**Date:** 5/20/2020

**Location:** Conference Call – GOTO Meeting

**Time:**  6 PM – 7:30 PM

**Agenda**

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| Time | Topic | Facilitator |
| 6:00 PM:  | Welcome | Margie |
| 6:05 PM:  | Allocation of Resources Discussion | Margie/All |
| 6:35 PM: | Summary of the work of our HCELC  | Chris R./Margie |
| 7:30 PM: | Close | Margie |

**Attendees:** Margie S., Chris R., Sid S., Janine F., Heidi G., Laurie M., Marianne C., Pat N., Margaret S., Jill P., Jim H., Erin L., Larry T., Marc A.

**Item: Allocation of Resources Discussion**

**Discussion:** Margie introduced the topic of allocation of resources by giving a short overview of the collaboration(s) that have been taking place between RRH and URMC regarding the COVID-19 pandemic. A CERG (Coronavirus Ethics Response Group) was formed and the specific process of allocating ventilators became the obvious focus. This process is currently serving as an example of how the group wrestled, collaboratively, with how to appropriately allocate those devices. Margie also explained how much easier it was to collaborate across both health systems given the experience of doing so through prior interactions and work done with the HCELC at the Academy.

Chris joined in to emphasize how important the collaboration has been between the hospital systems. The comment built on allocating ventilators. At the onset of the pandemic, RRH centered themselves on the NYS Guidelines (developed in 2015) and used that work to guide them in how to calculate SOFA scores. RRH used retired physicians to perform this calculation and found this to be time consuming and a process that introduced more bias into the decision-making process. In working with URMC, Chris was able to pivot and use the complex scoring system that they had developed to help make that process more efficient and effective. (Chris then gave a shout out to URMC 😊).

Margaret provided additional info on the CERG; 40 or so individuals from RRH and URMC got together to begin to ID and discuss the process for allocating ventilators – in mid-March of 2020. The 2015 guidelines mentioned were written to handle the influenza virus so there was no real step-by-step process in the case of COVID-19. As part of CERG, triage committee (teams) were formed to make those allocation decisions. There were a variety of issues to be tackled i.e., the process for kids is not on the same footing as adults, removing bias, how to communicate to the patients and families - moral distress and trauma for the folks on the ‘frontline’ etc. Group worked for 6 weeks to establish protocols. 6 sub-committees were formed to help the triage committee (communication group, community engagement, tech aspects etc.). On the communication fronts, training has been done and is continuing to be done on how to have difficult conversations. Scripts have been prepared, moral distress hotline has been set up, behavioral mental health tools are in place and EAP is available for those handling this aspect of the process – should we see a surge. Great backing from administration in terms of adequate PPE and other equipment. “We” were fortunate to not have the surge and avoided the need to have to allocate ventilators. The fact remained that the group was prepared to handle that should that have been the case.

Margie urged the group to consider the following: how might we, in the future amidst another potential resource allocation shortage situation, push to regionally cooperate at the start to maximize time, talent and resources? How can we cooperate when it is not a crisis or when it is not urgent - and do so regionally?

The discussion moved into the topic of comorbidities and disadvantaged populations and the desire to focus in on ‘population health’ and for ‘us’ to do a better job in sharpening our focus in this area. Why? Some evidence is suggesting that the current SOFA scoring disproportionately impacts the disadvantaged. Current system makes it difficult to offset comorbidities. Need resources and attention on this issue to provide solutions. Can we put pressure on the right people in the community to move this along? It was shared that there are several community groups working on this issue right now (Common Ground Health, Health Department, Dr. Linda Clark and her team, and regional support from URMC and RRH.) Perhaps the consortium joins in on those? Need action and not just words. Need to ensure we have enough diversity on all of our committees – including the important role of a Chaplain. Suggestion was made for this group to work with the CERG community engagement sub-committee that is already undertaking this work. Larry T. is taking the lead and will follow up. Margie and Marc can work on the RAOM ethics committee to ensure the group is diverse.

**Decision/Action:**

* Larry T. is taking the lead and will follow up on drafting a letter to the City/County.
* Marc can follow-up with CERG community engagement group.
* Margie and Marc can work on the RAOM ethics committee to ensure the group is diverse.

**Item:** Summary of the work of our HCELC (please refer to the paper submitted by Chris R. & Margie S.)

**Discussion:** Margie led off explaining that the goal of the paper was an effort to document what we have done, so far, as a HCELC. At the beginning, it quickly became clear that everyone approached their work differently. The document outlines how relationships were formed (over dinner), how needs were identified and addressed and how the group started developing best practices to be used in one’s own location. As mentioned before, as it turned out, when the pandemic arrived, it was quite easy for everyone to collaborate on grappling with the issues previously mentioned because the group had built some familiarity and trust with each other. (Next step will be to add to this article or write a new one based on what the HCELC does from this point forward. Chris shared the method used in gathering the information for the paper; he conducted interviews with all of the group members. Point of the discussion is for the group to give Chris and Margie feedback on the work and narrow down who or where to disseminate this information.

Group shared that they were quite impressed with the document and thanked Margie and Chris for being the authors. It was clear it took a lot of time and energy to do this work. Group also thought it should be submitted to the New England Journal of Medicine – as the first choice. How about the American Association of Physician Assistants? How about to nursing groups or spiritual centers or social work case managers? How about the Journal of Hospital Administrators? Sid urged the group to strongly consider submitting this to a journal that crosses many disciplines like the NE Journal of Medicine.

Heidi shared the following note after the meeting, “The “article” - while still a work in progress - is an incredible tribute to the journey the various ethics committees have been on and serves as a “snap shot” of the how, where and why this consortium started…and, of course, to cover where the consortium is going – to align committees, improve efficiencies, develop competencies/best practices and eliminate inconsistencies in the ethical delivery of care.    Kudos to Margie and Chris!  You might want to also want to add reference (as a footnote) to the FHCDA membership composition requirements – which I believe all committees are currently compliant with. As far as where to publish – there is an AMA Journal of Ethics.  I go on that site quite a bit.  Interesting stuff. And I agree with Margaret.  I think the COVID pandemic shines – for good reason – a very bright light on medical ethics.  Given the unique challenges in New York – I think the consortium’s “voice” (and its recent success in bringing people to the table easily/quickly/efficiently to discuss the ventilator allocation) would be welcome in the legal, medical and ethical space.  Legal publications geared toward health care attorneys (in-house counsel) or administrators (as Pat suggested) should be on the list.  I think we might want to consider New York publications as well.  New York State Bar Association has a quarterly Health Law Section Journal – I believe they would pick this up.”

Question posed? What would hospital systems want to know about this? Marc shared that hospital systems might very well want to know about this to see and understand that cooperation among health systems can happen even if they are competitors. This works shows the power of collaboration and how it can positively improve the health of all involved (eventually!). Erin mentioned that the work that has been discussed at the consortium has provided relatable experiences and has helped her group when they have faced ethical dilemmas. Marianne shared that it is beneficial to have a consortium in place when a crisis hits, and we have evidence now that it works.

\*Sid made the comment that the HCELC is doing great work and heading down the right path and that there may be indication of the need for additional funding to keep it moving forward. Sid asked if the HCELC had a formal budget. Marc shared that the group did not have a formal budget – yet – but will work with Margie on creating one.

**Decision/Action:** Group to continue to provide Chris and Margie feedback on the document. Marc and Margie to work on budget template.

Next meeting sometime in August/September – more to follow on that.

End

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