**Attendees:** Margie, Chris, Jim, Laurie, Larry, Pat, Marc, Sid

**Location:** Conference Call – GOTO Meeting

**Time:**  5:30 PM – 7:00 PM

**Topics/Notes/Action Items:**

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| Topic/Notes: | Action Items |
| **Summary of the operation of the *Ventilator Allocation Process (VAP)*.*** Chris recapped for the group how the VAP process unfolded. Using already existing 2015 NYS Guidelines, RRH attempted to map these over to address the pandemic (alongside the U of R). Largely based on SOFA scores but there were a variety of places where the guidelines were difficult to map over. Eventual high degree of cooperation between RRH and The U of R on developing the final VAP. That collaboration grew out of the Ethics Consortium held by the Academy. The VAP serves as a nice example of the usefulness of the Ethics Consortium at The Academy.
 | None |
| **Revisit Mission and Problem Statement – see below.*** Margie re-centered the group on the original problem statement (below) and remarked what the consortium has accomplished in the last two years. A discussion about moving forward is now quite timely. Is that problem statement still relevant?
* Some general comments:
	+ What started out as people being asked to join has now changed to people asking if they can join this group.
	+ Sets up the consortium nicely for developing expertise in ethics leadership across systems as well as encouraging younger members to join.
	+ Questions? Where are we? Where should we go and what should the structure of the consortium look like? Big question is are we meeting the needs of the systems?
* Chris shared this was a timely question as it mirrors what RRH is thinking about right now e.g., what is the composition of their ethics group, what are the roles, how are leadership opportunities being identified? How will future medical shortages or ventilator issues be handled going forward?
* Can the RAoM Ethics Consortium structure replicate whatever structure emerges at the Hospital systems?
* To keep the Ethics Consortium relevant, we should ask the systems (chairs of the Ethics committees) how we could best serve them or what they need that we could provide to them? Form follows function.
* Some ideas on places were our consortium could make an impact:
	+ Need to engage a broader group including the broader community. Maybe this consortium can figure this out.
	+ Advance professional education opportunities.
	+ Be better known as a community resource or a communication hub on all things ethics related even if it is just announcements.
	+ Help to formalize a credentialing program. May this consortium can help individuals in earning a national certificate for ethics.
* Perhaps after what we learn, a suggestion was made to revisit our problem statement and see if that is still relevant. Adjust it if need be.
 | Margie and Marc to develop a list of questions for consortium members to take back and ask their ‘home’ ethics group on the topic of how the Academy’s Ethics Consortium can best serve them? |
| **Future Structure of HCELC.**Point of this item was to initiate discussion and thinking on what the future structure of the HCELC might look like. Just the beginning of a discussion and included potentially picking leadership positions for sub-committees (Chair, Outreach and Membership, Education, Awards, Finance & others).* Outcomes of this will depend on what is learned from the previous item.
 | N/A |

**Mission**

The Academy created the Health Care Ethics Leadership Consortium to better understand the bioethics consultation service environment in our region, to support collaborations across institutions, to create regional best bioethics practices, and to support national efforts to elevate bioethics practice.

Current membership includes ethics leadership from healthcare institutions across the region. The HCELC meets quarterly to address the numerous challenges in providing the highest level of service. In addition, the HCELC hosts a forum to share information across institutions.

**Problem Statement**

“Ethics consultants and committee members face numerous challenges in providing the highest level of service. Chief among the challenges are the undervaluing ethics consultation services and ethics committee work; the 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.”