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Standardizing Clinical Ethics Consultation Documentation

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The background features a collection of colorful folders (blue, red, yellow, and grey) and documents (blue sheets with white lines) arranged in a dynamic, overlapping manner. A dotted line connects two documents in the upper left, and a plus sign is visible in the upper right. The overall aesthetic is clean and professional, suggesting organization and documentation.

Standardizing Clinical Ethics Consultation Documentation

Sunny Jeong, BScN, RN, MBE

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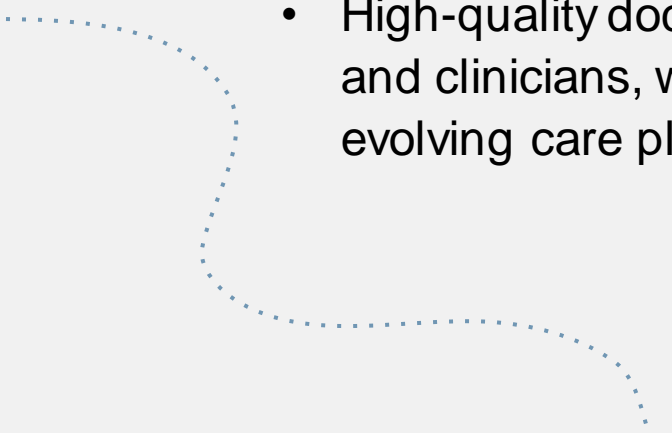
Objective

To identify how CECs are documented in the medical record and assess whether there is consistent inclusion of relevant information



Background



- Clinical ethics consultations (CECs) require documentation
 - Limited literature and resources to guide clinical ethicists in documenting consults
 - High-quality documentation encourages transparency between patients and clinicians, while keeping interdisciplinary team members aware of evolving care plans
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Methodology

- Single-center retrospective review of CECs from January 2018 to June 2023 at a free-standing quaternary care children's hospital
- CECs were cross-referenced with ethics committee meeting minutes and an electronic paging system to ensure all CECs are captured





Documentation was reviewed for the presence of key details such as:


**Mechanism of
consultation**

**Person requesting the
consultation**

**Statement of ethical
question(s)**

**Provision of
recommendations**

**Evidence-based
citations to justify
recommendations**





Results

- A total of 255 CECs were identified over the study period
- Documentation of CECs varied considerably in length and quality





Trends on the Absence of Pertinent Information in Clinical Ethics Consultation Documentation in Patient EMR from 2018-2023



Electronic Medical Record

Documentation in the medical record were absent in **7%** of CECs



Ethical Questions

Explicit ethical questions were absent in **35%** of consultation notes



Recommendations

Explicit ethical recommendations were absent in **51%** of consultation notes



Supporting Citations

Citations supporting the ethical analysis & recommendations were absent in **91%** of consultation notes

Explicit Ethical Questions



"Drug shortage"



"1) Do the severity of the symptoms warrant the risks of him not surviving the operation, not being with his parents if he were to die in the OR, and coming out of the operation with more pain after the surgery? 2) Is the value of the surgical procedure going to benefit [the] patient substantially? 3) How does patient's life expectancy factor in with the potential alleviation of his abdominal distension?"




Range of Recommendations



Example of a less detailed recommendation:

“Invite Social Work to offer a report about federal regulations concerning enticements”

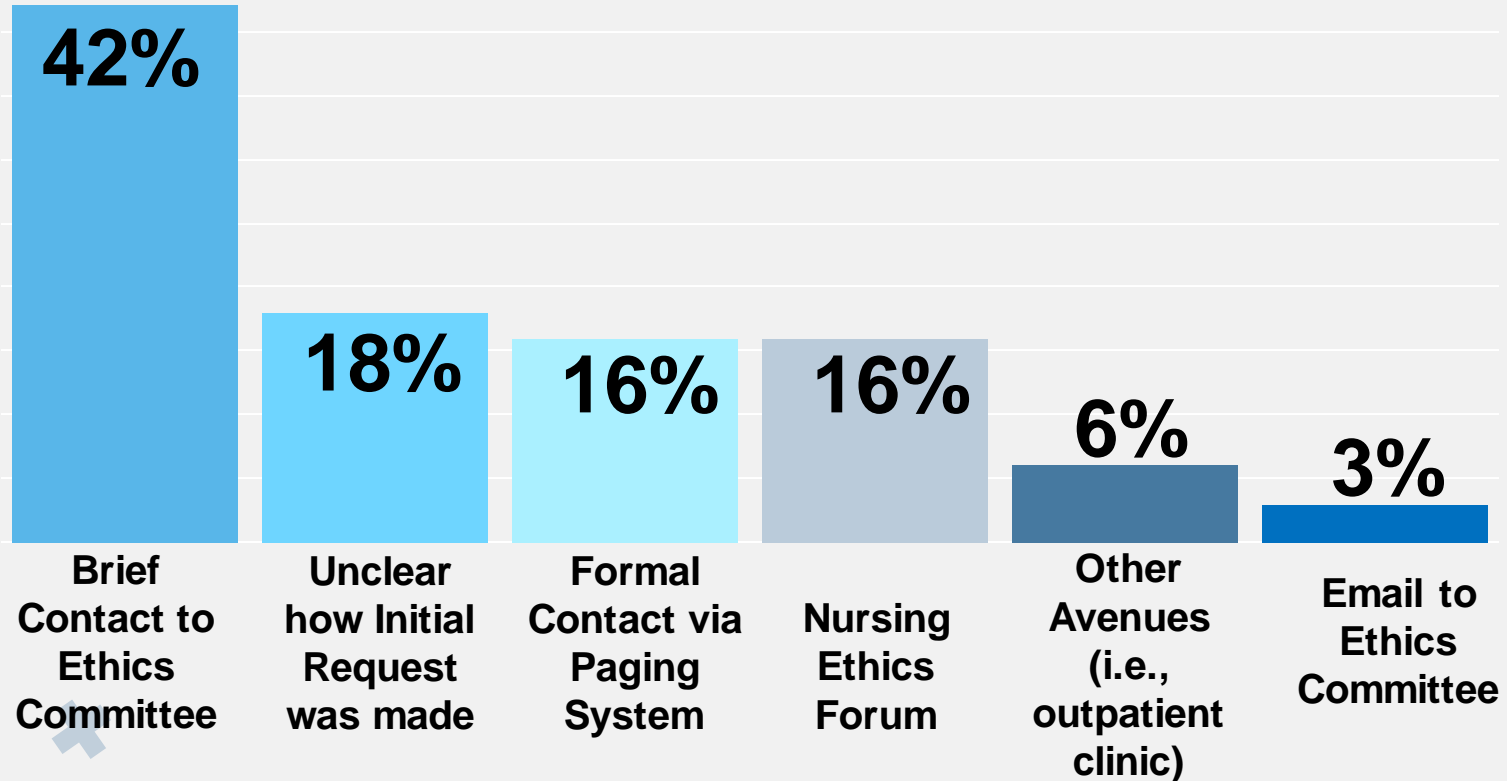




Example of a Thorough Recommendation:


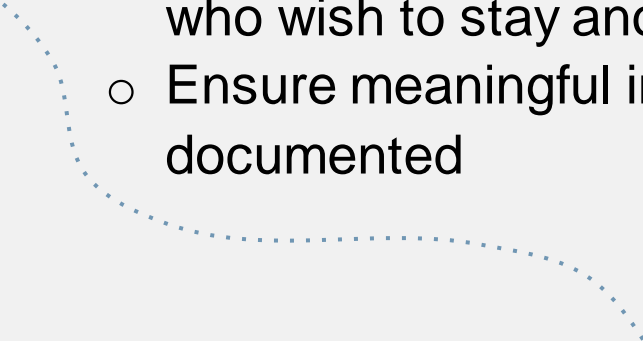
"After considering the above ethical principles, discussion with the interdisciplinary team, and conversation patient's parents [we] want to submit these recommendations. 1) [We] recommend that we equip patient's parents with the capacity to imagine their future with patient. Parents, along with staff who have collaborated closely with them, express an understanding that patient's neurological condition is severe, and he will always live with neurological differences and limited capacities. We should acknowledge that parents, a) are comfortable with his neurological status and the quality of interactions that patient has with his environment, b) have demonstrated that they understand the level of care that the patient will require, and c) have the family support that they feel they need. We may better serve the parents by helping them envision their future with a trach-vent-dependent child. If parents make that choice for pt let us ensure that they have high-quality information to expand their imagination about forthcoming obstacles and challenges. 2) I would recommend that we bolster parent's education: a) Provide education related to physical challenges that patient may encounter due to his neurological status like dystonia, apnea, dysautonomia, etc. The family has said that they do not want patient to suffer. For them, suffering entails uncontrolled physical pain. Have they had the opportunity to gain experience and understanding of pain associated with forthcoming complications? b) Help parents understand the limitations of 24/7 professional nursing... c) Help family imagine future challenges and possibilities. i) Include the Patient and Family Engagement Team ii) continue to recommend Courageous Parents Network (first recommended by the PaCT team). iii) Family Reflections - Deciding about Home Ventilation (www.family-reflections.com) iv) Involve the Infant Trach and Home Vent Program early v) Neurobehavioral exam in concert with parent's presence at bedside if pt's sedation is at an appropriate level. This may help family understand the difference between reflex and purposeful reaction to stimuli. vi) POPS referral, if appropriate. 3) Address spiritual issues. Faith is important to this family (prayer sustains them and they have evoked "miracle" language in the past): a) Encourage the family to invite their trusted clergy person (and former NICU nurse) to future care conferences... b) Continue to actively involve Spiritual Care services and chaplain..."

Documentation Trends on how Clinical Ethics Consultations were Requested from 2018-2023





Conclusions

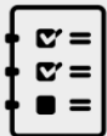
- There is a need to standardize how CECs are documented
 - Documentation of CECs is variable and key details are often missing
 - Standardization of key criteria would:
 - Ensure timely follow-ups with key stakeholders, while respecting those who wish to stay anonymous
 - Ensure meaningful information and recommendations are appropriately documented
- 
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Future Steps

Standardization of CEC documentation could better support clinicians:



- Identify what information is pertinent to include



- Allow ECs to determine priorities based on clinical ethics needs



- Help new ethics fellows, consultants, and EC members learn from past CECs



- Elucidate organizational ethics considerations emerging from CECs



- Keep an organized database to refer back to when similar cases arise

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