Ethics in End of Life Care: Ethics is Quality, Quality is Ethics

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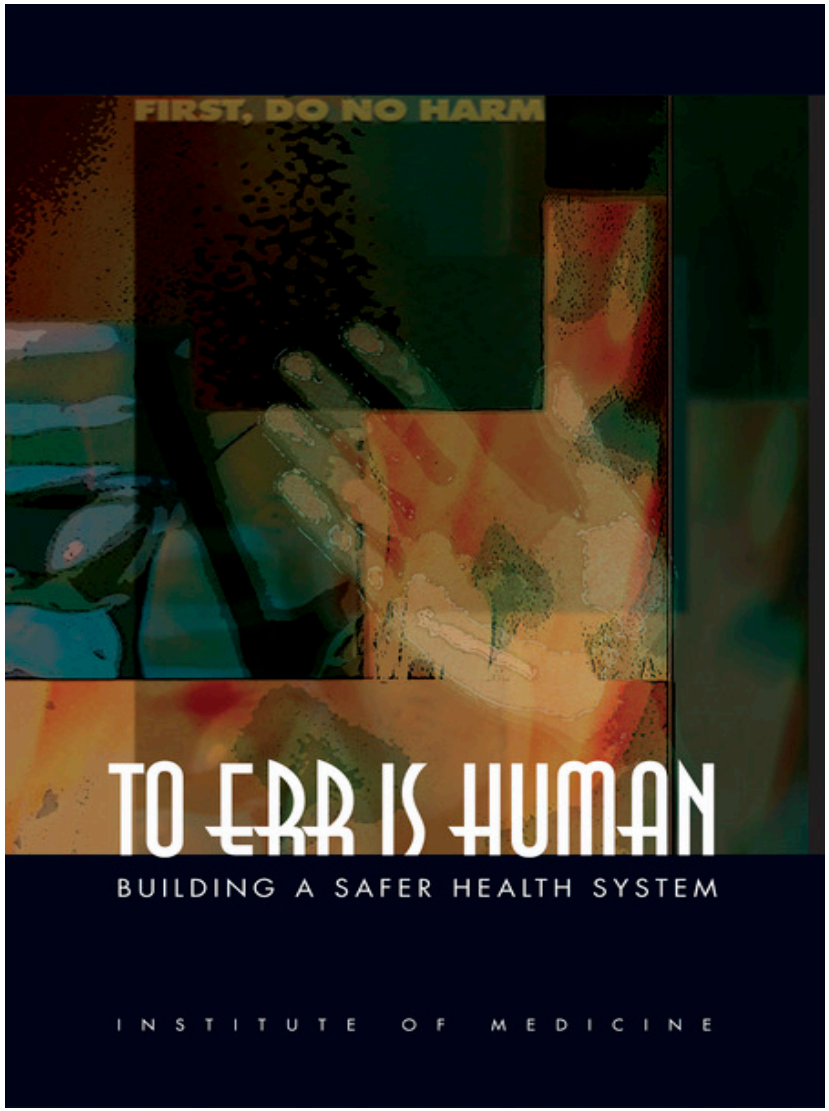
I have nothing to disclose

What Is Quality?

To Err is Human

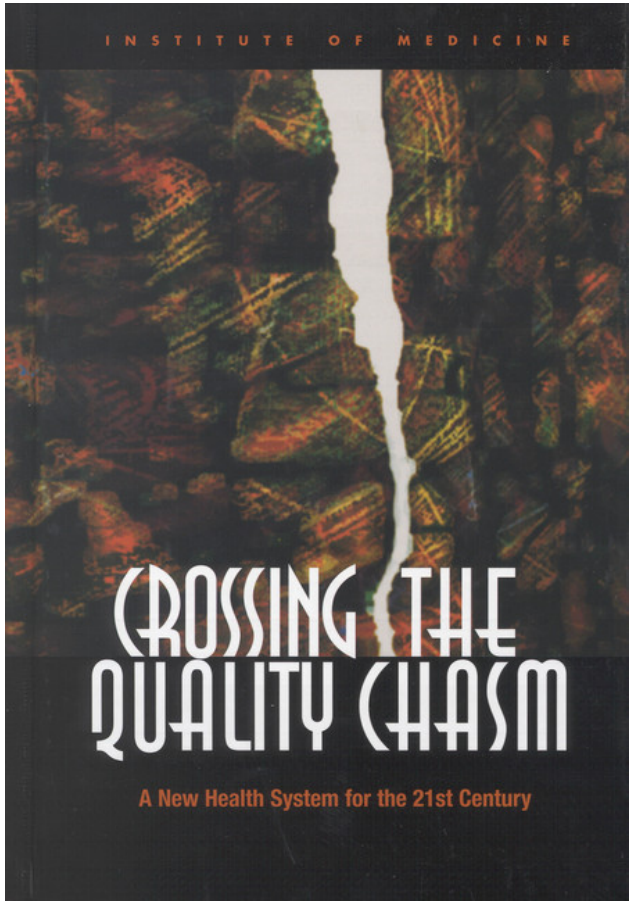
- Tens of Thousands die every year due to medical errors
- Our current system is flawed and we need to change it



Crossing the Quality Chasm

Care Should Be:

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable



Some Areas of focus

Keeping Patients Safe: Transforming the Work Environment of Nurses (2004)

Leadership by Example: Coordinating Government Roles in Improving Health Care Quality (2002)

Health Professions Education: A Bridge to Quality(2003)

Key Capabilities of an Electronic Health Record (2003)

Quality Through Collaboration: The Future of Rural Health Care (2004)

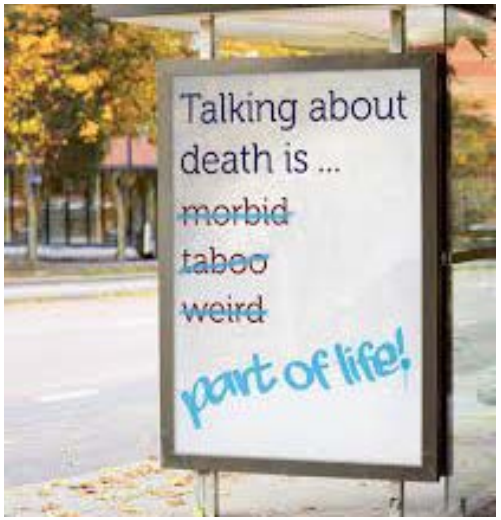
Preventing Medication Errors (2006)

What about End of Life Care?

Or is that not important?

The “D” Word

to



Silence is unacceptable

HOSPITAL "A" SCORECARD

Green indicates that actual meets or exceeds goal.
Yellow indicates that actual falls below goal by not > 10%.
Red indicates that actual falls below goal by > 10%.

	Q1-2015 Actual	Q2-2015 Actual	Q3-2015 Actual	Q4-2015 Actual	Q3-2015 Goal	Variance
OPERATIONAL EXCELLENCE						
Earnings before interest, depreciation and amortization						
Total supplies as a % of net operating revenue						
Salary and wages as a % of net operating revenue						
Cash collections as a % of net operating revenue						
Annual employee equivalents per occupied bed (total paid)						
QUALITY						
Inpatient Core Measures						
Acute myocardial infarction						
AMI readmit-30 (annual)						
AMI mortality (annual)						
Heart failure						
HF readmit-30 (annual)						
HF mortality (annual)						
Pneumonia						
PN readmit-30 (annual)						
PN mortality (annual)						
Surgical care improvement project						
Inpatient catheter-associated urinary tract infection						
Inpatient central line-associated blood stream infection						
Inpatient falls						
Inpatient hospital-acquired pressure ulcers						
Medicare severity-DRG accuracy rate (inpatient) — annual						
Ambulatory payment classification accuracy rate (outpatient) — annual						
CUSTOMER EXPERIENCE *						
Inpatient HCAHPS — composite score (percentile rank)						
Physician satisfaction scores (percentile rank) — annual						
Employee satisfaction scores (percentile rank) — annual						

* Inpatient HCAHPS, physician satisfaction and employee satisfaction scores are percentile rank scores. Hospital actuals must meet or exceed the 75th percentile rank goal.
Source: Community Hospital Corp., 2015

QUALITY TALKS

Inspiring the Future of American Health Care

http://blog.ncqa.org/nneka-mokwunye-sederstrom/

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For the Dying!


World Mortality Rate
100%
1800
100%
1900
100%
1950
100%
2000
100%
2015
Fb/A Science Enthusiast

A Beginning

END OF LIFE
Quality Measures

Below are questions assessing your institution's end of life practices in order to establish action plans for improvement.

1. At the time of death, how many patients had a palliative care consult within the last 6 months?
2. At the time of death, how many patients were offered enrollment in hospice within the last 6 months?
3. At the time of death how many patients had advance directive, durable power of attorney for healthcare decision making or POLST? Were the directive/POLST orders followed?
4. How many patients with a terminal diagnosis received end of life care counseling? Do you have end of life counselors?
5. How many patients or parents with a terminal diagnosis were asked for place of death preference?
6. What are the demographics of patients who received end of life care services?
7. Where did your patients die? Was that where the patient and/or their parents wanted them to die?
8. What are the barriers for your patients at the end of life?
9. How many patients had an ICU admission during the last year of life? How many admissions did each patient have?
10. How many patients had an ethics consultation during the last year of life? How many consultations did each patient have, and for what issues?

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M1032 11/17

The Rights of the Sick Child Foundation Pro Unity Palliative Care, Costa Rica

I have the right to be visualized and conceived as a legal subject, not as a property of my parents, physicians or society.

I have the right to be taken into account when there is the time to make decisions because I am one who is sick.

I have the right to cry.

I have the right of not be alone.

I have the right to have fantasies.

I have the right to play and behave as a teenager, even if I am a dying child.

I have the right to get my pain controlled since my first day of life.

I have the right to know the truth about my condition. And also I have the right to be given honest answers to my questions.

I have the right that my needs be satisfied in a holistic way.

I have the right of a dignified death surrounded by my loved ones and my most beloved objects.

If that is my wish, I have the right to die at home and not in a hospital.

I have the right to feel and express my fears.

I have the right to prepare my death.

I have the right to feel anger, rage and frustration for my disease.

I have the right to refuse to continue receiving treatment when there is no cure for my disease, but quality of life.

If that is my wish, I have the right to receive palliative care.

If that is my wish, I have the right to be sedated while I am facing death.

I have the right that my parents understand that although I love them very much, I will be born to a new life.

http://www.cuidadopaliativo.org/rights-of-the-sick-child

KIDS FIRST.

How we vow to honor your child's feelings, wishes and decisions.

No matter what the future holds for the children in our care, we vow to do everything in our power to keep them comfortable and make them well when we can. We will listen—really listen—to what they're feeling, and respect their wishes.

When we talk about "kids first" at Children's Minnesota, this is what we mean. We want your child to know we are here to listen. They are free to express themselves. They can talk about whatever's on their mind—emotions, hopes and fears—and we will honor their decisions to the best of our ability.

In the hospital, kids hear a lot of *cant's*. We want them to know their *cans*. We also want them to know what we will do to respect their wishes and provide as much comfort as possible.

I CAN	WE WILL
I can know the truth about my condition.	We will always tell you the truth about your condition in a way you'll understand.
I can talk to someone when I have questions or requests.	We will provide a safe place for you to share your feelings and emotions.
I can have my voice heard when it's time to make decisions.	We will always hear what's important to you when it comes to making decisions about your care.
I can express the way I think is best for me to live my life with love and support from others.	We will always hear you and do our best to help.
I can live my life the way I think is best for me with the love and support of others.	We will hear and respect your wishes whenever possible.
I can say how I am feeling and express my emotions.	We will respect how active you want to be in making choices about your care.
I can ask for help when I'm feeling sick or in pain.	We will respect and affirm your individuality.
I can request who is around during conversations about my care.	
If faced with an end of life situation:	**If faced with an end of life situation:**
I can voice my opinions about stopping treatment.	We will accommodate your requests regarding end of life whenever possible.
I can share my thoughts on how I want to die and who and what I want around me.	We will hear your choice about how and where you die.
	We will do our best to honor your wishes about stopping treatment.

Children's MINNESOTA

These rights are not legally enforceable. Medical decisions must be made by appropriate legal guardians. M1032b 8/18

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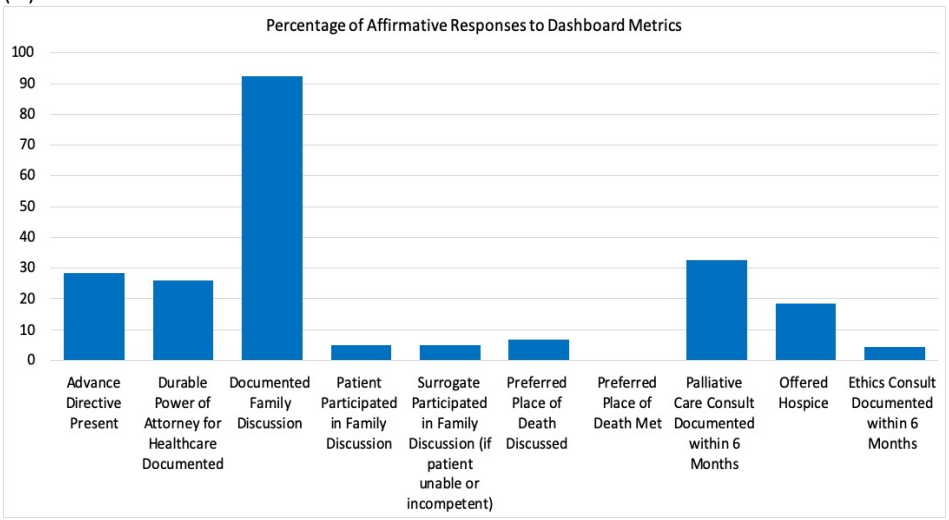
UVA

(a.)



CHMN

(b.)

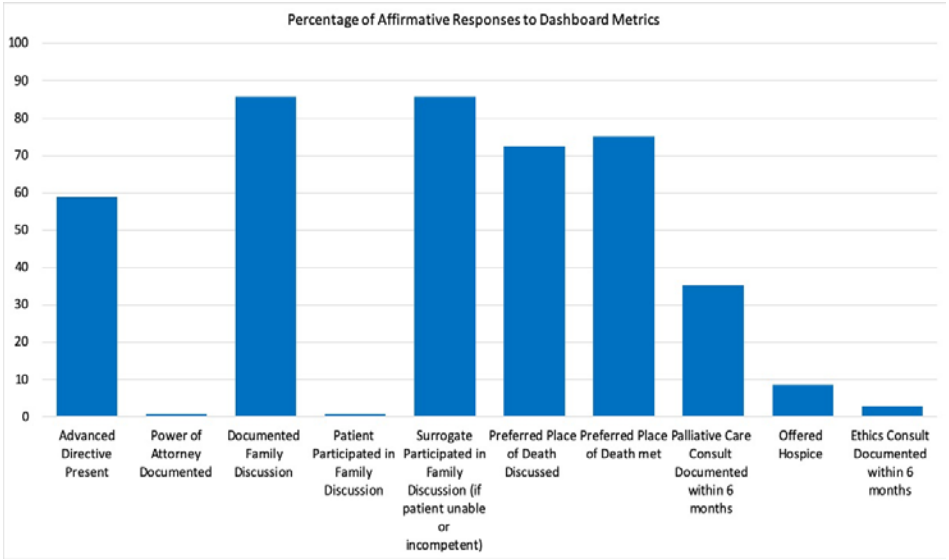


Figure 2. Based on the metrics in the End of Life Quality Dashboard, data were extracted from the electronic medical record based on manual chart review using agreed upon queries. Durable DNR on file was counted as an advance directive. Patient involvement in end of life discussion was included if their participation was specifically documented. Chart review was

Future

Children's MINNESOTA

For the most amazing people on earth.

CCMC Ethics credit is approved for this course. The CCMC Code of Professional Conduct will be referenced in this presentation. View the CCMC Code of Professional Conduct here.