Ethics Dispatch Monthly: Supporting Ethics Committee Volunteers

Proposal for Support

In today’s demanding acute and institutional care environments, professionals live with the reality that time is not their own. Carving out opportunities for personal skills development is often beyond reach.

Over the last three decades, the Center has navigated these challenges, mainly by developing programs and services offered before work, during lunch or after work. With the advent of mobile devices, the whole landscape of how clinicians and health professionals respond to and consume information about delivery of care has been upended. What happens to patients, how and where they receive care, and the urgency of those situations demand a different response from the Center.

During the last two years (2017-2019), the Center has been designing and testing a new model for ethics leaders support. We are ready to serve this legion of professionals at work across the continuum of care, including many who volunteer their time to elevate and enhance ethics in their institutions.

This proposal requests your consideration to support this shift in service delivery and to expand our reach. Specifically, the Center requests a total of $15,000 for the initiation and ongoing support of the Ethics Dispatch Monthly, a project to support the skill development needs of health professionals and providers from mid-career volunteers to newly minted students. The goal of Ethics Dispatch Monthly is to educate, to improve the effectiveness of Ethics Committees and their members and to provide a turnkey resource for Ethics Committee leaders who are challenged by the daily routines that allow little time for content development.

BACKGROUND ON ETHICS COMMITTEES

Following Congress’s adoption of the 1991 Patient Self-Determination Act, the Joint Commission instituted a requirement that accredited hospitals demonstrate proficiency in addressing ethical concerns that occur in the normal course of caring for patients. The “clinical ethics mechanism” requirement was commonly met by establishing a hospital ethics committee, which performed three functions:
• CONSULTATION – Helping patients, families and clinicians work through situations where no best course of action is readily apparent;
• EDUCATION – training and skill development; and
• POLICY – Holding regular reviews and updates of hospital policies involving ethical considerations (e.g., informed consent, refusal of treatment, transplant)

Ethics committees play a unique role with respect to quality and safety. Growing evidence suggests that effective ethics committees can mitigate moral distress, staff turnover and burnout while improving patient satisfaction, unnecessary and preventable readmissions and more appropriate and beneficial care in highly stressful situations.

In recent years, however, management specialization within hospitals, consolidation of health systems and efforts to address risk management, customer relations, safety, security and quality improvement have redirected and marginalized examination of ethical issues.

Many ethics committees report being under-resourced and struggle to clarify institutional roles in creating an ethics rich institutional culture. Moreover, most ethics committees are comprised of volunteers with full-time jobs, with little or no background in bioethics and limited spare time.

Unresolved ethical issues have led to lower productivity, higher turnover, and moral distress as reported by clinicians and increased risks of litigation and settlements. With respect to patient care, these issues have resulted in poorer health outcomes and lower patient satisfaction.

HOW WE ADDRESSED THE PROBLEM
In 2017, the Center for Practical Bioethics conducted focus group research with area ethics committee members to better understand the problems they face and ways they can be supported in their work. The Center found that ethics committee chairs often struggle to prepare needed programming for scheduled meetings, and ethics committee members frequently express the need for more basic education in the scope and conduct of their duties.

The Center resolved to call on its 30+ year history of founding and leading the Kansas City Regional Ethics Committee Consortium, a group composed of area ethics committee members, by launching a new series of educational webinars and workshops that can be archived.
and made available 24/7 via the web. In addition, we determined that a more “bite-sized” approach to educational information was needed for professionals to consume in ways that were more responsive to both their professional duties as ethics leaders and more responsive to volunteer needs as well.

THE ETHICS DISPATCH PROJECT
What grew out of our review was a regularly scheduled electronic communication that responds to requests by ethics leaders to address needs they identify. Entitled Ethics Dispatch Monthly, the project launched in the summer of 2019 and needs underwriting support of approximately $15,000 per year. This represents a targeted and comprehensive response to the challenges identified by our focus group participants.

Ethics Dispatch is a monthly communication tool offering the following content:

- **Hot Topic** – Each month, the Center’s clinical ethics staff provide a summary of a specific topic along with guidance on an issue impacting providers regionally or within the field. For example, debut issues have addressed concerns around the suspension of “Do Not Resuscitate” orders for persons undergoing surgeries, life-saving interventions following suicide attempts, and public health concerns due to anti-vaccination decisions.
- **Bioethics in the News** – Links are curated and provided to the recent and most relevant stories in the news pertaining to issues of concern to ethics committee members.
- **Case Study** – Each issue of Ethics Dispatch includes a case study that illustrates the topic of the month in a real-life situation.
- **Ethical Musings** – In this section, the issue’s Ethics Dispatch author takes a deeper, more personal approach to presenting the issue using an ethical framework and argument to model the clinical ethics presentation.

In early 2020, Ethics Dispatch staff will introduce an online discussion component allowing Consortium subscribers to participate more directly in providing feedback and engage each other in more robust conversations. The online discussion will be monitored and facilitated for quality and responsiveness.

Initially, the primary audience for the Ethics Dispatch is the Kansas City Regional Ethics Committee Consortium, currently comprised of more than 300 individuals representing some three dozen providers, mostly hospitals and health systems. We know, however, that information in Ethics Dispatch will be of interest and use to students, educators, other administrators and policy makers. We will continuously expand our mailing list as new contact information becomes available.
EVALUATING THE IMPACT

- **User Survey** – The Center will conduct an annual survey to analyze the impact of the *Ethics Dispatch* based on feedback from our subscribers and contributors. We will ask about assistance in resolving difficult cases and/or the development and implementation of hospital policies and the overall engagement and improved strength of ethics committees. Evaluation results will be used to tailor content ever more closely to recipients’ responsibilities and interests.

- **Mailing List** – We have set a goal to grow our mailing list to at least 500 subscribers by the end of the first year. We will monitor click and open rates and seek feedback on most helpful tools and resources.

PROFESSIONAL QUALIFICATIONS

The Center’s clinical ethicists, membership and program associate staff will be responsible for the management and expansion of this project. Upon joining the Center’s staff in June 2019, Ryan Pferdehirt began introducing himself to ethics committees in metro Kansas City hospitals. His aim was to gain better understanding of each of the committees’ strengths, weaknesses and opportunities and to use that knowledge to enable the Center to better meet the committees’ needs and improve their effectiveness. His work focuses on developing and growing competencies of ethics leadership within health entities and improving skills of providers engaged in the consultations.

Ryan previously served as the Department Chair and Bioethicist for a multiple hospital health system in the Seattle/Tacoma area, overseeing all aspects of health ethics services for a regional health system throughout the state of Washington. In addition to directing the clinical ethics consultation service and conducting several hundred ethics consultations, he served on and chaired multiple hospital ethics committees and IRBs. He anticipates completing his doctorate in health ethics in 2020 from Loyola Chicago.

Since joining the Center in 2016, Matthew Pjecha, MSPP has been developing programs and providing research and technical support. He coordinates the Kansas City Regional Hospital Ethics Committee Consortium. He received a B.A. in Philosophy from the University of Missouri - Kansas City where he focused on bioethics and philosophy of science. He then completed an M.S. in Public Policy from the Georgia Institute of Technology focused on health policy and a certificate in science, technology, and society studies. His interests are devoted to ethical and policy dimensions of emerging issues at the intersection of medicine, technology, and society.

Tarris Rosell, PhD, DMin, holds the Rosemary Flanigan Chair at the Center. Dr. Rosell completed a fellowship in clinical ethics at Vanderbilt University and earned his PhD there in Ethics and Society from the graduate department of religion. His first doctorate is in Pastoral Theology from Colgate-Rochester Divinity School. Dr. Rosell’s ethics articles are found in numerous periodicals, both print and electronic. He contributed a chapter to the 2008 Cambridge University publication, *Complex Ethics Consultation: Cases that Haunt Us*. Another book chapter on a clinical ethics case is forthcoming.