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	🕴 Upcon	ning We	ebinars				
November 9,16 & 30							
December 7 & 14							
CALTCM	CALTCM.org	@CALTCM	#CALTCM November 2, 2020				

Housekeeping

- · Review your name and make any necessary adjustments.
- · Close all other windows and apps, especially mail and messaging programs.
- During the Q&A session, we invite you to turn on your camera and unmute your line to ask questions or participate in the discussion.
- Feel free to raise your hand when you have a question.
- To help keep background noise to a minimum, make sure you mute your microphone when you are not speaking.
- Don't talk over others.

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Webinar Faculty

Karl E. Steinberg, MD, CMD, HMDC President-Elect, AMDA: The Society for Post-Acute and Long-Term Care Medicine; CALTCM BOD Member; Chief Medical Officer, Mariner Health Care; Past Chair, Coalition for Compassionate Care of California

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Webinar Faculty & Moderator

Michael Wasserman, MD, CMD Geriatrician Medical Director, Eisenberg Village, Los Angeles Jewish Home CALTCM Immediate Past-President

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Webinar Faculty

Chris Wilson, RN, JD, MS, HEC-C Tyler & Wilson, LLP Founder & Director, Community Healthcare Ethics

Member, Joint Bioethics Committee of the LA County Bar, LA County Medical Association, and two acute care hospitals

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Person-Centered Care

- A philosophy that emphasizes the ethical principle of autonomy
 View resident as a member of the care team and focus care around his/her desires and choices
- In care-planning process, resident is the center of control,
 - not a passive and compliant recipient of care that is deemed best by healthcare professionals
- Relevant at all levels of decision-making
 - Minor issues, like what time to eat dinner
- Major issues, like decision to decline medical treatment in spite of physician's advice

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42 CFR § 483.21(b)(1) (F 656) Comprehensive Care Plans

- Develop person-centered care plan that is consistent with resident rights and includes measureable objectives and timeframes to meet medical, nursing, and mental and psychosocial needs; Plan must describe:
 The services provided to attain/maintain resident's "highest practicable physical, mental, and psychosocial well-being..."
 - Any services required [by other sections] but not provided due to exercise of resident rights, including right to refuse treatment
 - Any specialized services provided because of PASARR recommendation; if facility disagrees with PASARR findings, indicate rationale in medical record
 - Resident's goals for admission and desired outcomes
 - Resident's preference and potential for future discharge; must document whether facility assessed desire to return to community, and any referrals to appropriate agencies for this purpose
- Discharge plan, as appropriate

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Principles of Bioethics Support Person-Centered Care

- Autonomy: Protecting individual rights, selfdetermination and choice
- Beneficence: The course of action that will give the greatest benefit
- Non-Maleficence: The course of action that will cause the least harm
- Justice: Fairness to the patient with consideration of the needs and rights of others

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Ethics Resources in Long Term Care

- Since 1992, hospitals accredited by The Joint Commission are required to have "a mechanism to educate stakeholders and aid in the resolution of ethical dilemmas."
- AMDA The Society for Post-Acute and Long Term Care Medicine began to recommend that nursing facilities have bioethics committees in order to provide a forum for discussion of end-of-life issues in 1997. By 2008, this issue resulted in White Paper C08, which became policy in March 2008.

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Ethics and Bioethics Resources Education/Mediation/Consultation

- · Bioethics resources can alleviate staff, consumer, legal and regulatory issues
 - Professional Evaluation of specific cases [ethics consultation]
 - Resource for physicians and facility staff
 - · Mediation of family/resident issues and breakdowns in communication with
 - physician and/or facility staff
 - Staff and resident/family education [including end of life care and directives]
 - Solve problems before they get to legal department
 - · Create satisfied residents and families
 - Support autonomy, reduce frustration
 - Reduce staff dissatisfaction, distress, and turnover

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Ethics Consultants

- Medical background and training/experience in health care ethics/bioethics
- · Consult per facility policies and needs
- Educational programs
- · Assist to form and implement ethics committee
- Often a "team" but not always
- May provide written ethics consultation

Typically available in hospitals and some skilled nursing facilities (generally those connected with an acute care hospital)

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The Effective Ethics Committee

Interprofessional/multidisciplinary

- Not just MDs
- Other professionals such as nurses, social workers and others
- Ethicist
- Individual with some formal background
- Conversant with ethics literature
- Educational resource
- · Maintains confidentiality
- Meaningful deliberation from all members
- Focuses upon relevant ethical principles and application to the case presented

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Ethics Committee Compared to the Interdisciplinary Team (IDT)

· Ethics committee:

- · Not required by law
- · Educational and advisory; no authority to initiate treatment
- · Functions confined exclusively to ethical matters
- · Recommendations are not mandatory, but are given significant weight · Members should include MD, RN, social services, other health care providers, a bioethicist, a community representative

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California's IDT Law

Health and Safety Code 1418.8 (Epple), enacted 1999

Where a medical intervention requires informed consent, resident lacks capacity, and there is no person with legal authority to give consent, then . . .

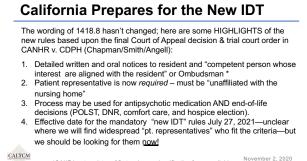
IDT must review (except in emergency) risks, benefits, alternatives etc. [informed consent]

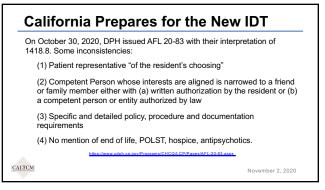
IDT includes attending MD, RN, other appropriate staff and a resident representative "where practicable*"

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Bioethics and COVID-19

- Ethical focus not only "person-centered" but also requires consideration of the principle of Justice, which considers public health impact upon others
- Balancing of patient rights: restrictions on movement includes risk of depression, increased confusion, physical consequences

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Bioethics and COVID-19

- Acute care hospitals have created surge/triage policies for resource allocation (e.g., ventilators)
- Triage team is separate from care team
- SOFA scoring (Sequential Organ Failure Assessment) is often used
- SOFA scoring based upon comorbidities and prognosis for survival
- Other "scarce" resources may include remdesivir, monoclonal antibodies (mAb) that may see triage

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Bioethics and COVID-19

- Non-discrimination laws apply to triage policies
- Applicable to race, color, national origin, disability, age, sex, religion, national origin, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status
- Reaffirmed by March 30, 2020 DHCS/DPH memo

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Bioethics, Person-Centered Care, and COVID-19 Challenges

Thank you for joining us! Any questions?

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