**Location:** Zoom Meeting

**Time:**  5:00 PM – 6:00 PM

**Agenda**

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| Time | Topic | Facilitator |
| 5:00 PM:  | **Welcome New Members/Introduction to HCELC** | Margie |
| 5:05 PM: | **Current Structure and Leadership Needs** | Margie |
| 5:15 PM: | **Case Presentation and Discussion** | Chris |
| 6:00 PM: | **Close/Next Meeting** | Margie |

**Attendees:** Margie Hodges Shaw, Chris Reynolds, John McIntyre, Matt U., Cart D’Angio, Celia McIntosh, Chennel Anderson, David Kaufman, Debbie Maier, Beth Talia, Fernando Ontiveros, Gary Kochersberger, Gina Curtis, Amanda Kernahan (interpreter), JaMia Hewitt, Jeanette Corso, Joe Finetti, Joseph Panza, Justin Weis, Kelley O’Donoghue, Kim Van Order, Laurie Militello, Lawrence Hargrave, Lawrence Torcello, Mary Patricia Allen, Prudence King, Richard Dees, Richard Demme, Sarah Hallett, Sheniece Griffin, Sidney Sobel, Tom Carroll, Carolyn Stern, OJ Sahler, Marc Ambrosi

**Item:** Welcome/Introduction to HCELC/Current Structure

**Discussion:** Margie welcomed the group to the HCELC and for the introduction reviewed the Mission and Problem Statement (below) that was created in the initial stages of the consortium.

**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.”

Margie asked Marc to share a bit about the Rochester Academy of Medicine (RAoM) and the importance of the HCELC. Marc shared that RAoM has quite a long history here in Rochester. RAoM is a medical society, and many would be surprised to know that our long history dates to being founded in 1900. RAoM was not the first medical society in Rochester but we remain the only two left in this area.

Marc went on to mention, that what once used to be a physician-based organization, the Academy is now a community based, collaborative organization comprised of interprofessional and intergenerational healthcare experts who are seeking to carry out the consistent mission and vision to advance learning, encourage service and initiate collaboration in the Rochester community.

The HCELC consortium is an example of the Academy fulfilling our mission and vision. We **connect and bring together community organizations** to discuss current health care issues in need of solutions. The meeting this evening serves as evidence to that fact.

In terms of structure, Margie shared that the HCELC is headed towards a committee structure with identified sub-groups i.e., Education/Training, Community Engagement, Finance etc. with committee chairs and members. More to follow on this at the next meeting.

**Decision/Action Items:** N/A

**Item:** Case Study – Chris Reynolds

**Discussion:** Dr. Reynolds presented an ethics consult and facilitated an engaged discussion around best practices for ethics consultants. The case involved an 87 year old female who presented to the emergency room from home with confusion and generalized weakness. She was found to have acute kidney injury and sepsis due to urinary tract infection causing delirium. The medical team consulted ethics for assistance around decision-making, identifying the patient’s lack of capacity and unwillingness of the named health care proxy to serve. The discussion demonstrated general consensus about the role of the ethics consultant and the nature of the conversations with the patient’s family members. Many members contributed to the discussion and shared how they would generally approach similar conversations.

**Decision/Action Items:** N/A

**Item:** Next HCELC Zoom Meeting

**Discussion:** N/A

**Decision/Action Items:** January 11th, 2022 – Agenda, Zoom Invite forthcoming.