Using an interdisciplinary team meeting approach to ethics consultation

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Objectives

1. Participants will gain an understanding of preventive ethics and the important role that the chaplain/patient relationship can play in preventing ethics conflict.

2. Participants will gain an understanding of the importance and implementation of an interdisciplinary team meeting approach to ethics consultation.

3. Participants will gain an understanding of how an interdisciplinary team meeting approach improves an organization's ethics culture and quality of services.
Plan

1. Discussion of preventive and integrative ethics
2. Description of interdisciplinary team meetings
3. How interdisciplinary team meetings affect quality of service
4. Sample cases in which interdisciplinary team meetings were used
Traditional Ethics Committees

- Small committee of volunteer representatives from various hospital departments (e.g. administration, nursing, spiritual care)

- 3-fold purpose
  - Ethics consultation (clinical ethics issues)
  - Policy review
  - Education
The Integrated Ethics model was created by the Veterans Health Administration (VHA) with a purpose of achieving performance excellence, principles of continuous quality improvement, and proven strategies for organizational change.
Integrated Ethics

- The overall purpose of this model is to have the ethics service involved in all levels of the healthcare facility.
- Consistent involvement of ethics at all levels helps to improve the quality of service that patients receive.
Levels of ethics quality

- Decisions and actions – easily observable in everyday practices (ethics consultation)
- Systems and processes – organizational factors, patterns & trends in consultation requests (policies and protocols)
- Environment and culture – organizational values, understandings, habits, unspoken messages
In order to improve overall ethics quality, the ethics committee should focus on all layers of ethics rather than only reacting to issues as they occur. The facility should strive to move from a rules-based approach to a values-based approach to ethics.
1. Communicating minimal legal standards that employees must comply with
2. Monitoring employee behavior to assess compliance with these standards
3. Instituting procedures to report employees who fail to comply
4. Disciplining offending employees
Values-Based Approach

1. It is not enough for employees to meet minimal legal standards
2. Make well-considered judgments that translate organizational values into action
3. Ensure that key values permeate all levels of an organization, are discussed openly and frequently, and become a part of everyday decision making.
Levels of ethics quality

- Ethics consultation – targets ethics quality at the decisions and actions level
- Preventive ethics – targets systems and processes
- Ethical leadership – targets environment and culture
Ethical Leadership

- Objective – to move ethics into the organizational mainstream and to coordinate ethics–related activities throughout the facility

- Integrated Ethics Council
  - Oversees implementation of Integrated Ethics
  - Oversees development of policy and education
  - Ensures coordination of ethics activities across the facility
Traditional Ethics Consultation

- Reactive in nature
  - Clinical confusion + family beliefs = conflict
- Anyone can request a consult (e.g. nurse, physician, patient)
- Clear process and access – everyone should know how to call a consult
Preventive Ethics

Using the individual ethics consultation requests as a guide, preventive ethics seeks to identify and address underlying systems and processes that influence behavior.

The main objective of preventive ethics is to address potential conflicts before they become true ethical dilemmas.
How has Mercy attempted to implement this program?

- Implementation of interdisciplinary team meetings
- Addressing individual clinical concerns
- Utilizing information from individual consults to improve education and review policy/protocol
  - Ex. One case centered around surrogacy issues, physicians and social workers were educated about the local laws
How a team meeting is generated

- A staff member recognizes a problem
- A call is placed to the ethics consultants for the hospital
- The consultant(s) review the case and determine who should be involved for a team meeting
Team participants

- Bedside nurse – provides up to date bedside comments on how the patient/family is doing
- Attending physician – clarifies patient condition and prognosis
- Case management – clarifies options for treatment facility placement/discharge planning
- Chaplain – clarifies patient values, beliefs, fears, etc.
- Legal/risk management – clarifies legal standards or limitations on decision-making
- Ethics committee member – provides guidance regarding ethics principles and standards
Objectives of team meeting

1. Clarify patient information
2. Understand the concerns that inspired the consult
3. Clarify treatment options that match ethical standards with patient values
4. Unify the care team on a clear treatment plan/goal
Team Meeting Follow-Up

- Meeting notes provided for the patient chart
- If the issue continues, a second team meeting may be held
- A subsequent meeting with the patient/family may be called for
- Once the conflict has been resolved, the team may continue educating staff on the issues that were raised
Team Meeting Follow-Up – Quality Review

- Team meetings often uncover areas of improvement for staff
- Team members may construct a plan to educate staff
- Team members may review/revise relevant hospital policies or protocols
Value = \frac{Outcome}{Cost}
Value = Outcome × Appropriateness of Care

Cost
Value = Outcome \times \frac{Appropriateness}{Cost} \times \text{Patient (family) engagement}
Impact on Quality

- First premise that quality is everyone’s responsibility
- Speaks to a culture of safety and trust that promotes inclusion (of people and ideas)
- Builds a process where complex and difficult dilemmas are considered and action is fulfilled with integration of information from as many sources as needed.
Practical Side of Quality

- Can speak to
  - Process
  - Professional performance
  - Equipment (usage, availability etc.)
  - Communication techniques
  - Examining social, insurance, community resources etc.
  - Length of Stay
  - Expense/Cost
Quality Speaks Patient Engagement

- The process, in considering quality performance, most importantly engages the patient and their family in the consideration of choices as it measured against the broad goals of inclusiveness but also on those occasions where choices are in discord with perceived best practices.
Sample Case #1
A 41 year old female patient who originally presented to the Emergency Department (ED) on 12/18/15 with stroke symptoms. At the time, the patient was brought in by her husband. She was given a pregnancy test which came out negative and then she was treated with tpa. The husband noted that he and the patient were trying to conceive a child after experiencing a miscarriage in October 2015. A second pregnancy test was given and the result was positive. The patient continued to experience bleeding and pressure in the brain so a craniectomy was performed. The patient now wears a helmet to protect her head as she participates in rehab on the rehab unit. She is currently aphasic and is unable to communicate.
Case 1

On 1/7/16, the ethics team received a note from the rehab nurse manager on duty stating that an unnamed neurologist recommended to the patient’s husband that the patient’s pregnancy should be terminated. The report indicated that the neurologist felt the pregnancy was causing more risk to the patient for experiencing a second stroke.
Case 1

An interdisciplinary team meeting was held on 1/7/16 to clarify the patient’s condition as well as what information had been discussed with the husband. Present at the meeting were: ethics team members, care management, neuropsychologist, chaplain, rehab nurse manager. At this meeting, it was unclear who had spoken to the patient’s husband about possible termination of the pregnancy. It was also unclear what the patient’s actual risk for a second stroke was.
Case 1

The patient’s husband was reportedly going to meet with a family planning group out of the Women’s Hospital to discuss all options. The team meeting held at Mercy clarified that if the patient’s husband chose to pursue termination, the patient would be fully discharged from Mercy’s care. The husband would be responsible for taking the patient to the women’s hospital and arranging the desired treatment there. After recovery, the patient could be readmitted to Mercy as a rehab patient. Because the ERDs specifically prohibit direct termination or immediate material cooperation with a termination procedure, the patient would have to be fully discharged from care at Mercy before pursuing such treatment.
The team meeting concluded with many concerns, primarily a concern that the husband was not fully informed about all options, including information about possible risks and treatment options associated with continuing the pregnancy.

A second team meeting was held on 1/11/16 which included the individuals mentioned above as well as physician who has been working with this patient. The physician informed the group that the patient is making progress with her rehab but she does have a long rehab course ahead of her. The physician also indicated that while the patient is at an increased risk for a second stroke due to the pregnancy, it is unclear how severe that risk is at this time. However, the patient’s risk level will not increase as the pregnancy continues. The bigger risk for stroke would be associated with the process of labor should the pregnancy be carried to term. Given the patient’s recent history of miscarriage, as well as her advanced maternal age, there is also a chance that the patient may spontaneously miscarry this pregnancy.
It is recommended a neurologist as well as a high risk pregnancy specialist both assess the patient for risks of a second stroke. This risk information should be clearly communicated with the patient’s husband as he is her decision-making representative.

It is recommended that the patient’s husband be reminded and encouraged that any decisions he makes on behalf of his wife are made using substitute judgement. The husband should be counseled to consider what the patient would want in this situation.

It is recommended that the husband be clearly informed that any discussion of pregnancy termination may not take place at Mercy hospital due to its Catholic identity. If the husband chooses to pursue termination, then the patient must be fully discharged from care at Mercy and the procedure must be done at another facility.

The patient’s risk for a second stroke was later assessed to be 2%. Based on this, the husband chose to continue the pregnancy under supervision.
Case 1

Implications

◦ ERDs prohibit direct termination and cooperation with termination (#45, 70)
◦ Patients have a right to information regarding all options
◦ Staff need to be educated about ERD prohibitions

How would you respond?
Application

Case #2
Case 2

The patient is a 31y/o male found unconscious (time unknown) from heroin overdose on 1/10/16. He was assessed to have had an anoxic brain injury. At the time of his arrival in the ICU, there were differing messages regarding possible swelling around the brain and treatment options to address the swelling. One physician indicated minor swelling with little concern, one physician described the swelling as significant, a third physician claimed that any swelling should have been addressed immediately.
The patient’s mother repeatedly asked the physicians to address the swelling on the brain, however the swelling was not treated until several days after the patient’s admission to the ICU. The patient was intubated on arrival and remained on ventilator and pressure support. He was given a feeding tube for artificial nutrition and hydration.
Case 2

The patient’s mother felt that some of the hospital staff were acting in a way that was biased or discriminatory against her son. She claimed that her son never used heroin in the past and that he would not have voluntarily used heroin. She also felt that including “history of heroin abuse” in the patient’s medical records was false and created bias against her son.
The patient showed some signs of involuntary movement which his mother asked to be assessed by the physicians. A CT scan of the patient’s head was done to assess the level of blood flow to the brain. The scan showed no blood flow into the brain and minimal blood flow at the base of the skull.

On 1/19/16, per hospital protocol, death by neurological criteria was assessed and documented. The patient was pronounced dead and was issued a death certificate.
The patient’s mother requested an ethics consult. On 1/19/16, a team meeting of staff was called to gather information about this case. On 1/20/16, a team of ethics committee members met with the patient’s mother. At this meeting, the patient’s mother recounted her experience, noting the miscommunication as well as the instances of possible discrimination.
In keeping with hospital policy and local legal standards, the ethics team informed the patient’s mother that the hospital would allow 48 hours for the mother to seek a second opinion regarding the diagnosis of brain death. The patient’s medical records were given to the mother. The mother then proceeded to file an injunction with the local court to prevent the hospital from removing medical equipment from the patient.
Case 2

On 1/29/16, the patient experienced cardiac arrest. The hospital staff attempted resuscitation for approximately 60 minutes before pronouncing the patient dead by cessation of cardiac function. The patient’s mother was present at the time and thanked the staff for all of their efforts to save her son.
Case 2

Implications:

◦ Medical staff should be addressed regarding communication among one another and with patient/families
◦ Policy regarding death by neurological criteria should be reviewed for accuracy with current standards
◦ Staff should be given a chance to debrief and cope with the moral distress they experienced

How would you respond?
References