

# ATTENTION



**PLEASE CONTACT ARLENE DAVIS FOR PERMISSION  
BEFORE SHARING THIS PRESENTATION**

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# Documentation, Feedback, and Service Development

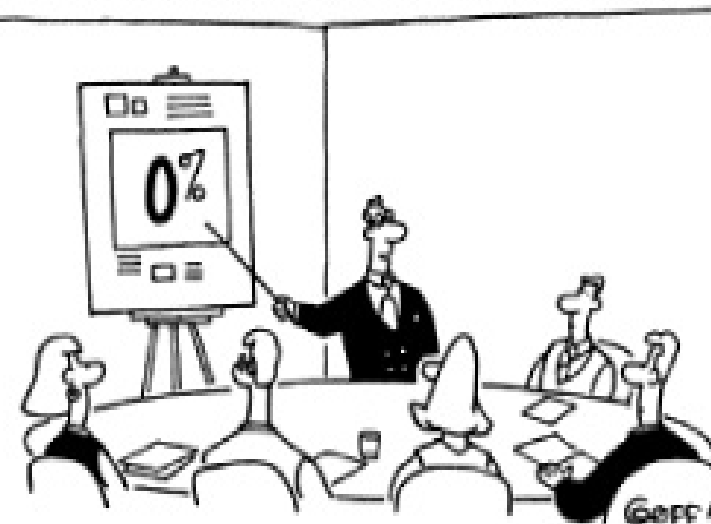


**PAUL OSSMAN, MD, MPH**  
**LEAD CONSULTANT**

# Who is our “Customer”?

- The Hospital
- The Requestor
- The Patient
- The Provider
- The Staff

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"Our study concludes that this is the percentage of our customers who will buy from us without any effort whatsoever on our part."

# “Can they fire us?” – The Gary Gala Question



- The Hospital
- The Requestor
- The Patient
- The Provider
- The Staff

# Consultation in the Hospital

- DETERMINE THE QUESTION
- ESTABLISH THE URGENCY
- LOOK FOR YOURSELF
- BE AS BRIEF AS APPROPRIATE
- BE SPECIFIC
- PROVIDE CONTINGENCY PLANS
- HONOR THY TURF (OR THOU SHALT NOT COVET THY NEIGHBOR'S PATIENT)
- TEACH . . . WITH TACT
- TALK IS CHEAP . . . AND EFFECTIVE
- FOLLOW-UP

Goldman L, Lee T, Rudd P. Ten Commandments for Effective Consultations. Arch Intern Med. 1983;143(9):1753-1755

### **Clinical Ethics Service Consult Note**

The Clinical Ethics Service was asked by \*\*\* to offer a consultation regarding \*NAME\*. The stated reason for the consultation is \*\*\*. The ethical issues are {Ethical issues list:38213}.

**Consultants:** \*\*\*

**Description of Consult Activity:** {Ethics consult activity list:38216}.  
\*\*\*

**Case Summary:** \*\*\*

**Ethical Analysis:** \*\*\*

**Recommendations:** \*\*\*

This consult is {Ethics consult status:38217}.

Note: These recommendations are advisory and follow from the information available and the patient's status at the time of the consult. They are offered on behalf of the clinical ethics services supported by the UNC Hospital Ethics Committee. Ethics consults are not medical judgments; ethics consultants are not acting in a clinical role when conducting ethics consultations. Involved parties must decide whether and how any advice offered might assist them in relevant decision-making. Thank you for this consultation. Please call (919)843-1470 if we can be of further assistance.

Paul D Ossman  
Lead Consultant, Clinical Ethics Service  
6/12/2019 2:27 PM

# DETERMINE THE QUESTION



## Clinical Ethics Service Consult Note

The Clinical Ethics Service was asked by Family Medicine to offer a consultation regarding \*NAME\*. The stated reason for the consultation is determining a treatment plan. The ethical issues are [Ethical issues list:38213].

**Consultants:** \*\*\*

**Description of Consult Activity:** {Ethics co  
\*\*\*

**Case Summary:** \*\*\*

**Ethical Analysis:** \*\*\*

**Recommendations:** \*\*\*

This consult is {Ethics consult status:38217}

Note: These recommendations are advisory ethics services supported by the UNC Hospital ethics consultations. Involved parties must call (919)843-1470 if we can be of further assistance.

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Confidentiality or privacy  
Conflict of interest  
Different medical judgments among team members  
Informed consent or assent  
Care coordination issues  
Obligations to the non-adherent patient  
Professional boundaries and scope of practice  
Truth-telling  
Disposition issues  
Third party interests  
Fair allocation of resources  
Decision-making capacity  
Proxy choice/basis of decision making/disagreement among proxies  
Patient or proxy demand for treatment  
Patient or proxy refusal of treatment  
Religious/cultural/personal values  
Respect for persons or patient autonomy  
Benefit/burden analysis in treatment options  
Code status  
Conflict in aligning treatment options with goals of care  
Withdrawing/withholding of life-prolonging treatment  
Advance directive interpretation  
Issues around pregnancy , childbirth or neonates  
Risk of harm to self or others  
Questions at intersection of ethics and law  
Other: \*\*\*



At the time of the consult. They are offered on behalf of the clinical ethics consultants are not acting in a clinical role when conducting patient decision-making. Thank you for this consultation. Please call

# DETERMINE THE QUESTION



## Clinical Ethics Service Consult Note

The Clinical Ethics Service was asked by Family Medicine to offer a consultation regarding \*NAME\*. The stated reason for the consultation is determining a treatment plan. The ethical issues are Obligations to the non-adherent patient, Disposition issues, Fair allocation of resources, Patient or proxy demand for treatment, Patient or proxy refusal of treatment and Respect for persons or patient autonomy.

- Obligations
- Respect
- Patient demand for treatment
- Patient refusal of treatment
- Resources
- Disposition



# LOOK FOR YOURSELF



## Clinical Ethics Service Consult Note

The Clinical Ethics Service was asked by Family Medicine to offer a consultation regarding \*NAME\*. The stated reason for the consultation is determining a treatment plan. The ethical issues are Obligations to the non-adherent patient, Disposition issues, Fair allocation of resources, Patient or proxy demand for treatment, Patient or proxy refusal of treatment and Respect for persons or patient autonomy.

**Consultants:** Paul Ossman

**Description of Consult Activity:** {Ethics consult activity list:38216}

\*\*\*

**Case Summary:** \*\*\*

**Ethical Analysis:** \*\*\*

**Recommendations:** \*\*\*

This consult is {Ethics consult status:38217}.

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Reviewed patient chart  
Spoke with the medical team  
Spoke with nursing  
Spoke with case manager  
Spoke with other members of the health care team  
Conferred with Ethics Consult team  
Spoke with patient  
Spoke with family member(s)  
Spoke with proxy  
Conducted a meeting with the following participants {Participants in ethics consult list:38214}  
Other: \*\*\*

# BE AS BRIEF AS APPROPRIATE



- “Per EMR . . .”

## **Clinical Ethics Service Consult Note**

The Clinical Ethics Service was asked by Family Medicine to offer a consultation regarding \*NAME\*. The stated reason for the consultation is determining a treatment plan. The ethical issues are Obligations to the non-adherent patient, Disposition issues, Fair allocation of resources, Patient or proxy demand for treatment, Patient or proxy refusal of treatment and Respect for persons or patient autonomy.

**Consultants:** Paul Ossman

**Description of Consult Activity:** Spoke with the medical team, Spoke with nursing, Spoke with case manager and Spoke with patient.

**Case Summary:** \*\*\*

**Ethical Analysis:** \*\*\*

**Recommendations:** \*\*\*

This consult is {Ethics consult status:38217}.

Note: These recommendations are advisory and follow from the information available and the patient's status at the time of the consult. They are offered on behalf of the clinical ethics services supported by the UNC Hospital Ethics Committee. Ethics consultations are not medical judgments; ethics consultants are not acting in a clinical role when conducting ethics consultations. Involved parties must decide whether and how any advice offered might assist them in relevant decision-making. Thank you for this consultation. Please call (919)843-1470 if we can be of further assistance.

# BE SPECIFIC



- **Be sure to communicate with the patient**
  - Consider using wish statements when discussing limited options for treatment
  - Consider using the “Best Case Worst Case” tool when discussing goals and plans for future treatment
  - When possible, offer choices as a cohesive plan rather than a list of smaller choices. To this end, there are two major choices: maximizing comfort measures and allowing full access to calories or maximizing aggressive curative measures with calorie restrictions

# BE SPECIFIC



Many times ethics consults are called due to distress when there are no good options

- When possible, grade the options
  - Permissible
  - Impermissible
  - Necessary
- Name the distress
  - “If the patient’s expectations cannot be met with medical therapy, it is necessary to communicate these limitations to the patient.”

# TALK IS CHEAP . . . AND EFFECTIVE



. . . But leaving a record is often essential

- Changes in team members
- Multiple admissions
- Many folks will hear what they want to hear
  - “Per ethics . . . .”
- Clear commination as to when sign-off has occurred

# FOLLOW-UP



- . . . But sign off when appropriate

# Discussion



- **PROVIDE CONTINGENCY PLANS**
- **HONOR THY TURF**
- **TEACH . . . WITH TACT**

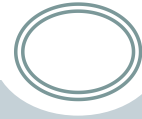
# Our Consult Feedback from the Lead Consultant



- **We collect information on:**
  - Visiting and interviewing the patient or family
  - Ethical issues requestor calls us about (which is primary)
  - Ethical issues we identify during the consultation (ditto)
  - What we did to offer our recommendations (to requestor, others, EMR note)
  - Whether we know if our recs were followed
  - Whether the consult raised educational or policy issues we should address more broadly
  - Whether we should debrief on this consult specifically at the HEC meeting
- **We also collect service level information on:**
  - Whether the LC got the help needed from the ethics team generally
  - How long the consult took, in face to face meetings and in record review/documentation
- **This information is kept within our HEC files**

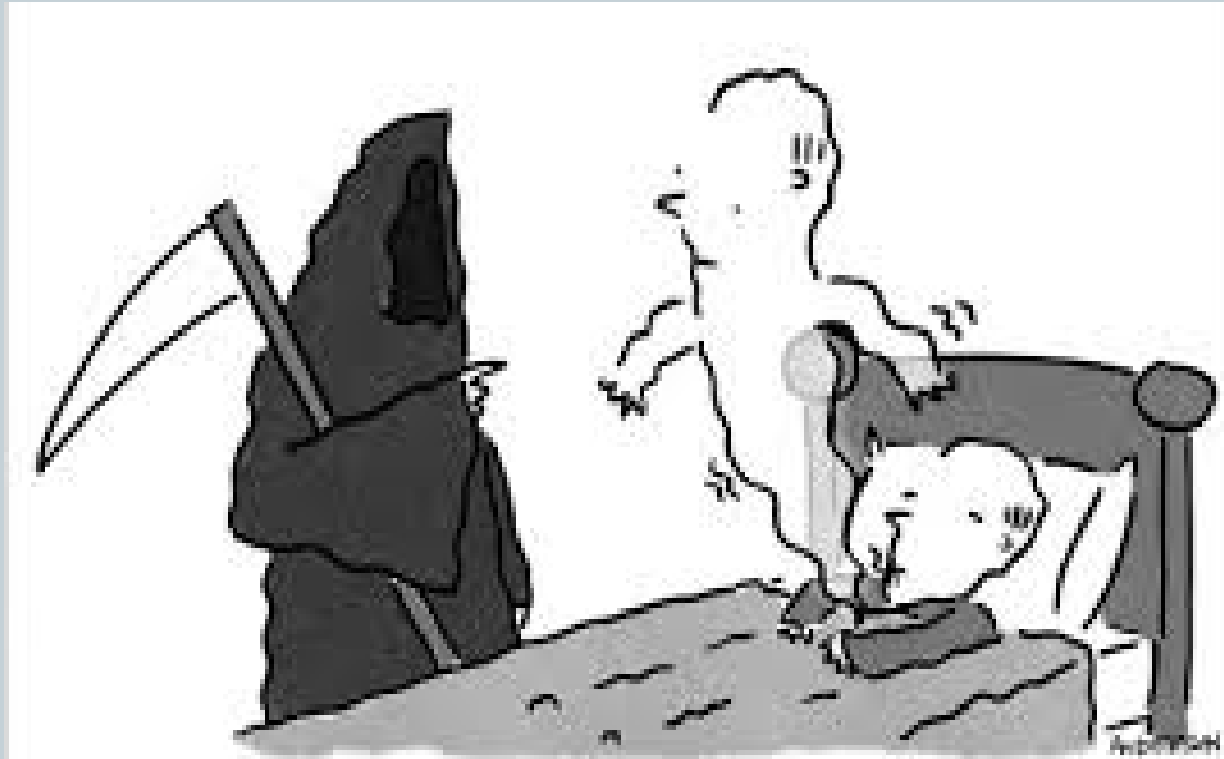


# Consult Feedback: Comparing Lead Consultant and Requestor Experiences



- We ask the lead consultants a set of questions that mirror, to some extent, the feedback questions we ask of requestors, including whether the LC:
  - Was timely in initial contact with the requestor
  - Explained role as lead consultant
  - Described ethical issues
  - Provided clear and complete recommendations
  - Closed consult with a clear plan for next steps.
- In the requestor survey we also ask:
  - How the requestor learned about our service
  - Whether they would recommend us or work with us again
  - Their general satisfaction with the consult

# Requestor Feedback



"If you were satisfied with my service, please take a moment to fill out the survey."

# Service Development



- Discussion and Questions