

**To Be or Not To Be is NOT the Question:
Caring for Patients with Advanced Illnesses**

Program Test

In order to receive credit, please answer the entire program test, post evaluation form, and return via email to Gwen.Hunt@rwjbh.org or fax to 732-557-8935. **Circle correct answer.** Mark answers clearly.

1. According to the Dartmouth Atlas of Health in 2014 New Jersey ranked last in the United States including Washington DC
 - a. in the number of hospital days per decedent in the last six months of life
 - b. in Medicare spending and resource inputs during the last two years of life
 - c. the number of days spent on hospice at the end of life
 - d. the percentage of deaths associated with admission to the Intensive Care Unit

2. The New Jersey Governor's Advisory Council of End of Life Care issued a report in Nov. 2018. All of the following were outcomes of the report **EXCEPT**:
 - a. creation and funding of palliative medicine fellowship spots
 - b. facilitate the integration of palliative care and standardized screening tools across the continuum of healthcare in the state
 - c. ability of physicians to not provide futile care to patients when the family insists on such care
 - d. allow mobile intensive care paramedics to provide non-emergency home visits to patients with chronic and serious illnesses who need palliative care and do not qualify for homecare or hospice services

3. Regarding Code Blue events at Community Medical Center from 2016 to 2017 which of the following statements is true?
 - a. survival of coded patients to discharge rose because the nursing staff received intensive training on new interventions to employ during a code for hospitalized patients
 - b. survival of coded patients to discharge declined because staffing on the units where the codes occurred were suboptimal at the time of the code blue
 - c. survival of coded patients to discharge rose because we began having better conversations with patients and families when survival was unlikely
 - d. the percentage of patients who were coded between the ages of 81-100 declined from one year to the next due to better conversations about coding the elderly with advanced illnesses