

## MOC Part IV Project Approval Criteria

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**Project Number** 2019129

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### Project Demographics

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**Project Review Status** CREDIT REVIEW

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**Project Title** Improving Support for Children Affected by the Life-Limiting Illness or Death of a Loved Adult

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**Project Start Date** Nov 2018

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**Project End Date (If ongoing, include anticipated end date)** Sep 2019

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**Please list the specific sites where this project was conducted.** University of Colorado Hospital

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**How many providers are involved in this project?** 1-10

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**Please select all sources of funding for this project** Internal funding (e.g., IHQSE, CEPS/COEPS grant, department support, etc.)

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**This project has received funding through one of these institutional sponsors:** Neither

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## Project Background

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**What is the identified problem(s) or gap in quality for which this project was developed? Please include any relevant research in this topic area; references are not required.** For adults with life limiting illness and impending death, consideration of how the children they love may be impacted is a common source of much worry and fear. Discussions about children affected by adult illness or death is stressful for most adult-focused health care providers.

Structured support for children who experience life-limiting illness or death of a loved adult is rare. This project addressed the lack of (1) an explicit method to identify affected children and (2) a structured process to support them during the experience of serious adult illness.

**What is the overall performance level(s) at baseline?** Barriers to the identification and support of children affected by adult serious illness or death are not well defined at University of Colorado Hospital.

Processes to promote recognition of affected children and to help guide adult providers and families in supporting them are lacking.

There is not ready access to supportive resource materials addressing child experience of adult illness or death.

**What is the primary underlying cause(s) for the problem(s) that the project addresses (e.g., communications or behaviors of people, processes, information infrastructure, equipment, environment, etc.)?** We conducted informal interviews and a focus group involving palliative care team members and social workers at University of Colorado Hospital to delineate local barriers to the recognition and support of children affected by adult serious illness or death. Identified barriers included:

- lack of knowledge about and comfort with developmental changes in the conceptualization of illness and dying;
- worry about intruding on patients' and families' privacy;
- lack of experience talking with families about how children cope with adult illness or death
- lack of access to supporting resources;
- lack of time.

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**What is the project aim(s) regarding the problem in quality? An aim should address HOW MUCH improvement will occur and by WHEN.**

We aim to improve support for children affected by serious adult illness by:  
(1) increasing adult provider comfort with exploring the experience of children affected by serious adult illness or death by 25% over the 6 months following project roll-out

Steps to achieve this goal include:

- (1) developing supportive resources that can be distributed to families
- (2) educating providers about how children conceptualize illness and death at different ages and about common questions and concerns of families
- (3) providing ready access to supportive resources that can be distributed to families.

**What patient population does this project address? What is the approximate sample size?**

Our project targets the experience of children affected by adult serious illness or death among patients. All patients with life-limiting illness or approaching death who have an inpatient palliative care consult or are seen by inpatient social work during the project period are eligible.

Our intervention aims to reach these children through implementation of a program, called Coping for Kids, that provides age-specific education and supportive resources to both inpatient palliative care and inpatient social work team members at UCH. The total number of providers who will participate is approximately 25 members of the palliative care team and approximately 30 inpatient social workers.

## Performance Measurement

<b>Metric Name/Description</b>	frequency asking about affected children
<b>Metric Type</b>	Process
<b>Metric Numerator/Denominator</b>	# providers who ask / number of survey respondents
<b>Metric Baseline &amp; Target</b>	57% baseline / 75% at 6 mo f/u
<b>Metric Name/Description</b>	consideration of which team members are appropriate to ask about affected children
<b>Metric Type</b>	Process
<b>Metric Numerator/Denominator</b>	# providers who indicate all team members appropriate / number of survey respondents
<b>Metric Baseline &amp; Target</b>	27% baseline / 42% 6 mo f/u
<b>Metric Name/Description</b>	Comfort asking
<b>Metric Type</b>	Outcome

<b>Metric Numerator/Denominator</b>	# providers who indicate somewhat-very comfortable / number of survey respondents
<b>Metric Baseline &amp; Target</b>	26% baseline / 100% at 6 mo f/u
<b>Metric Name/Description</b>	provider assess of whether program is helpful
<b>Metric Type</b>	Balancing
<b>Metric Numerator/Denominator</b>	# providers who answer tip sheet is helpful / number of survey respondents
<b>Metric Baseline &amp; Target</b>	n/a at baseline / >85% SW and > 94% PCT members at 1 and 6 mo f/u
<b>Metric Name/Description</b>	provider reports of access to resources and number packets distributed to families
<b>Metric Type</b>	Outcome
<b>Metric Numerator/Denominator</b>	survey responses indicating ready access and records of packet distribution
<b>Metric Baseline &amp; Target</b>	baseline 25% / 1 mo f/u 65% / 6 mo f/u 100%; 19 grief packets and 61 illness packets distributed during 6 mo period

## Data Collection & Analysis

<b>What is the source of data for the measure(s) (e.g., medical records, billings, patient surveys)?</b>	Provider (palliative care team and inpatient social workers) surveys Records of handout distribution
<b>How frequently are data collected and analyzed (e.g., weekly, monthly, quarterly)?</b>	Baseline, 1 month post roll out, 6 months post roll out

## Project Improvements

<b>Select the methodology that most closely represents the methodology being used in this quality improvement effort:</b>	Continuous Quality Improvement
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**Please provide a detailed description of the change(s) implemented to address the project aim(s). If provider education is given, who is the educator, how many sessions are offered, how are trainees assessed? Interventions of EDUCATION ALONE will NOT meet approval criteria. There MUST be evidence of a PROCESS CHANGE in order to earn MOC Part IV credit for this project.**

We created a provider tip sheet and handouts for distribution to families. We provided education to members of the palliative care team and inpatient social work service prior to roll-out of the Coping for Kids program. We made Coping for Kids materials available in the palliative care work room and on sharepoint for palliative care team and social work providers to distribute to appropriate families. We held 2 additional sessions with the palliative care team and inpatient social work to relay progress and assess the effects of Coping for Kids on provider work flow and comfort. The process for resource access and tip sheet details were refined based on feedback from these sessions.

**Please describe how each intervention is expected to impact patient care AND physician practice?**

The education and tip sheet is expected to provide a quick reference about how children of differing ages conceptualize illness and death and what common worries or concerns families and children may wish to discuss.

The Coping for Kids handouts is expected to provide ready access to supportive reference materials for patients, children and families.

**Which of the Institute of Medicine (IOM) Quality Dimensions of Patient Care is addressed by the intervention(s) in this project? (Check all that apply, must check at least one)**

Equity  
Patient-centeredness

**Which of the ACGME/ABMS competencies is addressed by the intervention(s) in this project? (Check all that apply, must check at least one)**

Medical Knowledge  
Patient Care  
Systems-based Practice  
Communication/Interpersonal Skills

**Select up to 5 additional relevant topics for this project:**

Burnout/Clinician Well-being  
Health Literacy  
Satisfaction  
Teamwork  
Transitions of Care

**Please describe the improvement cycles (e.g., Plan-Do-Study-Act) in the project including the DATES for each cycle. There must be evidence of AT LEAST TWO improvement cycles to meet criteria for MOC Part IV credit. You may include a project timeline as an additional attachment.**

Interviews to identify barriers held Nov=Dec 2018  
Focus group to identify barriers held Feb 2019  
Baseline survey (pre-education and roll out) completed end of Feb/early March 2019  
Educational Session with introduction of tip sheet and explanation of Coping for Kids program held March 7 and 19, 2019  
Rollout accomplished after both palliative care team and inpatient social work providers attended educational sessions (week of March 19)  
1 mo f/u survey and first evaluation session held April 2019  
Interim results presented June 2019  
6 month f/u survey completed Aug-Sept 2019

## Project Outcomes

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**Please describe the overall outcome of the quality improvement project. There must be evidence of AT LEAST THREE data points (e.g., Baseline, Post-Intervention 1, Post-Intervention 2) to meet criteria for MOC Part IV credit. You MUST include a run chart or some other visual representation of DATA OVER TIME to receive credit.**

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Program increased frequency asking, comfort asking, and access to resources. Program decreased perceived barriers to discussions about child coping. Program resulted in 50 books and 80 resource packets being distributed to patients and families.

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**What barriers were observed in this project and how were they resolved? What lessons were learned as a result?**

Provider discomfort and reaction to discussions with or about children. Many adult providers were very uncomfortable and it was a bit difficult to move the conversation past this discomfort to suggested strategies. In future, would acknowledge this anticipated discomfort upfront to allow focus group time to more constructively target process barriers in addition to comfort and knowledge barriers. For this project, repeated brainstorming sessions and clear communication of progress was helpful to increase provider comfort and sense of self efficacy for this area.

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**What plans have been developed for future improvement cycles?**

We plan ongoing assessment of resource distribution.  
We hope to expand program to include chaplains at University of Colorado Hospital and the outpatient clinic.

We would like to assess patient/family satisfaction with the program, though we are still working on implementation of this objective.

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