Housekeeping

For today’s call, everyone is muted.

Chat Box
   On the lower right side of your screen - for questions and comments

If we are unable to get to your question today, we will follow up with you

Let us know who’s here today! Type your name, organization or facility and your role in the Chat Box!
The federally funded Medicare Quality Innovation Network – Quality Improvement Organization for 11 states and the District of Columbia

- Led by IPRO
- Joined by Healthcentric Advisors (HCA) and Qlarant
- Offering enhanced resources and support to healthcare providers and the residents and patients they serve
- Promoting patient and family engagement in care
- Supporting implementation and strengthening of innovative, evidence-based, and data-driven methodologies to support improvements
Crucial Elements of End-of-life Conversations

Our Speakers

Patricia Bomba
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Vice President and Medical Director, Geriatrics
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Assistant Director, Healthcare Quality Improvement
IPRO
What matters most to the resident

• Review principles of humanitarianism: save lives and prevent/alleviate human suffering

• Describe the process for having honest, compassionate conversations that result in medical orders that clarify resuscitation, respiratory support, and hospitalization preferences and a resident-centered care plan

• Apply effective communication skills and self-care strategies with residents, family, caregivers and staff
Professionalism

• Save lives
• Prevent and/or alleviate human suffering
• Honest conversations
• Compassion
• Ethical principles
• Hope for the Best
• Prepare for the Worst
Ancient Chinese Proverb

• When one prevents one’s emotions from overtaking one’s rationality it is called *reason*

• When one prevents one’s rationality from overtaking one’s emotions it is called *compassion*

• When one can do both, it is called *wisdom*
End-of-life Conversations

Pre-COVID 19

• Face-to-face
• Include family, medical decision-makers
• Team-based approach within scope of practice
• Authority & accountability
• May require a series of conversations
Shift to Telemedicine
Focused Conversations Required with COVID-19
Three Key Pillars

1. Advance Care Planning
   - Advance directives
   - Medical orders
2. Pain and symptom management
3. Caregiver education and support

“Best Care” Model for Patients with Serious Illness

Medical Management of Chronic Disease
Integrated with Palliative Care

Goals for Care shift

Palliative Care (PC):
   Advance care planning & goals for care, pain
   and symptom control, caregiver support

Progression of Serious Illness

Death

Bereavement

Hospice

Diagnosis

12 mo
6 mo
Advance Directives
(18 and older)
• Health Care Proxy
• Durable POA for Health Care
• Living Will

Medical Orders (MOLST)
(Advanced illness/frailty)
• Resuscitation
• Respiratory Support
• Hospitalization
• State POLST
NY MOLST 8-Step Protocol
Communication Process

Shared Medical Decision-Making & Informed Consent

1. Prepare for discussion
2. Determine what the patient and family know re: condition, prognosis
3. Explore goals, hopes and expectations
4. Suggest realistic goals
5. Respond empathetically
6. Use MOLST to guide choices and finalize patient wishes
7. Complete and sign MOLST
8. Review and revise periodically

Developed for NYS MOLST, Bomba, 2005; revised 2011
Communication Skills
Poor Prognosis and Low Survival Rate

Consider COVID-19

• Express yourself clearly
• Use active listening skills
• Focus on achievable goals
• Manage unrealistic expectations
• Serve as an advocate
• Improve comfort level in discussing death and dying
Shared Decision-Making

Ethical Principles

- Will treatment make a difference?
- What are the burdens and benefits?
- Is there hope of recovery?
  ✓ If so, what will life be like afterward?
- What are the resident’s values and goals for care?
Nursing Home Residents
Survival Time
• Mean: about a year
• Median: much lower
• Roughly: 50% mortality rate

COVID-19 Current Data
• ~20% short-term mortality rate
• ~20% serious illness with survival and substantially worsened disability
• ~80% mortality rate of hospitalized patients requiring ventilators
Resuscitation Preferences

Clarify

• Define CPR

• Success rate of CPR
  ✓ Advanced illness ≤ 2.0%
  ✓ Moderate frailty-terminal illness: <2%

• Reality of COVID-19
Respiratory Support

Consider COVID-19

- Intubation & mechanical ventilation
- Noninvasive ventilation
- Trial period
  - determine if there is benefit
  - based on the patient’s current goals for care
Hospitalization

Resident Preference

- Do not send to the hospital
  - unless pain or severe symptoms cannot be otherwise controlled

- Send to the hospital
  - if medically necessary
  - follow medical orders
Care Plan
Palliation and Supportive Care
Critical for Crucial Conversations

• Take care of yourself
• Remind others to care for themselves
• Prepare for the discussion
• Be present
• Speak from your heart
• Lend your energy and your wisdom
• Act in a way that helps others to do the same
• Take time to decompress after an emotional exchange
Engage Providers

• ACP CPT codes
  ✓ 99497 (first 30 mins)
  ✓ 99498 (each additional 30 mins)

• HIPAA-mandated security requirements for telemedicine lifted

• Improved reimbursement for phone calls and telemedicine visits
Key Takeaways

What matters most to the resident

• Initiate honest conversations
• Use both sides of your brain
• Explain health status & prognosis
• Identify goals and values
  ✓ humanize the relationship
  ✓ improve decision-making
• Create medical orders
• Update the care plan
• Support families and loved ones
• Take care of yourself
Websites

- CompassionAndSupport.org  Death and Dying
- MOLST.org  8-MOLST Protocol
- NYSeMOLSTregistry.com
- POLST.org
- Vital Talk  COVID-Ready Communication Skills

References on Life-Sustaining Treatment

- Resuscitation
- Respiratory Support
- Dialysis

CAPC toolkit

- Symptom Management Protocols: medications and starting doses for common symptoms
- Stepwise Protocols for Crisis Symptom Management
- COVID-19 Clinical Resources
“A hero is an individual who finds strength to persevere in spite of overwhelming obstacles.”

Christopher Reeves
Thank you for being a hero in the midst of the COVID-19 crisis.

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Questions?
Upcoming COVID-19 Related Webinars

**IPRO QIN-QIO**

- **May 14: Using the COVID-19 NHSN Long Term Care Module**
  
  Register [https://qi.ipro.org/blog/](https://qi.ipro.org/blog/)

**Institute for Healthcare Improvement (IHI)**

- **COVID-19 Rapid Response Network for Nursing Homes: Daily National Huddle**


- **Centering Equity in the Response to COVID-19**

  Free weekly IHI Virtual Learning Hours with Derek Feeley and Don Berwick focused on what we're learning about effective responses to the COVID-19 pandemic.

Visit our website to learn more

https://qi.ipro.org/

Serving 20% of the nation’s Medicare Beneficiaries.

We’re collaborating with health care organizations to ensure high-quality, safe, and effective health care for Medicare beneficiaries in New England, New York, New Jersey, Ohio, Delaware, Maryland, and the District of Columbia.

We recognize the myriad challenges facing health care organizations and community-based partners.

We offer free technical support and education to help you address these challenging issues.

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