EHR Ethics Consult Capture
Documentation – ASBH and Dubler

Ethics question
- Complete, clear and concise formulation of the ethics question, uncertainty or conflict
  - “The consult was called because…”
- Identifies whose values are uncertain or conflicting
- Identifies the decision/action in question
- Distinguishes discerned ethical issues from original reason for consult, if applicable

Consultation-specific information
- Conveys most important information about medical and social facts, patient wishes and values, values of other stakeholders
- Reflects appropriate sources and citations for these facts
Documentation – ASBH and Dubler

Recount the process
• Lists the participants in the meeting
• Describes the options that were discussed
• Describes the consensus, if any was reached

Analysis
• Explain and analyze the ethical issues in the context of the case
• Analysis is clear, balanced

Recommendation
• Is justifiable, practical and responsive
• Identifies and explains the range of justifiable options
• Describe follow-up, if any was agreed upon or is otherwise appropriate

• Valid and compelling argument and counterargument
• No extraneous information but provides sufficient detail and nuance
• Avoids bias in language choice
Documenting Ethics Consults

Most consults require documentation in the patient’s chart, but not all
• All consults should be documented or tracked somewhere

Ethics documentation in the patient’s chart is necessary if:
• The recommendation is nuanced and should be understood by all involved
• The physician writes an order for an ethics consult
• A decision is made for an unrepresented patient

Documenting in the chart is not necessary for:
• General advisement
• Policy clarification
• An ethics issue, but not appropriate for an ethics consult
Two Places to Document

Standard EHR Template
• Coming soon
• Pilot phase starting soon
  • Tacoma (EPIC)
  • Sacramento (Cerner)
  • Oregon (Meditech)
  • Nebraska (EPIC)
  • Tennessee (EPIC)
  • Houston (EPIC)
• Will expand to all EHR platforms and all CommonSpirit locations

REDCap
• Available now
• Still in pilot phase
  • Theology and Ethics Department at the National Office
  • CHI St. Vincent in Little Rock, AR
EHR Ethics Consultation Capture: Tests and Evolution
REDCap

CommonSpirit Health Ethics Consult Archive
- Online database to track clinical ethics consults
- Free to non-profit organizations
- Behind the firewall, HIPAA compliant
- Customizable data fields, can limit access to certain users
- HIPAA compliant

REDCap Mobile App
- Allows documenting ethics consults on smartphone or tablet
- Free to download
- Same interface and questions as the website
**Clinical Ethics Consults**

If the option you need for any category is not available, choose the best approximation and contact your local Ethicist, Ethics Chair, or Mission Leader to discuss adding it as an option, or email ethics@compositespirit.org.

**Ethics Tracker Help**

Click here to watch a short video describing how to enter clinical ethics consults.

**Date of Consult Request**

* must provide value

**Response Date**

* must provide value

**CommonSpirit Health State**

* must provide value

**Setting of Consult Request**

In what unit or setting did the consult arise? If this is a Patient Care Consultation, what was the patient in when the consult was requested?

* must provide value

**Requestor Discipline**

Who initiated the request for the Ethics Consult? For example, if the nurse called by phone, select Nursing. If the physician put in an order, select Physician.

* must provide value

**Method of Consult Request**

How was the Ethics Consult Request requested? For example, if you received the Ethics Consult order via a phone call, please select the "Telephone" option.

* must provide value

**Presence of Ethics Consultant**

How did you (the Ethics Consultant) conduct the Ethics Consult? For example, if you spoke to the family, physician, and nurse in person, choose the "in-person" option.

* must provide value
Consult Type

1. General Advisement - Offering an opinion or clarification for informational purposes that will not formally be used as the basis for altering a specific patient's plan of care.
2. Policy Clarification - Responding to questions related to institutional policies and/or the IRBs.
3. Patient Care Consultation - A process of gathering facts, engaging various stakeholders, and identifying and applying norms in order to arrive at a recommendation intended to influence a specific patient's plan of care, usually but not necessarily documented in the patient's record.
4. Retrospective Case Analysis - Post-Discharge review of a specific case for the purpose of improving existing care processes.

Primary Consult Reason Category

The following “Additional Consult Reason Categories” are not required but instead provided in the case of a multi-reason consult.

Additional Consult Reason Category

Consult Narrative

This is optional. Briefly describe (5-6 sentences) the background of the consult that led to the requestor asking for the consult. Consider completing if the consult has unique ethical components.

Please make sure your description is de-identified. Do not put any information that can identify the patient, such as the name of the patient, physician, nurse, or other provider.

Consultant's Recommendation

This is optional. Briefly describe (5-6 sentences) your actions, recommendation, and what resolution (if any) occurred. Consider completing if the recommendation or resolution has unique or nuanced ethical components.

Please make sure your description is de-identified. Do not put any information that can identify the patient, such as the name of the patient, physician, nurse, or other provider.
Show instrument controls

Record ID 1

If the option you need for any category is not available, choose the best approximation and contact your Mission Leader to discuss adding it as an option.

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Response Date *must provide value

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Primary Consult Reason Category

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Additional Consult Reason Category

Additional Consult Reason Category
REDCap

Job Aid and instructional videos available
• Will be updated after pilot finishes in a few months

To sign up for REDCap, email BecketGremmels@catholichealth.net
Ethics Consultation Note

S/B - SITUATION/BACKGROUND
Ethics Consultation Service was consulted for question(s) about: ***

Patient Information:
Name: @FNAME@ @LNAME@  Preferred name: @DBLINK(EPT,123,,,)@
Inpatient Admission Date: @ADMITDT@ Length of Stay @TDOE@
Room #: @ROOMBED@
Age at time of consult: @AGE@
Gender: @SEX@ Gender identity: @GENDERIDENTITY@
Race: @DBLINK(EPT,145,1,1)@ Ethnicity: {EthnicityDropDown:34750}
Religious Preference: @RELIGION@
Pref. Spoken Language: ***  Pref. Written Language: ***
Interpreter/Translator needed: {ethics yes no comments:35636}

This consultation included collaboration with the following: {Ethics Participants:34628}

A - ANALYSIS/ASSESSMENT
Ethical Analysis

Medical Indications (in brief)
• Attending Provider: @ATTPROV@  Primary Provider: @PCP@
• Other Involved Consulting Providers/Team Members: ***
• Reason for Admission: ***
• Diagnosis: ***
• Relevant Prior Medical History: ***
• Prognosis per the healthcare team: ***
• Current Code Status: {Code Status:34752}
• Clinical Risks/Benefits/Goals of treatment relevant to this ethics consultation: ***
• Additional comments about medical indications: ***
EHR Template

**Patient Preferences**
- Current capacity for Decision-making: {ethics yes no comment:35636}
- Advance Directives Status: {Advance Directives Status:34754}
- Type of Advance Care Planning document(s): {Advance Directives Documents:34629}
- Relevant notes regarding Advanced Care Planning document(s): ***
- Name of legally-authorized representative/surrogate decision-maker: ***
- Type of legally-authorized representative/surrogate decision-maker: {Representative Type:34633}
- Known or stated preferences/goals/values of the patient: ***
- Does the information provided by the legally-authorized representative align with patient’s preferences/goals/values? {Ethics Likeliness Drop-down:35683}
- Additional comments about patient preferences: ***

**Patient Perception of Illness & Treatment**
- Patient’s place of residence: {Place of Residence:34575}
- Will pt likely return to place of residence? {Ethics Likeliness Drop-down:35683}
- Likelihood to return to activities meaningful from the patient’s perspective: {Ethics Likeliness Drop-down:35683}
- Prospects with or without treatment for a return to this patient's physical, mental, and/or social baseline: {Ethics Likeliness Drop-down:35683}
- Do the patient’s known or stated preferences/goals/values align with prospects for return to baseline (tradeoffs between reasonable hope of benefits and anticipated burdens): {Ethics Likeliness Drop-down:35683}
- Additional comments about Patient Perception of Illness & Treatment Comments: ***
EHR Template

Contextual Features
- Spirituality/Faith Tradition considerations: ***
- Cultural considerations: ***
- Additional Contextual Factors: {Ethics Additional Factors:35725}
- Additional comments about contextual features: ***

R-RECOMMENDATION

Recommendations/Next Steps/Action Plan

Based on this analysis, the following recommendations are offered:
{Ethics Recommendations:34632}

Next steps/action plan:
***

The {Ethics Entity:34631} {Ethics Actions:35884}. Please contact us as additional ethics concerns or questions arise. The Ethics Consultation Service can be reached at ***. Thank you for the opportunity to be involved in this case.

This note has been prepared by *** (name) *** (credentials, title), {Ethics Entity:34631}

REFERENCES

Data Driven Ethics Committee
Factors Associated with the Timing and Patient Outcomes of Clinical Ethics Consultation

Mary E. Homan, MA, MSHCE, DrPH
20 October 2018
American Society for Bioethics & Humanities, 20th Annual Conference
Anaheim, California
Study Question & Aim

Does the late timing of an ethics consultation (after first two hospital days) predict adverse patient outcomes (excess length of stay, low realization rate) adjusting for patient characteristics?

To apply the Gelberg-Andersen Behavioral Model for Vulnerable Populations to predict two adverse patient outcomes (excess length of stay, low realization rate) as a function of predisposing (P), enabling (E), need (N), and health behavior (H) variables of adult patients for whom an ethics consult was requested during the hospital stay.
## Early Versus Late Consultation Group

### Early Consultation (37%)
- Average Length of Stay: 6.2 days
- GMLOS: 5.1 days (M)
- Days from Admit to Consult: 1.06 days (M)
- Days from Consult to Discharge: 5.11 days (M)
- Average Realization Rate: 33.1%
- Expired/Hospice: 42.4%

### Late Consultation (63%)
- Average Length of Stay: 14.8 days
- GMLOS: 7.3 days (M)
- Days from Admit to Consult: 9.34 days (M)
- Days from Consult to Discharge: 5.42 days (M)
- Average Realization Rate: 23.7%
- Expired/Hospice: 42.1%
Conclusions

- Patients for whom an ethics consultation is requested are often vulnerable whether through chronic conditions that land them frequently in the hospital, a lack of sufficient resources (including insurance) to access the next level of care, or the absence of a designated decision-maker.

- Study findings can inform best practices across disciplines on what to look for when a patient is admitted to a hospital, how to identify barriers in the provision of quality care, and how to be prepared for labor and resource-intensive cases when there is no right answer.
Examining Quality and Value in Ethics Consultation Services

Mark Repenshek, PhD
Vice President, Ethics and Church Relations
Ascension Health
Published in *National Catholic Bioethics Quarterly* 2018 18:1
Earlier consults associated with lower LOS variance

<table>
<thead>
<tr>
<th>Days from Admit to Consult</th>
<th>2010-2012 ICU patients only (n=404)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Observed</td>
</tr>
<tr>
<td>&lt; 1</td>
<td>3.75</td>
</tr>
<tr>
<td>1–5</td>
<td>9.40</td>
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<tr>
<td>6–10</td>
<td>13.06</td>
</tr>
<tr>
<td>11–15</td>
<td>21.26</td>
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<tr>
<td>&gt; 15</td>
<td>48.00</td>
</tr>
</tbody>
</table>
Readmission rate cut by 51%

<table>
<thead>
<tr>
<th>2010-2012 ICU patients only (n=404)</th>
<th>Observed</th>
<th>Expected</th>
<th>O/E Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients with 30 day readmit</td>
<td>8.4%</td>
<td>19%</td>
<td>0.44</td>
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</table>
Mercy West Communities (Oklahoma)

10 hospitals Central/Western Oklahoma
- 349 bed regional referral center in OK City
- 116 bed community hospital in Ada
- 150 bed hospital in Ardmore
- 48 bed hospital in El Reno
- 6 hospitals are critical access or ≤ 25 beds

495 ethics consults from 2013-16
- Avg of 99 per year

Ascension Columbia-St. Mary’s

4 hospitals – Milwaukee, WI
- 468 bed regional referral center
  - Includes a 67 bed rehab hospital and a 111 bed Women’s Hospital
- 182 bed hospital 30 min north of town

404 ethics consults in ICU from 2010-2012
- Avg of 135 per year, all in ICU
## Consults to Bed Ratio (CBR)

<table>
<thead>
<tr>
<th>Consult Volume</th>
<th>CBR</th>
<th>450 Beds</th>
<th>200 Beds</th>
<th>150 Beds</th>
<th>50 Beds</th>
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</thead>
<tbody>
<tr>
<td>High</td>
<td>0.446 - 0.998</td>
<td>200 – 449</td>
<td>89 – 200</td>
<td>67 – 150</td>
<td>22 – 49</td>
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<tr>
<td>Moderate</td>
<td>0.181 - 0.270</td>
<td>81 – 122</td>
<td>36 – 54</td>
<td>27 – 40</td>
<td>9 – 14</td>
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<tr>
<td>Low</td>
<td>0.038 - 0.131</td>
<td>17 - 59</td>
<td>8 - 26</td>
<td>6 - 20</td>
<td>2 - 7</td>
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## Consults by Hospital Bed Size

<table>
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<th>Bed size</th>
<th>Average consults</th>
<th>Number of Hospitals</th>
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<td>10</td>
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- Informal online survey on ASBH listserv
- 83 hospitals responding