

## **State Advisory Council on Quality Care at the End of Life Minutes from December 3, 2004 Meeting**

**Meeting time and place:** December 3, 2004, 10:00 a.m., in the Conference Room of the Department of Aging, 301 West Preston Street, 10th floor.

**Council members present:** Dr. Cynda Rushton, Chair; Ms. Murt Foos; Dr. Timothy Keay; Ms. Catherine Stavely; Mr. Jack Schwartz (Attorney General's designee); Dr. Steven Levenson.

**Others present:** Dr. Patricia Alt; Mr. Steve Buckingham; Mr. Jim DeBoy; Ms. Marcy Gouge; Dr. Lynn Hallarman; Ms. Leslie Piet; Ms. Keshia Pollack; Ms. Fran Stoner.

Dr. Cynda Rushton convened the meeting at 10:05 and welcomed the Council members and guests able to attend at a difficult time of year for meetings. She began by inviting discussion about the October 8 Stakeholders' Summit. Mr. Schwartz distributed a written summary of the event, including a distillation of participants' comments about the Patient's Plan of Care Form (PPOC) and the work of the Council. Council members and others who participated agreed that the Summit was successful, both in attracting a diverse and thoughtful group and, through its format, encouraging their active participation. Dr. Rushton noted that Jean Roesser, Secretary of Aging, had sent her a warm letter praising the work of the Summit's presenters and participants.

Dr. Rushton asked for comments about potential areas of Council focus in light of the Summit. Members responded by noting that, in addition to the professional education efforts that will surround the launch of the PPOC, the Council should focus on raising community awareness and expectations about quality end-of-life care.

Dr. Rushton, noting that the Ethics Framework document discussed at previous Council meetings had been very well received at the Summit, asked if the Council members present supported (i) formal Council endorsement of the Ethics Framework and (ii) a request that the Attorney General's Office take appropriate steps to encourage use of the Framework document by health care facilities. The Council members unanimously indicated that they did. In the absence of a quorum, however, final Council action on this matter will await an e-mail canvass of members.

Mr. Schwartz reported on the status of the new Advance Directive Information Sheet required under House Bill 557 of 2004. The Department of Health and Mental Hygiene, which is responsible for implementing this law, is in the final stages of completing the information sheet itself and will soon meet with Delegate Morhaim, the bill's principal sponsor, to provide him with an update. The Department also is seeking to schedule a meeting within the next month with representatives of the Motor Vehicle Administration

and other agencies, to begin work on a distribution plan.

Mr. Schwartz then shared his current thinking about the content of the PPOC and presented a tentative timetable for implementation, including the time needed to adopt regulations. Under this perhaps overly optimistic timetable, actual use of the PPOC would begin in mid-June 2005. He also distributed a letter from Washington County Cares, a coalition advocating best practices in chronic and end-of-life care, expressing concern that the PPOC, which is neither an advance directive nor a physician's order, nevertheless might be confused for either. Extensive discussion among Council members and guests then took place about how best the PPOC itself and related explanatory material might accurately present the functions of the form: to identify the main goal or goals of care, to relate any decisions about specific life-sustaining treatments to those goals (and to an advance directive, if the patient lacks capacity and has done an advance directive), and to communicate this information in a standardized format. Mr. Schwartz indicated that he would take account of the suggestions at this meeting in preparing a revised draft PPOC for public comment. He expected the revised form to be posted on the Web around December 13. Dr. Rushton and others agreed that the Council should, at its next meeting, focus on how training and other implementation steps related to the PPOC might be used as a fulcrum for improved practices generally regarding care planning for patients with life-limiting illnesses. Dr. Rushton also reminded the Council that the PPOC and its broader planning context are valid concerns for patients across the life span, including children with life-limiting illnesses.

Dr. Rushton informed the Council that the October 10 Pediatric Palliative Care Summit at the Johns Hopkins School of Nursing had been well attended (40+). The participants discussed barriers to quality pediatric palliative care and possible solutions. The October 10 meeting was intended primarily to survey the issues and establish links among those working in the field. The participants agreed to continue to collaborate and will meet again in the spring. A report is in preparation and, after issuance, would be an important topic for Council consideration.

Dr. Rushton then invited any additional comments from members or guests prior to adjournment. Ms. Stoner announced that Dr. Carol Baker, recently appointed as Deputy Secretary of Aging, would serve as Secretary Roesser's designee on the Council. Mr. Schwartz informed the group of a consensus conference on improving end-of-life care, to be held at the National Institutes of Health from December 6 through 8. The Council concluded by scheduling its next meeting for Friday, March 4, 2005, from 10:00 to 12:00. The meeting was adjourned at 11:50.