



Location: Zoom Meeting
Time: 5:00 PM – 6:00 PM

Agenda

Time	Topic	Facilitator
5:00 PM:	Welcome New Members/Introduction to HCELC	Margie
5:05 PM:	Current challenges being faced: e.g., legal, moral distress, operational etc. Open discussion for all.	Chris
5:20 PM:	Case Presentation and Discussion	Margie/Chris
5:55 PM:	Close/Next Meeting	Chris

Attendees: Margie Shaw, Chris Reynolds, Beth Talia, Patrick Hopkins, Rich Demme, Carl T. D’Angio, Ellie Fralick, Fernando, Ontiveros, Gail Wratney-Feathers, Gary Kochersberger, Hazel Robertshaw, Jeffrey Allen, Justin Weis, Karen Abbas, Kelly O’Donoghue, Kurt Koczent, Lawrence Hargrave, Matt Ulakovic, Michael Nabozny, Sarah Hallett, Sarah Rehler, Theresa Rose, Celia McIntosh, Gabriella Briggs, Michael DiSalle, OJ Sahler, Fr.-Bernard Dan, David Kaufman, Laurie Militello, Marc Ambrosi

Item: Welcome/Introduction to HCELC/Current Structure

Discussion: Margie/Chris welcomed the group to the HCELC and for the introduction reviewed pieces of the Mission and Problem Statement (below) that was created in the initial stages of the consortium. Chris shared an appreciation for the Academy and the opportunity this consortium presents in working across both health system and affiliates to share information, best practices and to collaborate on key issues.

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.”

Decision/Action Items: N/A

Item: Current challenges being faced: e.g., legal, moral distress, operational etc.

Discussion:

- Patients seeking treatment w/ivermectin and possibly suing if they are refused this course of treatment.
- Patient load balancing (especially with the surge). Patient transfer guidance is being offered through the Department of Health. Success here remains to be seen.
- Staff shortages, moral distress and burn out levels remain quite high.
- Operationally, had a challenge with a shortage of ECMO machines requiring outreach across hospital systems for help. (Positive in that there are regional support mechanisms in place for getting help or sharing best practices.)
- Caring for vaccinated versus unvaccinated patients (privacy of care issues) and who can or cannot be admitted. Having to explain to an unvaccinated person they cannot be considered for admittance is a challenge. The inability to admit patients revolves around rehabilitation and long-term care facilities due to the risk of transmission in congregate living settings. This will have implications for acute care hospitals and patients.
- Broader challenges that are brought on by health care worker shortages? Negative impact on community-based programs (e.g., Day Treatment). There are young individuals with complex emotional issues that need community-based services and cannot get them. Parents are not equipped to take care of them. The ‘domino effect’ on staff shortages is a challenge. Homes that serve the DD population are being forced to close leaving care gaps in the community. The negative impact on the unbridled capitalism w/travelling nurses is a complicating staffing factor as well.
- The ‘ball or target’ keeps moving. Systems that were created early in the pandemic are no longer relevant and re-tooling is constantly required. Presents many logistical challenges.

Decision/Action Items: To continue to discuss the main challenges at the May meeting. Marc to send reminders to the group, well in advance of the next meeting, to gather additional challenges.



Item: Case Study

Discussion: N/A

Decision/Action Items: N/A

Item: Next HCELC Zoom Meeting?

Discussion: N/A

Decision/Action Items: May 31, 2022. 5 PM – 6 PM.

End.

Ambrosi