The Organization and Patient Care:

Mission Decisions Under Fire

19th Annual Kinsman Conference
Bridget Carney, PhD, RN
April 17, 2009
Setting the Context

– We are health care organizations working to:

  • carry out our Missions,
  • live our values,
  • provide quality patient care,
  • contain costs and

– Do this all in the midst of a severe recession.

– We are confronted with challenges that have the potential to put our Missions, our values and our “margins” at risk.
Mission Decisions Under Fire

- As health care organizations faced with organizational decisions that will impact patient care, employees, and the community, how do we respond?
  - What happens to the most vulnerable populations?
  - How do we balance the good of the organization with respect for human dignity/human rights, and the common good in providing patient care in the communities where we serve?
Living the questions...finding answers...
each in our own context

Every health care organization has its own Mission and values with different priorities.

How does your healthcare organization respond to the needs of the poor and vulnerable when “under fire”?
One System’s Response

• PeaceHealth is...

– A Catholic Health Care System with a Mission to serve the health care needs of the communities where we are located, with a particular commitment to providing care to the poor and vulnerable.

When faced with the current economic context, how do we balance mission and margin? How do our mission decisions fair under fire?
Who Are We?
We Begin with This…..

➢ Mission

We carry on the healing mission of Jesus Christ by promoting personal & community health, relieving pain & suffering, and treating each person in a loving & caring way.

➢ Values

— Respect for Human Dignity
— Stewardship of financial, human, and environmental resources
— Collaboration internally and externally
— Social Justice
### Strategic Priorities

| MISSION: | We carry on the healing mission of Jesus Christ by promoting personal & community health, relieving pain & suffering, and treating each person in a loving & caring way. |
| VISION: Every PeaceHealth patient will receive safe, evidence-based, compassionate care; every time, every touch. |
| CORE VALUES: Respect, Collaboration, Stewardship and Social Justice |

#### Strategic Priorities (2007-2012)

<table>
<thead>
<tr>
<th>Mission, Culture &amp; People</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a team of inspired caregivers, we will deliver high value, exceptional medicine and compassionate care</td>
</tr>
<tr>
<td>- HR Delivery Initiatives</td>
</tr>
<tr>
<td>- Service Center</td>
</tr>
<tr>
<td>- HRIS</td>
</tr>
<tr>
<td>- Caregiver Scheduling &amp; Timekeeping</td>
</tr>
<tr>
<td>- Applicant Tracking System</td>
</tr>
<tr>
<td>- Standardization, Job Relationship Framework</td>
</tr>
<tr>
<td>- Leadership Strategy</td>
</tr>
<tr>
<td>- Ministry Formation</td>
</tr>
<tr>
<td>- Engagement</td>
</tr>
<tr>
<td>- Continuous Improvement / Mini-ATP</td>
</tr>
<tr>
<td>- Leading Transformational Change</td>
</tr>
<tr>
<td>- Succession Planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safe &amp; Clinically Effective Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will do no harm &amp; deliver the best possible outcomes</td>
</tr>
<tr>
<td>- Clinical Improvement Model</td>
</tr>
<tr>
<td>Key Quality &amp; Safety Initiatives:</td>
</tr>
<tr>
<td>- Safe and Reliable Care</td>
</tr>
<tr>
<td>- Preventing Infections and Medication Harm</td>
</tr>
<tr>
<td>- OB Safe Care</td>
</tr>
<tr>
<td>- Perioperative Safe Care</td>
</tr>
<tr>
<td>- Patient Involvement</td>
</tr>
<tr>
<td>- Superior Clinical Outcomes</td>
</tr>
<tr>
<td>- Process Design and Improvement</td>
</tr>
<tr>
<td>- Palliative Care</td>
</tr>
<tr>
<td>- Clinical Protocols and Guidelines</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinician Partnership &amp; Planned Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will promote clinician partnership and coordinated care in the delivery of patient-centered team medicine across the continuum</td>
</tr>
<tr>
<td>- Medical Group Development</td>
</tr>
<tr>
<td>- Planned Care</td>
</tr>
<tr>
<td>- Primary Care Clinical Improvement Model</td>
</tr>
<tr>
<td>- Standard clinical policies and procedures</td>
</tr>
<tr>
<td>- Protocols / Guidelines</td>
</tr>
<tr>
<td>- Outcomes measures and targets</td>
</tr>
<tr>
<td>- Patient Experience</td>
</tr>
<tr>
<td>- Interdisciplinary teams</td>
</tr>
<tr>
<td>- Clinical redesign (DCOP+)</td>
</tr>
<tr>
<td>- Patient Portal</td>
</tr>
<tr>
<td>- Patient Engagement</td>
</tr>
<tr>
<td>- Incentive Alignment &amp; Regulatory Reporting</td>
</tr>
<tr>
<td>- Information Systems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Growth &amp; Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will assure our community through growth, innovation and financial strength</td>
</tr>
<tr>
<td>- Growth Strategies:</td>
</tr>
<tr>
<td>- Foundation &amp; Philanthropy Growth</td>
</tr>
<tr>
<td>- Internal &amp; External Growth</td>
</tr>
<tr>
<td>- OML Expansion</td>
</tr>
<tr>
<td>- RiverBend</td>
</tr>
<tr>
<td>- Innovation Strategies:</td>
</tr>
<tr>
<td>- Annual Innovation Summit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will deliver our promise of exceptional medicine and compassionate care at a reasonable cost</td>
</tr>
<tr>
<td>- Support Services Transformation:</td>
</tr>
<tr>
<td>- Comprehensive Assessment</td>
</tr>
<tr>
<td>- Coordinated Multi-year Support Service IS Support Plan</td>
</tr>
<tr>
<td>- Multi-year Integrated &amp; Sequenced Performance Improvement Plans</td>
</tr>
<tr>
<td>- Improvement Initiatives (FY08):</td>
</tr>
<tr>
<td>- Cost Accounting Improvements</td>
</tr>
<tr>
<td>- PFR Delivery Model</td>
</tr>
<tr>
<td>- Payroll Delivery Model</td>
</tr>
<tr>
<td>- Supply Chain IT Plan</td>
</tr>
<tr>
<td>- HR Delivery (See Culture &amp; People)</td>
</tr>
<tr>
<td>- PeaceHealth Facilities Plan</td>
</tr>
</tbody>
</table>

#### Technology - Enabled Clinical & Operational Improvement

- Carecast
- CPOE
- Decision Support/Clinical Informatics
- OR, Critical Care, CV & OB Systems
- Ambulatory EMR, supports
  - Planned care
  - Medical Group development
  - Patient Portal
- RiverBend
- Supply Chain Information System
- HRIS
PeaceHealth: Where Are We?

A comprehensive, not-for-profit Catholic healthcare system

Southeast Alaska Region
• Ketchikan General Hospital (25)
• PeaceHealth Medical Group
• New Horizon Transitional Care Unit (29)

Alaska

Whatcom Region
• St. Joseph Hospital (253)
• PeaceHealth Medical Group
• Mt. Baker Imaging (HV-JV)

Bellingham, WA

Lower Columbia Region
• St. John Medical Center (346)
• PeaceHealth Medical Group

Longview, WA

Siuslaw Region
• Sacred Heart RiverBend (386)
• Peace Harbor Hospital (21)
• PeaceHealth Medical Group

Florence, OR

Oregon Region
• Sacred Heart – RiverBend (386)
• Sacred Heart – University Dist. (104)
• PeaceHealth Medical Group
• Cottage Grove Community Hospital (14)
• Oregon Imaging Center (HV-JV)
• WV Cancer Center (HV-JV)

Eugene, OR

Washington


“Ethics is how we behave when we decide we belong together.”

Br. David Steindl-Rast
Complexity of Ethical Decision Making

Clinical

Organizational

Process Complexity

Elements increasing need for infrastructure

• Complexity of diagnosis and prognosis
• Competency of patient
• Relationships / Family
• Culture of patient and staff
• Ability to pay
• Existence of organizational policies

Process Complexity

Elements increasing need for infrastructure

• Number of people/group impacted
• Length of impact
• Number of dollars
• Past commitment & closeness to core values
• Relation to strategic direction
Ethical Discernment Process

• **Purpose:** to integrate an explicit ethical reflective process at all levels of the organization to help ensure mission fulfillment and accountability

• **Process**
  – Describe the proposed initiative in detail
  – Identify additional information not presently available which may be necessary to evaluate the proposed initiative
Ethical Discernment Process

• Process
  – Evaluate whether:
    • The initiative is consistent with the mission and values of PeaceHealth regionally and as a system
    • The initiative is responsive to the interests of our multiple stakeholders
    • The initiative is responsive to the needs of the community
Ethical Discernment

1. What is the question?
2. Who is the decision-maker?
3. Parameter of impact
4. Stakeholders
5. Information available and needing to be gathered
6. Priority Principles/Values/Commitments
Ethical Discernment

7. Options
8. Benefits and burdens of options for key stakeholders
9. Reflection time
10. Identification of option by decision-maker(s).
11. Implementation with mitigation of harm to key stakeholders as possible
Maybe you should try breaking it down to a few specifics!

Moses and the first draft
Three Stories of Mission Decisions Under Fire

• Case #1 Bed Availability and Transfers
• Case # 2 Charity Care (Bridge Assistance)
• Case # 3 Building a Critical Access Hospital
Case #1

A Tale of One Hospital and Two Campuses:

Bed Availability and Transfers
A Tale of One Hospital and Two Campuses: Bed Availability and Transfers

- University District Campus (UD)
- Formerly Sacred Heart Hospital
- 104 bed specialty hospital
- Emergency Department
- 97 million dollar renovation plans put on hold.
A Tale of One Hospital and Two Campuses: Bed Availability and Transfers

- RiverBend (RB) opened August 10, 2008
- A comprehensive regional medical center
- 386 private rooms
- 181 acres on McKenzie River East, Springfield, Oregon
A Tale of One Hospital and Two Campuses: Bed Availability and Transfers

Two Campus Strategy Task Force: Ethical Discernment

– **Initial question**: Can we divert medical patients to UD Campus so as to save cardiac and surgical beds at RB Campus for only cardiac and surgical patients?

– **Revised Question**: Where best to provide the highest quality inpatient care to medical patients in the Eugene-Springfield area in light of our mission, values, vision, and strategic plan?
A Tale of One Hospital and Two Campuses: Bed Availability and Transfers

- Ethical Discernment Process undertaken
- Meetings held with physicians, EMT’s, Emergency Department staff, and administration
- Policy on Intercampus Transfers revised.
A Tale of One Hospital and Two Campuses: Bed Availability and Transfers

• **Intercampus Transfer Policy:**

  – Last surgical and cardiac bed can be blocked for potential surgical and cardiac patients

  – Medical patients will be placed/transferred to either RB or UD campuses based upon:

    • Medical necessity regarding level of acuity
    • Hospital based capacity and capability
    • Hospital necessity based on community need to assure that safe, quality care is provided through the ready availability of medically appropriate in-patient beds in each facility
    • Patient informed preference
Case # 2

Charity Care (Bridge Assistance)

Finding the Right Balance
Charity Care (Bridge Assistance)

Finding the Right Balance

• Regional concerns were being raised regarding what we cover and who we cover with our Bridge Assistance Program

• Concerns expressed that we are “giving away the farm” to people who did not “deserve” it.

• Requests for coverage of services not currently covered by our Bridge Assistance Program
Charity Care (Bridge Assistance)

Finding the Right Balance

• Individuals seeking Bridge Assistance who were outside primary and secondary service areas

• Increasing patient population with chronic, long term care needs

• Increasing % of budget being spent on Bridge Assistance and increasing annual charity care write off.
Finding the Right Balance...

• “Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.” - Rev. M. L. King

• Sending someone to bad debt who should have received charity is as much an injustice as giving someone charity who shouldn’t have received it.
Charity Care (Bridge Assistance)

Finding the Right Balance

System-wide ethical discernment on PH’s Bridge Assistance Program

– Grounded in our Mission, values, vision, and strategic plan, how do we determine covered services for our charity care (Bridge Assistance) patients?
Bridge Assistance Key Components

• **Who is covered?**--Program administration

• **What is covered?**--Utilization management

• **How is care provided?**--Care management
The Hard Choices:
Refining Our Commitment

• Equitable distribution of uncompensated care throughout the system
  – Equity is not the same as equal

• Standardization of program administration, utilization management, and care management
  – When to allow customization?
Charity Care (Bridge Assistance)
Finding the Right Balance

Conclusions from the Bridge Assistance Ethical Discernment

• Provide Bridge Assistance for medically necessary services

• *Patients who reside outside PeaceHealth's service area are not eligible for Bridge Assistance, except under specific circumstances*
Charity Care (Bridge Assistance)

Finding the Right Balance
Conclusions from the Bridge Assistance Ethical Discernment

• Maintain current discounting practices for those who have incomes up to 400% of the Federal Poverty Level

• Continue to provide charity care without requiring a co-pay

• Develop pilots of innovative care management models as appropriate for Bridge patients where the care is deemed equal to or superior to usual care
Charity Care (Bridge Assistance)  
**Finding the Right Balance**

Conclusions from the Bridge Assistance Ethical Discernment

- Establish a list of covered and non-covered procedures

- Establish a Bridge Assistance Review Committee (BARC) which oversees requests for non-covered procedures and provides a process for review of requests for changes.
Case # 3

Building a Critical Access Hospital

“Collaborating with a Community”
Building a Critical Access Hospital
“Collaborating with a Community”

- San Juan Island County Hospital District Board approached PeaceHealth, asking to collaborate with us to create a vision for providing high quality island healthcare in the midst of challenging times.
Building a Critical Access Hospital
“Collaborating with a Community”

No room for expansion of service or facilities

- Inter Island Medical Center (IIMC) current financial model is not sustainable in the long run

- Infrastructure of the IIMC is 35 years old and in need of major repairs

- Diagnostic equipment is out of date and cannot interface with current technology
Building a Critical Access Hospital
“Collaborating with a Community”

• No room for growth—yet...

  – SJI population is almost 16,000 people and expected to grow more than 8 percent during the next five years. Population increases seasonally with tourists.

  – With expectation of a 36 percent increase in population between 2008 and 2035.
Building a Critical Access Hospital
“Collaborating with a Community”

• No inpatient services currently available—
  – The Washington State Department of Health classifies San Juan County as having the worst access to inpatient care of any county in the State as measured by the distance from the county to the nearest acute care facility.
  – Need for a critical access hospital (CAH) and clinic in Friday Harbor
Building a Critical Access Hospital
“Collaborating with a Community”

The Whatcom Region Board needed to do a formal ethical discernment:

Will owning and operating a new Critical Access Hospital and Clinic on San Juan Island further the Mission, Values, Vision and Strategic Plan of PeaceHealth in Whatcom Region?
Building a Critical Access Hospital
“Collaborating with a Community”

• Finding an answer:
  – SJI Community Forums

  – District Hospital Meetings with consideration of multiple options

  – Needs assessments and stakeholder interviews

  – Business planning

  – Community engagement and collaboration

  – Engagement of outside consultants
Building a Critical Access Hospital
“Collaborating with a Community”

• **Benefit of this Collaborative Relationship**

  – Assurance that islanders will receive quality care into the future and long-term financial stability

  – Expansion of services on the island, so islanders do not have to go “off island”

  – State-of-the-art facility, equipment, and technology

  – Fifty year renewable contract—this is meant to be a long term relationship
Building a Critical Access Hospital
“Collaborating with a Community”

- **Decision Made:** Contract between the San Juan County Public Health District #1 and PH to build an Integrated Medical Center ($10 million from community and $20 million from PH).

  - 10-bed CAH with 24 hour emergency room
  - State-of-the-art medical, diagnostic and imaging equipment and electronic medical record
  - Clinic services with some visiting specialist
Conclusion
Mission Decisions Under Fire

- PeaceHealth has its process for discerning how best to live its Mission “under fire”. It is not a perfect system. It has process improvement opportunities.

- An ethical discernment process does provide an explicit process for assuring Mission integration and fulfillment.

- The ethical discernment tools PH uses are easily transferable to other organizations and not limited to a Catholic healthcare facility.
Mission Decisions Under Fire

- More specifically:
  - Every Health care organization has variable Mission driven commitments to providing health care services to the poor and vulnerable.
  - What is your organization’s Mission and its commitment to providing for:
    - the poor and vulnerable?
    - community benefit?
  - What organizational ethics process do you have in place for addressing your Mission driven decisions under fire?
Questions/Comments