

2011

Indian Health Services

Faculty Leaders Project

A compilation of the final reports of the 2011 IHS Projects

Prepared for The Department of Veterans Affairs Hospice and Palliative Care Program Office

By: National Hospice and Palliative Care Organization

January 2012



VA-Indian Health Services (IHS) Faculty Leaders Program Executive Summary

The Department of Veterans Affairs (VA) Hospice and Palliative Care (HPC) program office, through the Comprehensive End of Life Care (CELC) initiative, established the VA Indian Health Services (IHS) Faculty Leaders Program to improve palliative care for Veterans at IHS and Tribal Health sites. The reports in this Compendium include a description of the project, a summary of outcomes and recommendations for sustaining the nascent training programs. The Compendium is offered as a reference for VA facilities interested in implementing their own IHS Faculty Leaders program.

IHS provides much of the care that the more than 191,000 American Indians and Alaska Natives (AIAN) Veterans receive. As a population, American Indians and Alaska Natives suffer from many illnesses and diseases at rates several times higher than the overall US population, and a recurring theme is the disparity of services the AIAN Veterans receive compared to other Veterans. In the area of palliative care and hospice the disparity will continue to widen unless steps are taken to provide end-of-life services to the many AIAN Veterans who depend on the IHS for services.

In May 2011 five VA Faculty Leader teams, each consisting of a palliative care physician and nurse, were competitively selected and paired with champions from one or more IHS or Tribal Health sites to implement their training and mentoring programs by the end of the fiscal year. This Compendium is a testament to their accomplishments, including achieving the aims of the IHS PC Faculty Leaders in such a short timeframe:

- Disseminate palliative care expertise and strategies for implementation to include ongoing training for Indian Health Services (IHS) and Tribal clinicians.
- Integrate the curricula into five IHS or Tribal medical programs affiliated with VA.
- Raise AIAN Veterans' awareness of available resources for end-of-life care.
- Create a system to help AIAN Veterans navigate across care settings in VA and in their communities.
- Raise community provider awareness of the needs of AIAN Veterans living in their service areas.

VA-IHS Faculty Leaders were charged with using Veteran-specific curricula to teach and mentor IHS and Tribal healthcare professionals. The overall goal was to increase IHS/Tribal Health professionals' clinical skills and knowledge in caring for AIAN Veterans at the end of life and provide opportunities for networking with VA and community providers. Faculty Leader teams were expected to fully implement their respective training and mentoring programs within six months of being selected, which included planning and implementing a one-week site visit to the IHS or Tribal medical program to provide training and establish sustainable next steps.

VA Medical Center	IHS or Tribal Health Site
VA Greater Los Angeles HCS Los Angeles, CA	Northern Navajo Medical Center (Navajo Nation - Shiprock, NM)
VA Northern California HCS Mather, CA	Feather River Tribal Health (Maidu Indian Tribe - Oroville, CA)
GV (Sonny) Montgomery VAMC Jackson, MS	Mississippi Band of Choctaw Indians (Choctaw Indian Tribe - Choctaw, MS)
Charles George VA Medical Center, Ashville, NC	Cherokee Indian Hospital (Cherokee Indian Tribe - Cherokee, NC)
VISN 23 Minneapolis, MN	Rosebud Indian Health Service (Oglala Indian Tribe - Rosebud, SD) Pine Ridge Indian Health Service (Lakota Indian Tribe - Pine Ridge, SD) Rapid City IHS Hospital (Rapid City, SD)

Palliative Care Education

The Veteran-specific curricula used for the VA-IHS Faculty Leaders program was developed through the CELC initiative by Northwestern University and The EPEC Project (Education in Palliative and End-of-life Care) and the City of Hope and their ELNEC (End-of-Life Nursing

“Though they were open to collaboration, it was expressed by one Cherokee stakeholder that the wording of the original memorandum for the VA-IHS Faculty Leaders Program felt as if we were coming to bestow our knowledge upon them as if they knew nothing about hospice and palliative care for Veterans.” (Charles George VAMC)

Education Consortium) program. The five VA physician/nurse teams experienced varying degrees of success in collaborating with their IHS/Tribal health partners. For the most part, their IHS/Tribal health champions and fellow team members were supportive of the project and participated in conference call planning sessions and on-site training activities. Three of the five teams participated in site visits

during the project timeframe, two of which were successful in teaching palliative care content and the other was invited to participate in an open house and ongoing collaboration between the Home Based Primary Care team and the IHS Health Center. One team has scheduled a site visit in early 2012 and one team has identified an alternate IHS site after encountering scheduling challenges with the original IHS champions.

The VA-IHS Faculty Leader teams created or provided educational materials and resources that could be used for ongoing palliative care training and patient care. In addition to leaving copies of the EPEC for Veterans and ELNEC-For Veterans curricula, VA faculty also brought educational materials for both providers and patients and families. Provider resources included items such as the UNIPAC Series-Hospice and Palliative Care Training for Physicians; palliative care pocket cards, equianalgesic conversion tables, the Oxford Textbook for Palliative Care for Providers and Nurses, and innovative materials developed by VA staff. Patient and family resources included “Comfort Cart” items such as books, pamphlets, CD players and music.

Strengths, Limitations, and Lessons Learned

Overall, VA-IHS faculty were impressed, and sometimes overwhelmed, with the seemingly limitless responsibilities of the IHS/Tribal health champions combined with very limited resources and time.

Nonetheless, both sets of faculty champions were determined to be successful, even if it meant scaling back on expectations and remaining open

and flexible. Most of the teams said given the short timeframe, they should have established regularly scheduled conference calls from the very beginning and they all said they needed more help in locating key IHS/Tribal Health staff as well as back-up contacts. Most recommended conducting an educational needs assessment, exploring distance-learning tools such as V-tel, identifying ways to incorporate culturally sensitive education and support for staff, and finding effective approaches to increase staff interest and patient support.

“While this program has had difficulty launching, there is very strong commitment to this program by both FRTH and community hospice programs. Both FRTH and community hospice programs are ready and waiting for collaborative educational programs to begin.” (VA Northern California HCS)

Sustainability

The VA-IHS Faculty Leader teams worked with their IHS/Tribal health sites to develop

“The main action to promote sustainability would be our ongoing collaborative support and our HBPC outreach to Native American Choctaw Veterans. Although sometimes it is difficult to visualize the full impact of our collaboration (i.e., Choctaw Health Center is looking at Teleretinal imaging technology to be used as screening and this is a direct result of our HBPC collaboration), ongoing provider collaboration will evidence results in the care of Choctaw patients.” (“Sonny” Montgomery VA Medical Center)

sustainability plans that included holding ongoing education and training events with VA staff; providing support for the newly developed palliative care

teams; and fostering partnerships with the community, including hospices and public health clinics. All of the VA-IHS faculty intend to continue their collaboration with their IHS/Tribal health sites in one form or another.

Acknowledgements

The Hospice and Palliative Care program office would like to express its gratitude to Leadership across the Department of Veterans Affairs for supporting this important and groundbreaking project. The HPC program office shares its deep appreciation for the grant recipients in: 1) reaching out beyond their comfort zone; 2) their willingness to effectively and persistently engage Indian Health Service and Tribal staff to share palliative care expertise; and 3) listening and learning from those caring for Native American Indians. The leaders at each of the grantee facilities are to be commended for their foresight and support to make this program possible.

The VA Indian Health Service Faculty Leaders Project was led by Scott Shreve, DO, national director, Hospice and Palliative Care Program with the assistance of HPC program office staff, Christine Cody, RNC, MSN, and Lauren Klepac, MS, and palliative care consultant, Diane Jones, MSW. The National Hospice and Palliative Care Organization compiled, edited and formatted this compendium.

VA Project Teams

VISN	Facility	POC	Email
VISN 6	Charles George VA Medical Center, Asheville, NC	Kimberly Morris, MD Katie May, BSN, RN	Kimberly.morris2@va.gov
VISN 16	GV (Sonny) Montgomery VAMC Jackson, MS	Jessie Spencer, MD Donna Alford, RN, MSN, ANP/GNP	Jessie.spencer@va.gov Donna.Alford@va.gov
VISN 21	VA Northern California HCS Mather, CA	M. Janelle Culjis, RN, PhD (c), ANP Cynthia Alli, MD	Janelle.culjis@va.gov Cynthia.alli@va.gov
VISN 22	VA Greater Los Angeles HCS Los Angeles, CA	Deborah Moran, MD Linda Robinson, MN, RN, CNS-BC	Deborah.moran@va.gov Linda.robinson8@va.gov
VISN 23	Minneapolis, MN	Jorge I. Ramirez, HPC Medical Director Caroline Schauer, HPC Program Manager	Caroline.schauer@va.gov

IHS Sites

Northern Navajo Medical Center (Navajo Nation - Shiprock, NM)
Feather River Tribal Health (Maidu Indian Tribe - Oroville, CA)
Mississippi Band of Choctaw Indians (Choctaw Indian Tribe - Choctaw, MS)
Cherokee Indian Hospital (Cherokee Indian Tribe - Cherokee, NC)
Rosebud Indian Health Service (Oglala Indian Tribe - Rosebud, SD)
Pine Ridge Indian Health Service (Lakota Indian Tribe - Pine Ridge, SD)
Rapid City IHS Hospital (Rapid City, SD)