



End of Life Minutes - September 10, 2009

11:00 – 1:00 PM Board Room

Attendees: Dr. Manoj Jain (MQI), Renee' Frazier (Executive Director, Healthy Memphis Common Table), Dr. Clay Jackson (Methodist Hospice & Palliative Services), Sally Aldrich (Administrator/CNO Methodist Home Care, Hospice & Palliative Services), Karen Troutman (Development Executive, Methodist Hospice and Palliative Services), Kaye Beard, RN (Baptist Palliative Care Services), Jane Owen, APN (Methodist University, Palliative Services) Dr. Paul Doutitt (CMO Methodist Germantown), Dr. Robin Womedeau (CMO Methodist University) Dr. Lee Schwartzberg (Chairperson, Tennessee Comprehensive Cancer Coalition & The West Clinic), Dr. George Mayzell (Methodist Healthcare Senior VP, Chief Patient Care Officer), Pat Bader (Representing Long Term Care Community)

Absent: Dr. Christian Patrick (CMO Baptist, Dr. Robert Burns (Medical Director, Crossroads Hospice), Jeri Ashley, RN (Administrative Director, Baptist Trinity Hospice) and Dr. Scott Morris (Church Health Center)

- Introductions
- Brief overview of MQI over the past 5 years (oncology care, sepsis, hand hygiene, etc.)
 - Overall goal was to improve patient care by using quality measures
 - 4 board members to direct and oversee activities brought together a team of people: the steering committee
 - "Content is only as good as the people on the committee," Manoj Jain.
- Strategic Question: What are the issues that Palliative care services face currently in Memphis and what can we do as a committee to address these topics?
 - Patient referrals come late
 - We need more collaborative care (open access model) approach to hospice care
 - Educate the public
 - Integrating palliative care earlier at the hospice level
 - The variation in the culture of MD's create differences in approaches to care
 - Impacts of healthcare reform
 - Possibility of creating ethics councils to facilitate communication and not just decision making
 - Divide exists in understanding the big picture of the Doctor-Patient communication system
 - We need to accurately identify the trajectory of illness
 - Utilize a Palliative Performance Scale to predict need of Palliative care referral and predict patients' prognosis