**Date:** 9/11/19

**Location:** RAOM – Founders Room

**Time:**  6 PM

**Attendees:** Rich, Margie, Heidi, Beth, Erin, Jill, Jack, Diane, Laurie, Marc, Janine, Sid

**Agenda**

|  |  |  |
| --- | --- | --- |
| Time | Topic | Facilitator |
| 6:00 PM: | Welcome/Introductions | Margie |
| 6:05 PM: | Best Practice Implementation? | Margie/All |
| 6:20 PM: | Ethics Team Practices | Margie |
| 6:45 PM: | Case Study | Rich |
| 7:30 PM: | Close | Margie |

**Item: Welcome/Introductions**

**Discussion/Decision/Action Items? None.**

**Item: Review of any practices or procedures that the team is implementing, at their location, as a result of consortium discussions.**

**Discussion:**

Newark – improving the tracking of ethic’s minutes (was not done as frequently as it could or should be). Newark implanted a system to track requests which they didn’t have in place before. Good for assessing patterns etc.

UMMC - A general comment was shared that people have found the need to remind their teams that there is a Family Healthcare Decision Act that is in place that needs to be followed. Also shared that they joined Chris from RGH in doing ethics rounds and that was very useful.

Unity – found that they were not putting notes in charts after ethics consults and needed to tighten that up. It forced the issue of determining what made sense to put in the charts and what did not – which they have done. It has helped everyone involved to be able to better follow along.

URMC – regarding the FHDA, they have found opportunity to educate staff on the pertinent laws and have done so. Also discussed there is a real need to be able to help staff set boundaries by giving them permission to do so to help give them some control when a patient is exhibiting bad behavior. Also agreed that putting notes in the chart in a timely fashion is also helping.

Thompson – shared they are finalizing a ‘ethics consult template’. Group asked for Beth to share this template.

URMC – Rich shared with the group what he refers to as ‘next step ethics’. “Who do I need to talk with to get to the next step such that this can help the case move forward?” Point being is that you want to involve the key people in the case that have relevant information or insight who can best help solve the issues at hand. Jack commented that involving the PCP (to whatever degree) can be useful especially in EOL situations.

Rich mentioned that there is the big ASBH Conference coming up in October, in Pittsburgh, for those interested.

**Decision:**No decisions other than to continue sharing with the consortium the practices and procedures people ate putting into place at their locations. Also, to make sure to reach out to those on the committee when people could use help on any case.

.

**Action items:** Beth to send out the template. (Marc to remind Beth).

**Item: Ethics Team Practices**

**Discussion:**

Margie shared with the group some background and context on the project she is working on with Chris R. regarding trying to describe (in detail) what the region’s ethics practices and procedures look like. (Chris recently made the rounds with the Ethics group and gathered up information specific to each location.) What is attempting to be described are; size of the programs, charter’s, membership, funding, meeting frequency, funding, number of consults a year etc. Goal is to describe this from a regional standpoint.

**Decision:**None other than the group continue to provide info to Margie and Chris as this moves along.

.

**Action items:** Margie to complete her portion of the assessment and share with Chris. To eventually be shared with the consortium.

**Item: Case Review**

**Discussion:** Rich did an excellent job presenting a case study on a patient suffering with anorexia and how the case was handled. For purposes of confidentially – no case specifics are being shared.

Robust discussion on a wide variety of aspects ranging from legal to clinical to emotional to trying to determine when a patient is of sound mind and body and able to make life decisions or not.

In this discussion different tactics were talked about wondering if they would have made a difference in the case trajectory i.e., putting in place agreed upon ‘contracts’ with the patient early in their care that if ‘broken’ would clearly lay out the path of treatment going forward is one example.

Case study seemed to underscore early points made by the group around ‘next step ethics’ and making sure everyone was on the same page in the treatment plan – including the patient!

**Decision:** None.

**Action item:** None

**Item: Next meeting?**

**Discussion:** Have the meeting in early January 2020.

**Action Items:** Marc to send out Doodle Poll in December for a meeting and try for a day other than Wednesday night.

End

Ambrosi