Quality and Productivity Commission

31st Annual Productivity and Quality Awards Program

"Celebrating Quality Service"

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: MEDICAL DECISION MAKING OF UNREPRESENTED PATIENTS

DATE OF IMPLEMENTATION/ADOPTION: AUGUST 2014
(Must have been implemented at least one year - on or before July 1, 2016)

PROJECT STATUS: X Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

In an effort to make ethically sound, legally viable, medically appropriate, and financially responsible decisions in a timely manner, we developed a new hospital policy and practice that utilizes an interdisciplinary team to make medical decision for patients who lack decision making capacity, do not have advance directive, and no available next of kin. Our interdisciplinary team is called the **Unrepresented Patient Committee;** it is comprised of primary and consulting physicians, nursing staff, a social worker, a chaplain, a bioethics committee member and a physician not involved in the care of the patient acting as the patient's representative. The implementation of this new policy has not only created an avenue for ethical and collective decision making, but has also significantly improved quality and efficiency of medical care delivery, reduced length of stay and decreased healthcare costs.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED **ANNUAL** COST AVOIDANCE	(2) ACTUAL/ESTIMATED **ANNUAL** COST SAVINGS	(3) ACTUAL/ESTIMATED **ANNUAL** REVENUE	(1) + (2) + (3) = TOTAL **ANNUAL** ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$ 577,760	**$ 0**	**$ 0**	**$ 577,760**	☒

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS
Bioethics Committee
Olive View-UCLA Medical Center
14445 Olive View Drive, Sylmar CA 91342

TELEPHONE NUMBER
747-210-4668

PROGRAM MANAGER'S NAME
Saba Syed, MD, Chair Bioethics Committee
Nikhil Barot, MD, Vice- Chair Bioethics Committee

TELEPHONE NUMBER
747-210-4668

SASYED@DHS.LACOUNTY.GOV
NBAROT@DHS.LACOUNTY.GOV

PRODUCTIVITY MANAGER'S NAME AND SIGNATURE
(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)
Gerardo Pinedo

DATE
7.3.17

TELEPHONE NUMBER
213-240-8104

EMAIL
gpinedo@dhs.lacounty.gov

DEPARTMENT HEAD'S NAME AND SIGNATURE
MITCHELL H. KATZ, MD

DATE

TELEPHONE NUMBER
213-240-8105
MKATZ@DHS.LACOUNTY.GOV

We Support Plain Language

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):
NAME OF PROJECT: MEDICAL DECISION MAKING OF UNREPRESENTED PATIENTS

1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success.

Introduction:

Patients who lack decision making capacity and do not have a surrogate decision maker are deemed "unrepresented". When such patients are admitted to the acute medical hospital requiring emergent medical treatments, physicians are able to provide lifesaving measures under the rule of emergency exception with two-physician declaration. Ethical and medico-legal challenges arise when such patients are in need of non-emergent medical interventions and there are no advance directives, no available next of kin to provide guidance regarding the patient's values and beliefs, and no conservator has been assigned to consent on the patient's behalf. In the State of California, hospitals can petition the court under probate code section 3200 to provide temporary authorization to provide certain medical interventions or under probate code section 1820-1835 to appoint a conservator (typically the public guardian) for such patients. Petition 3200 on average takes 30 days and conservatorship takes up to several months. Often unrepresented patients admitted to our hospital are in an urgent need of medical treatments and the court processes are slow and burdensome. This leads to delays in treatment, prolonged hospitalization, worsening of the patient's medical condition, patient suffering, greater need for emergent treatments with higher level of care and overall significant increases in health care costs. Courts often rely on a hospital's bioethics committee to provide guidance in medical decision making. Moreover, California Probate Code Section 4650(c) specifically states: *"In the absence of controversy, a court is normally not the proper forum in which to make health care decisions, including decisions regarding life-sustaining treatment."*

Solution:

In an effort to make ethically sound, legally viable and medically appropriate decisions in a timely manner, we developed a new hospital policy adopting California Hospital Association's (CHA) model policy on health care decision making for unrepresented patients for general acute care hospitals. It utilizes California Health and Safety Code Section 1418.8, which permits skilled nursing facilities to use interdisciplinary teams to make medical decisions for unrepresented patients. Although this Health and Safety code is specifically for nursing homes, many acute care hospitals have increasingly adopted the CHA model policy for acute care patients.

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We are the first LA county hospital to implement this policy and our interdisciplinary team is called the **Unrepresented Patient Committee**; it is comprised of primary and consulting physicians, nursing staff, a social worker, a chaplain, a bioethics committee member and a physician not involved in the care of the patient acting as the patient's representative. This committee convenes on ad-hoc basis and makes treatment decisions for the patient. This committee has the same limitations on medical decision making as an agent appointed pursuant to a power of attorney for health care specified under current California law.

Benefits:
We conducted a 2-year (2015 and 2016) retrospective review of our bioethics logs ascertaining the improvements in the 1) total number of unrepresented patient consults received and 2) average time to convene an unrepresented committee meeting.

Prior to 2015, the court was being petitioned (3200) on average 1-2 times per year. With the implementation of this new policy there was a significant increase in number of unrepresented consults to 20 in 2015 and 19 in 2016. The low number of petition 3200's prior to 2015 likely reflect that either physicians were overestimating patients' decision making capacity and letting them refuse or accept urgent treatments or they were inappropriately utilizing the emergency exception rule (2-physician declaration) to provide treatments. The increase in the number of unrepresented consults in 2015 and 2016 is therefore due to the following. 1) The bioethics committee provided a hospital-wide in-service education to various medical and surgical departments over the course of 2015 and 2016 to increase physician's knowledge of capacity assessment and increase awareness of this new policy. These efforts have resulted in physicians diligently assessing the patient's capacity and exploring avenues for substituted judgment leading to improved patient care. 2) By making the process of convening an unrepresented committee readily available and less cumbersome, physicians choose to utilize it more often than court petition 3200.

Out of a total 39 consults received in 2015-2016, 24 meetings were convened on average within 5.4 days of consult request in 2015 and within 5.8 days of request in 2016. The petition 3200 on average takes 30 days, thus unrepresented meetings led to a significant reduction in the time for decision making resulting in better clinical care and significant reduction in hospital length of stay. Patients were subsequently provided timely medical interventions within an average of 1.8 days in 2015 and 0.8 days in 2016 after the unrepresented meetings.

The average cost of acute medical hospitalization can be from approximately $1,700 (Medi-Cal) to $5,000 (private insurance) per day and up to $10,000 per day for ICU care. If we pick the most conservative number of $1,700 and multiply it by 30 days, waiting for court petition 3200 would increase hospitalization costs by $51,000 per patient.

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

Strategy II.2 – Support the Wellness of our Communities
Unrepresented patients are typically elderly, homeless, mentally disabled or socially alienated. These vulnerable patients deserve the best medical care. Our unrepresented patient's policy provides a venue to provide ethically sound, medically appropriate and timely decisions to help improve the patient's quality of life and prevent suffering.

Strategy III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability
Our unrepresented patient's policy optimizes our efficiency and effectiveness in providing medical care to our most vulnerable patients. It maximizes and leverages already existing resources and avoids costs associated with prolonged hospitalization. Having multiple disciplines participate in the medical decision making encourages accountability and provides safeguards against personal or institutional biases.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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$ 557,760	**$ 0**	**$ 0**	**$ 577,760**	☒

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Cost saving Analysis:

Hospitalization

On average Medi-Cal pays approx. $1,700 per day for an acute medical bed.

Average cost of hospitalization over the time	
Until the Petition 3200 was granted:	30 days x $1,700 = $51,000
Until the unrepresented Patient Committee makes the medical decisions:	5.6 days x $1,700 = $9,520

Cost saving: $41,480 per patient

Cost of counsel

Estimated counsel fee per patient: 10 hours x $500 = $5,000

$500 per hour: Cost for county counsel fee

10 hours: Estimated number of hours needed to file petition 3200

Unrepresented patient committee: $0*

Cost saving: $5,000 per patient

*There is no additional cost to the hospital to convene an unrepresented committee meeting (All the members of the unrepresented committee are full time Olive View employees)

Estimated cost saved per patient: $41,480 + $5,000 = $46,480

ESTIMATED ANNUAL COST AVOIDANCE:

The unrepresented patient committee convened a total of 24 meetings in 2015 and 2016.

$46,480/PATIENT × 24 PATIENTS/ 2 YEARS = **$557,760/ YEAR**