National Office: Current State.

June, 2022

CommonSpirit™

Day 1

Overview:

Identified are strategic areas of focus and key initiatives (dated 5/26/2021) to create foundations within the CommonSpirit Health Mission Innovation, Ethics and Theology program.

- National Division VP of Ethics Roles began in January, 2022
- System CSH VP Theology and Ethics role began April, 2020
- CommonSpirit Health created in February, 2019
- www.missiononline.net began 2017
- First EthicsLab podcast posted in September, 2017

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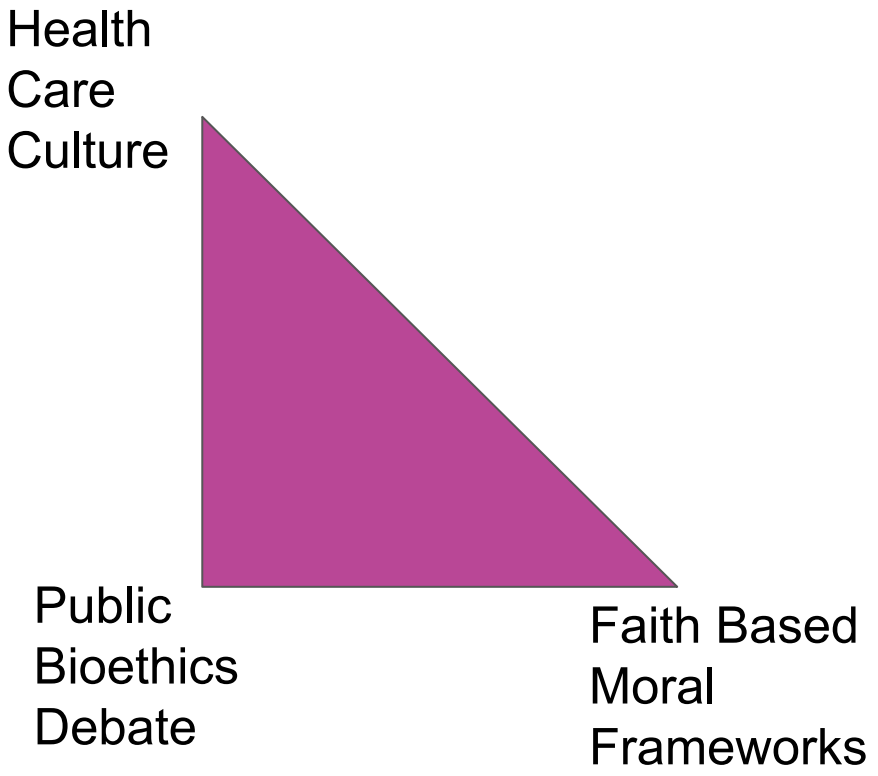
“Called to Lead”: Practical Wisdom Applied to Tough Choice Dilemmas

CommonSpirit Health is a Catholic health care ministry, created with faith based entities and entities from unique community traditions. We strive to be prudent as we apply moral principles, discerning frameworks and moral imagination to the most challenging clinical, organizational and social dilemmas (large and small).



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Sections

1. Data
2. Education
3. Consultation
4. Theology/Church Relations
5. Ethics Infrastructure
6. Partners
7. Organizational Ethics
8. Partnerships
9. Parking Lot

Data

1. Ask committees to start tracking date of consult request, MRN, and encounter number
2. Ethics Consult Capture EHR (Becket)
3. Return on Investment on Services
4. REDCap (System Data) (Lori)
5. Ethics Quality Improvement Assessment (Crowe) (Kevin)
6. Predictive Modeling Spread

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Education

1. Get EthicsLab podcasts caught up
2. Consult Booklet (digital copy/app) (Becket and Russ)
3. Formation Programs?
4. Organizational Learning and Development?
5. Template policies
6. DHI – International Education
7. ERDs Interpretation Initiatives
8. Advocacy groups framing the ERDs
9. Cataldo article on 2018 responsum
10. ERDs and transgender care
11. Prescribing contraceptives
12. Outward communication regarding growth

1. EthicsLab In Depth and Laboratorio de Bioética
2. Clinical Ethics Intensive
3. EthicsLab Podcast
4. ELE (CME)
5. Mission Innovation Podcast
6. Ethics Innovation Conference (CHIEF)
7. Ethics and Discernment Training for Mid-Level Leaders
8. Ask committees to start tracking date of consult request, MRN, and encounter number
9. Ethics Consult Capture EHR (Becket)
10. Return on Investment on Services
11. REDCap (System Data) (Lori)
12. Ethics Quality Improvement Assessment (Crowe) (Kevin)
13. Predictive Modeling Spread

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Consultation

1. Virtual Consultation
2. Clinical Ethics Committee Structure and Competence
3. Integrate ethics into CSH Virtual Health Platform
4. Direct to Patient Programs
5. Research Ethics
6. CIRI
7. Post-vaccine COVID issues

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Theology/Church Relations

1. ERD conversations with Dioceses (Kevin)
2. Moral Analysis (Kevin)
3. Canon Law (moving to legal)
4. Bishops Strategy
5. Advocacy Groups: CHA, NCBC, Catholic Medical Association
6. Provide philosophical and theological mental model support for national office departments and campaigns

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Ethics Infrastructure

1. Ethics Infrastructure Division Roles
2. Entry level ethics role
3. Standard expectations for Division Ethics Role
4. Create and fill ethics roles into all Divisions with ROI data
5. Ethics Pipeline:
6. Expand internships to add new universities
7. Ethics Fellowship
8. Platforms:
9. Social Media (Russ)
10. Website (Russ)

1. Podcast Infrastructure (Russ)
2. Centralize Ethics Practice (e.g. Crisis Guidelines)
3. Outline elements to standardize based on Self-Assessment
4. Assess Clinical Ethics Internal Committee Competence
5. Identify best practices (Lori)
6. Standardize best practices to raise quality (Lori)
7. CSH Ethics Network
8. Ethics mentors in key facilities, Divisions, and departments
9. 6 policy templates
10. Research and Publication Efforts

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Partners - Covid acceleration

1. Engage with CMOs and CNOs in clinical ethics strategy
2. Use COVID ethics group as an ethics council or interdisciplinary strategy partners
3. Legal (work together in a more intentional way) Elaine
4. Quality (Patient Experience - Camille Haycock)
5. Patient Safety (Barbara Peletreau)
6. Clinical Excellence

1. Marketing and Communications (Mark Klein)
2. Diversity, Belonging, Inclusion
3. Organizational Development
4. Formation (Kyle Klosterman)
5. Compliance
6. External Networks (Kevin):
7. Conferences (ASBH, ICCEC, Unconference)

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Organizational Ethics

1. Ethics Discernment Process (graphic design and socialize)
2. Organizational:
    a. Growth
    b. Standard ERDs language for contracts
    c. Outsourcing
    d. HR Policy from CST lens
    e. SR investing

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Population Health

1. AI, Big Data, and Algorithms (Kevin)
2. Population Health Ethics Structures
3. Integrate with virtual care visits
4. Engage with Diversity, Inclusion, Equity, and Belonging
5. Public engagement on ethics initiatives

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Parking Lot

1. Consult Request Algorithm Pilot [Consultation]

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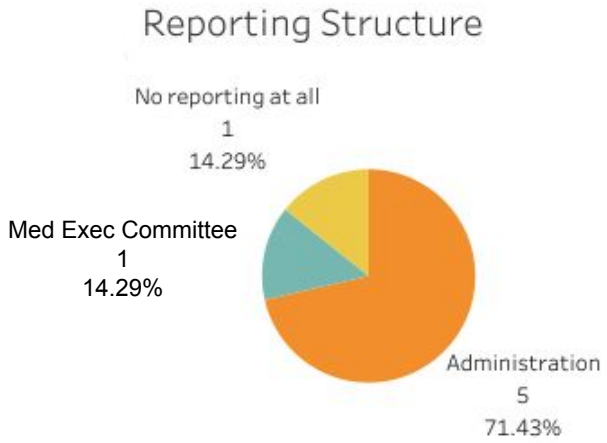
Current State - Southeast Division

7 Ethics Committees

17 Hospitals

4 states



Current State - Southeast Division

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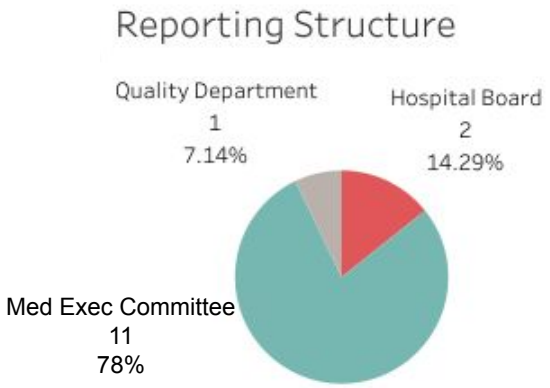
Current State - Southern California Division

16 Ethics Committees

19 Hospitals



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Current State - Southern California Division

Current State - Northern California Division

15 Ethics Committees

23 Hospitals

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Current State - Northern California Division

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Day 2

Day 3

Demonstrating Value

Has precedent and success

No precedent or success

Clinical ROI

1. **O/E LOS variance**
2. **O/E readmission rate**
3. **Contribution margin for early (first 48hrs) and late (after 48hrs) consults**
4. **Consults that led to discharge x ICU cost of 1 day**
5. **# of education participants x 0.2 x cost of 1 hospital day**
6. **ICU only? Whole house? Exclude obs, ED, and L&D?**
7. **Ambulatory?**
8. **Population health?**

Non-clinical things

1. **Organizational ethics?**
2. **Church relations?**
3. **Legal questions? Lawsuits avoided?**
4. **Others?**

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1-2 Repenshek
3 Homan
4-5 Webster

Consults before 5 days have smaller variance by 31 days

Days from Admit to Consult	CommonSpirit All Inpatients Ethics Consults (n=128)		
	Observed	Expected	LOS Variance
< 1	8.00	8.34	-0.34
1–5	11.06	10.98	0.07
6–10	14.55	11.96	2.59
11–15	26.25	9.04	17.21
> 15	50.22	18.28	31.94

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All ethics consults from 10/2019 to 12/2020
Midwest Division, SJRMC Phoenix, BSL & SJB Texas

Consults before 10 days have smaller variance by 30 ICU days

Days from Admit to Consult	CommonSpirit ICU Only (n=96)		
	Observed	Expected	LOS Variance
< 1	7.33	10.73	-3.40
1–5	12.22	11.84	0.38
6–10	14.80	14.18	0.62
11–15	29.50	10.93	18.57
> 15	50.22	19.51	30.71

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All ethics consults from 10/2019 to 12/2020
Midwest Division, SJRMC Phoenix, BSL & SJB Texas

Readmission rate cut by 57%

	CommonSpirit (n=137)		
	Observed	Expected	O/E Ratio
% of patients with 30 day readmit	2.9%	6.71%	0.43

Not including OB consults

Discharge Location		
Died	69	50%
Home/Self	22	16%
Hospice	15	11%
Rehab	1	1%
SNF/LTACH	24	17%
Transfer	6	4%
Total	137	100%

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Higher Contribution Margin for Early Consults with Non-Commercial Payors

	All Payors (n=140)		Medicare, Medicaid, and Self Pay (n=114)	
Days from Admit to Consult	Avg Contr Margin	Avg Direct Variable Cost	Avg Contr Margin	Avg Direct Variable Cost
2 days or less	$9,110.48	$20,161.63	$8,563.31	$20,181.50
More than 2 days	$15,880.24	$82,372.70	$(884.66)	$74,978.30
Difference	$(6,769.76)	$62,211.07	$9,447.97	$54,798.80

Commercial	25	17.86%
Medicare	74	52.86%
Medicaid	26	18.57%
Self pay	14	10.00%
Other government	1	0.71%

Not including OB consults

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Bioethics Quality in the Clinical Setting

	2018	2019	2020
All-in-Agreement To limit ICU Treatment	33	39	16
ICU Cost per day* **based on 2018 cost*	$5,800	$5,800	$5,800
Total	**$191,400**	**$226,200**	**$92,800**
Total # **Discharge Cases**	165	73	25
Discharge Occurred with All-in-Agreement	77.3%	63.6%	67.4%
Hospital Cost per day* **based on 2018 cost*	$2,500	$2,500	$2,500
Total	**$318,862.50**	**$116,070**	**$42,125**
ICU & Discharge Total	**$510,262.50**	**$342,270**	**$134,925**

Bioethics Education in the Clinical Setting

	2018	2019	2020
Educational Events	11	19	32
People Involved/Trained *Approximating 30 people per event*	11 x 30 = 330	19 x 30 = 570	32 x 30 = 960
# who use information *(1 in 5 in class or 20%)*	330 x 20% = 66	570 x 20% = 114	960 x 20% = 192
Recommend limits Once per year	66	114	192
Hospital Cost per day* **based on 2018 costs*	$\frac{\$5800\,(ICU\ day) + \$2500(hospital\ day)}{2} = \$4150$ aver. cost		
Yearly Cost Savings	**$273,900**	**$473,100**	**$788,500**
Aggregate total savings if 50% persons stay and use once per year	-	*$610,050*	*$1,170,300*

Day 4

Topics to Cover on Day 4