning
 - **Quality outcome indicators:** patient-family satisfaction, teamwork, innovative programming, decreased staff burnout, and organizational satisfaction



RESULTS (1)

CCC Indicators	Individual Patient / Family / Provider	Interprofessional (IP) Team	Organization
Structures (attributes)	Overarching Structures: Patient and Family-Centered Care Overarching Values: Empathy, Sharing, Respect, and Partnership		
	<p><i>Patient-Family Values & Expectations</i></p> <ul style="list-style-type: none"> • Commitment • Dignity • Supportive care <ul style="list-style-type: none"> ○ Continuous ○ Non-judgmental <p><i>Provider Needs & Expectations</i></p> <ul style="list-style-type: none"> • Commitment • Support • Education 	<p><i>Values</i></p> <ul style="list-style-type: none"> • Commitment • Authenticity • Holism <p><i>Skills</i></p> <ul style="list-style-type: none"> • Relational • Leadership and advocacy • Reflection and self-awareness <p><i>Resources</i></p> <ul style="list-style-type: none"> • Shared IP space • Time 	<p><i>Culture</i></p> <ul style="list-style-type: none"> • Shared mission and vision • Leaders and champions • Inclusivity <p><i>Policies</i></p> <ul style="list-style-type: none"> • Support for IP patient-centered care <p><i>Resources</i></p> <ul style="list-style-type: none"> • Human (professional and non-professional) • Compassionate spaces • Time
Processes (tools / mechanisms)	Overarching Processes: Communication, Shared decision-making, and Goal setting		
	<ul style="list-style-type: none"> • Symptom management • Spiritual care • Transitional care • Advance care planning • Bereavement care 	<p><i>Formal</i></p> <ul style="list-style-type: none"> • Care rounds and case conferences • Referrals and consultations • Transitional care • Advance care planning • Bereavement rounds • Schwartz Rounds <p><i>Informal</i></p> <ul style="list-style-type: none"> • Impromptu communication (hallway, telephone) 	<p><i>Strategic planning</i></p> <ul style="list-style-type: none"> • To achieve priorities and goals <p><i>Policy and program development</i></p> <ul style="list-style-type: none"> • To support formal processes and pilot projects



RESULTS (2)

	Overarching Outcomes: Development and Satisfaction		
Outcomes	Overarching Outcomes: Development and Satisfaction		
	<p><i>Patient- Family Development and Satisfaction</i></p> <ul style="list-style-type: none"> • Self-care • Coping • Holistic care • Dignity and “being known” • Patient-provider relationships <p><i>Provider Development and Satisfaction</i></p> <ul style="list-style-type: none"> • Patient-family goal achievement • Self-compassion • Self-care 	<p><i>Knowledge</i></p> <ul style="list-style-type: none"> • Complex end-of-life care • IP team roles and contributions <p><i>Behavior</i></p> <ul style="list-style-type: none"> • IP communication • Collective purpose • Coping • Reflective practice <p><i>Satisfaction</i></p> <ul style="list-style-type: none"> • Role fulfillment • Teamwork 	<p><i>Organizational Development</i></p> <ul style="list-style-type: none"> • Innovative programs and partnerships • Policies and processes <p><i>Organizational Satisfaction</i></p> <ul style="list-style-type: none"> • Reduced provider burnout and compassion fatigue



STRATEGIES TO ENABLE CCC (1)

- Achieving a patient and family-centered care delivery model requires:
 - inclusion of patients/families as part of the extended IP team
 - sharing of values among patients, providers, teams, and organizations
 - an extreme culture shift
- Integrating communication, shared decision-making, and goal setting as overarching processes
 - honoring dying patient wishes
 - humanizing the environment
 - offering tributes
 - facilitating family reconnections, rituals and observances
- Self-care, self-compassion, holistic care, dignity, patient-provider relationships as outcome indicators
 - “giving voice to the family”
 - becoming partners in caring instead of “visitors”

STRATEGIES TO ENABLE CCC (2)

- Formalized team rounds impact provider self-care and emotional regulation
 - Schwartz Rounds™ as an exemplar case of CCC
 - Implementing SR requires human resources, advanced planning, and commitment
 - *“Compassion in Action Webinar Series”*
- Interdependency and synergy as key indicators for team development
 - interdisciplinary pediatric palliative and hospice care teams
 - integrated multimodal care (cure seeking, life-prolonging, comfort-enhancing, quality-enriching)
- Ongoing support from relatives, friends, and the team
 - *“circles of strength”, “safety net”*
- Organization-wide initiatives
 - Compassionate Care Network, institutional palliative care rounds, patient care conferences, bereavement debriefing

Advancing compassion as an organizational priority through leadership buy-in*

Strategies to make compassion a priority

- Curate organizational and system-wide research, including measures that matter.
- Build a coalition of front-line champions, leaders and interprofessional colleagues to develop an organizational ROI.
- Test and iterate through a pilot program in a unit or department "hot spot" before scaling across an organization or system.
- Make data, collaboration and innovation transparent and accessible to all in order to create culture change.
- Measure and link initiative impact with existing priorities and measures across safety, quality and well-being.

What persuades your CEO that compassion is important?



External Factors

- Rankings/endorsement by national organization
- Competition for patients and workforce alike
- Requirements through regulation or from payers
- Public transparency of data

Internal Factors

- Champions across the organization, leadership and professions
- Patient experience, outcomes and quality
- Workforce loyalty/turnover and performance
- Organizational performance on quality measures/cost

Crisis or traumatic event

*The Schwartz Center for Compassionate Healthcare. World Cafe: Inaugural Compassion in Action Healthcare Conference. (June, 2017).

https://www.facebook.com/pg/theschwartzcenter/photos/?tab=album&album_id=10155642498394324

STRENGTHS & LIMITATIONS

- An in-depth analysis of a complex phenomenon
- Rigorous, comprehensive search strategy
- Abstraction framework purposefully developed to guide the review through an iterative process of constant comparison
- A largely US literature sample
- No studies explicitly examined quality indicators of CCC as a primary outcome
- Over 2/3 of literature sample could not be appraised (position/consensus statements, case studies, literature reviews and SCR reports)
- Usefulness and applicability of CCC operational framework outside of EoLC settings is contingent on organization's structures and processes
- Pilot implementation required to further refine key indicators



IMPLICATIONS?



Chronic
Illness



Health
Disparities



Intervention
Research



Quality &
Safety

Potential Applications of the Model



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TAKE-AWAY MESSAGES

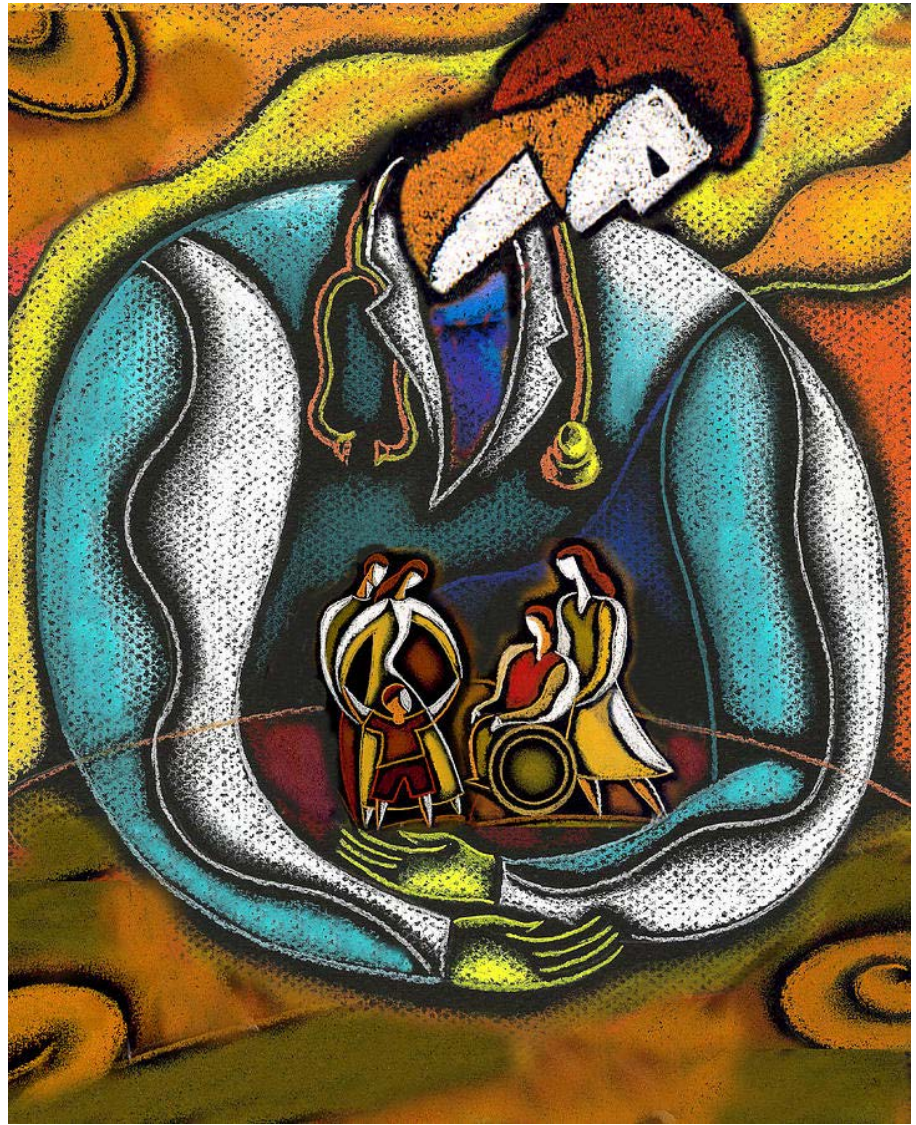
- Compassionate Collaborative Care is linked to the inherent values, needs and expectations of patients, families and healthcare providers
- You can enhance CCC by: empathizing with patient/family, sharing decision-making, being supportive to colleagues, promoting professional autonomy, practicing self-care, controlling own emotions, and overcoming time and resource limitations
- CCC could be the ‘missing antecedent’ for fully operationalizing and sustaining patient-centered end-of-life care
- Nurse clinicians, managers and educators can play a key role in further refining and operationalizing the CCC operational framework

REMEMBER...

Mere intention to provide collaborative compassionate care is not enough.

It is learned within and shaped by the work environment.

THANK YOU!



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