

KOKUA MAU’S IMPRESS - REQUEST FOR PROPOSALS

(Improving Professional Education, Sustaining Support) and Care Project

Please complete this form electronically. Requests should be made to Jeannette Koiijane at jkoiijane@kokuamau.org and we will email it to you.

| | | |
|-------------------|-------------|------------------|
| Name of Facility: | | |
| Contact person: | | |
| Telephone: | | |
| Fax: | | |
| Email: | | |
| Hospice contract? | Yes No | Which providers: |

Goal: To increase the professional capacity of Hawaii long term care providers to care for individuals and families living with chronic serious illness or at the end-of-life through quality palliative care educational programs and the implementation of best practice standards.

Strategy has 2 components:

- A. A series of six educational sessions to be delivered to the facility staff. These will be short 30-minute sessions covering topics listed below.
- B. The simultaneous engagement of facility leadership teams to more effectively facilitate culture change. We plan to have four Collaborative Sessions (CS) that will create a venue for professional networking, sharing, and sense of community. During these quarterly sessions we will provide tools, resources, support, coaching, help with data analysis and feedback, and help facilitate the sharing of best practices among facilities.

In order to accomplish this, we will use a Collaborative model, and focus our efforts on a few homes who demonstrate willingness, readiness, and commitment to the process. Please submit your application by **May 15, 2009**. After reviewing proposals, we will select 6 facilities to participate, with a target start date of June 15, 2009.

| REQUIREMENTS | YES | NO |
|--|-----|----|
| 1. Is the facility willing to commit to the collaborative effort for one year? | | |
| 2. Is the facility willing to complete a "Family Satisfaction Survey" of resident death for every resident who dies over the next 9-12 months? | | |
| 3. Is the facility willing to implement changes in infrastructure and process of care in order to enhance comfort and dignity at the end of life? | | |
| 4. Is your facility willing to pay \$250 for this enhanced training and support? (Please make check payable to ‘Kokua Mau’) | | |
| 5. Is the facility willing to share information, processes and outcomes to the collaborative group and care community? | | |
| 6. Can the facility create a “Home Team” to attend all Collaborative Sessions? | | |
| 7. Is the facility willing to plan, implement, and re-evaluate processes of care at least every 3 months and report back to the Collaborative Session? | | |
| 8. Is the facility willing to create a “Storyboard” posterboard describing their facilities, and what their facilities have accomplished and learned? | | |
| 9. Does the facility promise to maintain confidentiality of patient information? | | |

PLEASE ANSWER THE FOLLOWING QUESTIONS: (this is a writable pdf)

1. What is your facility mission statement?

2. Name **Team Members** who are willing to commit to this process (Please include email and phone):

Senior Leader (has ultimate authority to allocate time and resources to achieve the team’s aims):

System Leader (has direct authority over the particular systems affected by the change):

Clinical Champion (a respected clinical staff person who understands current processes of care, has a good working relationship with colleagues, and has interest and expertise in end-of-life care.):

Day-to-day leader (drives the project, ensures implementation, oversees data collection):

Others (members from departments that will be affected by the changes):

3. What are your goals and reasons for participating? Why is it important to you at this time?

4. Can you define your intervention population? (i.e. one unit or entire facility)

5. Please review the attached “Family Satisfaction Survey” as this will be the document needed to collect data. Please determine who will collect the data and write their name, email and phone.

6. What other specific needs or wishes does your facility have?

7. What are some of the perceived obstacles in your facility?

8. Are there any other current innovations or special programs in your facility at this time?

Please submit your completed application to:

Jeanette Kojjane, Executive Director, MPH

Kokua Mau, Inc.

P.O. Box 62155

Honolulu, HI 96839-2155

Tel: 808-585 9977 or 808-292-7178 (cell)

Fax: 808-988-3877 (please call first to make sure the fax is connected)

Email: jkoiijane@kokuamau.org

Thank you!

KOKUA MAU IMPRESS PROJECT NURSING HOME FAMILY SATISFACTION SURVEY

Adapted from the Altenheim Nursing home Family Satisfaction Survey

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|--|-----------------|-----------|
| Facility: | Date of Review: | |
| Please answer Yes or No for the following questions: | Yes | No |
| 1. Were you involved with/informed about end-of-life decisions? | | |
| 2. Were the wishes of the resident and family honored? | | |
| 3. Were you able to communicate your concerns with the facility staff? | | |
| 4. Was your loved one receiving Hospice or Palliative Care services at the facility? | | |

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|---|--------------|
| Please use the following rating scale for questions: | |
| 5 = Excellent 4 = Very Good 3 = Satisfactory 2 = Needs Improvement 0 = Undecided | |
| | Score |
| 5. How well were symptoms such as pain, shortness of breath and agitation monitored by staff during the last days of life? | |
| 6. How well were symptoms such as pain, shortness of breath and agitation controlled during the last days of life? | |
| 7. How satisfied were you with the nursing care provided during your loved one's illness? | |
| 8. How well do you feel the staff communicated with you regarding your loved one's condition? | |
| 9. How satisfied were you with the emotional support provided by the staff for your loved one? | |
| 10. How satisfied were you with the emotional support provided by the staff for you and your family? | |
| 11. How satisfied were you with the staff support of maintaining the resident's quality of life and dignity throughout the illness? | |
| 12. Overall, how would you rate the end-of-life care provided for your loved one? | |

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| OTHER COMMENTS AND IDEAS FOR IMPROVEMENT: |
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Please return this survey to your project's senior leader or send it to: Aida Wen, MD, aidawen@hawaiiantel.net