

What's Happening in Yakima:

The Surprise Question and

Five Wishes

Chaplaincy Healthcare CME Conference, October 18, 2019

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Virginia Mason Memorial's Care Line for Advancing Illness

Home Health & Hospice | Palliative Care | Bereavement | Ethics Advance Care Planning | Spiritual Care



Virginia Mason Production System & Baldrige

ENDURING, SUSTAINABLE PARTNERSHIPS



What's Our Goal?

BEST CARE POSSIBLE

What hinders us?

- Uncertain What "Best Care" Looks Like
- Cure Versus Care, "Treatment"
- Assumptions
- Time
- Uncomfortable conversations
- Rarely is it bad intent





The Surprise Question in Yakima

2015: Dr. Mimi Pattison in Yakima at Circle of Life Symposium

2016 10-month adventure to add to hospital electronic admission set

- Created Inpatient Navigation Team
- Leader/Administration Buy-In
- Physician Education
- In Midst of Virginia Mason/Memorial Affiliation

2017-2018: Haiti Road to New Jersey Road

- Clinical Trial Began
- Physician Education/Behavior Modification
- New Angle to Education: Teamwork

2018: Beginning Work in Clinics

2019: Broadening the Work
Virginia Mason Seattle
Conversion to Cerner
Focusing on Accountability





December 21, 2016: Surprise Question Initiated

First Hospital to Standardize

Every Patient Admission

Every Floor

Every Physician

Electronically Asked and Answered





How It Works

Physician Responds to Admission Queries

Diagnosis, Code Status, etc.

Then, HARD STOP:

Would you be surprised if this patient died in the next six months?





How It Works

Would you be surprised if this patient died in the next six months?

If Physician Replies YES:

Physician Able to Continue with Admission

If Physician Replies NO:

Electronic Order Sent to Navigation Team for Consult

Physician asked if Palliative Care or Hospice has been ordered

Physician Then Able to Continue with Admission





First Physician That Answered NO

Orthopedic Surgeon Who Replaced a Knee

• Did we do the education incorrectly?

What We Learned From This





What We Learned in First Months

- 2/3 of physicians always answered YES
- Fear of "Liability"





Total Surprise Questions Answered Jan-Mar, 2017:

Over 5,500

Total Number of Admissions Jan-Mar, 2017:

Just Under 3,500

Something's Wrong.





Turns Out...Another lesson learned
Surprise Question Hard Stop at Every Transfer





Example Admissions – Answers: January, 2017 Patient

First Answer: YES Last Answer: NO

Answer

Most Common Answer: YES (5/9)
Patient Died Within 6 Months

Day	Doctor	Answer
Day 1, 12AM	Doctor A	YES
Day 1, 4 AM	Doctor A	NO
Day 1, 5 AM	Doctor B	YES
Day 8, 10AM	Doctor B	YES
Day 12, 5 PM	Doctor C	NO
Day 22, 6AM	Doctor D	NO
Day 22, 8AM	Doctor E	YES
Day 23, 4PM	Doctor E	YES
Day 29, 10AM	Doctor F	NO





Example Admissions – Answers: April, 2016 Patient

Day	Doctor	Answer
Day 1, 3 PM	Doctor E	YES
Day 3, 9 AM	Doctor E	NO
Day 6, 2 PM	Doctor G	YES
Day 7, 8 AM	Doctor H	NO
Day 7, 7 PM	Doctor G	NO
Day 14, 11 AM	Doctor E	NO
Day 17, 11 AM	Doctor I	NO
Day 18, 12 PM	Doctor J	NO

First Answer: YES Last Answer: NO

Most Common Answer: NO (6/8)

Patient was transferred to hospice and

died within one week





ALSO TO NOTE:

We have to wait six months after a patient's admission to determine if the physician was correct in assessment of patient's prognosis

- Started January, 2017
 - January Admissions: must wait until August, 2017, to assess

Admission as Inpatient	When Can We Assess 6-Month
January, 2017	August
February	September
March	October
April	November
May	December
June	January, 2018





ALSO...

Death Records are Published Quarterly (after March 31, June 30, September 30, Dec 31)

However...for patients that have been in the hospital and die within 6 months, how many are dying before the 6-month mark?

Could we get a taste of accuracy with the data we have?

Admission as Inpatient	When Can We Assess 6-Month					
January, 2017	August					
February	September					
March	October					
April	November					
May	December					
June	January, 2018					





TURNS OUT WE CAN ASSESS ACCURACY. WHY??

Of All Patients That Died in the First Six Months After Admission...

2015 Mortality Post-Admit

1st 30 days: 59.75% of deaths

60 days: 75.51% of deaths

90 days: 83.94% of deaths 120 days: 90.40% of deaths

2016 Mortality Post-Admit

1st 30 days: 61.63% of deaths

60 days: 74.55% of deaths

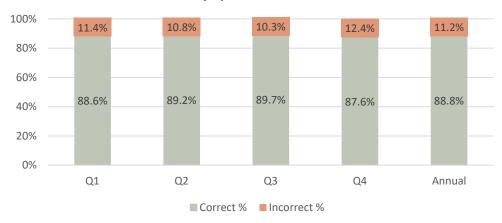
90 days: 81.86% of deaths

120 days: 88.03% of deaths

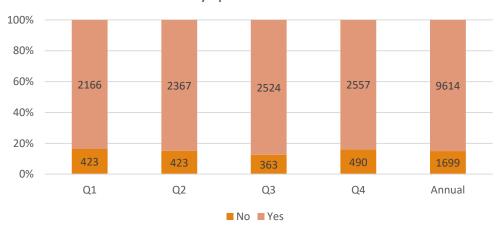


2017	Correct %	Incorre	ct % No	Yes
Q1	88.6%	11.4%	423	2166
Q2	89.2%	10.8%	423	2367
Q3	89.7%	10.3%	363	2524
Q4	87.6%	12.4%	490	2557
Annual	88.8%	11.2%	1699	9614

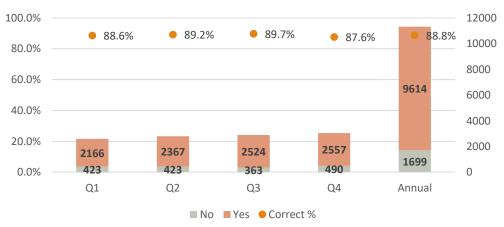
Correctness of Answers to Surprise Question 2017 by quarter and overall



Count of Answers to Surprise Question 2017 by quarter and overall

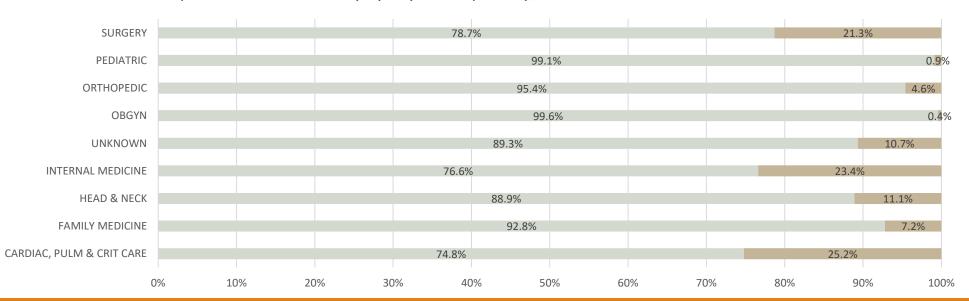


Correctness/Count of Patients with Surprise Question - 2017 by quarter and overall



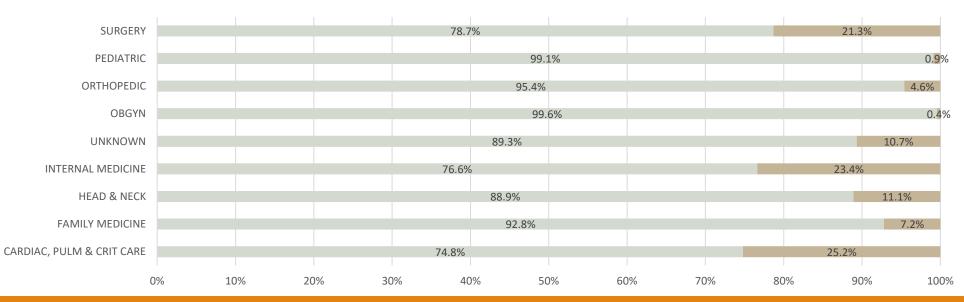
1/17-12/17	Alive				Died			Correct		Incorrect	
	No	Yes	Total	No	Yes	Total	Total	%	Total	%	Grand Total
CARDIAC, PULM & CRIT CARE	118	394	512	167	71	238	561	74.8%	189	25.2%	750
FAMILY MEDICINE	48	991	1039	79	35	114	1070	92.8%	83	7.2%	1153
HEAD & NECK		16	16		2	2	16	88.9%	2	11.1%	18
INTERNAL MEDICINE	535	3129	3664	1116	761	1877	4245	76.6%	1296	23.4%	5541
UNKNOWN	145	2715	2860	260	211	471	2975	89.3%	356	10.7%	3331
OBGYN	3	1160	1163		2	2	1160	99.6%	5	0.4%	1165
ORTHOPEDIC	24	863	887	6	18	24	869	95.4%	42	4.6%	911
PEDIATRIC	10	1552	1562		4	4	1552	99.1%	14	0.9%	1566
SURGERY	45	324	369	12	46	58	336	78.7%	91	21.3%	427

Surprise Question Accuracy by Physician Specialty, 2017 with 2018 Preview Death Data

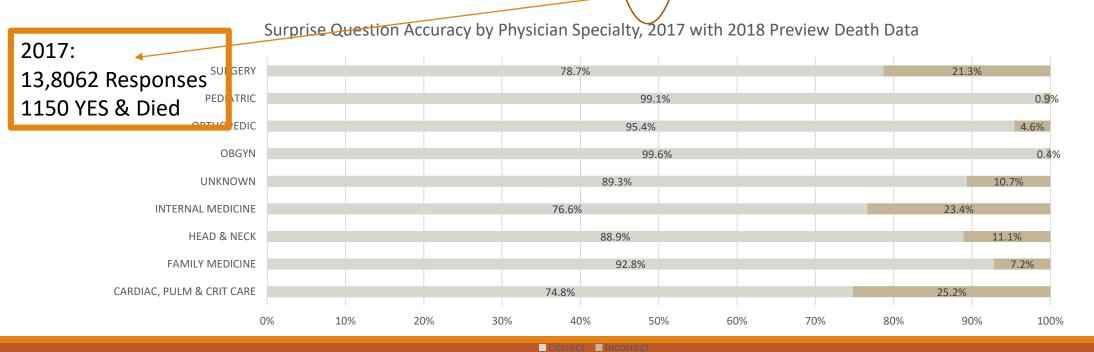


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	118 48 535 145 3 24 10	No Yes 118 394 48 991 16 535 3129 145 2715 3 1160 24 863 10 1552	No Yes Total 118 394 512 48 991 1039 16 16 535 3129 3664 145 2715 2860 3 1160 1163 24 863 887 10 1552 1562	No Yes Total No 118 394 512 167 48 991 1039 79 16 16 16 535 3129 3664 1116 145 2715 2860 260 3 1160 1163 24 863 887 6 10 1552 1562	No Yes Total No Yes 118 394 512 167 71 48 991 1039 79 35 16 16 2 535 3129 3664 1116 761 145 2715 2860 260 211 3 1160 1163 2 24 863 887 6 18 10 1552 1562 4	No Yes Total No Yes Total 118 394 512 167 71 238 48 991 1039 79 35 114 16 16 2 2 2 535 3129 3664 1116 761 1877 145 2715 2860 260 211 471 3 1160 1163 2 2 2 24 863 887 6 18 24 10 1552 1562 4 4 4	No Yes Total No Yes Total Total 118 394 512 167 71 238 561 48 991 1039 79 35 114 1070 16 16 2 2 2 16 535 3129 3664 1116 761 1877 4245 145 2715 2860 260 211 471 2975 3 1160 1163 2 2 2 1160 24 863 887 6 18 24 869 10 1552 1562 4 4 4 1552	No Yes Total No Yes Total % 118 394 512 167 71 238 561 74.8% 48 991 1039 79 35 114 1070 92.8% 16 16 2 2 16 88.9% 535 3129 3664 1116 761 1877 4245 76.6% 145 2715 2860 260 211 471 2975 89.3% 3 1160 1163 2 2 1160 99.6% 24 863 887 6 18 24 869 95.4% 10 1552 1562 4 4 1552 99.1%	No Yes Total No Yes Total Total % Total 118 394 512 167 71 238 561 74.8% 189 48 991 1039 79 35 114 1070 92.8% 83 16 16 2 2 16 88.9% 2 535 3129 3664 1116 761 1877 4245 76.6% 1296 145 2715 2860 260 211 471 2975 89.3% 356 3 1160 1163 2 2 1160 99.6% 5 24 863 887 6 18 24 869 95.4% 42 10 1552 1562 4 4 1552 99.1% 14	No Yes Total No Yes Total Total % Total % 118 394 512 167 71 238 561 74.8% 189 25.2% 48 991 1039 79 35 114 1070 92.8% 83 7.2% 16 16 2 2 2 16 88.9% 2 11.1% 535 3129 3664 1116 761 1877 4245 76.6% 1296 23.4% 145 2715 2860 260 211 471 2975 89.3% 356 10.7% 3 1160 1163 2 2 1160 99.6% 5 0.4% 24 863 887 6 18 24 869 95.4% 42 4.6% 10 1552 1562 4 4 1552 99.1% 14 0.9%



Surprise Question Answers and Accuracy at a Provider level for 2018

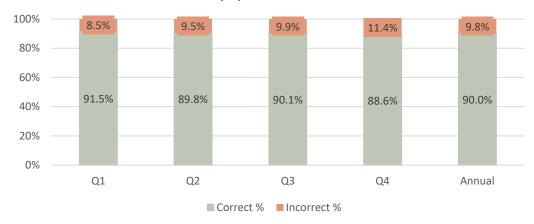
For the monthly/quarterly summaries, answers were summarized at the patient level – any no answer makes the answer "no."

For the physician level summary, all answers were counted (not just one per patient/visit).

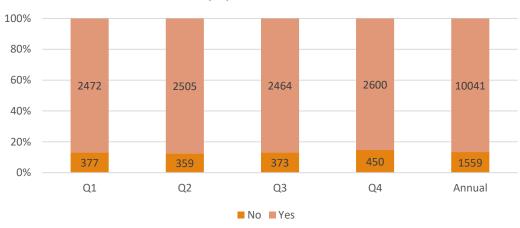
State Death Data used is a preview version for 2018 and 2019, with at least partial data through 6/2019.

2018	Correct %	6 Incorrec	ct % No	Yes
Q1	91.5%	8.5%	37	7 2472
Q2	89.8%	9.5%	359	2505
Q3	90.1%	9.9%	373	3 2464
Q4	88.6%	11.4%	450	2600
Annual	90.0%	9.8%	1559	9 10041

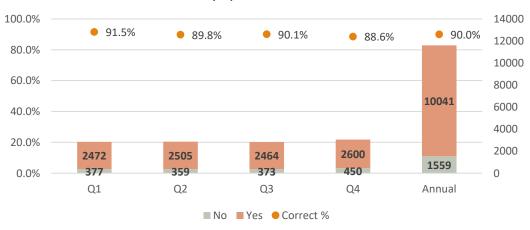
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Correctness/Count of Patients with Surprise Question - 2018 by quarter and overall



1/2018 - 12/2018		Alive			Died			Correct		ect	
	No	Yes	Total	No	Yes	Total	Total	%	Total	%	Grand Total
FAMILY MEDICINE	38	1181	1219	19	19	38	1200	95.5%	57	4.5%	1257
INTERNAL MEDICINE	674	3234	3908	682	363	1045	3916	79.1%	1037	20.9%	4953
UNKNOWN	270	3300	3570	183	85	268	3483	90.8%	355	9.2%	3838
SURGERY	3	324	327		18	18	324	93.9%	21	6.1%	345
ORTHOPEDIC	16	778	794	1	14	15	779	96.3%	30	3.7%	809
CARDIAC, PULM & CRIT CARE	97	415	512	112	32	144	527	80.3%	129	19.7%	656
OBGYN	1	2178	2179				2178	100.0%	1	0.0%	2179
PEDIATRIC	4	1134	1138	2	2	4	1136	99.5%	6	0.5%	1142
HEAD & NECK		10	10	1		1	11	100.0%	0	0.0%	11

Surprise Question Accuracy by Physician Specialty, 2018 with 2018/19 Preview Death Data

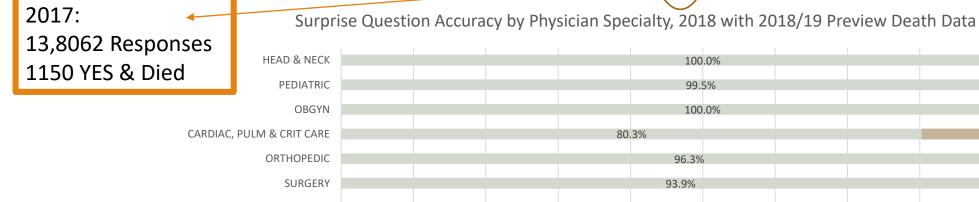


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INTERNAL MEDICINE

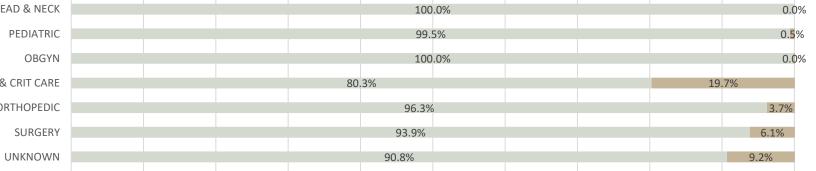
FAMILY MEDICINE

0%

10%

20%

30%



95.5%

50%

60%

70%

80%

20.9%

90%

4.5%

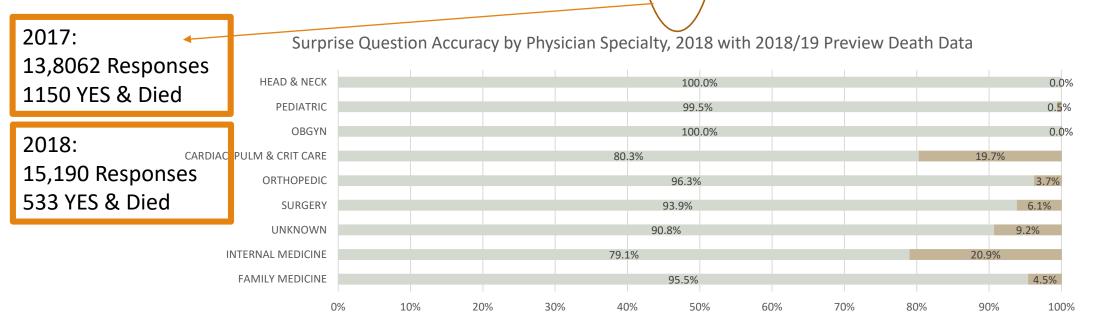
100%

40%

79.1%

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Correct Incorrect





Five Wishes/Advance Care Planning

History of Advance Care Planning for Us... How We Came to Five Wishes





Five Wishes/Advance Care Planning

Why are we using FIVE WISHES?

Valid in 42 States

Customizable

Addresses Biggest Fears

Cost-Effective

User-Friendly

Not a DNR in the Home

Trained Facilitators To Go To Community Groups, Homes, Churches, Hospital, Clinics for Five Wishes Parties

We Have Distributed Over 90,000 Five Wishes In Our Community

Memorial Foundation Pays for Five Wishes for Yakima



Durable Power of
Attorney for Healthcare
• Wish 1

Living Will

Wishes 2-5



Decision-Maker Order in Washington State:

As of 07/28/2019, In Washington State, the surrogate/person authorized to make medical decisions on behalf of an individual that lacks decision-making capacity is the following (in order of priority):

- 1. The appointed guardian of the patient, if any;
- 2. The individual, if any, to whom the patient has given a durable power of attorney that encompasses the authority to make health care decisions;
- 3. The patient's spouse;
- 4. Children of the patient who are at least eighteen years of age (all must agree);
- Parents of the patient;
- 6. Adult brothers and sisters of the patient (all must agree);



Decision-Maker Order in Washington State:

As of 07/28/2019, In Washington State, the surrogate/person authorized to make medical decisions on behalf of an individual that lacks decision-making capacity is the following (in order of priority):

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1,2,3,4,5,6...
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- 7. Adult grandchildren of the patient who are familiar with the patient (all must agree);
- 8. Adult nieces and nephews of the patient who are familiar with the patient (all must agree);
- 9. Adult aunts and uncles of the patient who are familiar with the patient (all must agree);



Decision-Maker Order in Washington State:

As of 07/28/2019, In Washington State, the surrogate/person authorized to make medical decisions on behalf of an individual that lacks decision-making capacity is the following (in order of priority):

1,2,3,4,5,6,7,8,9...

10. An adult who:

- Has exhibited special care and concern for the patient;
- Is familiar with the patient's personal values;
- Is reasonably available to make health care decisions;
- Is not any of the following:
 - A physician to the patient or an employee of the physician;
 - The owner, administrator, or employee of a health care facility, nursing home, or long-term care facility where the patient resides or receives care
 - Or a person who receives compensation to provide care to the patient; and
- Provides a declaration, which is effective for up to 6 months from the date of declaration, signed and dated under penalty of perjury, that recites facts and circumstances demonstrating that he/she is familiar with the patient and that he or she:
 - Meets the requirements of a-d of this section;
 - Is a close friend of the patient;
 - Is willing and able to become involved in the patient's health care;
 - Has maintained such regular contact with the patient as to be familiar with the patient's activities, health, personal values, and morals; and
 - Is not aware of a person in a higher priority class willing and able to provide informed consent to health care on behalf of the patient.
- NOTE: A health care provider may, but is not required to, rely on a declaration provided under (e) of this subsection. The health care provider or health care facility where services are rendered is immune from suit in any action, civil or criminal, or from professional or other disciplinary action when such reliance is based on a declaration provide in compliance with above. (House Bill 1175)



Five Wishes/Advance Care Planning

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