Rebecca L. Volpe, "Ongoing Evaluation of Clinical Ethics Consultations as a Form of Continuous Quality Improvement," *The Journal of Clinical Ethics* 28, no. 4 (Winter 2017): 314-7.

Clinical Ethics Consultation

Ongoing Evaluation of Clinical Ethics Consultations as a Form of Continuous Quality Improvement

Rebecca L. Volpe

ABSTRACT

Ongoing evaluation of a clinical ethics consultation service (ECS) allows for continuous quality improvement, a process-based, data-driven approach for improving the quality of a service. Evaluations by stakeholders involved in a consultation can provide real-time feedback about what is working well and what might need to be improved. Although numerous authors have previously presented data from research studies on the effectiveness of clinical ethics consultation, few ECSs routinely send evaluations as an ongoing component of their everyday clinical activities. The primary purpose of this article is to equip and encourage others to engage in ongoing evaluation of their own ECS. Toward that end, the following resources are shared: (1) the survey tool used to gather the evaluation data, (2) the procedure used to elicit and collate responses, and (3) how the resulting data are used to support continuous quality improvement and justify the continued financial support of the ECS to hospital administration.

INTRODUCTION

Numerous authors have conducted research examining participants' satisfaction with clinical ethics consultation. For example, Robert Orr found that attending physicians at one institution thought clinical ethics consultations were important in clarifying ethical issues, educating the team, increasing confidence in decisions, and managing patients in more than 90 percent of cases. Orr found, however, that clinical ethics consultation resulted in significant changes to patient care in only 36 percent of cases.[1] Likewise, Gordon DuVal conducted a national survey of intensivists in the United States, and found that most physicians (72 percent) thought clinical ethics consultation was useful. Some reported hesitating to seek clinical ethics consultation because of a belief that it would be too time consuming (29 percent), might make the situation worse (15 percent), or that the ethics consultants were unqualified (11 percent).[2] These prior research studies, and numerous others like them, present data on the effectiveness of clinical ethics consultation.[3] Few ethics consultation services (ECSs) routinely send out requests for evaluation as an ongoing component of their everyday clinical activities. One question that may arise is, "Why would an ECS want to send evaluations in an ongoing way if it is not interested in conducting research?"

The answer to this question is that ongoing evaluation of an ECS allows for continuous quality improvement. Continuous quality improvement (CQI) is a process-based, data-driven approach to improving the quality of a service. CQI rests on a

Rebecca L. Volpe, PhD, is Director of the Clinical Ethics Consultation Service and is an Assistant Professor in the Department of Humanities at Penn State College of Medicine, and is Vice Chair for Education at Milton S. Hershey Medical Center in Hershey, Pennsylvania. *rvolpe@pennstatehealth.psu.edu*

philosophy that encourages everyone on a team to continuously ask, "How are we doing?" and "Can we do it better?" The core of CQI is curiosity.[4]

PROCEDURE

After an ethics consultation at the Milton S. Hershey Medical Center is complete, the key stakeholders who were most involved in the case receive a form email from the ECS, inviting them to complete a survey. The text of the email follows.

Hello,

Recently you had contact with a member of the Ethics Consultation Service (ECS). The role of the ECS is to assist patients, family members, and healthcare providers who are facing ethical dilemmas. The goals of the ECS are to help identify ethical issues, clarify conflicts, analyze possible options, and move the process toward resolution. Please take a few minutes to rate the helpfulness of the ECS by completing a survey at the link below.

Thank you,
Ethics Consultation Service

You may open the survey in your web browser by clicking the link below: [Link to form; see table 1 for the survey text and results]

TABLE 1. Survey text and results ($N = 114$)

Questions	
The primary ethics consultant:	%
Was knowledgeable about the relevant ethical issues	4.65
Respected the opinions of all involved parties	4.71
Listened to me	4.76
Helped clarify and analyze options	4.57
Helped clarify the ethical issue	4.59
Clarified who the appropriate decision maker should be	4.55
The ethics consultation:	
Was completed in a timely fashion	4.75
Involved the necessary parties	4.88
Was easy to initiate	4.68
Was helpful to me	4.58
Was responsive to my needs	4.57
Addressed the problem that prompted the consult	4.62
Was overall satisfying to me	4.61
As a result of the ethics consultation (check all that apply):	*n*
The presenting ethics problem was addressed/resolved	76
A significant problem was prevented or avoided	76
A conflict between the patient and medical staff was prevented, avoided, or resolved	37
A conflict between members of the medical staff was prevented, avoided, or resolved	18
The ethical issues were clarified	89
Patient care was improved	39
Patient length of stay was reduced	2
The medical staff received relevant information	44
It was easier for the medical staff to do their job	35
There were no results of the ethics consultation (please elaborate)	3

In general, one to three individuals are invited to complete an evaluation following every ethics consultation. The ethics consultants focus on those individuals who had the most contact with the ECS, on the principle that those with less contact would be less qualified to evaluate the ECS.

A limitation of our process is that we rarely email families and patients. This is true in large part because while we have ready access to the email addresses of hospital employees, we do not have ready access to the email addresses of patients and families. Some institutions do regularly include patients and families in their evaluations, and report that these data are essential for inclusion and lead to valuable feedback.[5]

After receiving the email, a respondent can click on the embedded link and be taken to the online survey. The survey is hosted on Redcap, a secure, web-based survey platform. We also use Redcap to document our ethics consultations. An advantage of using the same platform for documenting consultations and seeking evaluations is that Redcap can then link individual evaluations with particular consultants and consultations.

THE SURVEY

To complete the survey, the respondent clicks through four pages. The first page contains the text of the email above, the date of the ethics consultation, and the primary consultants' name. There is nothing for respondents to do other than read the information. The second page asks questions about the primary ethics consultant, and respondents are

asked to rate the consultant on a five-point Likert scale ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). The third page asks questions about the process of the ethics consultation, and respondents are asked to rate the process on a five-point Likert scale ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). The fourth and final page is a list of possible outcomes of the ethics consultation, and respondents are asked to check all that apply. A free-text box is provided, and respondents are asked to comment on how the ECS can improve its service. Last, respondents are asked to indicate their role (for example, trainee, attending, nurse), and respondents are invited (but not required) to give their name and email address. The last item asks, "Would you like someone from the Ethics Committee to contact you about your feedback?"

When respondents are finished, they press "Submit" and the data are saved in Redcap.

RESULTS

Our ECS started sending evaluations in 2008 and we have received 114 evaluations since that time (see figure 1). To provide some context for the evaluation data, we provide the number of consultation requests our service receives each year in figure 2.

Unfortunately there is no way to track a response rate; although Redcap *will* calculate a response rate; we only began using Redcap in 2015. Prior to that time we used a program developed by our institution that does not calculate response rates.

Most of our respondents (60 percent) are physicians, which makes sense, in that most of our consultations are initiated by physicians. We also have responses from nurses (17 percent), social workers (6 percent), and mid-level careproviders, such as advance practice nurses (4 percent) and physician assistants (2 percent) (see figure 3).

Evaluations of the ECS show a consistently high regard for the service, with the mean overall satisfaction of the service at 4.6 on a five-point scale. This is especially noteworthy given that ethics consultations often are called after other attempts to resolve conflicts have been unsuccessful.

DISCUSSION

We use the data from the ongoing evaluation in numerous ways. The most immediate use is following an ethics consultation, when we receive the evaluations. Individual ethics consultants get real-time feedback about how key stakeholders felt the consultation went, which is essential for the ethics consultants' ongoing refinement of their skills. We use the cumulative data for the continuous quality improvement of the ECS. We examine change over time (for example: Is there a dip in the overall rate of satisfaction for one year? If so, what might explain it?) and use the data to reflect on the successes of the ECS as well as opportunities for improvement. Finally, we create an annual report of the evaluation data for the medical executive committee (the hospital committee to which the ECS reports). This quantitative evidence of our productivity and our users' satisfaction helps us to justify the .5 full-time equivalent salary support the ECS receives from the hospital.

Our process of collecting evaluations has several limitations, which other institutions may seek to avoid. First, although it is impossible to calculate a response rate, it seems evident that ours is low. A low response rate can lead to a biased sample and skewed results, making interpretation of those results difficult. Second, our respondents are mostly physicians. Finally—and most importantly—it is imperative to note that stakeholders' satisfaction is not necessarily the same as a measure of quality.

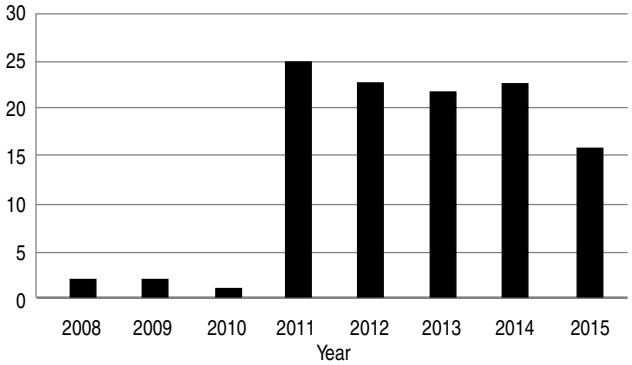

FIGURE 1. Number of ECS evaluations (*n* = 114).

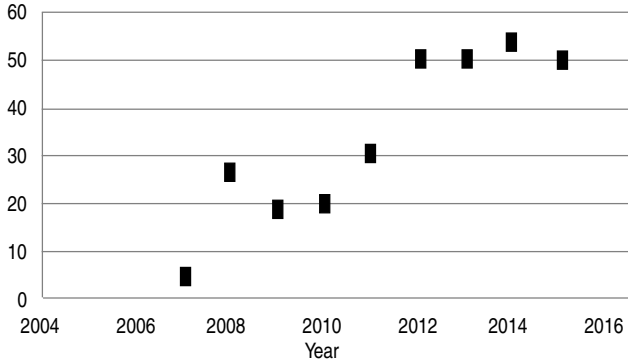

FIGURE 2. Number of consult requests by year (*n* = 360).

For example, a participant might be perfectly satisfied with an ethics consultation that results in an ethically unjustifiable outcome.

One additional issue for institutions to consider as they develop their own process for collecting ongoing evaluations of an ECS is the view of patients and families. As noted above, we do not collect data from this group of stakeholders. Initially this decision was informed mostly by logistical barriers; however, there may also be philosophical reasons to exclude this group. The fundamental question an ECS must consider is: Whom does the ECS serve? Whatever the answer to this question, seeking evaluations from a "customer" is essential. In our institution, the primary "customer" of the ECS is the clinical team. We view our role as inhouse ethics experts, who mostly stand behind the scenes and equip and empower healthcare professionals to engage in ethically appropriate treatment. That said, institutions that gather data from patients and families report that these data are invaluable, and that the perspective of patients and families is more helpful to the institution as a CQI tool than the perspectives of healthcare providers.

In conclusion, ongoing evaluation of an ECS can be burdensome to set up, but once in place may be easy to use. The results can be used in numerous beneficial ways, and at numerous levels including, but not limited to, individual consultant improvement, ECS improvement, and justification of the ECS to the institution's administration.

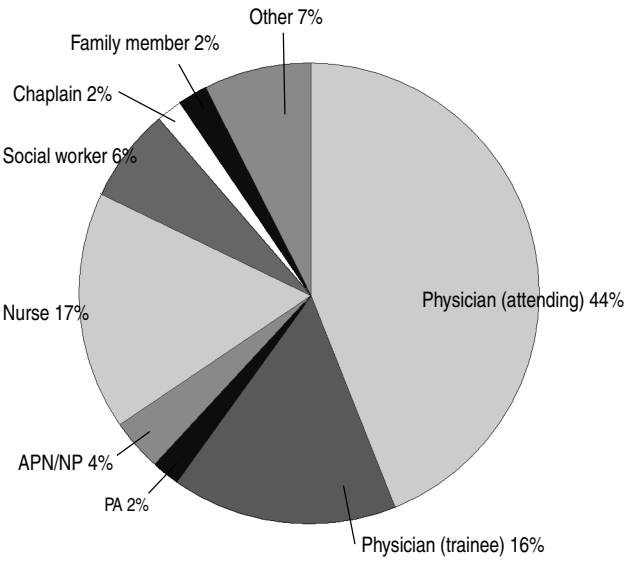

FIGURE 3. Respondents' role in case (n = 107).

NOTES

1. R.D. Orr and E. Moon, "Effectiveness of an Ethics Consultation Service," *Journal of Family Practice* 36, no. 1 (January 1993): 49-53.

2. G. DuVal, B. Clarridge, G. Gensler, and M. Danis, "A National Survey of U.S. Internists' Experiences with Ethical Dilemmas and Ethics Consultation," *Journal of General Internal Medicine* 19, no. 3 (March 2004): 251-8.

3. J.P. Orlowski, S. Hein, J.A. Christensen, R. Meinke, and T. Sincich, "Why Doctors Use or Do Not Use Ethics Consultation, *Journal of Medical Ethics* 32, no. 9 (September 2006): 499-502; E.B. Tapper, C.J. Vercler, D. Cruze, and W. Sexson, "Ethics Consultation at a Large Urban Public Teaching Hospital," *Mayo Clinic Proceedings* 85, no. 5 (May 2010): 433-8; R.D. Orr, K.R. Morton, D.M. deLeon, and J.C. Fals, "Evaluation of an Ethics Consultation Service: Patient and Family Perspective," *American Journal of Medicine* 101, no. 2 (August 1996): 135-41; K.M. Swet, M.E. Crowley, C. Hook, and P.S. Mueller, "Report of 255 Clinical Ethics Consultations and Review of the Literature," *Mayo Clinic Proceedings* 82, no. 6 (June 2007): 686-91; J. La Puma, C.B. Stocking, C.M. Darling, and M. Siegler, "Community Hospital Ethics Consultation: Evaluation and Comparison with a University Hospital Service," *American Journal of Medicine,* 92, no. 4 (April 1992): 346-51; L.J. Schneiderman et al., "Effect of Ethics Consultations on Nonbeneficial Life-Sustaining Treatments in the Intensive Care Setting: A Randomized Controlled Trial," *Journal of the American Medical Association* 290, no. 9 (3 September 2003): 1166-72; L.J. Schneiderman, T. Gilmer, and H.D. Teetzel, "Impact of Ethics Consultations in the Intensive Care Setting: A Randomized, Controlled Trial," *Critical Care Medicine* 28, no. 12 (December 2000): 3920-4.

4. National Learning Consortium, "Continuous Quality Improvement (CQI) Strategies to Optimize Your Practice," in *Center HITR*, ed. HealthIT.gov2013:20.

5. R.L. Volpe, "Ongoing Evaluation of Clinical Ethics Consultations as a Form of Continuous Quality Improvement," paper presented on 21 May 2016 at the 13th Annual International Conference on Clinical Ethics Consultation (ICCEC) in Washington, D.C.