

Ethics Committee Case Review Check List

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Ethics Committee Case Review Checklist

by the Kansas City Regional Hospital Ethics Committee Consortium

This Case Review Checklist was prepared at the request of a member of the Kansas City Regional Ethics Committee Consortium sponsored by the Center for Practical Bioethics, formerly Midwest Bioethics Center. Its purpose is to provide an initial guide to handling requests for a case review to improve the quality of consults and to promote uniformity. The checklist assumes that the committee has its own procedures for case review in place and has practiced using these procedures.

When a case review is requested, some committees respond as a whole; others designate a team of committee members to gather the information and do the actual consultation. In the latter case, it is imperative that the team makes a report to the full committee at its next meeting.

The Ethics Committee Case Review Checklist will help committees track the progress of their consults.

About the Center for Practical Bioethics

The Center for Practical Bioethics is a freestanding practical bioethics center dedicated to raising and responding to ethical issues in health and healthcare. Our core value is respect for human dignity, and we envision a society in which the dignity and health of all people are advanced through ethical discourse and action. We believe that all persons have intrinsic worth, and we express this belief by promoting both autonomy and social justice in health and healthcare. Since 1984, the Center for Practical Bioethics has facilitated the development of more than 200 hospital ethics committees and contributed to the education of new and experienced committee members in all types of healthcare organizations.

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Section I.

Pre-Consultation: Initial Fact Gathering

1.	Date/time of call:					
2.	Caller's name:					
3.	Caller's relation to patient and/or involvement with case:					
4.	Why is caller seeking an ethi What does the caller see as the					
5.	Who else has the caller spoke Patient Attending physician/s Other physicians Nurse/s Social worker/s Family members Chaplain Comments:	en with? Yes Yes Yes Yes Yes Yes Yes Ye	 □ No 			
6.	Have other efforts been mad Chaplain Social worker/s Case conference Others (please list)	e to resolve the Yes Yes Yes Yes Yes	problem? If so, by whom? No No No No No			

7.	Is there urgency with this request? If yes, describe:	Ye	es	_ No
8.	Does the caller wish to keep the request confidential? If yes, why?	Ye	es	_ No
	NOTE: Some institutional ethics committee policies at do not allow for anonymous requests.	nd procedı	ıres	

Section II.

Notice to Ethics Committee Chair or Expedited Review Team Leader

1.	Have you notified the following that an ethics committee consultation is being considered?							
	Attending physician/s		Yes			No		
	Ethics Committee Chair		Yes			No		
	Patient (asked consent)		Yes			No		
	Social worker/s		Yes			No		
	Family, if patient lacks		Yes			No		
	decisional capacity							
2.	Have you studied the patient's chart?			Yes	_		No	
3.	Have you interviewed:							
	Patient		Yes			No		
	Family		Yes			No		
	Attending physician(s)		Yes			No		
	Specialist physician(s)		Yes			No		
	Nurses		Yes			No		
	Social workers		Yes			No		
	Chaplain		Yes			No		
	Other							
	Section I	II.						
	Pre-Consultation	ı Re	eview					
1	In your opinion, is this case appropriate for	a cc	msultati	on?		γ	'es	No
	in your opinion, is this case appropriate for	u cc		om.	_	•	_	110
	If no, did you communicate the decision to a	ny	of the fo	ollow	ving	:		
	The one requesting the consult				Yes			No
	The patient							No
	Attending physician(s) and specialists				Yes			No
	Social workers				Yes			No
	Chaplain							No
	Other team/committee members				Yes			No

2.	Did you refer the issue to another committee/resource? If yes, to whom?		Yes _	 No
	If yes, have you done the following? Determined time/place for meeting, if appropriate		Yes	No
	If patient has capacity, have you informed or invited patient to attend or to name someone to be at the consult?		Yes	No
	If patient is without capacity, have you informed family of the consult and invited an appropriate surrogate(s)?		Yes	No
	Invited attending physician(s) and/or the person requesting the consult?		Yes	No
3.	In your opinion, does the patient have decisional capac	ity?	Yes	 _ No
4.	If patient is without decisional capacity, have you also	spo	ken with	
	Appropriate surrogate (including durable power of attorney or family or significant other)?		Yes	No
	Nurses who have been most responsible for the case of the patient?		Yes	No
	Social worker on the case?		Yes	No
	Other ethics consult team or committee members?		Yes	No

Section IV. Consultation

[Each committee should follow its own written procedures.]

Section V. Summary of Consultation

1.	Attendees:
2.	Summary of medical factors:
3.	What was the crux of the ethical concern?
4.	What suggestions were made and by whom?
5.	Need for follow up? Yes No

Section VI. Consult Reports

(If a team did the consultation, a report should be made to the entire ethics committee.)					
1.	If the review was carried out by a team, d committee?	id you bring t Yes			
2.	What concerns did the committee express	about the co	nsultation?		
3.	What implications for institutional educat	tion/policy we	ere suggested?		
4.	If so, who took responsibility for addressi	ng the educat	tion issues?		
5.	If so, who took responsibility for addressi	ng the policy	issues?		
6.	Other comments:				
Signed Dated					