

State Advisory Council on Quality Care at the End of Life Minutes from February 26, 2010 Meeting

Meeting time and place: February 26, 2010, 10:00 a.m., in the Department of Aging's Conference Room, 301 West Preston Street, Room 1007.

Council members present: Ted Meyerson, Chair; Melinda Sauders; Gail Amalia Katz; Catherine Stavely; Gail S. Mansell; Rabbi Michael Safra; Timothy Keay; Paul Ballard (Attorney General's designee); Cari Watrous (Secretary of Disabilities' designee); Karren Pope-Onwukwe (via speakerphone).

Others Present: Arman Davani; Jim DeBoy; Amjad Riar; Phyllis Meyerson

Ted Meyerson convened the meeting at 10:00 AM and welcomed Council members and guests.

Mr. Meyerson noted that the Council's website has outdated biographies of Council members and asked Members to provide updated biographies to Mr. Ballard.

Mr. Ballard discussed the recommendations made by the House Bill 30 workgroup to develop an End of Life Bill of Rights with the Council playing a central role in developing a user guide to accompany the Bill of Rights and pursuing grants to fund an educational campaign regarding end of life care. Mr. Ballard met with Senator Middleton and Senator Forehand regarding the workgroup's recommendations. After the Senators met with Delegate Hammen, it was thought best to wait until the 2011 legislative session to take any legislative action related to the workgroup's recommendations.

Mr. Ballard discussed Senate Bill 812 which concerns disclosure of health care facility's policies and procedures regarding the implementation of advance directives. The Council believed that the bill's provision requiring the facility to notify every patient regardless of the patient's condition regarding the local hospice's phone number was overbroad. The Council was also concerned about the bill's provisions that required a physician to notify a patient about a health care facility's policies and procedures regarding the implementation of advance directives prior to the patient's admission into a health care facility. The Council believed that physicians may not know all the policies of all the health care facilities regarding the implementation of advance directives. With the deletion of these provisions, the Council supported House Bill 812.

Timothy Keay noted that EMS/DNR orders are often discontinued and that EMS/DNR bracelets are routinely cut off once a patient is admitted to a hospital. Mr. Ballard agreed to research the issue and tell the Council whether this

practice was in accordance with the Health Care Decisions Act, which he thought had required that all health care providers to honor EMS/DNR orders whether they were inside or outside a hospital.

Ted Meyerson recommended that the Council take ownership of the House Bill 30 workgroup report and work to implement its recommendations. Mr. Ballard noted that the primary recommendation of the workgroup was to educate the public and practitioners regarding what they should expect for quality care at the end of life and that the proposed Bill of Rights could be the centerpiece of such an educational campaign. He further noted that developing indicators for quality of care at the end of life to measure the success of such educational efforts was critical. Mr. Ballard noted that the Council could play a key role in coordinating the efforts of agencies and organizations to implement the workgroup's recommendations, starting with the education campaign. Mr. Meyerson recommended that the Council reconvene a smaller workgroup and come to an agreement regarding the End of Life Bill of Rights and an educational campaign. The Council agreed to take a leadership role in implementing the recommendations of the House Bill 30 workgroup report's recommendations, beginning with an educational campaign focused on the Bill of Rights. Mr. Meyerson asked for volunteers to work on the project. Rabbi Safra, Gail Katz, and Gail Mansell volunteered to assist with the project.

Gail Mansell noted that the Centers for Medicare and Medicaid Services lack quality indicators. She noted that CMS measure mortalities but that measures regarding the quality of life are rare. Ms. Mansell further noted the financial disincentive to get patients into hospice care and that due to financial disincentives some patients obtain rehabilitation services when hospice services would be more appropriate.

Dr. Keay discussed the development of a Physician's Orders for Life-Sustaining Treatments ("POLST") form in Maryland. Dr. Keay suggested conferring with the Maryland Institute for Emergency Medical Services Systems. Dr. Keay will confirm that the POLST form makes sense in the hospital setting. The Council was supportive of the efforts to develop a POLST form for Maryland that can be used in all health care settings state-wide.

Mr. Ballard discussed vacancies on the Council and stated that there were vacancies for the hospice, nursing home, managed care, and health insurance industry representatives.

No further items of business having been presented, Mr. Meyerson adjourned the meeting at noon.

