



OneCare Vermont Network Success Story

Central Vermont Hospice



In 2015, The Dartmouth Atlas of Health Care (1) placed Vermont sixth lowest in the United States in the percent of Medicare beneficiaries who died while enrolled in hospice, 32% of Vermonters died while enrolled in hospice compared to 50.6%, the US average. (2) At the same time, there are known benefits of hospice care at the end of life: a focus on comfort and access to hospice doctors and nurses 24/7 (3). In light of this information, the leadership at Central Vermont Medical Center (CVMC) set goals in September 2016: improve hospice utilization by 5% in 12 months; improve the community's understanding and completion of advance directives (AD); and, increase understanding of and adherence to clinician orders for life-sustaining treatment (COLST).

1. Centers for Medicare & Medicaid Services 2. Dartmouth Atlas of Health, Accessed 3. CMS data 2000-2014

SPOTLIGHT ON: Hospice Use and Advance Care Planning in Central Vermont

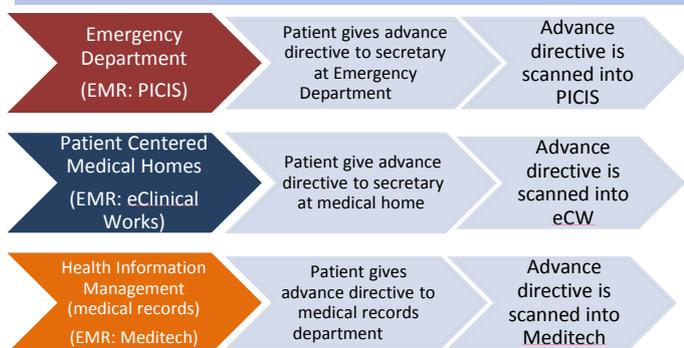
Key Drivers

- Many providers and the community in general have limited knowledge about the benefits of advance care planning and hospice care.
- End of life conversations are not consistently captured in the patient record: there were 32 options for classifying advance care conversations and associated documents.
- AD and COLST documents are difficult to find in the three different electronic medical record (EMR) systems used by CVMC providers.
- Only one certified palliative care physician is employed in central VT for all palliative care referrals.
- Patients' wishes are not uniformly honored in the emergency department (ED) and other care settings.

Action Taken

- Over 40 ED, Emergency Medical Service and administrative staff received education by the hospice team about AD & COLST orders.
- The film 'Being Mortal', by Atul Gawande, was shown in three central VT communities with directed discussion post film – a total of 167 people attended. A CME event in 2018, in which the film, 'Being Mortal' was shown, attracted 27 providers, with a post-film facilitated discussion on advance care planning.
- A continuing medical education (CME) event on advance care planning was offered at CVMC; 54 providers attended.
- New processes were created for storing and retrieving AD/COLST forms in the outpatient and inpatient EMRs.
- The number of outpatient EMR classification options for advance care planning were reduced from 32 to 3.

OUTCOMES



- ✓ The total number of patients admitted to hospice services in central VT increased 11% from September 2016 to August 2017, compared to the previous 12 months.
- ✓ EMR advance care planning classification options were reduced from 32 to 3.
- ✓ In 2017 and 2018 more than 80 CVMC providers attended CME events on advance care planning including the screening of the film, 'Being Mortal.'
- ✓ 170 community members viewed 'Being Mortal' in three central VT locations.

LESSONS LEARNED

- Increase in hospice utilization is an ongoing effort requiring routine community and provider outreach.
- Advance care planning improvement requires change in systems administration, leadership engagement and community partners.
- Ongoing education regarding hospice care, for both communities and healthcare providers, is an essential component of increasing the use of hospice.