

A novel approach to analyzing the caliber of University of Washington Medicine clinical ethics consults

Alison King and Katie McFarlane

*In collaboration with the UW
Department of Bioethics*

Meet the Team

Katie McFarlane



Alison King

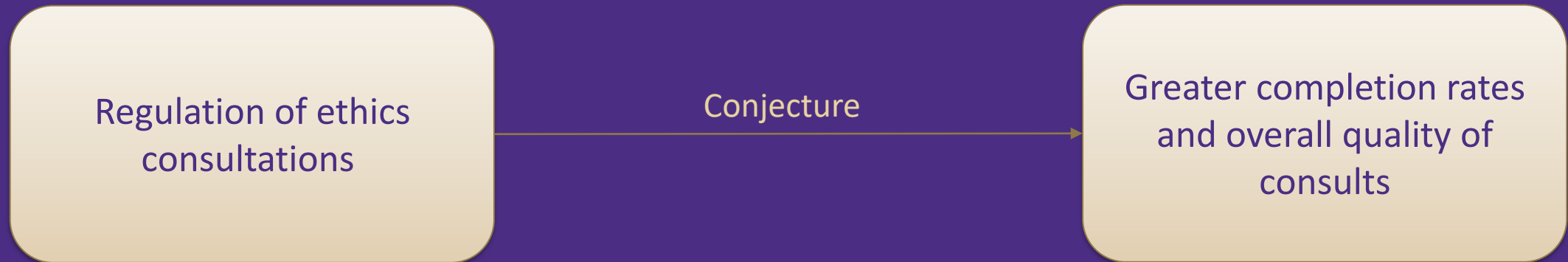


UW Bioethics Department

- Dr. Jim Kirkpatrick
- Niambi Kanye
- Mandy Morneault

Background

- > **Most hospitals offer ethics consults, no universal quality standard for these consultations exists**



- > **First step: create a framework to analyze the completion and quality**

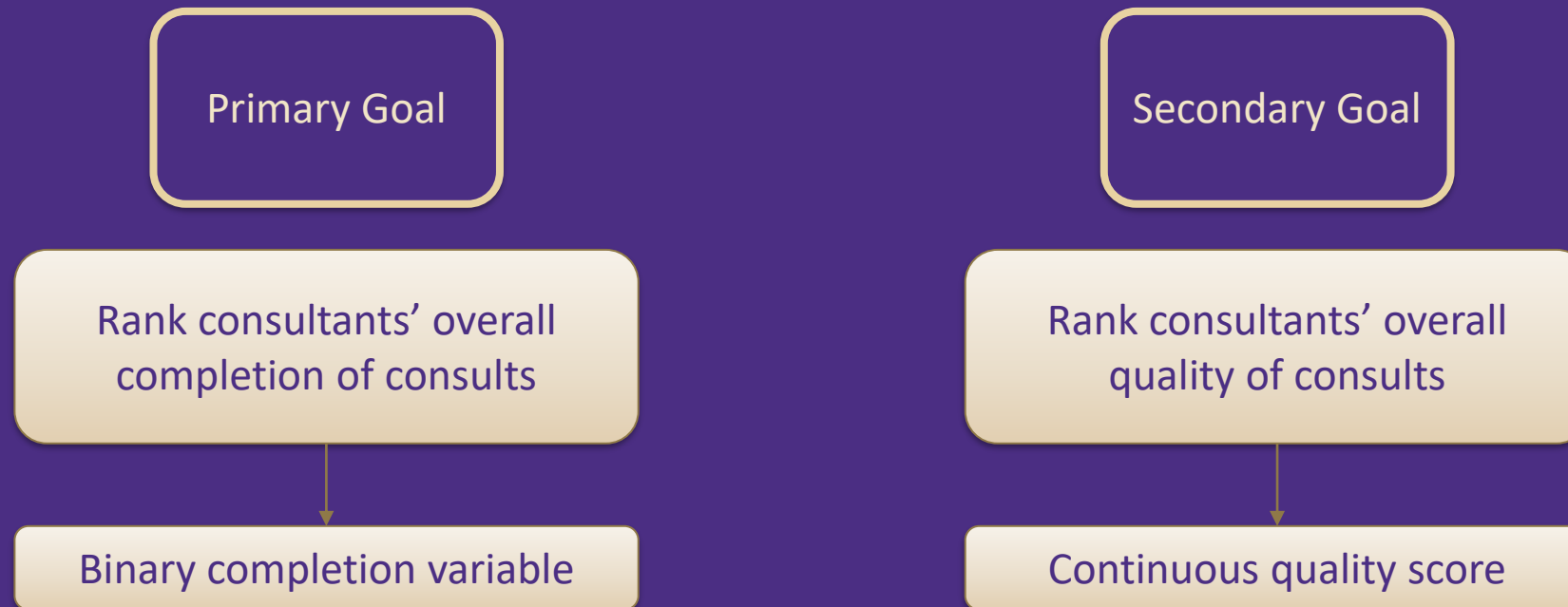
Consult Data

- > **326 formal UW Medicine clinical ethics consults from 1/1/2017, to 6/21/2022**
 - **UW Medical Centers Montlake, Northwest, and Harborview**
 - **12 consultants**

Field	Example
Consult Location	UWMC - Montlake
Lead Consultant ID	C1
Assistant Consultant(s)	N/A
Caller's Role / Service	Resident / Orthopedic
Total Time Spent (minutes)	300
Primary Ethics Issue	End of Life Care Issue
Additional Issue(s)	Guardianship
Patient had Decision Making Capacity	No
Legal Surrogate Contacted	Yes

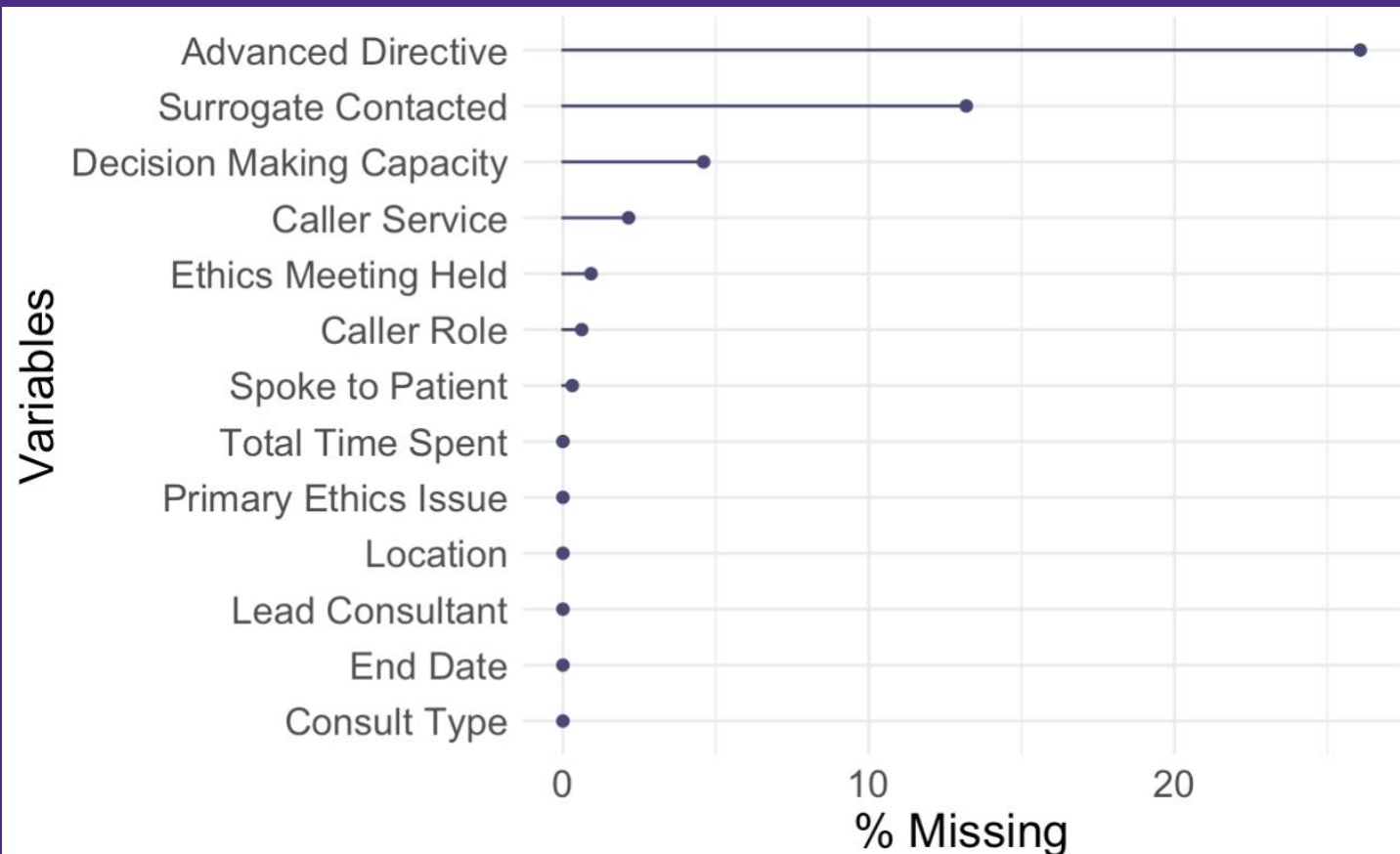
Objectives and Outcomes

Rank completeness and quality, accounting for varying caseloads and difficulties of ethical issues



Completion Outcome

Are all key fields of the consultation documentation filled out?



Quality Score: CASES Standard

U.S. Department of Veterans Affairs
National Center for Ethics Care
IntegratedEthics® Service: "**CASES**"
approach (pictured right)

C	CLARIFY the consultation request <i>Characterize the type of consultation request</i> <i>Obtain preliminary information from the requester</i> <i>Establish realistic expectations about the consultation process</i> <i>Formulate the ethics question</i>
A	ASSEMBLE the relevant information <i>Consider the types of information needed</i> <i>Identify the appropriate sources of information</i> <i>Gather information systematically from each source</i> <i>Summarize the information and the ethics question</i>
S	SYNTHESIZE the information <i>Determine whether a formal meeting is needed</i> <i>Engage in ethical analysis</i> <i>Identify the ethically appropriate decision maker</i> <i>Facilitate moral deliberation about ethically justifiable options</i>
E	EXPLAIN the synthesis <i>Communicate the synthesis to key participants</i> <i>Provide additional resources</i> <i>Document the consultation in the health record</i> <i>Document the consultation in consultation service records</i>
S	SUPPORT the consultation process <i>Follow up with participants</i> <i>Evaluate the consultation</i> <i>Adjust the consultation process</i> <i>Identify underlying systems issues</i>

Quality Score: CASES

One or two variables mapped to each aspect of CASES

Clarify	Caller role and caller service
Assemble	Spoke to patient or surrogate
Synthesize	Determined primary ethics issue
Explain	Wrote explanation of ethical obligations
Support	Amount of time and how time was spent

The Provider Ranking Model

Specify mixed effects logistic regression model

- Random intercepts for lead consultant
- Case-mix adjustment (fixed effects) for primary ethics issue consolidated into top 5 issues



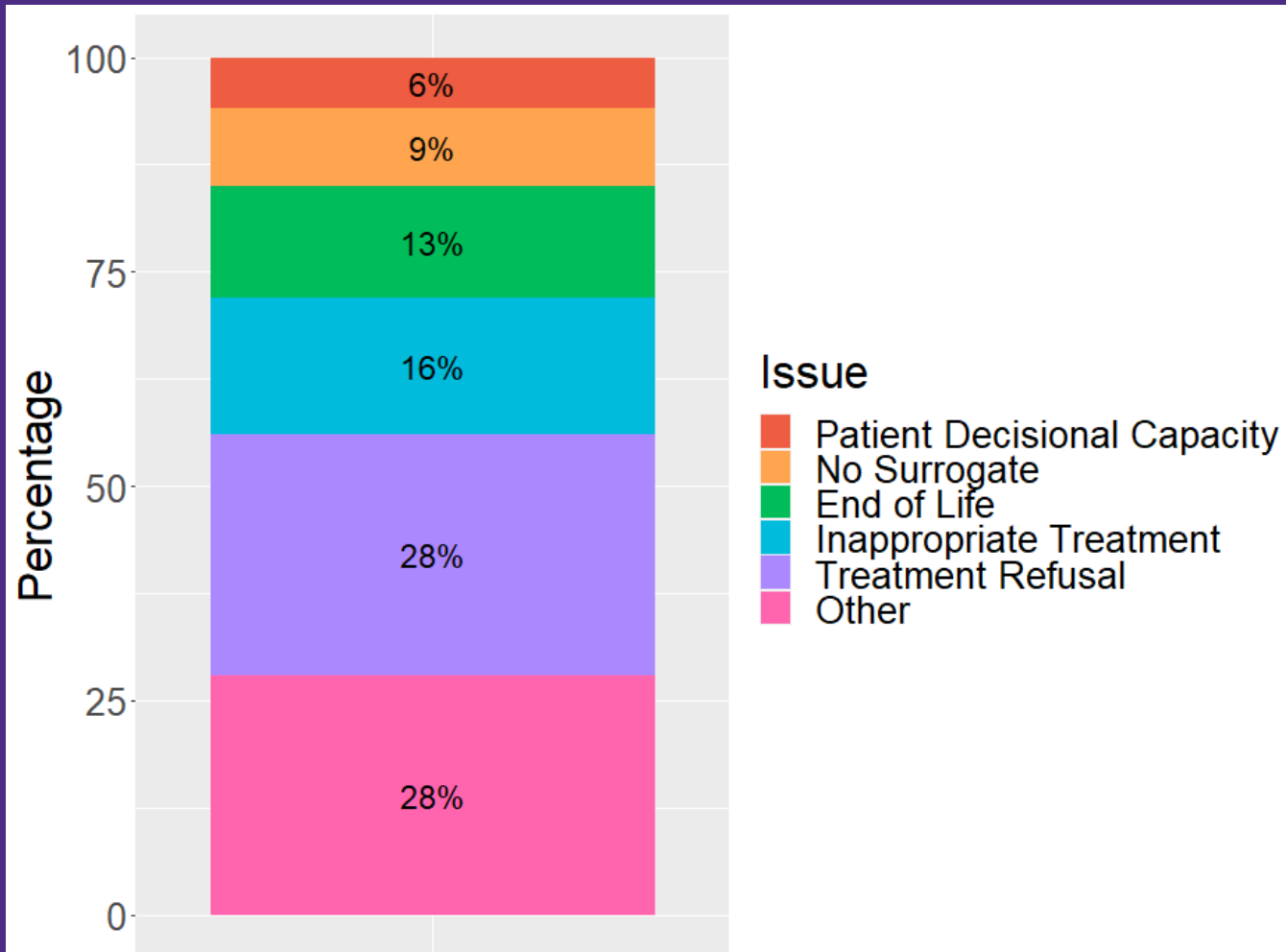
Predict adjusted completion rates

- Model prevents small caseloads and differences in difficulty from misclassifying consultants' completion

Repeat for secondary model using linear regression

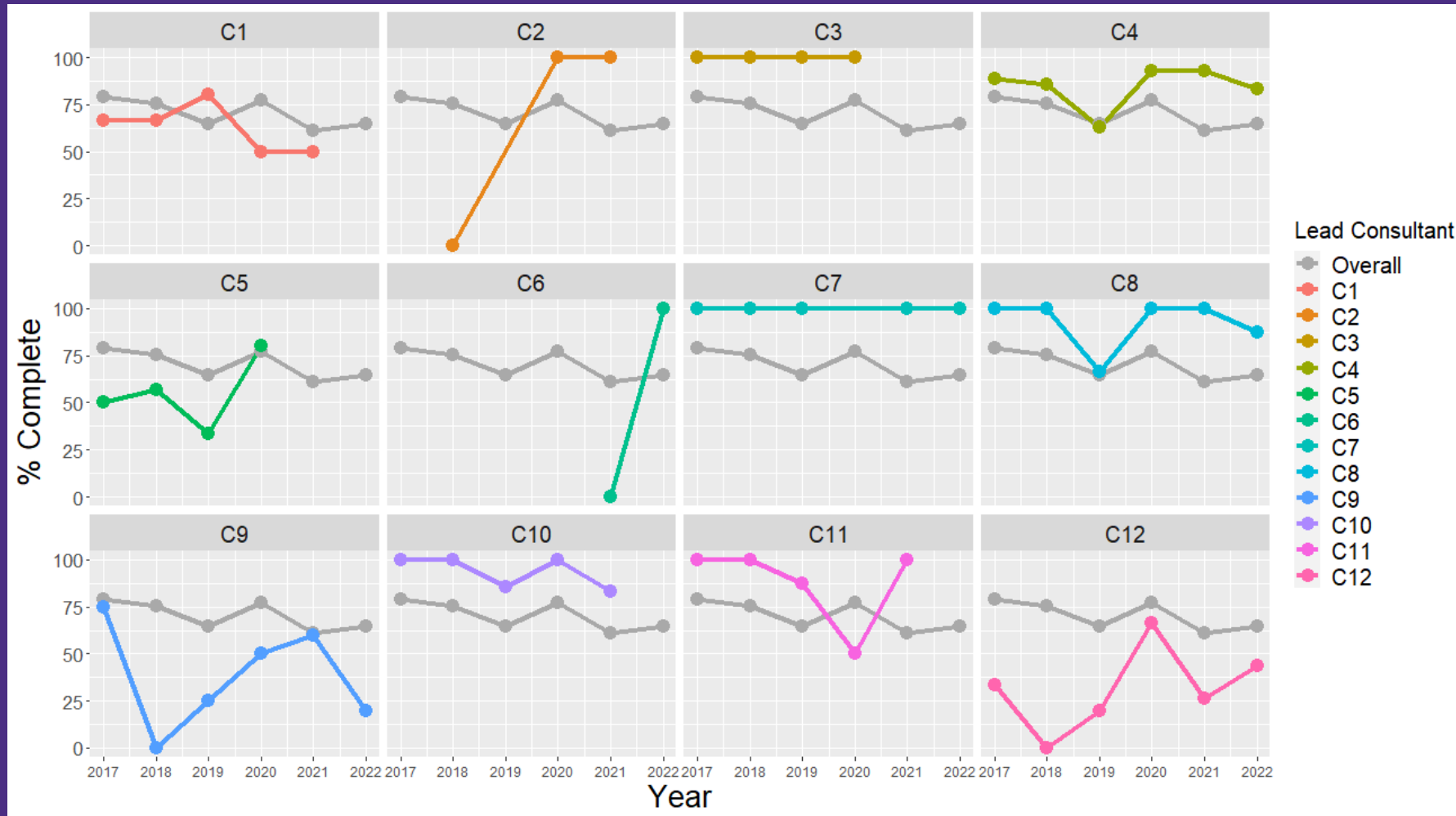
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Descriptive Statistics: Primary Ethics Issues

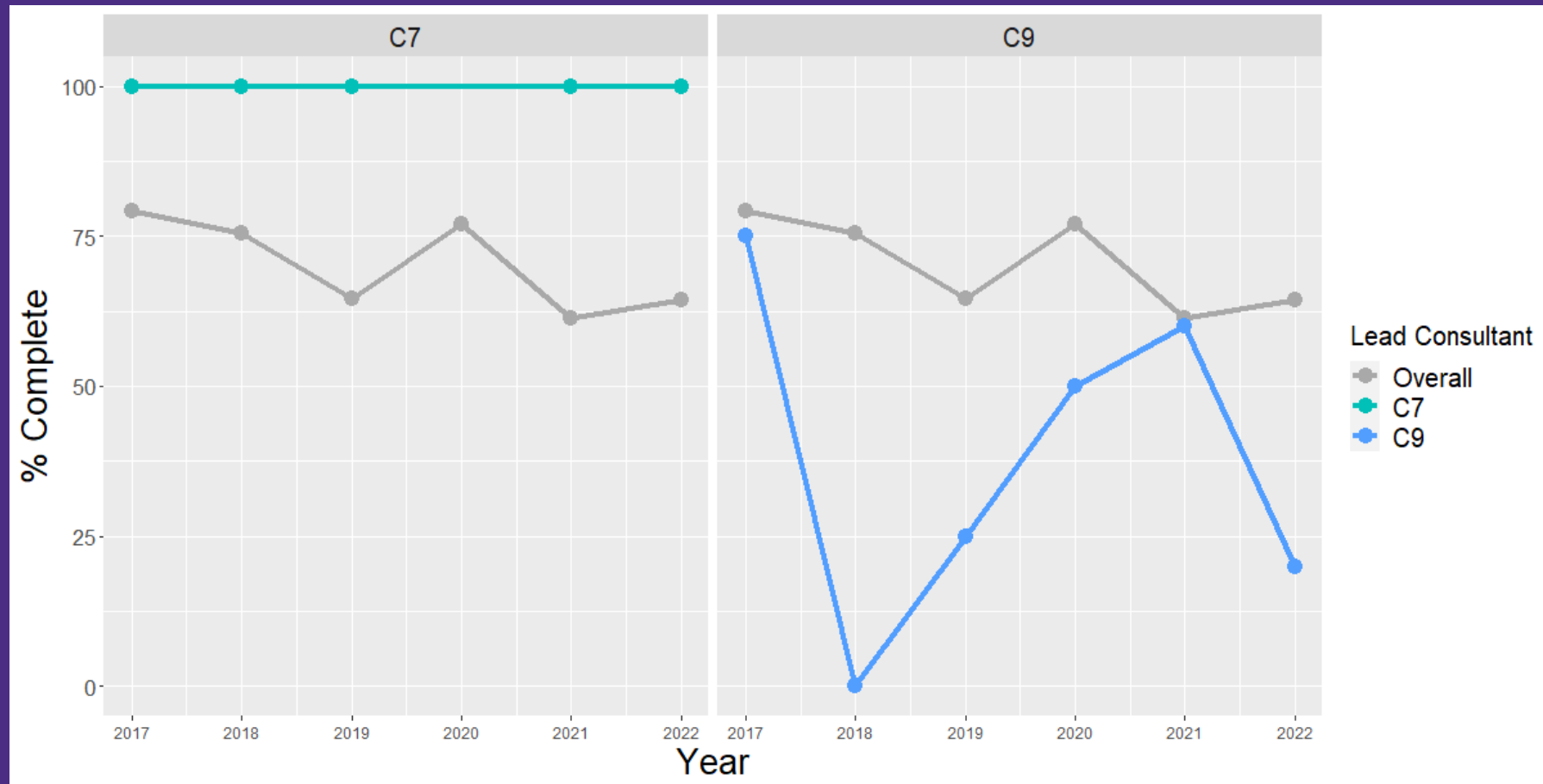


- > **Issues compiled into top 5 issues and “Other”**
 - Other consists of 15 less common issues and those labeled as “Other” by consultants
- > **These 6 categories are used in the models for adjustment**

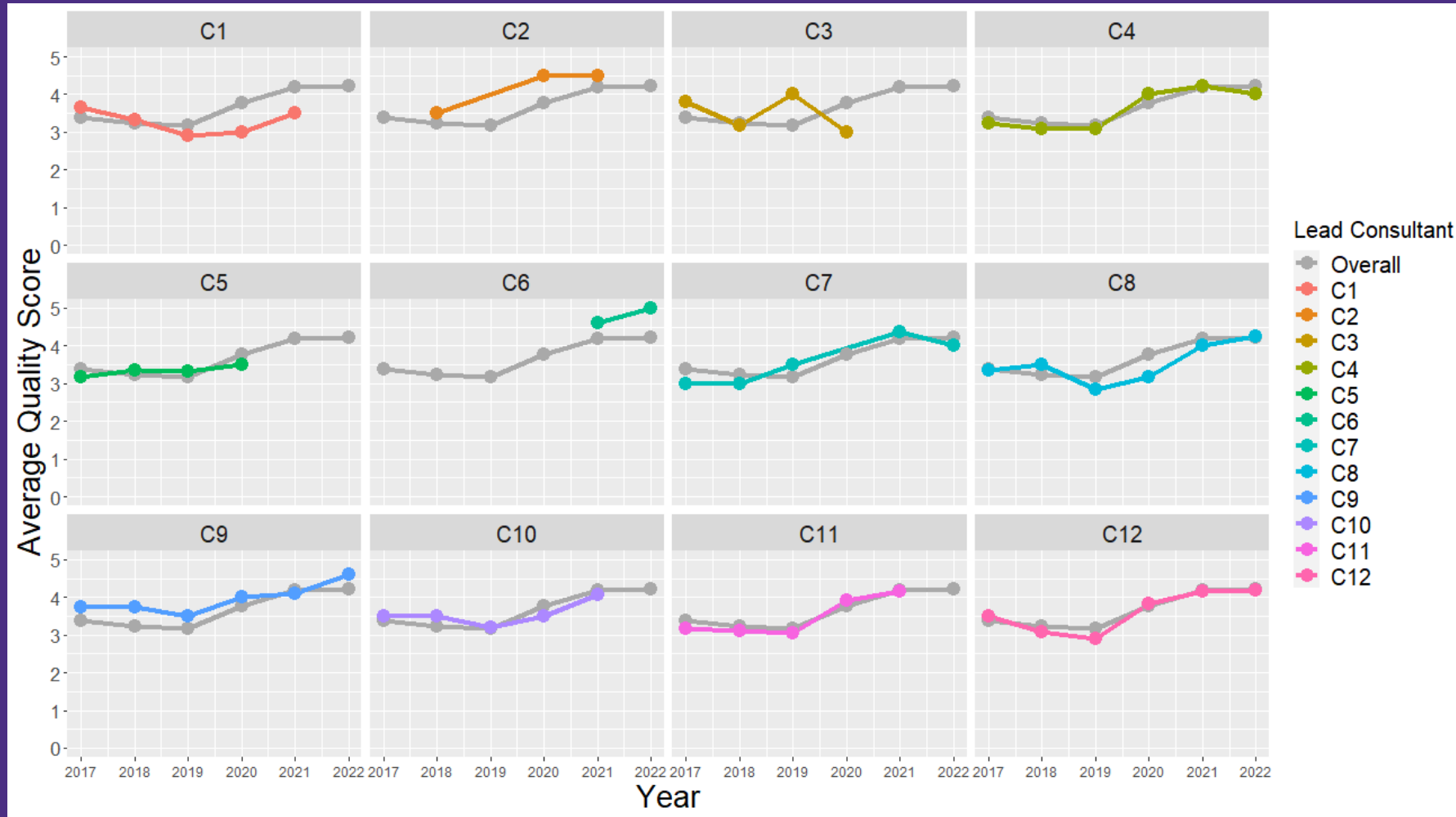
Descriptive Statistics: Completion



Descriptive Statistics: Completion

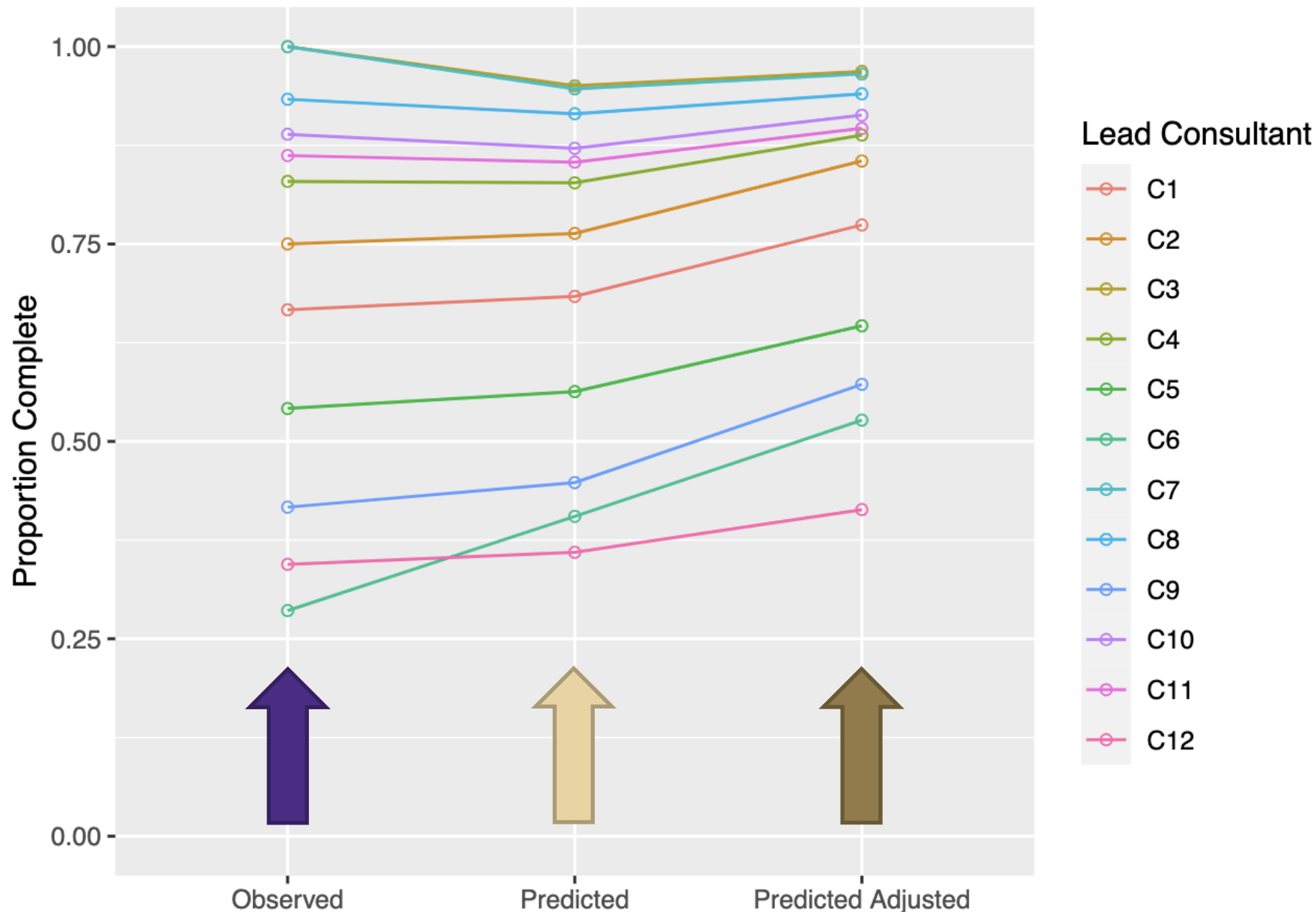


Descriptive Statistics: Quality



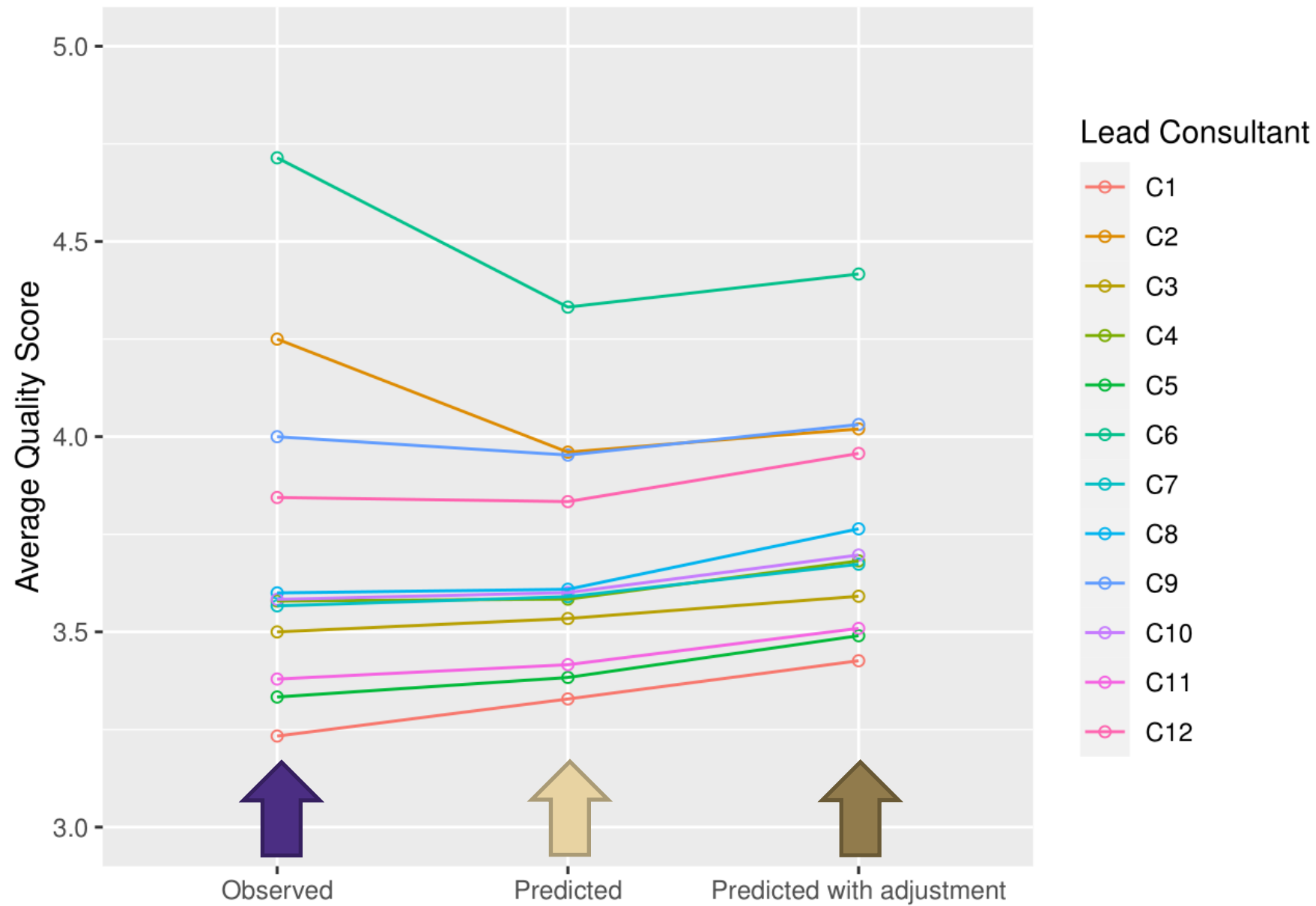
Primary Results

- > Predicted proportions shrink towards the center as this method accounts for different numbers of consults
- > Adjustment for primary ethical issue did not change ranking results



Secondary Results

- > Consultants' scores do not have a large range
- > As with primary results, we see a shrinkage effect, and adjustment for primary ethics issues had little effect on results



Discussion

Summary

- We were able to rank consultants on completeness and quality

Impacts

- A novel method for quantitatively assessing clinical ethics consultations
- First step in evaluating quality and completeness of ethics consultations

Limitations

- Small number of consultants
- Consultant self-reporting and subjectivity
- May not generalize to other hospitals with different data collection systems

Next Steps

Apply these provider ranking methods to more institutions with clinical ethics consultations

Research other covariates within consultation documentation associated with completion and quality

Perform a mixed-methods analysis of quality combining the clinical ethics standards from the VA IntegratedEthics® Service CASES and the American Society for Bioethics & Humanities Core Competencies

Thank you!



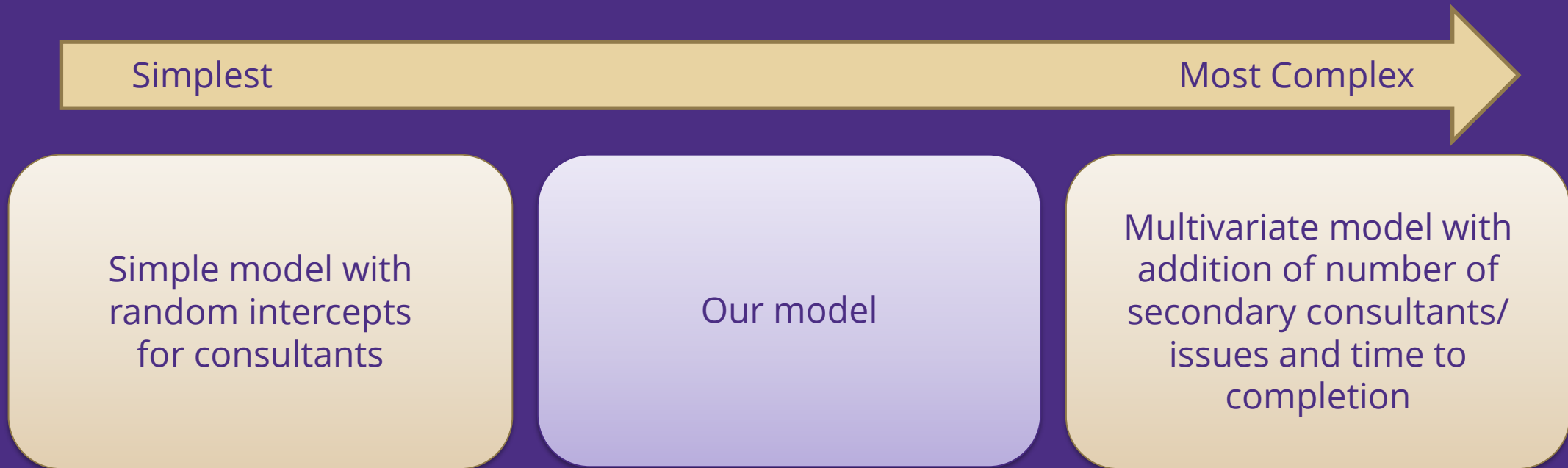
Questions?

References

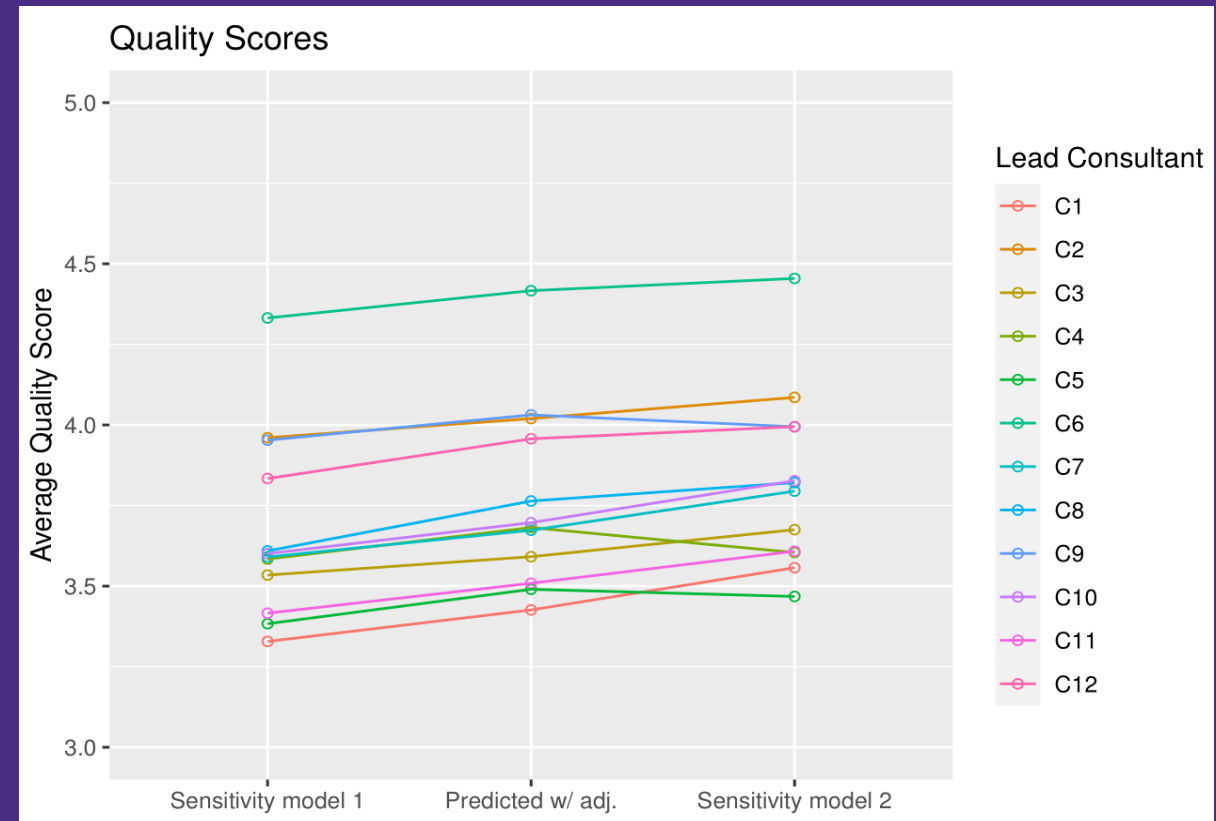
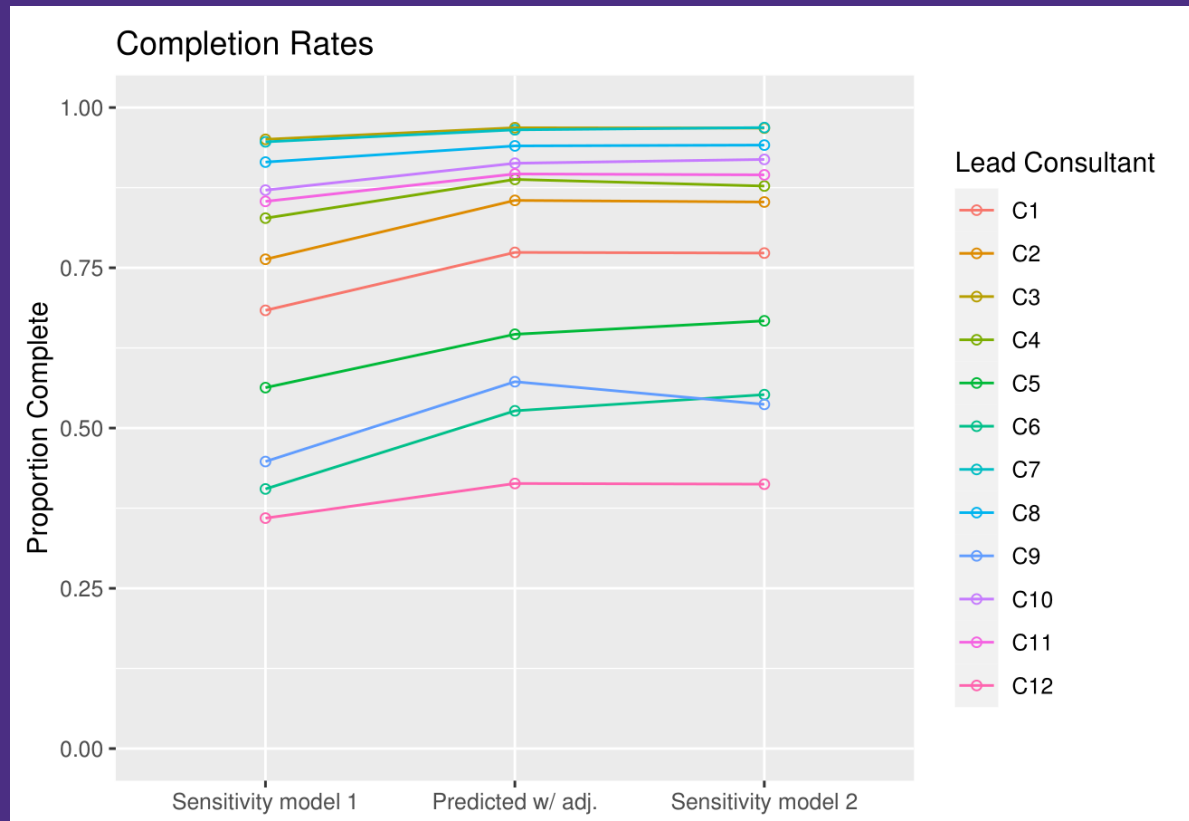
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Appendix A: Sensitivity Analysis Methods

To see how robust our findings are when including other, less-understood variables in our models



Appendix B: Sensitivity Analysis Results



Appendix C:

Primary Model Prediction Intervals

Lead Consultant	Total Number of Consultations	Observed Proportion Complete	Predicted Adjusted Proportion Complete	95% CI Lower	95% CI Upper
3	17	1.00	0.97	0.61	1.00
7	15	1.00	0.97	0.62	1.00
8	30	0.93	0.94	0.56	1.00
10	18	0.89	0.91	0.44	0.99
11	29	0.86	0.90	0.41	0.99
4	82	0.83	0.89	0.41	0.99
2	4	0.75	0.86	0.25	0.99
1	15	0.67	0.77	0.22	0.98
5	24	0.54	0.65	0.14	0.95
9	24	0.42	0.57	0.10	0.93
12	61	0.34	0.41	0.07	0.88
6	7	0.29	0.53	0.07	0.94

Appendix D:

Secondary Model Prediction Intervals

Lead Consultant	Total Number of Consultations	Observed Average Quality	Predicted Adjusted Average Quality	95% CI Lower	95% CI Upper
6	7	4.71	4.42	3.07	5.00
2	4	4.25	4.02	2.58	5.00
9	24	4.00	4.03	2.65	5.00
12	61	3.84	3.96	2.57	5.00
8	30	3.60	3.76	2.51	5.00
10	18	3.58	3.70	2.36	5.00
4	82	3.58	3.68	2.51	5.00
7	15	3.57	3.67	2.28	4.90
3	17	3.50	3.59	2.29	5.00
11	29	3.38	3.51	2.06	4.96
5	24	3.33	3.49	2.30	4.83
1	15	3.23	3.43	2.15	4.70