

End of Life Care

Did you know?

Inpatient mortalities are tracked and publicly reported by CMS.

- Patients **enrolled** in a Medicare hospice program prior to admission or **within the first day of admission** are exempt.
 - Terms such as *comfort care*, *DNR/DNI* and *poor prognosis* **DO NOT** qualify for this exemption (but may risk adjust).
 - Statements and/or orders, such as *will consult palliative care* or *will consult hospice*, **DO NOT** qualify for this exemption.

- Medicare's mortality metrics are risk adjusted based on the patient's comorbidities (coded diagnoses).
 - Therefore, it is critical to ensure patients who are not going to survive a given hospitalization have **all disease processes** appropriately described.
 - **DO NOT** decrease the amount of documentation because the patient is on or will be transitioned to comfort care.
 - **DO** propagate all diagnoses from the time of admission through the entire record to the D/C summary **regardless of when** the patient was transitioned to comfort care.
 - Ex: ICU transfers after aggressive interventions have been withdrawn.
 - **DO NOT** forget to capture diagnoses as new conditions develop while a patient is on comfort care.
 - Ex: Comfort care patient becomes tachypneic with labored respirations and low oxygen saturations two days before they pass. Assuming you treat this situation (i.e. *increase the morphine*), this patient is accurately diagnosed as having **acute respiratory failure**.