Reassessing the 14-Day IDG Meeting

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We are not Michael Merrifield.

CoPs

- 418.56 Condition of Participation: Interdisciplinary Group, Care Planning and Coordination of Services

- 5 standards that describe the IDG approach to hospice care and requirements related to the plan of care
• (a) Standard: Approach to service delivery
• (b) Standard: Plan of Care
• (c) Standard: Content of the plan of care
• (d) Standard: Review of the plan of care
• (e) Standard: Coordination of services

(a) Standard: Approach to Service Delivery
• The hospice must designate a registered nurse, who is a member of the IDG team to provide coordination of care and ensure continuous assessment of each patient’s and family’s needs.
• The IDG must include, but is not limited to:
  - A physician who is an employee or under contract with the hospice
  - A registered nurse
  - A social worker
  - A pastoral or other counselor
• All required members of the IDG must actively participate in IDG and care planning activities.

(b) Standard: Plan of Care
• All hospice care and services must follow an individualized written plan of care established by the IDG in collaboration with the attending physician, the patient or representative and the PCG.
  - Hospices must document their efforts to collaborate with the attending physician in establishing the patient’s plan of care.
  - Hospices should encourage patients and their families to participate in developing the plan of care and document their participation or lack of participation.
  - Hospices must ensure that each patient and PCG receive education and training that is appropriate to their responsibilities for the care and services identified in the plan of care.
(c) Standard: Content of the plan of care

- The hospice must develop an individualized plan of care for each patient. It must include:
  - Interventions to manage pain and symptoms.
  - Statement of the scope and frequency of services necessary to meet specific patient and family needs.
  - Measurable outcomes anticipated from implementing and coordinating the plan of care.
  - Drugs and treatment necessary to meet the needs of the patient.
  - IDG groups documentation of the patient’s understanding, involvement and agreement with the plan of care.
    - All must reflect the SPECIFIC needs of the patient

(d) Standard: Review of the plan of care

- The IDG must review, revise and document the plan of care every 15 calendar days or as frequently as the patient’s condition requires.
  - Note: The review of the patient’s POC coincides with the update to their comprehensive assessment (every 15 days or more frequently if there are changes).
- The revised plan of care must include information from the patient’s updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care.
  - Revise the IDG meetings as needed to ensure discussion of reassessments and progress toward outcomes.

(e) Standard: Coordination of Services

- Hospices must develop and maintain a system of communication and integration in accordance with their own policies and procedures to:
  - Provide for the on-going sharing of information between all disciplines providing care and services in all settings.
    - This can be accomplished through voicemail, email, team meetings, report, etc.
Hospice 14 day IDG Meeting

- Attempt to meet regulations
- Dedicated meeting every 2 weeks
  - Issue when patient changes are much more frequent
  - Communication between IDG members
- Tri-Cities Chaplaincy & Hospice experiences with 14 day meetings
  - Too long
  - Not pertinent
  - Out-dated (review of the last two weeks)

Our New Model

- Standup
- Team Rooms
- Walkabout
- Documentation
  - Forms
Standup

- The entire Hospice team meets together at 8:05
  - Announcements
  - Deaths
  - Census
  - Staff gone on vacation, etc.
  - Short prayer, joke or blessing from the Chaplain staff

Team Rooms

- Five teams
- Each room holds one team
  - Geographically determined
    - Benton/Franklin Counties
    - Hispanic Team covers all geographical areas
  - All disciplines in one room

Walkabout

- Medical Director and Clinical Supervisors go to each team room each day
- Any discipline can initiate IDG
  - Most of the conversation is about physical aspects of care
    - Physician time factor
    - Other pertinent factors are also mentioned
  - All team members participate
  - Orders signed when needed
    - After physician leaves, IDG continues to discuss physical, emotional and spiritual aspects of care
Documentation

- Created a form for our EMR
- RN initiates form
- Social Worker/Chaplain complete their portion
  - Print
  - Fax to primary physician

IDG Form

Ensuring Compliance

- Nowhere in the CoP’s does it indicate that the IDG must be a formal meeting every two weeks.
- Many/most patients are discussed more frequently than the 15 day requirement
- The IDG RN is responsible for ensuring that all patients are discussed in an IDG every 15 days
- Some patients only require discussion every 15 days
  - Examples: Slow declines, dementia patients
  - Use a form to keep track manually
Ensuring Compliance

- The CoP’s indicate that any change to the POC, by any discipline every 15 days meets the requirements.
  - We have taken the more conservative route and have the POC updated by every discipline a minimum of every 15 days.

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IDG Tracking Form

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Challenges
Challenges

- Medical Director centered
  - Issue of doing IDG when he is gone
    - Early for well-managed patient
    - Email/texting
  - Communication when the teams are not “pure”.
    - Necessity of having social workers/chaplains work with multiple RN’s
- Volunteer Coordinators no longer attend
  - Separate building
  - Social Workers are responsible for coordinating with the Volunteer Coordinators
- Not all Hospice Aides can be present

Advantages from the Medical Director’s Perspective

- Less interruptions during the physician’s regular daytime hours.
  - RN knows we can discuss every morning
    - This leads to better discussions than what occurs via text or email or over the telephone between patient appointments
- If a patient has a concern the RN cannot answer, they know the Medical Director will be available the next morning

Conclusions
Conclusions

- IDG takes the same amount of time, but it is time better spent
  - First thing every morning for 10-15 minutes instead of a two hour block during the day
- Issues are discussed as they arise
  - Better patient care
    - Some patients may be discussed several days per week if warranted
    - Entire Core Team is present for and participates in the critical discussions
- Conversations about patients/families are forward thinking
  - Previous IDG was about telling events that occurred over the past two weeks.

Staff Assessment

- Very positive
  - Availability of Medical Director
  - Agree that it is better patient care
  - Appreciate the time use
  - Would not return to the old model even if we brought muffins!

Questions?