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**New Research reveals patient safety concerns and Medical Errors of 50% with Critical End of Life Documents needed in this Pandemic to protect patients**

**TRIAD Simulation Research Raising the Bar in Ethical Medical Care & Patient Safety**

Erie, PA, January 12, 2021 — As the nation & world are facing the COVID Pandemic, a pandemic producing gut wrenching Ethical Challenges placing the Physician & Patient relationship at odds, new state of the art TRIAD research calls into question the tools utilized to document patient wishes for current and end of life care. In this pandemic, you have heard countless times that patients need to prepare with advance directives or living wills. You have heard experts advocate to complete POLST (Physicians Orders for Life-Sustaining Treatment) documents on patients to ensure their wishes are followed so that we don’t over utilize precious resources such as ventilators or keep patients alive against their wishes further limiting hospital capacities. The newest [TRIAD XI Simulation research](https://urldefense.com/v3/__https:/bcove.video/2JrlmqU__;!!NHLzug!dZxGAQ-_d7ZkQQN4ax81Wzz7RwdUVHFeGtnFXLOLwZr5FUXTg6LLy7YynOfVd6VLPw$), published in the [Journal of Healthcare Risk Management](https://onlinelibrary.wiley.com/doi/full/10.1002/jhrm.21453) reveals medical providers often incorrectly provide the wrong level of care and both under and over treat patients despite their documented wishes. This comes at a time when hospitals have enforced limited or zero visitation policies. This now places vulnerable at risk patients in situations where they have no one to advocate for them. Physicians, who are essentially medical strangers to these patients, now are left to guess patient wishes from confusing documents.

Dr. Ferdinando L. Mirarchi, an Emergency Medicine Physician and Chief Medical Officer of the Institute on HealthCare Directives is the Principal Investigator of the TRIAD (**T**he **R**ealistic **I**nterpretation of **A**dvance **D**irectives) Research Series and Founder of a new state of art technology called [MIDEO](https://mideocard.com/) (**M**y **I**nformed **D**ecision on Vid**EO)**. His [TRIAD Research](https://institutehcd.com/triad-advance-directives/) has called into question the safety of the tools such as the living will and POLST to document patient wishes. This newest research supports previous TRIAD research as well as more recent research from leading [medical](https://pubmed.ncbi.nlm.nih.gov/32062674/) centers, stating that POLST documents are discordant with actual medical care. Worse [research suggests](https://journals.lww.com/journalpatientsafety/fulltext/2019/09000/triad_xii__are_patients_aware_of_and_agree_with.10.aspx) patients are not aware of the life limiting orders that may exist in their medical records.

Mirarchi states, “This research novel and unique. It’s also disrupting as it’s the first research to state which patients should or should not be treated or allowed to die based upon the documentation that is present (living will or POLST)”. Mirarchi also adds that simulation has been often utilized for training providers on how to have end of life conversations. But this is the first research that evaluates provider competency with respect to utilizing the living will or POLST in simulated medical care or crisis event. Dr. Mirarchi states “the research is

powerful and sets the stage to remodel existing education which has been shown not to work. ***The living will and POLST are not the issue in and of themselves. It’s the fact that providers have never been adequately trained and do not have the right tools at the right time to make safe informed decisions for patients.***  It’s time to make education more impactful and with tools such as simulation we can now ensure compliance. Simulation is impressive and impactful to show providers how they assume. It then shows them - how they assume they know what to do can actually cause harm.”

This research does not just speak to overtreatment, it graphically portrays it. Over treatment is when we save a life that should have been allowed to die naturally. This simulation research also reveals how undertreatment quickly occurs, can cause harm and take a life that should and would have been saved. ***Both over treatment and undertreatment are unspoken and under reported medical errors.*** These medical errors have now translated into new malpractice risk to providers and health care systems in the form of wrongful prolongation of life and wrongful death litigation.

What is interesting in this study is that there were only two safe scenarios for patients. One was in when no document was present and the other was when a POLST formatted as CPR with Full Treatment was selected. In these instances care was concordant in 100% of occurrences. What this study also revealed, and is just as important, is that if patients, who are terminal, do not have a living will or POLST limiting care, then they will get resuscitated even though there would be no benefit and also against their wishes.

What is clear from the research is that improved tools need to be created to disrupt the norm. Education needs created to disrupt the norm. Tools such as scripted patient to clinician video as shown in [TRIAD](https://institutehcd.com/triad-advance-directives/) VIII can significantly improve the safety of patients who have advance care planning documents. Scripted video has the ability to clarify a patient’s living will or POLST and be a clarifying communication tool to document high quality advance care planning. Thus resulting in the next medical provider in the patients care, a medical stranger, can accurately provide medical care that can safely save a life or allow one to die naturally if that is the patients chosen wish.

Having medical providers, who are untrained in how to interpret or utilize advance directives or POLST in this pandemic is having decisions made in a vacuum. It ignores a patients or families input. Mirarchi states “the triad of high quality advance care planning discussions, simulation training to ensure provide competency and scripted patient to clinician video (MIDEO) should become the new pillars of advance care planning to keep patients safe. Goal Concordant Care is about safely providing the right care at the right time for patients. Any single component alone is checking a box that simply places patients at risk.

***About The Institute on HealthCare Directives****: Founded in 2015 by Dr. Ferdinando L. Mirarchi, the Institute has been dedicated to patient safety and improving provider use of medical orders. It is the creator of MIDEO®, a digital video advance care planning solution encouraging the safe and effective use of advance directives and physicians orders for life–sustaining treatment (POLST) documents. For more information on the Institute on HealthCare Directives, visit*[*www.institutehcd.com*](http://www.institutehcd.com/)*, www.MIDEOHealth.com or call (844) MIDEO-4.*