

Board Retreat 2025

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CASSANDRA SHAFFER JOHNSON

Steve Jobs, Think Different 1997

"To me, marketing is about values. This is a very complicated world; it's a very noisy world. And we're not going to get a chance to get people to remember much about us. No company is. And so we have to be really clear on what we want them to know about us...

Apple at the core – its core value is that we believe that people with passion can change the world for the better. That's what we believe...

And so, what we're going to do in our first brand marketing campaign in several years is to get back to that core value. A lot of things have changed. The market is a totally different place than it was a decade ago and Apple is totally different. Apple's place in it is totally different. And believe me, the products and the distribution strategy and the manufacturing are totally different and we understand that. But values and core values, those things shouldn't change. The things that Apple believed in at its core are the same things that Apple really stands for today. And so we wanted to find a way to communicate this."

Brand - Center for Practical Bioethics

Brand Promise - What can we OFFER our audience?

- Recommendations, guidance, and education providing clarity in ethical questions, issues and dilemmas in health and healthcare for real-time decisions or policy making.

Brand Essence - What do we want our audience to FEEL after an interaction with our brand?

- Ensuring patients, families, caregivers, and organizations feel seen, heard, supported, safe, guided, assured and confident in a plan of action for their ethical question.

Ethics Services

“Apple at the core – its core value is that we believe that people with passion can change the world for the better. That’s what we believe” - Jobs

Ethics Services Core Values

- We believe that medical ethics is important, and everyone should have access to high quality, medical ethics support.
- By everyone we mean everyone.
 - Patients, Families, Physicians, Nurses, Staff, Administration, Policy writers, The Public, etc.

Objectives

1. *CPB is a trusted developer of ethics services*
2. CPB is a trusted provider for continual support for *ethics education and consultation services*

Goals

- Continue to develop ethical competencies with affiliated organizations
- Partner with new organizations
- Partner with new opportunities and new fields of work
- Development and growth of Ethics services offering

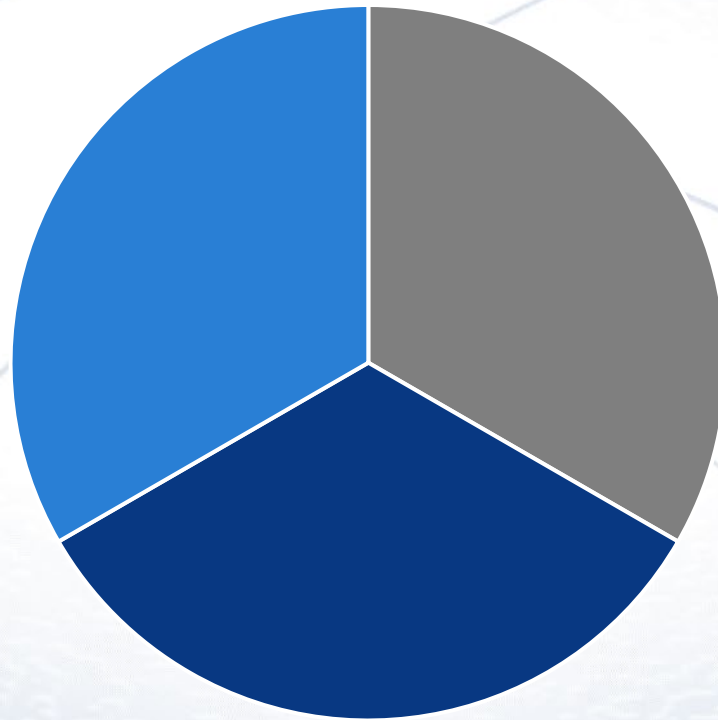
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Important Growth

- Cassandra Shaffer-Johnson joined the Ethics Services team



Major Areas of Engagement



■ Consultations ■ Policy ■ Education

Clinical Ethics Consultation

- Ethics Committee Participation
- Clinical Ethics Consultations
 - ~125 - 150 Ethics consultations
 - Improvement and implementation of Ethics Consultation service
- Policy Development
 - Scarce resource allocation
 - Non- Benefical treatment
 - Ethics department/consultation policies and charters
- Education

New Partnerships and Targets

- Iowa Donor Network
- Cox Health
- Golden Valley
- Phelps Health
- KC Public Health
- Lincoln Public Health
- Centene

Hospital Clients

Ethics Plus Consultation

- AdventHealth Shawnee Mission
- St Luke's Health System
- Bryan Medical Center
- Ochsner medical center

Basic Services

- Cox Health
- Lawrence Memorial Health
- Liberty Hospital
- Mosaic Life Center
- North Kansas City Hospital
- Salina Regional
- Stormont Vail
- University Health

Case 1 (Shawnee Mission Medical)

- Pt is a 34-year-old male with history of schizophrenia, polysubstance abuse, homelessness recent frostbite to left foot s/p left transmetatarsal amputation 2/7 with revision on 02/25 due to abscess and infection. Patient admitted 2/23 through 2/28 for sepsis secondary to left TMA abscess which was drained and TMA revision was performed. Patient discharged for just a few hours then returned to the emergency department complaining of auditory hallucinations and responding to internal stimuli at triage statement said he wanted to hurt himself. Patient has been seen by psychiatrist on 03/01 and deemed to lack capacity and recommendation for state guardianship

Case 2 (Ochsner)

- Patient is a 71 year old male. Patient has end of life bladder cancer with stage 4 chronic kidney disease. He lives with an indwelling catheter. He has recently had an issue with hematuria. His brother has POA due to patient's mental state. Brother wants physicians to aggressively treat with a cystectomy, while the medical team believe that this is not in the pt's best interest and would rather further harm the patient without providing benefit.

Case 3 (Bryan Medical)

“Pt is 45-year-old female now admitted since 9/23 with massive subarachnoid hemorrhage. Status post aneurysm intervention and neurological intensive care, including administration of intrathecal nicardipine for vasospasm. Multiple conversations between various provider teams, as charted. Her son Matt is the POA, and it had been determined that pursuing a tracheostomy and PEG tube would not be in line with the patient's wishes. Similarly, if no chance of meaningful neurological recovery, she would not wish to proceed with care. Patient is a registered organ donor, and OPO has been involved, with tentative plans for a DCD donation, as charted yesterday.

- On exam this morning, however, the patient is noted to be significantly more awake and alert compared to yesterday. On my exam, she is able to follow commands and spontaneously opens her eyes. Having not seen her yesterday, per charting this is a notable improvement. Given the complexity of the situation, both with her waxing and waning neurological status, her indeterminant future neurological recovery, her conflicting family members wishes as well as conflicting provider team recommendations, will consult the ethics team. Per neurosurgery's note this morning, they expressed that they believe the patient is at this time not appropriate for organ donation given her continued neurological recovery.”

Hospices

- Ascend Hospice
- KC Hospice
- Crossroads Hospice

Case example

- Mr. B, a 55-year-old male, was admitted to hospice on 1/21/25 for COPD. His other diagnoses include heart failure, hypertension, sick sinus syndrome with pacemaker, asthma, atrial fibrillation with RVR, cerebral infarction history, diabetes, morbid obesity (BMI > 50), and schizophrenia.
- Mr. B has a court-appointed guardian, Stacey, through Clay County Public Administrator. His brother, Jeff, who lives in Florida, assists Stacey in decision-making. Initially, Mr. B was designated full code upon admission. However, staff and the physician expressed concerns that CPR would likely be futile due to his multiple comorbidities, and there are ethical concerns about performing CPR on such a compromised patient.
- After discussing Mr. B's condition with Jeff, the hospice medical director and social worker recommended changing his status to DNR. Jeff agreed, but Stacey later informed the social worker that Jeff preferred Mr. B to remain full code. During a nurse assessment on 1/18/25, Mr. B stated he understood hospice and did not want to return to the hospital, though it was unclear if he fully grasped the meaning of his statement.

Universities

- Kansas City University
 - Classes
 - Student Research
 - 2 ASBH submissions
 - Ashley Treatment Project
 - Clinical Consultation process Paper
 - Eileen Phillips (Ohio Health) and student
 - IRB
 - IPE Committee
- University of Kansas

Further Areas and Organizations

Public Health Departments

- KC Public Health Department
- Lincoln NE Public Health Department

Organ Procurement Agencies

- Midwest Transplant Network
- Iowa Organ Donor

Education

- Ethics Dispatch
 - March - Understanding ICE's Legal Boundaries: Five Guidelines for Healthcare Providers
 - Feb - Bioethics of Dementia Care: Obligatory Beneficence and Difficult Hospital Discharges
 - Jan - Genetics and Life Insurance: Should Your DNA Define Your Coverage?
- Clinical Ethics Corner
- Newsletter
- ECC
- Students
 - Alex (Doctorate in Bioethics, Loyola Chicago)
 - Elisha Underwood (MPH, The University of Alabama at Birmingham)

Presentations (~7050)

- Improving Patient Experience and Reducing Costs by Integrating Clinical Ethics into Challenging Situations. Invited Co- Presenter. American College of Healthcare Executives' 2025 Congress on Healthcare Leadership. Houston, TX. March 25, 2025
- "Faith & spirituality in Ethics". Invited Speaker. Moasic Faith and Ethics Conference. St. Joseph, MO. February 18, 2025.
- "When It's Okay to Say No: Ethical Dimension of Non-Beneficial (futile) Treatments." Invited Speaker. The Kansas City Southwest Clinical Society 102nd Annual Fall Clinical Conference. Overland Park, KS. October 4, 2024
- "When It's Okay to Say No: Ethical Dimension of Non-Beneficial (futile) Treatments." Invited Speaker. Liberty Hospital Grand Round. Liberty, MO. September 18, 2024.
- "Medical Ethics." Invited Presenter. Midamerica Nazarene University. Olathe, KS. September 3, 2024.
- "Medical Ethics." Invited Co- Presenter. North Kansas City Hospital Nurse Resident Rounds. Kansas City, MO. July 23, 2024.
- "Medical Ethics." Invited Co- Presenter. North Kansas City Hospital Nurse Resident Rounds. Kansas City, MO. July 9, 2024.
- "Advanced Directives are for the Living - Improving Workflows in Your Organization". Invited Presenter. 2024 KHC Office Hours. Kansas Health Collaborative. Kansas City, KS. June 26, 2024.
- "Coming Challenges in Medical Ethics." Invited Presenter. Vanguard Club of Kansas City. Kansas City, KS. May 30, 2024.
- "Suicide and EOL Considerations: The Ethics". Invited Presenter. Ascend Hospice. Kansas City, MO. May 5, 2024.
- "Medical Ethics." Invited Presenter. Olathe South BioMedical Engineering Academy. Kansas City, MO. May 9, 2024.
- "Ethical Dimension of NRP-DCD". Invited Presenter. UMKC Medical School/University Health Trauma Grand Round. Kansas City, MO. April 18, 2024.
- "Ethical Dimension of NRP-DCD". Invited Presenter. Midwest Transplant Network: Annual Organ Donation Awareness Seminar. Kansas City, MO. April 12, 2024.

Upcoming Conferences 2025

- Sally Price Social Workers Conference with Lindsey (April)
- Infectious Disease Conference (October)
- Bryan Medical Ethics Conference (October/November)
- American Case Management Association (October)
- American Society of Bioethics and Humanities (October)
 - Ashley Treatment
 - Surrogate Decision Maker while Patient has Capacity

Growth

- New Potential Clients
- New Areas
- Conferences and publications

