Albert Einstein Healthcare Network

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ALBERT EINSTEIN MEDICAL CENTER RESPONSE TO PHC4

Albert Einstein Healthcare Network

Albert Einstein Medical Center

Belmont Behavioral Health

Germantown Community Health Services

MossRehab

Willowcrest

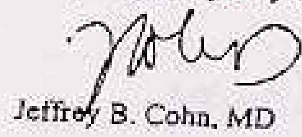
Willow Terrace

Quality healthcare can be analyzed in many ways. For example, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) looks at various processes of care that if utilized may optimize outcomes for patients. The Leapfrog Organization is focusing on specific patient safety practices that, if implemented by hospitals, may lead to a reduction in preventable errors and improved patient outcomes.

Analysis of inpatient mortality is another way of viewing quality in healthcare. However, the factors that lead to a patient dying in the hospital are quite varied, including the severity of the patient's underlying illness(es), the treatment they receive, and their preferences regarding the care they receive. Systems have been developed that attempt to "risk-adjust" patients' presentations with specific diseases in an attempt to compare their outcomes. The evidence to support the utility of these risk adjustment methodologies is controversial, and some feel that these tools should be used only for internal quality improvement efforts rather than for external reporting and comparison. None of the risk adjustment methodologies take into account all of the relevant clinical features of a patient's presentation.

For example in 2001, forty-six patients died at Albert Einstein Medical Center (AEMC) with a final diagnosis of sepsis. A review of the care of all of those patients by the Quality Management Department and the Department of Medicine at AEMC has not demonstrated any deficiencies in the delivery of care to these patients. Rather, it has revealed that the patients who are dying of sepsis typically have another underlying untreatable, fatal illness. Patients with incurable illnesses often die of infections as their terminal event. At AEMC the patients, their families, and their caregivers recognize that this admission is going to be the final event in the process of their terminal disease (cancer, severe dementia or something equally life-threatening). They are allowed to die naturally and with dignity, receiving high-quality end of life care. The fundamental contradiction that exists here is that patients receiving high-quality care as they are dying of their fatal illness should not be viewed as receiving poor quality care because they died.

Further review of the Einstein deficiencies cited reveals that the report underestimates the effect of the patients' and/or the families' request for nonaggressive care, among other factors, on outcomes. We propose that management in accordance with the patient's/family's wishes in these situations exemplifies the provision of **high-quality** care, not poor quality care.



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