

Prognosis Before Planning

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Disclosures

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No disclosures
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Assumptions

- This is a common occurrence in PALTC
- Everyone of you have dealt with this issue
- And everyone of you have wondered how to best handle this delicate issue
- You have experienced the “Pre-Hospice SNF failure” What were the hospital discharge planners thinking.

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Questions

- What percent of LTC residents have Living Wills?
- What percent of the Public believe CPR brings you back to life?
- What is the difference in ROSC and Recovery?
- What is the CPT code for Advance Care Planning?
- Can a facility be found at fault if Full Code or DNR wishes of resident are not responded to?

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Answers

- 65% have some Advance Directives
- 75% of the Public believe CPR is life restoring
- Return of Spontaneous Circulation in hospital, 39% but half of those died before discharge.
- CPT 99497
- Yes, the facility can be penalized

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How Did We Get Here?

- 1878 CPR could provide some circulation
- 1950s a time of Medical Tech advances
 - Heart monitors, ventilators, defibrillators
- Bethany Medical Center in Kansas City, KS
- Code Blue became the default
- So, today we opt out of CPR

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Responses to the DNR Question

- Is it time?
- Are you just giving up on her?
- Leave it up to God.
- There will be a miracle.
- She prefers to be alive.
- None of that DNR stuff.
- She doesn't get as much care if she is DNR.

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Code Blue Today?

- DNR or Full Code
- DNRO
- DNAR
- AND
- DNI
- DNH
- A la cart menu, no pressors, try it for a while

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Facts About CPR in LTC

- Older residents have lower success rates
- Chronic disease worsens chance of recovery
- 75% of those resuscitated said they would not want CPR in the future.
- Many changed their mind about CPR (26% in ICU)

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DNR, Living Wills, Advance Directives

- DNR
 - Is it current?
 - Is it correct?
- Living wills, Advance Directives, Trust documents
 - DNR, CPR
 - DNI, artificial hydration, nutrition, dialysis, chemo etc.
 - Do documents reflect the “Now” of wishes?

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Do You Know Something We Don't?

- Yes
- Experience and clinical assessment
- C.A.R.I.N.G. criteria
- Palliative Performance Score
- ECOG
- Common sense

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C. A.R.I.N.G. criteria

- C. Cancer, stage iv
- A. Admissions to ER or hospital
- R. Resident of Nursing Home
- I. ICU admission within the past 30 days
- N. Non cancer hospice patient
- G. Guidelines
 - Over 80 matters

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| Palliative Performance Scale | | | | | |
|------------------------------|------------|-----------------------|---------------|--------------|----------------|
| Level | Ambulation | Dz Activity | Self Care | Intake | Conscious |
| 100% | Full | Normal activity, work | Full | Normal | Full |
| 90% | Full | Normal with some dz | Full | Normal | Full |
| 80% | Full | Activity with effort | Full | Normal/less | Full |
| 70% | Reduced | Unable | Full | Normal/less | Full |
| 60% | Reduced | Unable | Help needed | Normal/less | Full/perplexed |
| 50% | Sit/lie | Dz exhaustion | Help Required | Normal/less | Full/perplexed |
| 40% | Mostly Bed | Extensive Disease | Major Assist | Normal/less | Dull/confused |
| 30% | Bed bound | Extensive Disease | Total Care | Normal/less | Dull/confused |
| 20% | Bed bound | Extensive Disease | Total Care | Minimal/sips | Dull/confused |
| 10% | Bed bound | Extensive Disease | Total Care | Mouth care | Coma/confused |
| 0% | Death | | | | |

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ECOG

- Eastern Cooperative Oncology Group
- 0. No symptoms
- 1. With symptoms but up and around
- 2. Ambulatory but weak, independent ADLs
- 3. Symptomatic, bed or chair bound, ? ADLs
- 4. Bedbound, total care
- 5. Death

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What Can We Do?

- Affirm and Validate without optimism
 - Lovely lady and family
 - Let's see what we can do together
- Defeat Denial
 - Ask, don't tell
 - Residents calendar of decline
- Substituted Judgment
 - What would resident want, not what would you want

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What to Document?

- Advance Care Planning
- Reflects current condition and wishes
- Family, surrogate, guardian endorsement
- Make it known
 - Red dot or blue dot
- All shifts awareness

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What to Bill?

- ACP, Advance Care Planning
 - Face to face with resident or surrogate
 - Condition, prognosis, options of care going forward
- 99497
 - 30 minutes or majority of 30 minutes (16 minutes)
 - Up to 3 times a year
- 99498
 - Additional 30 minutes or majority of time (46 minutes)

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Questions, Comments

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Thank you

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References

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