**Date:** 1/16/19

**Location:** RAOM – Founders Room

**Time:**  6 PM

**Attendees:** Beth, Rich, Jack, Ken, Margie, Erin, Jim, Chris, Sid, Marc

**Agenda**

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| Time | Topic | Facilitator |
| 6:00 PM:  | Welcome/Introductions/Review of Prior Meetings | Margie |
| 6:05 PM:  | Re-center on Problem Statement  | Margie |
| 6:10 PM: | Review survey results – open discussion with a goal of highlighting potential best practices. | Marc |
| 7:00 PM: | Discuss how the identified best practices can be implemented at your hospital. | All |
| 7:15 PM: | Identify either a difficult case study or a training topic to be discussed or given at the April meeting. | All |
| 7:25 PM: | Next meeting date (April 17 or 24?) Other agenda items? | All |
| 7:30 PM: | Close | Margie |

**Item: Welcome/Introductions**

Group led off with a round of introductions and Margie reemphasized a few main points about the consortium; partnership in service, reducing any barrier, building a sense of community, navigating any funding challenges and a great opportunity to work together discussing Ethics. Not here and should be? Janine Forgarty, L. Wilson, M. Chiafery, Chin Lin Ching – all were invited and had conflicts.

**Item: Re-Center on Problem Statement - Name of Committee?**

Margie shared the background form the previous meeting and then moved into having the group review and comment on the problem statement. “Good statement”, “Education has to do with Health Care and Community”. Can’t forget those.

Ethics consultants and committee members face numerous challenges in providing the highest level of service. Chief among the challenges are; not being valued\* at a high enough level for ethics consultation services and ethics committee work, increasing variety of backgrounds and educational experience of consultants and committee members and limited time and local opportunities to appropriately engage in targeted continuing education programs. (\*Valued may mean a variety of things; recognition or resources).

Name of committee? **Health Care Ethics Leadership Consortium**

**Action items:** N/A

**Item: Survey Synthesis**

**Survey Summary:**

* **FF Thompson Hospital, MM Ewing Continuing Care Center**
* **Highland Hospital**
* **Rochester General Hospital**
* **United Memorial Medical Center**
* **Newark-Wayne Hospital**
* **University of Rochester – Strong Memorial**
* **Clifton Springs Hospital**

**General Information:**

* **Number of beds**? Range from 113 to 830. Average consults range from 1 to 200 a year w/some variability.
* **Committee name?** Hospital name with ethics committee (e.g., Highland Hospital Ethics Committee), Ethics Forum, Ethics Committee or hospital name and ethics team (e.g., Newark-Wayne Ethics Team.) Like team versus committee?
* **Membership?** varies among each system – must ask if there are enough higher-level committee members and is it interprofessional or multidisciplinary enough.
* **Membership selection process?** FF Thompson has the most developed one (it looks like) with a nominating committee that sends candidates forward for approval by the Board. It is a Board Level committee.
* **Member criteria and terms?** FF Thompsonhas most sophisticated process with required skills specified and assessment process to determine who is at a basic or advanced level. Some lead teaching sessions on important cases as a form of training w/in the committee. Only one has a one-year term (no max) in place.
* **Reporting Structure/Process?** Ranges: Reports to BODs…to Medical Dental Staff…to On call Senior Admins…to Medical Director.
* **Funding?** FF Thompson - legal department funds committee needs given GC/VP is exec liaison for committee. The rest has minimal if no resources allocated. The Division of Medical Humanities and Bioethics is funded by the Medical School, and by SMH. The salary support for those providing ethics consults is primarily funded by SMH. Educational ethics rounds and huddles in the hospital are provided by those receiving salary support from SMH and the UR School of Nursing (SON). SMH also provides some financial support for lunches for the ethics committee, and reimbursement for ethics CME activities. Some administrative funding for the Division is supported by SMH

**Service Information:**

* **Consult services different than ethics committee?** Consult services are available to the institution (one has a daily on call service). Appears that if a consult is required, then whichever committee member is available joins. One has a minimum of 5 that must be present.
* **Ethics consultation team?** Ranges from 4 core members who cover the pager during the week, off hours goes to a palliative care provider. Others have the committee chairs cover this role or a combination of players with a minimum of 5 reps. SMH – primarily MD’s, RN DNP and NP and PhD’s w/one JD.
* **Selection criteria?** Ranges from consult requests being reviewed and triaged to appropriate group or done by chairs of the committee or for Newark-Wayne with Medical Director or with nursing supervisor or senior admin on call (UMMC). SMH is by request of committee chair.
* **Structure of consultation?** Ranges. Once requested, legal or chairperson or care management/SW team sets meeting and invites committee members to meet. Requestor presents the case. Group reviews case discusses solutions and identifies associated resources. SMH uses an eRecord template “that describes who requested the consult, who is the patient's attending, what is the question or problem to be addressed, pt's history and current status, pt's capacity, advance directive and/or health care proxy or MOLST, intervention under question, discussion, assessment, recommendations/next steps.”
* **Who determines need for a consult?** Essentially anyone involved in the care of the patient. SMH – if someone other than the patient’s med team, the patients attending is notified.
* **Screening process?** Ranges from GC to committee co-chairs to consultant, to nursing supervisor to medical director.
* **Track results?** Ranges from just recently to yes to log keeping to note keeping to storing notes in ethics log book. SMH – weekly review by the extended ethics consult service with ongoing follow up list.
* **Annual report?** Mainly no, RGH does so every four months.

**Needs:**

* Communication to all hospital staff the option of using Ethics Committee for consults.
* Continue to educate and build skills of Ethics Committee members.
* Generating interest among multidisciplinary staff. Hospital-wide engagement.
* Dedicated administrative support for or organizing meetings, maintaining minutes etc.
* Funding for lunches etc.
* Identify an expert resource as a ‘go to’ person for insight, feedback or outside the box thinking.
* Survey ability to evaluate effectiveness of ethics consult and follow-up.
* Adequate time for case follow-up.
* Regular ethics education/CME.
* Regular forum for discussion of complicated cases

**Group Comments – general…**

* What about dealing with institutional ethics? Should this group do so?
* Lack of diversity on committees?
* Good and bad to have higher level admins on committees.
* Must make sure we adhere to FHCDA of 2010 – all are.
* Some experience a disconnect between the clinical team and others in the hospital.
* Some believe that consults have to be between patients and Physicians and not necessarily have the ‘whole world’ involved.
* Develop a tool box and a ‘next step ethics’ process. This step first, then this, then this…
* Limit what we are doing to what needs to be done.
* Need better communication across all fronts.
* Everyone loves the palliative care people – they are great at having the tough discussions.

**Group comments – specific about what should be or could be taken back to home hospital.**

After the discussion, the group agreed to use ASBH competencies as a method to select/train Ethics team members as well as using elements of the NIH Ethics training program to improve the skills and abilities of all involved.

The group also agreed to use the Bernard Lo article entitled the "Promises and Pitfalls of Ethics Committees" as a guide to improving Ethics committee work.

In addition to that, members of the group shared a few tools they use in their practice (ERecord template at SMH) as well as the ACP ethics manual for training and development.

Also, as a result of hearing that a committee member was sitting for the ASBH certification - at the last meeting - another member reported -at this meeting - that they went back to their hospital, signed up for and sat for that certification as well. (Both passed!)

**Summary:** Great information sharing occurred, and all documents/articles will get posted to the Ethics website that has been set up and hosted by RAOM. The group continues to have great discussions that will push the group forward in identifying and implementing additional best practices in the Ethics arena which will help promote the value of that service in each setting.

**Reminder from Rich: Upcoming Ethics Conference at URMC in April of 2019.** Practical Ethics in Health Care - Friday, April 5, 2019 ♦ School of Nursing. See the Ethics web-site.

**Action Item:** Members take back the agreed upon items. Share info w/group. Marc to post to web-site.

**Item: Next meeting?**

Sometime in April.

**Action Items:** Marc to send out Doodle Poll. Rich to present a difficult ethics case that he referenced. Group report back on their implementation progress.

End

Ambrosi