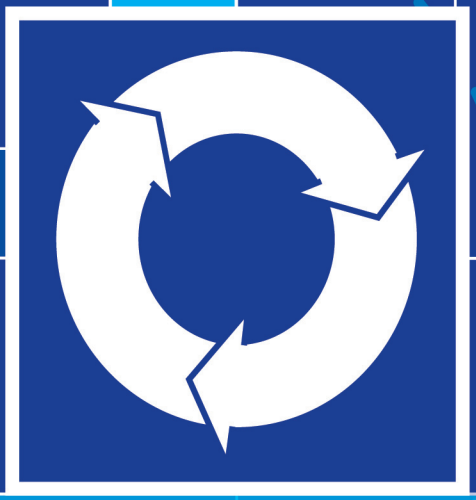
IntegratedEthics

Improving Ethics Quality in Health Care



Preventive Ethics

Addressing Ethics Quality Gaps on a Systems Level

IntegratedEthics

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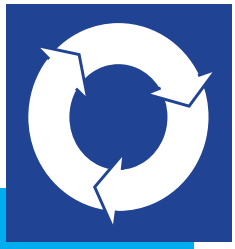

Preventive Ethics

Addressing Ethics Quality Gaps on a Systems Level

National Center for ETHICS in Health Care

Veterans Health Administration

Employee Education System

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This document and other IntegratedEthics materials are available online through the website of the National Center for Ethics in Health Care.

VA employees should access the site via intranet at vaww.ethics.va.gov/IntegratedEthics.
Others should access the site via the Internet at www.ethics.va.gov/IntegratedEthics.

Please note that the address given in the body of the document is for the VA intranet site only.

Executive Summary

Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level establishes VA guidance for preventive ethics, one of the three core functions of IntegratedEthics. It was designed as a primer, initially to be read in its entirety by everyone engaged in preventive ethics, including leaders responsible for overseeing the preventive ethics function. Subsequently, it can serve as a useful reference when those engaged in preventive ethics activities wish to refresh their memories or to answer specific questions.

Part I: IntegratedEthics: Improving Ethics Quality in Health Care

Part I of the primer provides an overview of IntegratedEthics, describing the need for IntegratedEthics and how the IntegratedEthics model addresses that need. Readers who have not already read this overview are encouraged to do so, to understand how preventive ethics fits in the broader IntegratedEthics program.

Part II: Introduction to Preventive Ethics in Health Care

Part II provides an overview of preventive ethics, explains why it is necessary to have a preventive ethics team, and reviews the critical factors necessary for a successful preventive ethics function.

What is preventive ethics?

For the purposes of this document, we define preventive ethics as activities performed by an individual or group on behalf of a health care organization to address systemic ethics issues.

The overall goal of preventive ethics is to *improve health care quality by identifying, prioritizing, and addressing ethics quality gaps on a systems level.* The more specific aim is to produce measurable improvements in the organization's ethics practices by implementing systems-level changes that reduce disparities between current practices and best practices in the relevant area. Preventive ethics combines quality improvement techniques with ethical analysis.

Specific quality improvement interventions in preventive ethics may include:

- redesigning work processes to better support ethical practice
- implementing checklists, reminders, and decision support
- offering incentives and rewards to motivate and acknowledge ethical practice

Models for preventive ethics

Preventive ethics activities are carried out by small teams that typically include one or more "core" members (who have ongoing responsibility for the preventive ethics function) and one or more ad hoc members (who have subject matter expertise relevant to the particular ethics issue being addressed). The preventive ethics function can be structured in different ways within the organizational hierarchy. For example, preventive ethics activities might be performed by a newly established stand-alone group, by a subgroup of the facility's quality management program, or by an existing organizational ethics committee. Wherever preventive ethics is located administratively, the IntegratedEthics Program Officer will be responsible for ensuring coordination preventive ethics and the other components of IntegratedEthics through the IntegratedEthics Council.

Proficiencies required for preventive ethics

To be able to address ethics quality gaps at a systems level, every preventive ethics team should include individuals with:

- knowledge of quality improvement principles, methods, and practices
- knowledge of relevant organizational environment(s)
- knowledge of organizational change strategies
- knowledge of ethics topics and concepts
- skill in moral reasoning
- skill in systems thinking

Critical success factors for preventive ethics

To provide an effective mechanism for advancing the goals of preventive ethics, the preventive ethics function must have *integration, leadership support, expertise, staff time*, and *resources. Access, accountability, organizational learning,* and evaluation are additional factors that should be ensured. Because all these factors are critical for the success of ethics consultation services, each should be addressed in policy.

Part III: ISSUES—A Step-by-Step Approach to Preventive Ethics

Finally, Part III describes in detail a practical, systematic process for addressing ethics issues on a systems level.

The ISSUES Approach

The ISSUES approach provides step-by-step guidance to help preventive ethics teams improve the systems and processes that influence ethics practices in a facility. The National Center for Ethics in Health Care designed ISSUES to standardize the process of preventive ethics throughout the VA system. Based on established principles and methods of quality improvement, ISSUES was specifically designed to help preventive ethics teams target improvement efforts around ethics as an essential component of quality in health care.

Tools for Preventive Ethics

The IntegratedEthics initiative emphasizes distance learning and the National Center for Ethics in Health Care has used print, video, and electronic media in designing tools—including this preventive ethics primer—to help the preventive ethics function succeed. Practical tools to remind preventive ethics teams of the steps in the ISSUES approach and appropriately document preventive ethics activities are available on the Center's website, vaww.ethics.va.gov/IntegratedEthics.

The ISSUES Approach

Identify an issue
- Identify ethics issues proactively
- Characterize the type of issue
- Clarify each issue by listing the improvement goal

Study the issue
- Diagram the process behind the relevant practice
- Gather specific data about best practices
- Gather specific data about current practices
- Refine the improvement goal to reflect the ethics quality gap

Select a strategy
- Identify the major cause(s) of the ethics quality gap—do a root cause analysis
- Brainstorm about possible strategies to narrow the gap
- Choose one or more strategies to try

Undertake a plan
- Plan how to carry out the strategy
- Plan how to evaluate the strategy
- Execute the plan

Evaluate and ajdust
- Check the execution and the results
- Adjust as necessary
- Evaluate your ISSUES process

Sustain and spread
- Sustain the improvement
- Disseminate the immprovement
- Continue monitoring

Part I

Introduction to IntegratedEthics

IntegratedEthics: Improving Ethics Quality in Health Care

VA: A Leader in Quality and Organizational Change

VA has become the standard-bearer for quality in American health care. VA consistently outperforms other health care organizations on a wide range of quality measures.[1,2] Publications from *The New York Times* and *The Washington Post* to *Business Week* and *Washington Monthly* laud VA for providing "the best care anywhere,"[3–6] and today's VA makes headlines for outranking private health care organizations in customer satisfaction.[4,5] The Agency has been equally lauded as a "bright star" in patient safety.[7] And VA's electronic health record system has earned it Harvard University's prestigious "Innovations in American Government" award.[8]

How did an enormous, public health care system with finite resources take the lead in quality? VA's impressive examples of excellence have resulted from the work of visionary leaders and dedicated staff deliberately creating organizational change. Each organizational change initiative was innovative and established a new national standard that was subsequently adopted by other organizations. Each was based on a recognized need and supported by top leadership. Each was carefully designed and field-tested before being implemented on a national scale. Each involved centrally standardized systems interventions that affected staff at all levels. Each was supported by practical tools and education for staff. And each required not only significant shifts in thinking on the part of individuals, but also significant changes in organizational culture.

As the largest integrated health care system in the United States and a recognized leader in quality and organizational change, VA is now poised to take on a new challenge: to disseminate a systems-focused model to promote and improve ethical practices in health care—and *a new way of thinking about ethics.*

Why Ethics Matters

Throughout our health care system, VA patients and staff face difficult and potentially life-altering decisions every day—whether it be in clinics, in cubicles, or in council meetings. In the day-to-day business of health care, uncertainty or conflicts about values—that is, ethical concerns—inevitably arise.

Responding effectively to ethical concerns is essential for both individuals and organizations. When ethical concerns aren't resolved, the result can be errors or unnecessary and potentially costly decisions that can be bad for patients, staff, the organization, and society at large.[9–12] When employees perceive that they have no place to bring their ethical concerns, this can result in moral distress, a recognized factor in professional "burnout," which is a major cause of turnover, especially among nurses.[13]

A healthy ethical environment and culture doesn't just improve employee morale; it also helps to enhance productivity and improve efficiency.[14–16] Organizations that support doing the right thing, doing it well, and doing it for the right reasons tend to outperform other organizations in terms of such measures as customer satisfaction and employee retention.[17,18] Failure to maintain an effective ethics program can seriously jeopardize an organization's reputation, its bottom line, and even its survival.[19]

Ethics is also closely related to quality. A health care provider who fails to meet established ethical norms and standards is not delivering high-quality health care. By the same token, failure to meet minimum quality standards raises ethical concerns. Thus ethics and quality care can never truly be separated.

The Concept of Ethics Quality

When most people think of quality in health care, they think of technical quality (e.g., clinical indicators) and service quality (e.g., patient satisfaction scores). But *ethics* quality is equally important.[20] Ethics quality means that practices throughout an organization are consistent with widely accepted ethical standards, norms, or expectations for a health care organization and its staff—set out in organizational mission and values statements, codes of ethics, professional guidelines, consensus statements and position papers, and public and institutional policies.

For example, let's say a patient undergoes a surgical procedure. From a technical quality perspective, the operation was perfectly executed, and from a service quality perspective, the patient was perfectly satisfied with the care he received. So the care was of high quality, right? Well, not necessarily. Imagine that the patient was never really informed—or was even misinformed—about the procedure he received. This would indicate a problem with ethics quality.

The idea of ethics quality as a component of health care quality isn't exactly new. Donabedian, who is widely regarded as the father of quality measurement in health care, defined quality to include both technical and interpersonal components, interpersonal quality being defined as "conformity to legitimate patient expectations and to social and professional norms."[21] Other experts have proposed "ethicality"—the degree to which clinical practices conform to established ethics standards—as an important element of health care quality.[22] And it's been argued that specific performance measures for ethics should be routinely included in health care quality assessments.[20]

Ethics Quality Gaps

Health care organizations in this country have significant "opportunities for improvement" with respect to ethics quality,[23] and VA is no exception. Over the past several years, VA's National Center for Ethics in Health Care has been collecting data on the VA health care system—through formal and informal surveys, interviews, and focus groups—to understand where there are ethics quality gaps. What have we found?

VA employees:

- regularly experience ethical concerns
- want more tools and support to address their concerns
- perceive that the organization doesn't always treat ethics as a priority

Ethics committees or programs:

- are seldom described as influential or well respected
- tend to focus narrowly on clinical ethics and fail to address the full range of ethical concerns in the organization
- operate as silos in relative isolation from other programs that deal with ethical concerns
- tend to be reactive and case oriented, instead of proactive and systems oriented
- often lack resources, expertise, and leadership support
- do not consistently follow specific quality standards
- are rarely evaluated or held accountable for their performance

In addition, VA leaders recently got a wake-up call when an independent audit found material weaknesses in accounting practices and suggested problems with "ethics" and "culture" as a root cause.[18] The audit found evidence that at least in some instances, "making the numbers" seemed to be valued more than ethics. Ironically, the very things that have made VA a leader in quality may actually put the organization at risk from an ethics perspective. VA's keen focus on performance excellence in the clinical and financial arenas, through use of powerful performance measurement and rewards systems, may unintentionally have supported a culture in which "getting to green" is all that counts.

Findings from VA's all-employee survey reveal other opportunities for improvement in ethical environment and culture. High scores in the area of "bureaucratic" culture indicate that the organization emphasizes rules and enforcement.[24] Rules usually define prohibited behavior or minimal standards, instead of inspiring exemplary or even good practices. A rules-based culture tends to emphasize compliance with "the *letter* of the law" as opposed to fulfilling "the *spirit* of the law." From an ethics perspective, overemphasizing rules can lead to "moral mediocrity"[25]—or worse, unethical practices, if employees equate "no rule" with "no problem" or if they "game the rules" by developing ethically problematic workarounds.[26]

While employees in rules-driven organizations tend to concentrate on what they *must* do, those in organizations with a healthy ethical environment and culture tend to concentrate more on what they *should* do—finding ethically optimal ways to interpret and act on the rules in service of the organization's mission and values.

Thus while VA is a leader in quality, historically, the organization hasn't placed a great deal of emphasis on *ethics* quality. To achieve a truly "balanced scorecard," VA needs to systematically prioritize, promote, measure, and reward ethical aspects of performance. IntegratedEthics is the mechanism by which VA will achieve this goal—ensuring that ethics quality is valued every bit as much as other organizational imperatives, such as "making the numbers" and "following the rules."

IntegratedEthics

VA has recognized the need to establish a national, standardized, comprehensive, systematic, integrated approach to ethics in health care—and IntegratedEthics was designed to meet that need. This innovative national education and organizational change initiative is based on established criteria for performance excellence in health care organizations,[27] methods of continuous quality improvement,[28] and proven strategies

for organizational change.[29] It was developed by VA's National Center for Ethics in Health Care with extensive input from leaders and staff in VA Central Office and the field, expert panels and advisory groups, and reviewers within and outside the organization. Materials developed for IntegratedEthics underwent validity testing, field testing, and a 12-month demonstration project in 25 facilities. Now, the expectation is that every VA health care facility will implement the IntegratedEthics model to ensure ethics quality in health care.

Levels of Ethics Quality

Ethics quality is the product of the interplay of factors at three levels: decisions and actions, systems and processes, and environment and culture. The image of an iceberg helps to illustrate the concept of ethics quality in health care:

- At the surface of the "ethics iceberg" lie easily observable *decisions and actions,* and the events that follow from them, in the everyday practices of a health care organization and its staff.
- Beneath that, however, organizational *systems and processes* drive decision making. Not immediately visible in themselves, these organizational factors become apparent when we look for them—for example, when we examine patterns and trends in requests for ethics consultation.
- Deeper still lie the organization's ethical *environment and culture,* which powerfully, but nearly imperceptibly shape its ethical practices overall. This deepest level of organizational values, understandings, assumptions, habits, and unspoken messages—what people in the organization know but rarely make explicit—is critically important since it is the foundation for everything else. Yet because it's only revealed through deliberate and careful exploration, it is often overlooked.

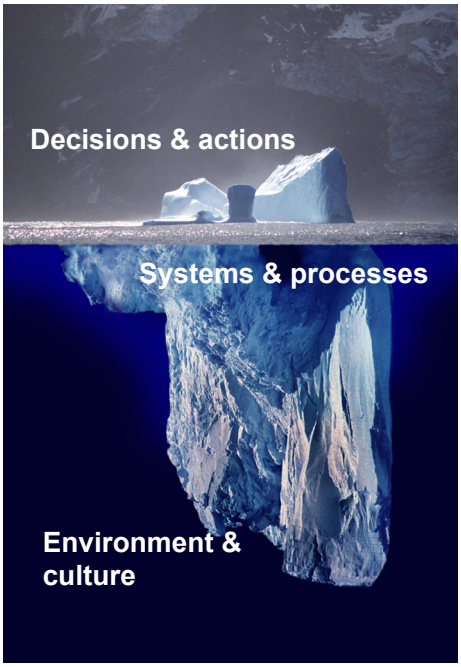


Image courtesy of Uwe Kills. Used with permission.

Together, these three levels—decisions and actions, systems and processes, and environment and culture—define the ethics quality of a health care organization.

Many ethics programs make the mistake of spending too much time in a reactive mode, focusing only on the most visible of ethical concerns (i.e., the "tip of the iceberg"). But to have a lasting impact on ethics quality, ethics programs must do more: They must continually probe beneath the surface to identify and address the deeper organizational factors that influence observable practices. Only then will ethics programs be successful in improving ethics quality organization-wide.

IntegratedEthics targets all three levels of ethics quality through its three core functions, discussed in detail below: ethics consultation, which targets ethics quality at the level of decisions and actions; preventive ethics, which targets the level of systems and processes; and ethical leadership, which targets the level of environment and culture.

Domains of Ethics in Health Care

Just as IntegratedEthics addresses all three levels of ethics quality, it also deals with the full

range of ethical concerns that commonly arise in VA, as captured in the following content domains:

- Shared decision making with patients (how well the facility promotes collaborative decision making between clinicians and patients)
- Ethical practices in end-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
- Patient privacy and confidentiality (how well the facility protects patient privacy and confidentiality)
- Professionalism in patient care (how well the facility fosters behavior appropriate for health care professionals)
- Ethical practices in resource allocation (how well the facility demonstrates fairness in allocating resources across programs, services, and patients)
- Ethical practices in business and management (how well the facility promotes high ethical standards in its business and management practices)
- Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
- Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)
- Ethical practices in the everyday workplace (how well the facility supports ethical behavior in everyday interactions in the workplace)

In many health care organizations, ethics programs focus primarily (or even exclusively) on the clinical ethics domains, leaving nonclinical concerns largely unaddressed. Another common model is that ethical concerns are handled through a patchwork of discrete programs. In VA facilities, clinical ethics concerns typically fall within the purview of ethics committees, while concerns about research ethics typically go to the attention of the institutional review board, and business ethics and management ethics concerns usually go to compliance officers and human resources staff. These individuals and groups tend to operate in relative isolation from one another and don't always communicate across programs to identify and address crosscutting concerns or recurring problems. Moreover, staff in these programs may not be well equipped to bring an *ethics* perspective to their areas of expertise. For example, when employees experience problems relating to their interactions with persons of a different ethnicity or cultural background, this is often treated as an EEO issue. But resolving the situation might require not just a limited EEO intervention but a more systematic effort to understand the values conflicts that underlie employee behaviors and how the organization's ethical environment and culture can be improved. IntegratedEthics provides structures and processes to develop practical solutions for improving ethics quality across all these content domains.

Rules-Based and Values-Based Approaches to Ethics

In addition to addressing ethics quality at all levels and across the full range of domains in which ethical concerns arise, the IntegratedEthics model takes into account both rules- and values-based approaches to ethics.

Rules-based ethics programs are designed to prevent, detect, and punish violations of law.[25,26,30] Such programs tend to emphasize legal compliance by:[31]

- communicating minimal legal standards that employees must comply with
- monitoring employee behavior to assess compliance with these standards

- instituting procedures to report employees who fail to comply
- disciplining offending employees

In contrast, values-based approaches recognize that ethics means much more than mere compliance with the law. As one commentator put it:

> You can't write enough laws to tell us what to do at all times every day of the week . . . We've got to develop the critical thinking and critical reasoning skills of our people because most of the ethical issues that we deal with are in the ethical gray areas.[32]

For values-based ethics programs, it is not enough for employees to meet minimal legal standards; instead, they are expected to make well-considered judgments that translate organizational values into action—especially in the "ethical gray areas."[25,26] To achieve this, values-based approaches to ethics seek to create an ethical environment and culture. They work to ensure that key values permeate all levels of an organization, are discussed openly and often, and become a part of everyday decision making.

IntegratedEthics recognizes the importance of compliance with laws, regulations, and institutional policies, while promoting a values-oriented approach to ethics that looks beyond rules to inspire excellence.

The IntegratedEthics Model

An IntegratedEthics program improves ethics quality by targeting the three levels of quality—decisions and actions, systems and processes, and environment and culture—through three core functions: ethics consultation, preventive ethics, and ethical leadership.

Ethics Consultation

When people make a decision or take an action, ethical concerns often arise. An ethics program must have an effective mechanism for responding to these concerns to help specific staff members, patients, and families. An *ethics consultation service* is one such mechanism. Today, every VA medical center has an ethics consultation service, but there's great variability across the VA health care system in terms of the knowledge, skills, and processes brought to bear in performing ethics consultation. Ethics consultation may be the only area in health care in which we allow staff who aren't required to meet clear professional standards, and whose qualifications and expertise can vary greatly, to be so deeply involved in critical, often life-and-death decisions.

IntegratedEthics is designed to address that problem through CASES, a step-by-step approach to ensuring that ethics consultation is of high quality. The CASES approach was developed by the National Center for Ethics in Health Care to establish standards and systematize ethics consultation. ECWeb, a secure, web-based database tool, reinforces the CASES approach, helps ethics consultants manage consultation records, and supports quality improvement efforts. IntegratedEthics also provides assessment tools and educational materials to help ethics consultants enhance their proficiency.

The CASES Approach

Clarify the consultation request
Assemble the relevant information
Synthesize the information
Explain the synthesis
Support the consultation process

Ethics consultation services handle both requests for consultation about specific ethical

concerns and requests for general information, policy clarification, document review, discussion of hypothetical or historical cases, and ethical analysis of an organizational ethics question. By providing a forum for discussion and methods for careful analysis, effective ethics consultation:

- promotes health care practices consistent with high ethical standards
- helps to foster consensus and resolve conflicts in an atmosphere of respect
- honors participants' authority and values in the decision-making process
- educates participants to handle current and future ethical concerns

Preventive Ethics

Simply responding to individual ethics questions as they arise isn't enough. It's also essential to address the underlying systems and processes that influence behavior. Every ethics program needs a systematic approach for proactively identifying, prioritizing, and addressing concerns about ethics quality at the organizational level. That's the role of the IntegratedEthics preventive ethics function.

To support preventive ethics, the National Center for Ethics in Health Care adapted proven quality improvement methodologies to create ISSUES—a step-by-step method for addressing ethics quality gaps in health care. The IntegratedEthics Toolkit provides practical tools and educational materials to support facilities as they apply the ISSUES approach to improve ethics quality at a systems level.

The ISSUES Approach

Identify an issue
Study the issue
Select a strategy
Undertake a plan
Evaluate and adjust
Sustain and spread

Preventive ethics aims to produce measurable improvements in an organization's ethics practices by implementing systems-level changes that reduce disparities between current practices and ideal practices. Specific quality improvement interventions in preventive ethics activities may include:

- redesigning work processes
- implementing checklists, reminders, and decision support
- evaluating organizational performance with respect to ethics practices
- developing policies and protocols that promote ethical practices
- designing education for patients and/or staff to address specific knowledge deficits
- offering incentives and rewards to motivate and reinforce ethical practices among staff

Ethical Leadership

Finally, it's important to deal directly with ethics quality at the level of an organization's environment and culture. Leaders play a critical role in creating, sustaining, and changing their organization's culture, through their own behavior and through the programs and activities they support and praise, as well as those they neglect and criticize. All leaders must undertake behaviors that foster an ethical environment—one that's conducive to ethical practice and that effectively integrates ethics into the overall organizational culture.

Leaders in the VA health care system have unique obligations that flow from their

overlapping roles as public servants, providers of health care, and managers of both health care professionals and other staff. These obligations are sharpened by VA's commitment to providing health care to veterans as a public good, a mission born of the nation's gratitude to those who have served in its armed forces.

- As public servants, VA leaders are specifically responsible for maintaining public trust, placing duty above self-interest, and managing resources responsibly.
- As health care providers, VA leaders have a fiduciary obligation to meet the health care needs of individual patients in the context of an equitable, safe, effective, accessible, and compassionate health care delivery system.[33]
- As managers, VA leaders are responsible for creating a workplace culture based on integrity, accountability, fairness, and respect.[33]

To fulfill these roles, VA leaders not only have an obligation to meet *their* fundamental ethical obligations, they also must ensure that employees throughout the organization are supported in adhering to high ethical standards. Because the behavior of individual employees is profoundly influenced by the culture in which those individuals work, the goal of ethical leadership—and indeed, the responsibility of all leaders—is to foster an ethical environment and culture.

The ethical leadership function of IntegratedEthics calls on leaders to make clear through their words and actions that ethics is a priority, to communicate clear expectations for ethical practice, to practice ethical decision making, and to support their facility's ethics program. These four "compass points" of ethical leadership are supported by tools and educational materials developed for IntegratedEthics.

IntegratedEthics Program Management

Two essential tasks for an IntegratedEthics program are to move ethics into the organizational mainstream and to coordinate ethics-related activities throughout the facility. This requires more than simply implementing the three core functions of IntegratedEthics; it also requires strong leadership support, involvement of multiple programs, and clear lines of accountability. These requirements are reflected in the structure recommended for IntegratedEthics programs within VA facilities.

The **IntegratedEthics Council** provides the formal structure for the IntegratedEthics program at the facility level. The council:

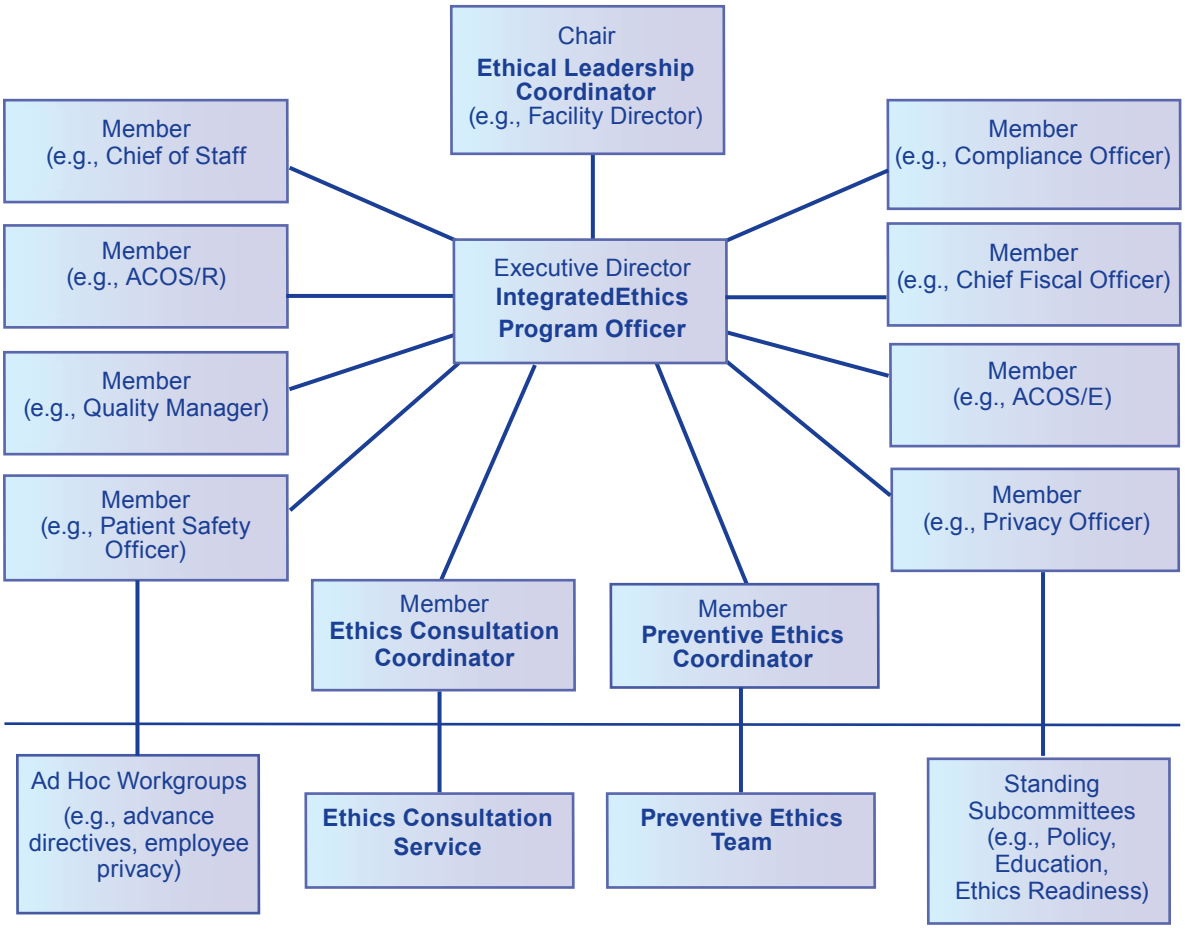
- oversees the implementation of IntegratedEthics
- oversees the development of policy and education relating to IntegratedEthics
- oversees operation of IntegratedEthics functions
- ensures the coordination of ethics-related activities across the facility

The **Ethical Leadership Coordinator** is a member of the facility's top leadership—e.g., the director. The Ethical Leadership Coordinator ensures the overall success of the IntegratedEthics program by chairing the IntegratedEthics Council, championing the program, and directing the ethical leadership function.

The **IntegratedEthics Program Officer** is responsible for the day-to-day management of the IntegratedEthics program, reporting directly to the Ethical Leadership Coordinator. The program officer works closely with the chair of the IntegratedEthics Council, functioning in the role of an executive director, administrative officer, or co-chair. The program officer should be a skilled manager and a well-respected member of the staff.

IntegratedEthics Program Structure

IntegratedEthics Council



The membership of the council also includes the **Ethics Consultation Coordinator** and the **Preventive Ethics Coordinator,** who lead the ethics consultation service and preventive ethics teams, respectively. Each role requires specific knowledge and skills.

Finally, the council includes **leaders and senior staff** from programs and offices that encounter ethical concerns, for example:

- Chief of Staff
- Chief Fiscal Officer
- Associate Chief of Staff for Research
- Associate Chief of Staff for Education
- Patient Safety Officer
- Director, Quality Management
- Director, Human Resources
- Compliance & Business Integrity Officer
- Research Compliance Officer
- Information Security Officer
- Privacy Officer
- Nurse Manager

In addition to overseeing the ethics consultation service and the preventive ethics team, the IntegratedEthics Council may also oversee **standing subcommittees** (e.g., policy, education, and JCAHO ethics readiness), as well as one or more **ad hoc workgroups** convened to address specific topics identified by the council.

At the network level, IntegratedEthics is coordinated by the **IntegratedEthics Point of Contact,** who reports directly to the network director or the VISN Executive Leadership Council. In addition to serving as the primary point of contact with the National Center for Ethics in Health Care, this individual facilitates communication across facility IntegratedEthics programs and monitors their progress in implementing IntegratedEthics.

Finally, a VISN-level **IntegratedEthics Board** helps to address ethical issues on a network level, especially those that cut across facility boundaries.

IntegratedEthics Program Tools

IntegratedEthics emphasizes distance learning and combines the use of print, video, and electronic media to provide a wide array of resources. These include reference materials and video courses relating to each of the three functions; operational manuals (toolkits) and administrative tools to help program staff organize and document their activities; assessment tools for evaluating program quality andeffectiveness; communications materials about IntegratedEthics; and online courses to build staff knowledge of ethics topics.

A New Paradigm for Ethics in Health Care

IntegratedEthics builds on VA's reputation for quality and innovation in health care. Like VA's seminal work in performance management, its groundbreaking program in patient safety, and its highly acclaimed electronic medical record system, IntegratedEthics represents a paradigm shift. By defining ethics quality to encompass all three levels of the "iceberg," the full range of ethics content domains, and both rules- and values-based approaches to ethics, IntegratedEthics provides a new way of thinking about ethics in health care. And its practical, user-friendly tools are designed to translate theory into practice—to make ethics an integral part of what everyone does every day.

IntegratedEthics refocuses an organization's approach to ethics in health care from a reactive, case-based endeavor in which various aspects of ethics (e.g., clinical, organizational, professional, research, business, government) are handled in a disjointed fashion, into a proactive, systems-oriented, comprehensive approach. It moves ethics out of institutional silos into collaborative relationships that cut across the organization. And it emphasizes that rules-oriented, compliance approaches and values-oriented, integrity approaches *both* play vital roles in the ethical life of organizations.

From . . .	*To . . .*
Reactive	Proactive
Case based	Systems oriented
Narrow	Comprehensive
Silos	Collaboration
Punishment	Motivation
Rules	Rules + Values

By envisioning new ways of looking at ethical concerns in health care, new approaches for addressing them in all their complexity, and new channels for achieving integration across the system, IntegratedEthics empowers VA facilities and staff to "do the right thing" *because* it's the right thing to do.

Tool	Function		
	Ethics Consultation	**Preventive Ethics**	**Ethical Leadership**
Reference Tools Primers	*Ethics Consultation: Responding to Ethics Questions in Health Care*	*Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*	*Ethical Leadership: Fostering an Ethical Environment & Culture*
Easy Reference Tools	CASES pocket card	ISSUES pocket card	Leadership bookmark
Administrative Tools	Ethics Case Consultation Summary & Template ECWeb	Preventive Ethics ISSUES Log & Summary Preventive Ethics Meeting Minutes Preventive Ethics ISSUES Storyboards Preventive Ethics Summary of ISSUES Cycles	
	IE master timeline Timelines for function coordinators		
Assessment Tools	Ethics Consultant Proficiency Assessment Tool Ethics Consultation Feedback Tool		Ethical Leadership Self-Assessment Tool
	IntegratedEthics Facility Workbook (instrument, guide to understanding results) IntegratedEthics Staff Survey (introduction, survey instrument, FAQs)		
Education Tools	Ethics consultation video course Training checklist & video exercises (1–4)	Preventive ethics video course Training checklist & video exercise	Ethical leadership video course Training checklist
	IntegratedEthics online learning modules: Ethics in Health Care, Shared Decision Making with Patients, Ethical Practices in End-of-Life Care, etc.		
Communications Materials	Improving Ethics Quality: Looking Beneath the Surface IntegratedEthics: Closing the Ethics Quality Gap Business Case for Ethics IntegratedEthics poster IntegratedEthics brochure IntegratedEthics slides		

Part II

Introduction to Preventive Ethics in Health Care

What Is Preventive Ethics in Health Care?

For the purposes of this document, then, we define ***preventive ethics*** as *activities performed by an individual or group on behalf of a health care organization to identify, prioritize, and address systemic ethics issues.*

What is an ethics issue?

We define an ***ethics issue*** as an ongoing situation involving organizational systems and processes that gives rise to ethical concerns, i.e., that gives rise to uncertainty or conflicts about values. We use the term "ethics issues" to distinguish systemic ethical problems from the more familiar concept of "ethics cases." Ethics issues differ from ethics cases in that issues describe ongoing situations, while cases describe events that occur at a particular time, and issues involve organizational systems and processes, while cases involve specific decisions and actions by individuals.

To help illustrate the difference, imagine a conflict about withdrawing a ventilator from a post-operative patient; the family wants the ventilator removed, but the neurosurgeon thinks removal would be premature. The parties might request an ethics consultation to help them decide what to do about the individual patient case. But what if this weren't the first time this sort of situation had come to the attention of the ethics consultation service? What if it were typical of many consultations involving neurosurgery patients? In such circumstances, responding specifically to questions about the particular situation (i.e., through ethics consultation) isn't enough. What's needed is a systematic approach to addressing the underlying systems and processes that repeatedly give rise to similar ethical concerns. That's the role of preventive ethics.

Preventive ethics isn't restricted to ethics issues in clinical care; it's relevant to a whole host of issues. For example, it might be used to address ethics quality gaps in personnel practices, fiscal management, or protection of research subjects.

The goal of preventive ethics

The overall goal of preventive ethics is to *improve quality by identifying, prioritizing, and addressing ethics quality gaps on a systems level.* The more specific aim is to produce measurable improvements in the organization's ethics practices by implementing systems-level changes that reduce disparities between current practices and best practices in the relevant area. Preventive ethics combines quality improvement techniques with ethical analysis.

Specific quality improvement interventions in preventive ethics may include:

- redesigning work processes to better support ethical practice
- implementing checklists, reminders, and decision support
- evaluating organizational performance with respect to ethical practices
- developing specific protocols to promote ethical practices
- designing strategies for patients and/or staff to address systemwide knowledge deficits
- offering incentives and rewards to motivate and acknowledge ethical practices among staff

A brief history of preventive ethics

Historically, efforts to improve ethics practices in health care have focused on the three traditional functions of an ethics committee: education, policy development, and consultation on individual patient cases. In recent years, however, there has been growing recognition of how organizational factors influence ethics practices and of the importance of systems thinking.

Organizational factors, such as socialization, environmental pressures, and hierarchical relationships, can "stack the deck" against employees being able to act in accordance with ethical standards.[34] Whether an individual can overcome "macro-level obstacles" to ethical behavior created by the structure of a health care institution depends on the interplay of numerous factors, including the likely consequences for the individual, fear of embarrassment, and the actions of others in similar positions in the institution.[35] Psychological studies suggest that it can be very difficult for an individual to act in accordance with ethical norms and standards if he or she encounters serious organizational barriers.[36] And while medical ethics has traditionally emphasized individual, patient-level decision making, "the course of care may well be shaped largely by how the care system is organized."[37] Of course, how the care system is organized depends not only on clinicians but also on business and office staff, information systems personnel, human resources staff, and others.

The term "preventive ethics," first introduced to the ethics literature in 1993,[38] captures this growing awareness of the organizational dimension of ethics in health care. Preventive ethics calls for "explicit, critical reflection on the institutional factors that influence patient care," and in some instances, "the reform of institutions so that they promote rather than undermine the ethical values important for quality patient care. . . . By drawing attention to factors that lead to dilemmas (such as the institutional structure, unrealistic patient expectations, or different cultural views), preventive ethics can help staff develop mechanisms to avert serious conflicts and to reach ethically defensible plans more readily."[38]

In recent years, efforts to apply systems thinking to ethics in health care have become commonplace. One proposed model, for example, urges ethics committees to "address and 'attack' ethical issues and concerns before conflicts arise and beyond the context of individual cases and their management" and to "move 'upstream' in their orientation and thinking about ethical issues."[39] Health care facilities are reporting on their experience with implementing a "performance-improvement organizational ethics role"[40]. And training is being offered on systems approaches, such as the Ethics Resource Center's

"Total Ethics Management."[41] Today, many agree that "the most exciting prospects for ethics committees and consultants involve integrating them into the quality improvement culture of health care organizations."[42]

With increasing recognition of the importance of systems approaches to ethics in health care, reactive ethics programs that focus primarily on specific ethics cases are no longer adequate. Instead, every health care facility must have an effective preventive ethics function to identify, prioritize, and address ethics quality gaps proactively on a systems level.

As the largest health care system in the country and a recognized leader in performance measurement and management, VA is uniquely situated to translate its real-life experience into "how to" guidance on preventive ethics. This document builds on well-established concepts of continuous quality improvement and takes advantage of VA's unique institutional capacity to develop an original approach to implementing a distinct preventive ethics function for health care organizations.

Models for Performing Preventive Ethics

The need for dedicated structures and processes

Ideally, all health care providers in an organization should be involved in identifying, prioritizing, and addressing ethical issues on a systems level. As a practical matter, however, the preventive ethics function needs to be associated with specific organizational structures and processes. To be effective, every preventive ethics function must have:

- someone to coordinate the function (a preventive ethics coordinator)
- staff to carry out preventive ethics activities
- an organizing structure (a preventive ethics team or teams)
- a specific, systematic approach

Why? Clear leadership for the function is important because preventive ethics doesn't just happen spontaneously; it demands active management. Measuring ethics quality often requires special resourcefulness and effort, since ethical practices are often difficult to objectify or quantify.[43,22] Unless someone is specifically charged with responsibility for seeking out and addressing systemic ethics issues, such issues tend be neglected.[44,45] Moreover, because the concept of preventive ethics is relatively new in health care, it may be unfamiliar to staff. Thus preventive ethics must have champions to explain it and promote it in the organization, as well as workers to carry it out. And we know from other contexts that effective health care improvement teams need strong team leadership and high levels of teamwork [46] that individuals or specially convened groups alone cannot provide. Finally, preventive ethics calls for adapting quality improvement methods specifically for ethics in health care. Doing this well requires specialized skills and knowledge and a specific method or process, as well as group learning over time.

Organizing preventive ethics

Preventive ethics encompasses two types of activities to address systemic ethics issues: (1) general maintenance activities and (2) quality improvement cycles.

General maintenance activities typically include:

- periodically updating policies on various ethical practices
- providing regular ethics education for facility staff
- maintaining continuous readiness relating to ethics for surveys by JCAHO and other accreditation organizations

In contrast, quality improvement cycles are time-limited interventions targeted toward specific ethics quality gaps.

These two types of activities require different skills and methods and thus are often best carried out by different individuals. Maintenance activities are best carried out by standing committees—for example, many ethics committees have subcommittees devoted to policy, education, and JCAHO readiness—whose members develop specialized knowledge and skills over time.

Improvement cycles, however, are best carried out by small, dynamic workgroups that include one or more "core" team members as well as one or more ad hoc members who have subject matter expertise in the particular ethics issue being addressed. The core team members should be carefully selected to ensure they have the proficiencies needed for quality improvement cycles (see discussion of proficiencies below).

Depending on local realities, resources, and history, facilities can assign responsibility for the ethics maintenance and ethics quality improvement components of preventive ethics in different ways within the organization's hierarchy. The IntegratedEthics Council provides broad oversight and coordination and the Preventive Ethics Coordinator should manage the operations of the function, but beyond that facilities should take best advantage of local strengths.

For example, maintenance activities might be performed either by standing subcommittees of the IntegratedEthics Council (e.g., ethics policy subcommittee, ethics education subcommittee, ethics accreditation subcommittee) or by a subcommittee of the preventive ethics team.

To carry out ethics quality improvement cycles, however, most facilities will need to assemble a new "preventive ethics team" to carry out ethics quality improvement cycles. Typically, this team would be convened as a subcommittee of the IntegratedEthics Council. However, a facility with a particularly strong quality management (QM) program might decide to position new team within QM, especially if the program has experience problem-solving around a wide range of complex organizational issues. Maintenance activities might be performed either by standing subcommittees of the IntegratedEthics Council (e.g., ethics policy subcommittee, ethics education subcommittee, ethics accreditation subcommittee) or by a subcommittee of the preventive ethics team.

Bringing ethics maintenance activities and ethics quality improvement cycles together under a preventive ethics umbrella helps to ensure that they are effectively coordinated and that systems thinking is applied to all the components of preventive ethics. Ethics maintenance activities can benefit from a quality improvement approach. For example, instead of carrying out an educational program for education's own sake, a preventive ethics

approach targets educational activities to address identified quality gaps (e.g., clinical staff have significant misconceptions about the appropriate use of life-sustaining treatment), sets specific goals (e.g., 80% of clinical staff will complete the training and score at least 70 on the post-test), and then evaluates the effectiveness of the activities in meeting those goals. A quality improvement mindset is similarly useful when developing or updating policy or ensuring that the facility maintains accreditation readiness with respect to ethics standards.

At the same time, the broad institutional perspective and special skills of those who carry out ethics maintenance activities can inform and enhance the work of those who carry out ethics quality improvement cycles. For example, in the course of addressing an ethics quality gap in employee privacy, the preventive ethics team might identify the need for a new policy in this area and request assistance from the group responsible for maintaining ethics policy.

Identifying members of the preventive ethics core team

Each facility should designate a specific Preventive Ethics Coordinator who will be responsible for directing its preventive ethics function, managing all preventive ethics activities, and reporting to the facility's IntegratedEthics Program Officer. Each facility also needs a core team of one to four individuals who are trained in the principles and practices of preventive ethics. It's important that the core team members work together regularly to develop their collective knowledge and skill at performing preventive ethics activities. Improvement teams are more likely to succeed if team members complement one another's strengths and weaknesses, respect one another's contributions, and have previous experience working together as a team.[46] Having a small but nimble core of trained individuals can also allow the organization to handle multiple ethics issues concurrently by establishing separate workgroups that include ad hoc members who are knowledgeable about the specific ethics issue the workgroup is addressing. For example, if the preventive ethics core team establishes a workgroup to address a systemic ethics issue in human resources, it would be vital to include an ad hoc member with knowledge of relevant human resource processes. If relevant expertise isn't included, it's unlikely the core team will succeed in narrowing the ethics quality gap. In fact, it's actually more likely that the gap between current practice and best practice will widen.[47,28]

What Proficiencies Are Required to Perform Preventive Ethics?

While the proficiencies required to perform preventive ethics are not as well established as those for ethics consultation,[48] certain baseline skills are essential to enable members of the preventive ethics team to address ethics quality gaps at a systems level. Specifically, every preventive ethics team should include individuals with:

- knowledge of quality improvement principles, methods, and practices
- knowledge of relevant organizational environment(s)
- knowledge of organizational change strategies
- knowledge of topics and concepts
- skill in moral reasoning
- skill in systems thinking

Few (if any) individuals possess all of these types of knowledge and skills. But if the preventive ethics function is to succeed, all must be available to the preventive ethics team either through the skill sets of the core team or through collaboration with others who have relevant expertise. The preventive ethics team should actively seek input from other program offices, including the facility's ethics consultation service, business integrity office, and QM program.

What Are the Critical Success Factors for Preventive Ethics?

In complex organizations certain factors are generally predictive of the likelihood that a specialized service will achieve its goals. To be effective, the preventive ethics function requires adequate *integration, leadership support, expertise, staff time,* and *resources.* Critical success factors also include *access, accountability, organizational learning,* and *evaluation.* Because all these factors are critical to the success of preventive ethics, they should be set out in *policy.*

Integration

To carry out its role effectively, each function in an IntegratedEthics program must have regular contact with the other functions through established channels. This will ensure that all functions benefit from one another's expertise and activities. For example, the preventive ethics team should collaborate regularly with the ethics consultation service to identify recurring consultation topics that might appropriately be addressed through a preventive ethics approach. Likewise, the consultation service should be able to draw readily on the quality management expertise of the preventive ethics team to help the service assess its activities and continuously improve.

Strong connections with other departments and services in the organization are also important. The preventive ethics team should look for opportunities to share activities and skills, and to work to achieve mutual goals. To build these kinds of cross-fertilizing relationships, those responsible for preventive ethics should establish contacts with representatives from other departments and/or arrange regular opportunities for knowledge transfer.

Since preventive ethics is in essence a quality improvement activity, it's particularly important for the preventive ethics team to establish close working relationships with quality management if it isn't organized as a subgroup of QM. For example, preventive ethics could include QM staff on the core team and attend select QM meetings to update the service on preventive ethics activities. The QM staff can provide needed expertise to the preventive ethics team, who in turn can advise and educate QM staff on ethical aspects of quality problems.

The structure of an IntegratedEthics program is designed to promote and support such relationships through a local IntegratedEthics Council responsible for bringing together leaders from key offices and programs, including coordinators of the three core IntegratedEthics functions (ethics consultation, preventive ethics, and ethical leadership), and coordinating ethics-related activities across the organization.

Leadership support

Explicit leadership support is essential if the goals of preventive ethics are to be realized. Ultimately, leaders are responsible for the success of all programs, and preventive ethics is no exception. It's leaders who establish organizational priorities and allocate resources to support those priorities. *Unless leaders support—and are perceived to support—the preventive ethics function in a facility, the function cannot succeed.*

Leaders at all levels and throughout the organization can and should support preventive ethics in several ways:

- understand the scope and role of preventive ethics
- refer ethics issues to the preventive ethics team when appropriate
- encourage others to refer issues to the preventive ethics team

Leaders who supervise employees who are members of the preventive ethics core team should also:

- include responsibilities of preventive ethics in staff performance plans
- recognize staff for their preventive ethics activities

Finally, top organization leadership—i.e., leaders at the executive leadership and mid-manager level—should:

- keep up to date on the activities of preventive ethics
- regularly update staff on those activities
- ensure that other critical success factors are in place as described below
- promote organizational learning by encouraging dissemination of ISSUES storyboards

Expertise

Leaders of health care facilities as well as those who are responsible for preventive ethics should ensure that members of the preventive ethics core team have the requisite expertise. Selecting the Preventive Ethics Coordinator is pivotal to the success of the function. The coordinator should be a capable leader and manager who can identify relevant issues, assign responsibility and delegate authority to team members, and establish clear lines of accountability. He or she should have sufficient stature in the organization to communicate effectively and persuasively with senior leaders and should have a strong working knowledge of how to get things done in the organization. The coordinator must be skilled in motivating people beyond the core team to serve as ad hoc workgroup members as needed to address a particular issue.

Core members of the preventive ethics team also need specific knowledge and skills as outlined above. Perhaps most important is knowledge of the principles and methods of quality improvement and organizational change. The ability to communicate with patients and families or to interpret a patient's health record isn't essential, but skill at "getting things done" at an organizational level is. Thus some individuals may be well suited for both ethics consultation and preventive ethics, while others may be best equipped to perform one of the two function but not both.

Staff time

Facility leaders should also ensure that adequate staff time is available for the preventive ethics function. Preventive ethics activities can be time consuming and individuals responsible for this function need dedicated time to do their work, as do ad hoc members. In a given facility, the time required for preventive ethics will vary depending on the number and type of issues addressed. Although some issues can be resolved relatively simply (e.g., with a checklist), addressing a complex ethics issue will typically take dozens of person-hours, over a period of weeks or months. Preventive ethics should not be viewed as an optional activity but as an essential part of health care operations. For members of the core team, preventive ethics activities should be included in their performance plans and team members should have a clear understanding with their supervisor(s) about how much time this activity involves.

Resources

Leaders of health care facilities should further ensure that individuals performing preventive ethics activities have ready access to needed resources, such as clerical or data entry support, library materials, and ongoing training. The facility library may provide access to a good selection of quality improvement texts and journals. In addition, many useful quality improvement resources are available online, so access to the Internet is essential. Core members of preventive ethics teams that aren't subgroups of QM may also wish to investigate what resources and tools are available through the facility's QM program. Over time, the preventive ethics team may find that its work is facilitated by quality improvement software or use of spreadsheets or relational databases.

The National Center for Ethics in Health Care has developed a variety of materials to help support preventive ethics. These resources and materials on various topics in ethics are available on the Center's website, vaww.ethics.va.gov/.

Access

The preventive ethics team learns about systemic ethics issues from its own ongoing monitoring and input from institutional sources, including the IntegratedEthics Council, the facility ethics consultation service, senior leaders, service and program heads, and QM staff. The preventive ethics team should take steps to ensure that these groups are aware of the team's existence, understand what the team does, and know how to refer issues to the team for consideration.

Developing a referral network takes time and commitment—a one-time presentation, for example, to a meeting of senior leaders, isn't sufficient. Establishing routine communication with key individuals, services, and programs is crucial to developing and maintaining a vibrant referral network. Participation by the Preventive Ethics Coordinator in the facility's IntegratedEthics Council will help to establish relationships and ensure regular communications with programs and offices across the institution. But the preventive ethics team should also consider routinely getting on the agenda at key meetings as part of ongoing efforts to market preventive ethics. Potential referral sources will want to know what the team can do for them—and a powerful source of persuasion will be successfully completed ISSUES cycles and accompanying storyboards.

The preventive ethics team should also clearly understand that frontline staff across the organization can be a rich source of potential ethics quality issues. Supervisors and managers—from clinical services to the business office to human resources to maintenance—should encourage staff to share their ethical concerns so that managers can refer potential ethics issues to the preventive ethics team.

A preventive ethics team shouldn't be expected to act on every issue referred to it. Preventive ethics involves prioritizing among the various ethics issues that need attention and addressing the highest priority issues first. The preventive ethics team should ensure that those who refer issues understand this. The team should also take care to "close the feedback loop" by informing requesters when or if the team will take action on a particular issue that has been referred to it. If the team doesn't intend to act, it's important that it explains why and indicate whether the issue might become a priority later.

The preventive ethics team shouldn't rely only on referrals to identify ethics quality issues, however. The team should go out and seek the most pressing issues from the virtually unlimited supply of quality improvement opportunities to be found in any health care organization. Also, through his or her position on the local IntegratedEthics Council the Preventive Ethics Coordinator has an excellent opportunity to identify issues proactively—and to appreciate what issues most trouble leaders across the organization.

Accountability

Like any other important health care function, preventive ethics must have a clear system of accountability. Day-to-day responsibility for preventive ethics should rest with a designated individual, the Preventive Ethics Coordinator. In the IntegratedEthics model (see Part I), this individual is accountable to the IntegratedEthics Program Officer, who is in turn accountable to the member of the facility's top leadership (e.g., the facility director) who chairs the IntegratedEthics Council.

The IntegratedEthics Council provides a mechanism for oversight of preventive ethics. The council is responsible for establishing specific goals, structures, processes, and

performance expectations for the function. The council also enables organizational leaders to monitor the function's operations, successes and failures and whether it is accomplishing its goals. For example, the council might ask the Preventive Ethics Coordinator to present regular updates to the council or to develop written reports on a quarterly or annual basis. Similar reports, when distributed more broadly to facility staff, serve as a useful reminder of the existence, availability, and value of preventive ethics.

Organizational learning

It's also important for preventive ethics teams to contribute to organizational learning by sharing their knowledge and experience with others in the organization. Group discussion of ISSUES cycles is an excellent way to educate staff. With relatively little effort, a preventive ethics ISSUES storyboard can be reworked into a newsletter article that summarizes an important ethics quality gap. When an ISSUES cycle finds that practice is compromised because staff doesn't understand policy, the preventive ethics team can create Frequently Asked Questions and post them on a website. Efforts such as these not only enhance staff knowledge but also enhance the credibility and visibility of preventive ethics.

Ideally, as the preventive ethics function matures the core team will be able to nurture spin-off teams at the service or unit level. Working with small, unit-level teams can extend preventive ethics well beyond what the core team by itself could ever accomplish.

Evaluation

Ensuring the success of the preventive ethics function also requires evaluation, by which we mean ongoing, systematic assessment of the operation and/or outcomes of the program compared to a set of explicit or implicit standards as a means of contributing to the continuous improvement of the program.[49] This document establishes explicit standards for preventive ethics against which actual practices may be compared.

For example, the critical success factors identified in this section should be assessed systematically:

- *Integration*—Is the preventive ethics function well integrated with other components of the organization?
- *Leadership support*—Is the preventive ethics function sufficiently supported by leadership?
- *Expertise*—Do individuals performing preventive ethics activities have the required knowledge and skills?
- *Dedicated staff time*—Do they have adequate time to perform preventive ethics effectively?
- *Resources*—Do they have ready access to the resources they need?
- *Access*—Do staff know when and how to refer issues to the preventive ethics team?
- *Accountability*—Is there clear accountability for preventive ethics within the facility's reporting hierarchy? Does the preventive ethics team keep leaders apprised of its activities?
- *Organizational learning*—Is the preventive ethics team effectively disseminating its experience and findings?

- *Evaluation*—Does the preventive ethics team continuously improve its quality through systematic assessment?
- *Policy*—Are the structure, function, and processes of preventive ethics formalized in institutional policy?

Similarly, assessments should be made to determine whether ethics quality issues are addressed in accordance with the approach outlined below in Part III, "ISSUES—A Step-by-Step Approach to Preventive Ethics."

Efforts should also be made to determine whether the preventive ethics team is meeting its professed goals. For example, does the team effectively identify, prioritize, and address ethics quality gaps? Does it develop practical solutions that lead to measurable improvements in ethical practices and the overall quality of care?

Further, the preventive ethics team should consider developing annual objectives for the function and evaluate progress on these. The annual plan should include associated action plans to meet the objectives, measurable results to be achieved, and specific time frames for each. Annual plans can provide the team with a tactical blueprint to "grow" preventive ethics within the organization.

Finally, the IntegratedEthics Facility Workbook can help identify gaps in an existing preventive ethics function, such as whether the preventive ethics function is well integrated with the other core functions of IntegratedEthics and with other ethics-related activities.

Evaluation is an important strategy to improve the process of preventive ethics (i.e., how it is being implemented) as well as its outcomes (i.e., how preventive ethics affects participants and the facility). Evaluation efforts need not be burdensome or costly. Experts in the facility, such as quality managers, can assist with developing appropriate ways to assess these factors to ensure that the measures used are valid and that data are collected and analyzed in a minimally burdensome fashion.

Policy

The structure, function, and process of preventive ethics should be formalized in institutional policy. At a minimum, this policy should address the following topics:

- the goals of preventive ethics
- who will perform preventive ethics
- what activities fall within the mandate of preventive ethics
- which issues are appropriate for the preventive ethics team to consider
- how issues will be identified, prioritized, and addressed
- which issues require a quality improvement approach
- how the confidentiality of participants and security of data will be protected
- how preventive ethics activities will be performed
- how preventive ethics activities will be documented
- who is accountable for preventive ethics
- how the quality of preventive ethics will be assessed and ensured

The Preventive Ethics Coordinator will work with the IntegratedEthics Council to develop policy for the preventive ethics team as part of overall policy for the facility's IntegratedEthics program.

Preventive ethics tools

The IntegratedEthics initiative emphasizes distance learning and the National Center for Ethics in Health Care has used print, video, and electronic media in designing tools to help preventive ethics teams succeed, all of which are available through the Center's website, vaww.ethics.va.gov/IntegratedEthics.

Category	*Tool*	*Purpose*
Reference	primer—*Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*	To provide guidance for the preventive ethics team
	ISSUES pocket card	To provide easy reference to the six-step ISSUES approach to preventive ethics
Education	preventive ethics video course	To develop staff knowledge and skills in preventive ethics
	IntegratedEthics online learning modules	To develop staff knowledge of ethics in health care
Administration	*Preventive Ethics Toolkit: A Manual for the Preventive Ethics Coordinator*	To provide guidance and administrative tools for the function coordinator
	IntegratedEthics master timeline	To organize tasks and timelines
	Preventive Ethics Issues Log & Summary	To organize tasks and timelines
	Preventive Ethics Meeting Minutes	To organize tasks and timelines
	ISSUES Storyboard	To document the ISSUES cycle
	Summary of ISSUES Cycles	To summarize and record preventive ethics activities

The Center has also developed global assessment tools for the IntegratedEthics Program Officer to help him or her identify gaps in the facility's ethics program and activities and set goals for improvement. In addition, a variety of general communications materials about the IntegratedEthics initiative—including an informational video, brochures, and handouts—are available on the Center's website, vaww.ethics.va.gov/IntegratedEthics.

Part III

ISSUES: A Step-by-Step Approach to Preventive Ethics

This section describes the ISSUES approach, a practical, systematic approach to preventive ethics. This approach involves six steps:

I — IDENTIFY an Issue

Be proactive in identifying ethics issues
Characterize each issue
Clarify each issue by listing the improvement goal
Prioritize the issues and select one

S — STUDY the Issue

Diagram the process behind the relevant practice
Gather specific data about best practices
Gather specific data about current practices
Refine the improvement goal to reflect the ethics quality gap

S — SELECT a Strategy

Identify the major cause(s) of the ethics quality gap
Brainstorm possible strategies to narrow the gap
Choose one or more strategies to try

U — UNDERTAKE a Plan

Plan how to carry out the strategy
Plan how to evaluate the strategy
Execute the plan

E — EVALUATE and Adjust

Check the execution and the results
Adjust as necessary
Evaluate your ISSUES process

S — SUSTAIN and Spread

Sustain the improvement
Disseminate the improvement
Continue monitoring

Using the ISSUES Approach

Based on established principles and methods of quality improvement, the ISSUES approach was developed to help preventive ethics teams improve the systems and processes that influence ethics practices in a facility. While the facility's quality management staff may use standard QI methods, such as "Plan-Do-Study-Act" (PDSA), to address clinical or managerial quality issues, ISSUES is designed specifically to address ethics quality issues.

How are ethics quality issues different from other quality issues? In one sense, they aren't—on some level every quality issue has an ethical or values component. But as a practical matter, ethics quality issues are distinct in that (1) they give rise to uncertainty or conflict about values, that is, to ethical concerns and (2) the organization's existing systems and processes are inadequate for dealing with those ethical concerns.

When there's no uncertainty or conflict at all surrounding an issue or if the uncertainty or conflict relates to something other than values (e.g., the controversy is about the medical evidence or interpretations of the law), then the issue is generally not seen as an ethics issue but instead as some other type of issue, say, a clinical or legal issue. Whether an issue is defined as an ethics quality issue or another type of quality issue also depends in large part on the institutional context in which the issue arises. If a facility has an established and effective mechanism for dealing with a particular issue, then that issue may not be appropriate for a preventive ethics approach. Let's say, for example, that quality concerns have been raised about how clinicians interact with so-called "noncompliant" patients. In a facility that has in place a well-functioning committee to help clinicians deal with such patients, the quality concern should be referred to that committee. But in a facility that doesn't have such a committee, the quality concern might be an appropriate issue for the preventive ethics team to take on. Even if quality concerns around noncompliant patients aren't dealt with by preventive ethics, ethics input may still be important in the deliberations of the committee that does address it.

In contrast, when there's controversy about "the right thing to do" or the "right way" to do it, that's usually a sign of uncertainty or conflict about values, which suggests an ethics issue. For example, the practice of disclosing adverse events to patients is becoming more widely accepted, but health care professionals in this country still vary considerably in their understandings of what information should be disclosed, how, when, and by whom. Standards about disclosure of adverse events differ from one institution to the next, are rapidly evolving, and often stimulate impassioned debates about values. So issues relating to disclosure of adverse events might well be considered ethics issues.

The ISSUES approach is specifically designed to address ethics quality issues, but with minor modifications it can be applied to other kinds of quality problems. By the same token, other approaches could be modified to address ethical issues. The following figure crosswalks ISSUES and FOCUS-PDSA, a common quality improvement approach.

Although the steps are presented in a linear fashion, it's important to realize that *ISSUES is a fluid process and the distinction between steps may blur in the context of a specific ethics issue*. At times, steps may have to be repeated to achieve a particular improvement goal.

It's also important to recognize that quality improvement approaches like ISSUES won't always be the best way to address an ethics issue—for example, when the team cannot succinctly define a concrete ethics quality gap. Most often, such issues should be referred to your facility's IntegratedEthics Program Officer or Ethical Leadership Coordinator.

ISSUES	PDSA
Identify an issue	Find an opportunity for improvement
Core team + ad hoc members as needed	Organize a team
Study the issue	Clarify processes and problem
Select a strategy	Understand root causes
Select a strategy	Select improvement
Undertake a plan	Plan
Undertake a plan	Do
Evaluate and adjust	Study
Sustain and spread	Act

How much time should each step in the process take? There's no simple answer to this question. The amount of time it will take to complete any given step depends on the complexity of the issue being addressed or practice being improved, how the preventive ethics function is organized, the composition and experience of the preventive ethics team, the time and resources available to the team, and other circumstances unique to the particular context. The process may move very quickly when the ethics issue is relatively straightforward and uncontroversial and relatively few stakeholders need to be involved. In other circumstances, the process may be time consuming and require participation from several programs or departments.

Even when the ethics quality gap seems obvious and the "fix" appears to be simple, it's beneficial to work through the steps of the ISSUES approach. Untested assumptions often turn out to be wrong—ISSUES provides a method for validating assumptions about the ethics quality gap before undertaking quality improvement efforts.

Step 1: Identify an Issue

The first step in the ISSUES approach sounds deceptively simple, but it is critical, and often the most difficult step of the process to execute successfully. In this step, the team must identify a list of potential issues to address, then narrow this list down to a single issue on which to focus its energies first.

IDENTIFY an Issue

Be proactive in identifying ethics issues
Characterize each issue
Clarify each issue by listing the improvement goal
Prioritize the issues and select one

Be proactive in identifying ethics issues

The preventive ethics team should proactively gather and maintain a list of ethics issues that might warrant consideration. As defined in Part I above, *an ethics issue is an ongoing situation involving organizational systems and processes that gives rise to ethical concerns*, i.e., that gives rise to uncertainty or conflicts about values. The specific aim of the preventive ethics function is to produce measurable improvements in the organization's ethics practices by implementing systems-level changes that reduce disparities between current practices and best practices.

To find out about issues that might be appropriate for a preventive ethics approach, the team should look to the IntegratedEthics Council, senior management, service and program heads, the ethics consultation service, and QM staff. *The preventive ethics team should establish regular contacts and lines of communication with these groups and check in with them frequently.*

IntegratedEthics Council. The IntegratedEthics Council, whose members include leaders of various programs and offices that commonly encounter ethical concerns, is an important source of ethics issues for the preventive ethics team. Ethics issues will come to the attention of the council not only through its members, but also through referrals from elsewhere in the organization and through the council's role in analyzing the results of the IntegratedEthics Facility Workbook and IntegratedEthics Staff Survey. For example, the staff survey might reveal widespread misconceptions about do-not-resuscitate (DNR) orders among staff, or perceptions of unfair treatment by certain groups.

Service and program heads. Service chiefs, program coordinators, and other heads of clinical and nonclinical divisions who aren't members of the IntegratedEthics Council can also be good sources of information about issues that arise in their respective areas. For example, a member of the preventive ethics team might learn from the chief of home-based primary care that ethical concerns have been raised about home care patients for whom living alone is judged to be "unsafe." Or accounting staff might share worries that expenditures tend not to be posted promptly at the end of a fiscal cycle to make the books "look better." Referrals should be triaged by the IntegratedEthics Program Officer

and/or the Preventive Ethics Coordinator—who should comment on whether the issue is appropriate for the preventive ethics function—rather than going directly to members of the preventive ethics team.

Ethics consultation service. The preventive ethics team should have close ties with the ethics consultation service and may even have one or more members in common. As part of each consultation it handles, the ethics consultation service should determine whether there are underlying systems issues that need to be addressed and refer these issues to the preventive ethics team. In addition, the preventive ethics team should periodically review ethics consultation records to look for patterns of recurring cases or concerns that suggest an ethics quality gap.

Quality management staff. Quality managers are often uniquely knowledgeable about systems-level issues that give rise to ethical concerns. For example, a quality manager might become aware of problems with inconsistent documentation of DNR discussions and enlist the preventive ethics team to address them. In addition, the quality management program collects and summarizes data that may point to ethics quality gaps.

Other sources. To identify ethics issues to add to their list, the preventive ethics team should also regularly review other information sources, such as:

- accreditation reviews
- Combined Assessment Program (CAP) and Systemwide Ongoing Assessment and Review Strategy (SOARS) reviews
- investigations by VA's Inspector General or Medical Inspector
- congressional inquiries
- sentinel event reports
- employee and patient satisfaction surveys
- employee and patient complaints
- employee exit interviews

Involving staff members who can best interpret these documents will help ensure that the preventive ethics team doesn't misinterpret the data.

Characterize each issue

Before doing anything else, the Preventive Ethics Coordinator or team should characterize each issue by determining: (1) whether the issue gives rise to an ethical concern and (2) whether the issue suggests an ethics quality gap.

Question 1: Does the issue give rise to an ethical concern? The role of the preventive ethics function is to identify, prioritize, and address systems issues that give rise to ethical concerns, i.e., uncertainties or conflicts about values. In this context, values are strongly held beliefs, ideals, principles, or standards that inform their decisions or actions. These might include a belief that people should never be allowed to suffer; the ideal that health care workers should always be truthful with patients; the principle that no one should be discriminated against on the basis of his or her religion, ethnicity, or cultural background; or the standard of voluntary consent for research.

In thinking about whether a particular issue raises an ethical concern, it's helpful to categorize the issue into one the following content domains, which represent the range of ethical concerns that commonly arise in VA:

- Shared decision making with patients (how well the facility promotes collaborative decision making between clinicians and patients)
- Ethical practices in end-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
- Patient privacy and confidentiality (how well the facility protects patient privacy and confidentiality)
- Professionalism in patient care (how well the facility fosters behavior appropriate for health care professionals)
- Ethical practices in resource allocation (how well the facility demonstrates fairness in allocating resources across programs, services, and patients)
- Ethical practices in business and management (how well the facility promotes high ethical standards in its business and management practices)
- Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
- Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)
- Ethical practices in the everyday workplace (how well the facility supports ethical behavior in everyday interactions in the workplace)

If the answer to Question 1 is no, the issue doesn't give rise to an ethical concern, the issue isn't within the mandate of preventive ethics and should be referred to another office.

As a general principle, if someone thinks an issue gives rise to an ethical concern, the assumption should be that it does. But not all systems issues that come to the attention of the preventive ethics team actually involve *ethical* concerns. In such instances, the concern is better addressed by another program or office. For example, concerns about the technical aspects of health care quality (e.g., poor performance on clinical indicators) should be referred to quality management or medical center administration. Neither should the preventive ethics team get involved in addressing allegations of unlawful practices. These should be referred to administration, the compliance help line, regional counsel, the VA Office of Inspector General, or other appropriate programs or offices.

The Preventive Ethics Coordinator is responsible for referring issues to the appropriate forum, whether directly to another program or office or to the IntegratedEthics Program Officer.

If the answer to Question 1 is yes, the issue gives rise to an ethical concern, consider Question 2.

Question 2: Does the issue suggest an ethics quality gap? An ethics quality gap—that is, a disparity between current practices and best practices—might exist in any of the following circumstances:

- There's a pattern of cases that raise similar ethical concerns (e.g., several ethics consultations have related to withdrawal of vasopressors in the ICU or there's a recurring problem of managers passing off problem employees to other departments)
- Practices deviate from accepted ethical standards (e.g., hospital employees are discussing confidential patient information in public or billing information is inappropropriately manipulated to make the numbers look good)
- Guidance regarding ethical practice is inconsistent or unclear (e.g., the facility has no policy on appropriate boundaries or professional relationships or the facility policy contradicts national policy)
- There's a lack of knowledge about ethical practices (e.g., patients aren't adequately informed about advance directives or employees believe it's ethically permissible to give inaccurate information in order to make needed purchases)
- Systems or processes systematically undermine ethical practices (e.g., performance measures create perverse incentives or the physical layout of the Human Resources department makes it impossible to keep sensitive conversations private)
- Systems or processes designed to promote ethical practices aren't functioning well (e.g., employees aren't aware of the facility's IntegratedEthics program or ethics consultations aren't completed in a timely fashion)
- The organization is otherwise failing to promote ethical practices (e.g., leaders' decisions to fund indirect research costs are perceived as unfair or staff don't view ethics as a priority)

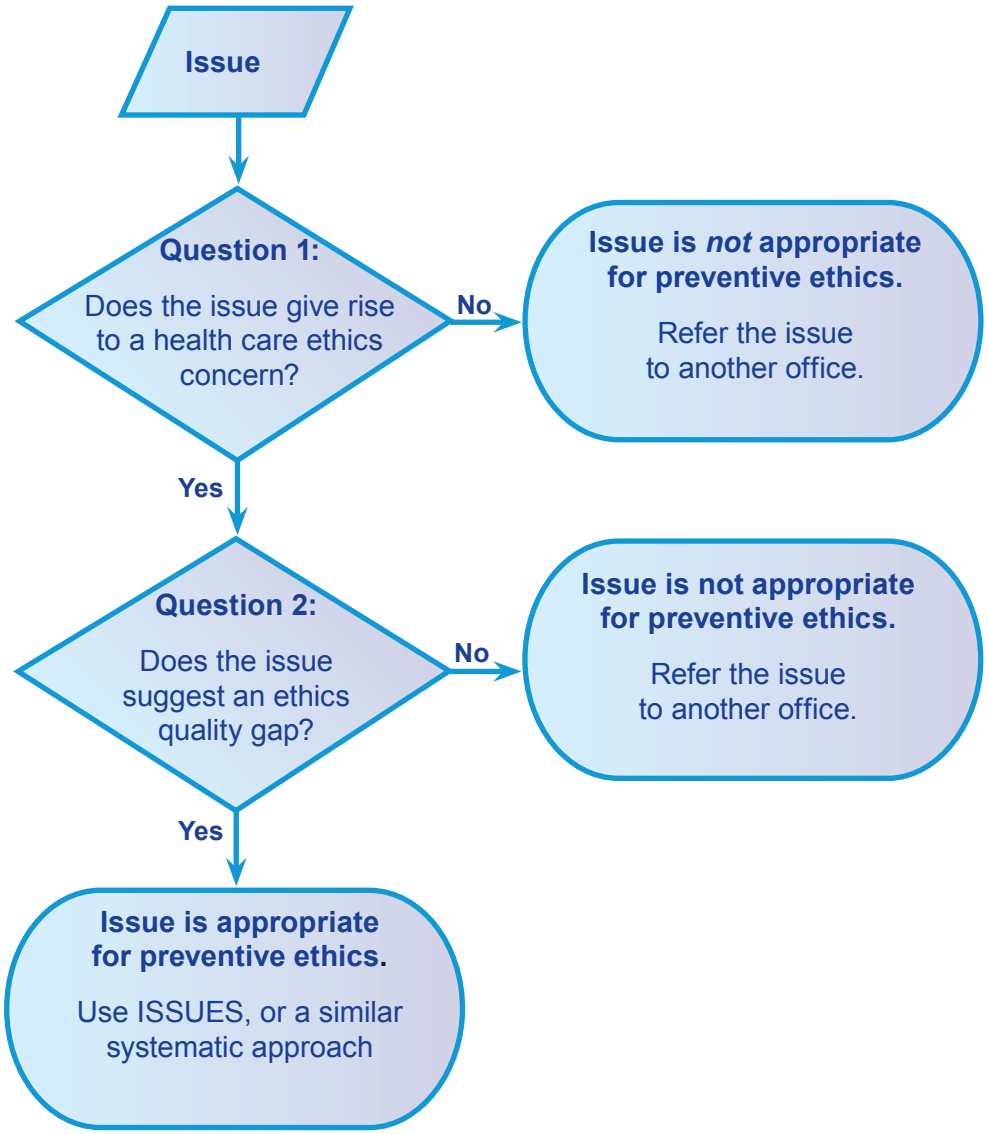
It's important to remember that for an ethics issue to be appropriate for an ISSUES cycle there must be a gap between current practices and best practices. The team should think creatively about ways to identify and address ethics quality gaps that might otherwise become institutional "orphans." The team should avoid taking on vague and ill-defined organizational problems (aka institutional "messes") in which the gap between current practices and best practices—in terms of ethics standards—cannot be clearly described.

If the answer to Question 2 is no, the issue doesn't suggest an ethics quality gap, the issue isn't appropriate for preventive ethics. The Preventive Ethics Coordinator should determine whether the issue warrants the attention of another program or office or should be referred to the IntegratedEthics Program Officer.

If the answer to Question 2 is yes, the issue does suggest an ethics quality gap, the team should proceed with the ISSUES approach.

This decision rule is depicted schematically in **Figure 1**.

Figure 1. Is the issue appropriate for preventive ethics?



Using the ISSUES log

The preventive ethics team should use the ISSUES log (**Figure 2**) to record each issue that is being considered for an ISSUES cycle and associate it with a particular domain of ethics and a particular type of ethics quality gap. For each issue being considered, the preventive ethics team should enter the date the issue was first discussed, the source of the issue, and a brief summary of the issue (one or two sentences).

Categorizing issues in this way can help the team identify clusters of issues that may be interrelated, for example, when their ISSUES log reveals several issues about business or management practices or a number of issues about end-of-life care. Identifying clusters also can help the team prioritize issues or areas of practice to address first.

Figure 2. Sample Preventive Ethics ISSUES log

Date First Discussed	Referral Source	Ethics Issue	Ethical Concern? (Y/N)	Ethics Domain*	Ethics Quality Gap? (Y/N)	Ethics Quality Gap**	Preliminary Improvement Goal	Working Title	Date ISSUES Cycle initiated/ Date referred
1/10/07	CEB	The ethics consultation service is not responding in a timely enough manner, especially in situations the requester perceives as urgent	Y	(1)	Y	(6)	Increase the number of consultation requests that are responded to within a time frame that matches the requester's needs	Timely Response to Ethics Consultation Requests	1/15/07
3/12/07	CMO	Clinicians are not reviewing and updating patients' advance directives when they are admitted to the hospital	Y	(2)	Y	(4)	Increase the number of advance directives that are reviewed and updated upon hospital admission	Review of Existing Advance Directives on Admission	3/12/07
3/12/07	Ethics Consultation Coordinator	There are recurring cases of clinicians discussing end-of-life issues with a family member before talking with the competent patient	Y	(3)	Y	(1)	Decrease the number of cases where clinicians discuss end-of-life issues with family members before talking to the competent patient	Discussing End-of-Life Issues with the Patient First	3/12/07

* Ethics Domains:

1. Shared decision making (how well the facility promotes collaborative decision making between clinicians and patients)
2. End-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
3. Privacy and confidentiality (how well the facility assures that patient privacy and confidentiality are protected)
4. Professionalism (how well the facility fosters employee behavior that reflects professional standards)
5. Resource allocation (how well the facility ensures fairness in the way it allocates its resources across programs, services, and patients)
6. Ethical practices in business management (how well the facility promotes high ethical standards in its business and management practices)
7. Ethical practices in the everyday workplace
8. Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
9. Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)

Some ethics issues relate to how well the facility ensures that the IntegratedEthics program meets its goals. For these issues, enter "IE" as the ethics domain.

** Ethics Quality Gaps:

1. There is a pattern of similar cases that raise ethics concerns
2. Health care practices deviate from accepted ethical standards
3. Guidance regarding ethical health care practices is inconsistent or unclear
4. There is a lack of knowledge about ethical health care practices
5. Systems or processes systematically undermine ethical practices
6. Systems or processes designed to promote ethical practices are not functioning well
7. The organization is otherwise failing to promote ethical health care practices

Categorizing issues can also help the team by highlighting categories of issues that have been either addressed disproportionately or not addressed sufficiently. For example, if the ISSUES log reveals issues across all the domains but the team has focused on only one or two (e.g., issues relating to shared decision making with patients or ethical practices in the everyday workplace) and not yet addressed an issue that has been identified in others—say, privacy and confidentiality or professionalism—then the team can target its activities to address the imbalance. Or if the ISSUES log reveals the predominance of a particular type of ethics quality gap (e.g., lack of knowledge), this might suggest a need for broader and more effective educational efforts across the facility.

Finally, categorizing issues will be useful for reporting progress to others such as senior leaders and the IntegratedEthics Council.

The ISSUES log is available on the Center's website, vaww.ethics.va.gov/IntegratedEthics.

Clarify each issue by listing the improvement goal

Next, for each issue the team should specify a corresponding improvement goal, describing in general terms what change the team hopes to see after its work is completed. A goal describes the desired outcome, indicating both a direction of change (increase or decrease) and a way of measuring that change (e.g., counts or percentages). For example, when the ethics issue is stated as "Too often those making clinical decisions for patients in the surgical intensive care unit (SICU) have no knowledge of the patient's treatment preferences," the improvement goal is specified as "Increase the number of SICU patients who communicate specific treatment preferences to their ICU attending." This general statement will be further refined in later steps as the team develops a more nuanced understanding of the ethics issue.

A common mistake that less experienced preventive ethics teams can make is to state the improvement goal in terms of what are actually intermediate goals or improvement processes instead of true outcomes. For instance, in the example above, stating the improvement goal as "All patients receive education about advance directives" actually identifies a process to bring about change, training, or education, not a specific outcome. It states what activity will be undertaken but not what the activity is expected to accomplish—e.g., "patients communicate specific treatment preferences" or "patients are knowledgeable about advance directives."

Specifying a preliminary improvement goal is important for several reasons. First, it requires the team to clarify the meaning of ill-defined concepts or ambiguous terms and helps to ensure that everyone is talking about the same aspect of the ethics issue in question. Second, if the issue was initially defined too broadly, stating a specific improvement goal will help the team focus more narrowly and define the issue in more manageable and measurable terms. Finally, specifying a concrete goal also helps to ensure that the team operates in an efficient, practical, problem-solving mode.

Once the team has specified the improvement goal, it should assign a shorthand working title that succinctly conveys both the ethics issue and the improvement goal. For example, for the improvement goal "Increase the number of SICU patients who have advance directives," a good working title might be "Increasing advance directives in the SICU." The preliminary improvement goal and working title should be recorded in the ISSUES log.

Prioritize the issues and select one

With a list of ethics issues categorized by domain and type of quality gap, descriptions of improvement goals, and working titles in hand, the team should prioritize them and decide which issue to address first. Because time and resources are finite, *the team should select an issue for which the improvement effort is likely to have a real impact on the facility's ethical practices*. Questions to consider include:

- Is the ethics issue a high priority for leadership or other important stakeholders?
- Are there clear data indicating an ethics quality gap?
- How significant are the ethics issue and its effects?
- Is the ethics issue of manageable size and scope? If not, can it be broken down into components that can be addressed individually? Can it be addressed in multiple ISSUES cycles?
- Is it likely that the preventive ethics team will be able to bring about the needed change?

Is the ethics issue a high priority for leadership or other important stakeholders? Sometimes the team will move an issue to the top of the list because leaders or other important stakeholders consider it a high priority. At other times, a priority issue may be something that leaders or stakeholders don't know about yet—but that the preventive ethics team expects they would care about if they did. To prioritize effectively, the team must have a good understanding of the mission and vision of the facility, its important stakeholders, and its leaders and what is most important to them. In this regard, the IntegratedEthics Program Officer may be an important resource to help the team prioritize ethics issues.

Are there clear data indicating an ethics quality gap? The team should exercise caution in selecting an ethics issue in the absence of clear evidence that an ethics quality gap really exists. Are current practices truly at odds with professional standards or other important institutional values? For example, it might be suggested that some patients are being unfairly denied access to a particular service, when in fact the service is being denied only for legitimate eligibility related reasons. Sometimes additional information is needed to determine whether a particular issue actually represents an ethics quality gap.

How significant are the ethics issue and its effects? To answer this question, the preventive ethics team should consider such factors as how often the issue manifests itself, the number and categories of people it affects, and the nature and magnitude of those effects. Are there harmful effects on patients, employees, or the public at large? How important is the issue in comparison to other institutional priorities?

Is the ethics issue of manageable size and scope? Critical to selecting an appropriate issue is choosing one that the team can reasonably manage. An issue that is too large and complex to be handled effectively with the resources available will frustrate the team and reduce the likelihood of success. Yet even far-reaching and complex improvement opportunities can become manageable when broken down into smaller pieces. For example, if the ethics issue is that performance measures are creating perverse incentives with respect to billing and coding, the preventive ethics team could effectively focus on one problematic measure at a time, recognizing that it will likely take more than a single ISSUES cycle to narrow the ethics quality gap.

Is it likely that the preventive ethics team will be able to bring about the needed change? The ethics issue should also be one that is reasonably amenable to change. Issues that aren't generally viewed as a problem, that result from highly entrenched practices, or for which the people involved in the practice don't support change and/or for which previous improvement efforts have failed may not be top priority targets for the preventive ethics team. Especially when a team is just starting out, it's often best to begin with the ethics quality gaps that will be easiest to address and then move on to more challenging improvement projects. Of course, stakeholders' indifference to an ethics quality gap shouldn't deter the preventive ethics team from trying to bring about needed changes, especially if stakeholders aren't aware that the practice raises ethical concerns. Such issues should be brought to the attention of the IntegratedEthics Program Officer.

Once an issue has been selected, the team should enter the date in the final column in the ISSUES log and track the remainder of the ISSUES process using the Preventive Ethics Meeting Minutes shown in **Figure 3**. A template for meeting minutes is available on the Center's website, vaww.ethics.va.gov/IntegratedEthics.

Figure 3. Preventive Ethics Meeting Minutes

Date: 12.09.2006 Chairperson: Celestine Chiverotti RN MBA

Time: 3:00 PM Recorder: CC

Members Present: August Groppi, Elizabeth Mattes, Dominic Garibaldi, Claudius Hunt

Guests: None

ISSUES Approach

(Duplicate for each issue discussed at the meeting)

Working Title for Issue: Timely Response to Ethics Consultation Requests

Steps in the Process (Check step[s] worked on during the meeting):

☐ 1. Identify an Issue ☐ 3. Select a Strategy ☒ 5. Evaluate and Adjust

☐ 2. Study the Issue ☐ 4. Undertake a Plan ☒ 6. Sustain and Spread

Summarize Discussion or Recommendations:

The team reviewed the completed ISSUES Summary document, approved it, and recommended that the Summary be disseminated to leadership, quality management and members of the ethics consultation service.

Review and Assign Action Items:

Step	Action Item	Responsible Member	Due Date
1	Review with senior leadership	Chiverotti	4.12.07
2	Review with quality management staff	“ ”	4.12.07
3	Review with the ethics consultation service	Groppi	4.15.07

Other Agenda Items

Topic: Select the next ethics issue for the ISSUES approach

Summary of Discussion: Given that the Timely Response to Ethics Consultation Requests project is coming to a close, the team agreed that it was time to select another ethics issue for the ISSUES approach.

Planned Action(s): The chairperson will distribute the updated ISSUES Log to all team members by next Tuesday. Team members agree to review the log in advance of the meeting and identify their “top three” issues from the current list. The goal of the next meeting will be to choose an ethics issue to refer for the ISSUES approach.

Time and Location of Next Meeting: 3:00 PM, 01.13.06 in the GRECC Conference Room

Step 2: Study the Issue

The second step in the ISSUES approach is to study the ethics issue selected in Step 1. This involves learning about how the issue manifests itself and describing the gap between current practices and best practices. The preventive ethics team must:

S

STUDY the Issue

Diagram the process behind the relevant practice
Gather specific data about best practices
Gather specific data about current practices
Refine the improvement goal to reflect the ethics quality gap

Diagram the process behind the relevant practice

The preventive ethics team should begin by constructing a process flow diagram that illustrates how the selected issue manifests in the local setting. This requires gathering information from key sources to develop a detailed understanding of the process behind the relevant practice. Understanding how the process actually works is a crucial step, as it helps the team clarify the scope of the issue, identify potential leverage points for change, and generate ideas for measuring improvement.

Most processes are complex and the different people involved may perceive the process very differently. Stakeholders who are affected by a process may see it very differently from individuals who participate in carrying it out. Oftentimes these latter Individuals are only familiar with aspects that directly involve their work and don't have a comprehensive sense of the process. Therefore, except for very simple processes, multiple sources of information are generally required to ensure that the description of the process is accurate and complete. For example, a preventive ethics team that is gathering information about the quality of informed consent for HIV testing, might collect information from clinicians who order HIV tests, staff who perform patient education, staff who administer the test, and possibly even veterans who have been tested.

Diagramming a complex process accurately and efficiently may require one or more meetings where "process experts" are all in the same room together. Although this may seem time consuming, in the end it's the most reliable method of developing a process flow chart. Whenever possible, information about a given process should be collected firsthand from the people who are most directly involved. Methods for gathering information include conducting group discussions (or even focus groups), directly observing the practice, and talking to individuals one on one. Ideally, individuals with direct knowledge and experience of the process under study should be included as ad hoc members of the workgroup.

The preventive ethics team should ensure that staff does not feel threatened by information-gathering activities. Team should take their cue from patient safety and always explain clearly at the outset when they meet with staff members that they're committed to uncovering systems practices that give rise to ethics issues, not looking for individuals to blame. In addition, the preventive ethics team should safeguard the data it collects,

especially data that is in any way identifiable. The team should take the same precautions it would take to protect other types of quality improvement data.[50]

Questions that are potentially useful in understanding and diagramming the process include:

- What are the scope and boundaries of the practice?
- What is the actual flow of the process behind the practice?
- Who is involved in each step of the process?
- Who else is directly or indirectly affected by it?
- How do the steps relate to each other?
- Does everyone generally approach the process in the same fashion, or does each person, service, or unit do it differently?
- Do existing standards (e.g., policies or operating procedures) define how the practice should be performed?
- Do staff members adhere to those standards?
- Are there unwritten "rules" that conflict with the formal standards?
- What really happens on a day-to-day basis?

With information from various sources in hand, the team should draw and label a process flow diagram. A variety of different formats can be used. See **Figure 4** (below) for an example of a process flow diagram illustrating how potential surrogates are identified during the admissions process at one VA facility.

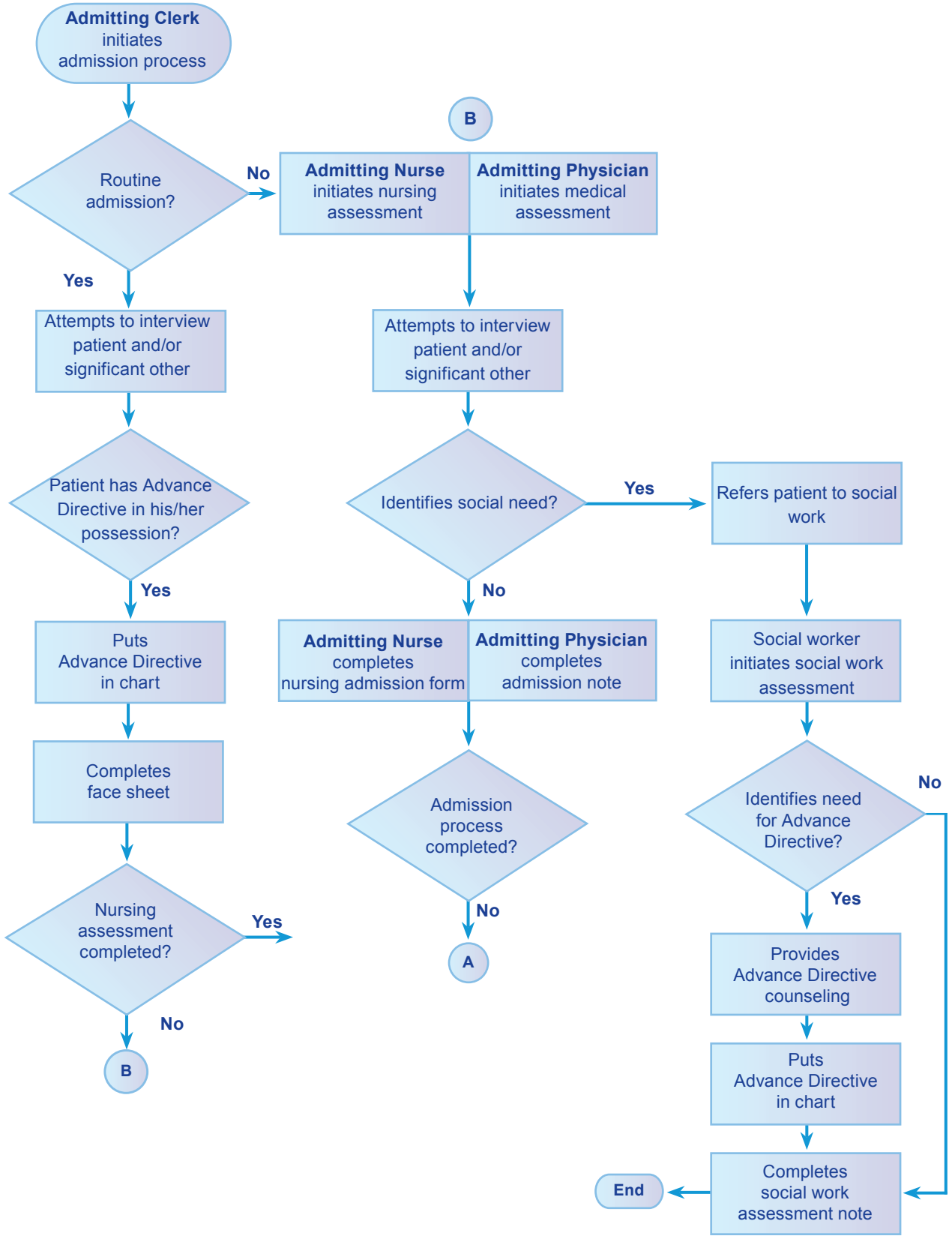
Gather specific data about best practices

Next, it's important for the preventive ethics team to gather information about best practices to establish a clear picture of how the status quo needs to be changed. The team should use a combination of published sources, expert advice, and (as needed) ethical analysis to develop a description of best practices that will serve as a goal of the improvement process.

The team members should begin gathering information on best practices by familiarizing themselves with available ethics knowledge (otherwise known as "best thinking"[51]) relevant to the issue they've chosen to address. This could include ethics standards and guidelines, consensus statements, scholarly publications, precedent cases, and applicable institutional policy and law. The team should generally review journals, texts, and online resources on ethics in health care organizations. In addition, it may be helpful to examine codes of ethics for relevant professional groups, such as social workers, physicians, researchers, health care executives, or accounting professionals. Team members should also be sure they are familiar with applicable local and national VA policy. Reports from national commissions, the Institute of Medicine, the American College of Healthcare Executives, or other learned bodies may be useful as well. The goal is to understand and to develop a well-grounded description of what would constitute ethics "best practice" and to identify potential pitfalls to avoid in implementing change.

The preventive ethics team should also seek examples of practices from other settings that could be adapted to fit local circumstances. Staff at other VA facilities who have faced similar issues may be able to offer helpful suggestions about lessons learned. When

Figure 4. Process flow diagram—identifying potential surrogates during the hospital admissions process



appropriate, the team should call on sources of specialized ethics knowledge, such as the facility's ethics consultation service or outside experts from universities, other health care facilities, or ethics centers. When appropriate, the team should also seek advice from legal counsel.

Sometimes best practices are obvious based on the literature and other sources. At other times, however, the team may need to derive its own best practices through ethical analysis. The preventive ethics team might look to the ethics consultation service for assistance in this regard as needed.

Using a variety of resources will help the preventive ethics team develop a clear description of best practices to set a well-defined goal for improvement.

Gather specific data about current practices

Once the preventive ethics team is satisfied that it has a clear picture of best practices, the next task is to collect specific data about current practices to establish a baseline against which to compare the results of future improvement efforts. Data about current practices will help the team answer the question, "What are we doing now relative to what we should be doing?"

The preventive ethics team should not be put off by the idea of gathering new information to answer this question. The task may require the team to "think outside the box," but it doesn't necessarily entail complicated measures, demanding data collection efforts, or sample sizes that would yield statistically significant conclusions. In fact, ethics practices can often be measured simply by comparing the number of occurrences of a particular practice before and after an improvement strategy has been implemented.

Data to measure baseline practice can come from a variety of sources, such as:

- *Key informant interviews*, which can be done quickly and provide general baseline data. For example, if the issue is that pharmaceutical representatives are unduly influencing formulary decisions, formulary committee members could be asked questions based on their personal experiences.
- *Focus groups,* which are harder to do properly but can be valuable for obtaining comments on an issue from multiple stakeholders. For example, focus groups might provide insights into how leaders make resource allocation decisions.
- *Existing facility databases,* such as financial performance indicators, HEDIS measures, IRB records, employee surveys, patient surveys, or other QI initiatives.
- *Ethics consultation records or similar records,* from which it may be relatively simple to collect data *de novo.* For example, records could be used to determine the average amount of time it takes the ethics consultation service to complete an ethics consultation.
- *Surveys,* which are difficult and time consuming to develop and require specific survey design expertise. Teams should strongly consider using existing validated instruments rather than designing their own surveys.
- *Other data sources* suggested by local QM staff.

The preventive ethics team should discipline itself to stay focused on the issue at hand and resist the temptation to turn data gathering into a "fishing expedition" to explore related

topics of interest. Improvement efforts often stall when teams begin gathering data "while they're at it" or because "it seems interesting." To use resources efficiently, the team should keep data collection efforts simple and targeted, selecting measures that will provide practical, actionable information with a modest investment of time and effort.

Refine the improvement goal to reflect the ethics quality gap

Next, the preventive ethics team should refine the improvement goal by incorporating details about the ethics quality gap, that is, the gap between current practices and best practices. For example, if the preliminary improvement goal was "Increase the percentage of patients who understand information provided during the informed consent process," the refined improvement goal might be "Decrease from 16 percent to 5 percent the percentage of patients who aren't able to accurately identify the procedure they're about to undergo during their pre-op check."

The ethics quality gap will usually be described as a percentage or fraction, as in the example above. But it may also be described as a frequency (e.g., the number of resource allocation cases handled per year), an ordinal number (e.g., the total number of people who have received a particular type of training), or even as a qualitative measure (e.g., "unrealistic patient expectations" as a recurrent theme in focus groups to explore problems with advance directive discussions). It is also appropriate at this stage to define a time frame for the improvement goal if this has not already been done. By the end of this step, the preventive ethics team should be focusing on a specific improvement goal that is clearly defined, manageable, and measurable.

Step 3: Select a Strategy

With a clear understanding of the ethics quality gap, the team should next work to identify the probable causes of the gap, brainstorm potential improvement strategies to narrow it, and focus in on a particular strategy.

S

SELECT a Strategy

Identify the major cause(s) of the ethics quality gap
Brainstorm possible strategies to narrow the gap
Choose one or more strategies to try

Identify the major cause(s) of the ethics quality gap

Many methods can be used to identify causes of the gap between current practices and best practices. One of the more common is root cause analysis, which is often applied to patient safety incidents. VA policy defines root cause analysis as "a process for identifying the basic or contributing causal factors that underlie variations in performance."[52] A root cause is "one of multiple factors (events, conditions or organizational factors) that contributed to or created the proximate cause and subsequent undesired outcome and, if eliminated or modified, would have prevented the undesired outcome."[53] Typically, multiple causes contribute to the gap between current practices and best practices.

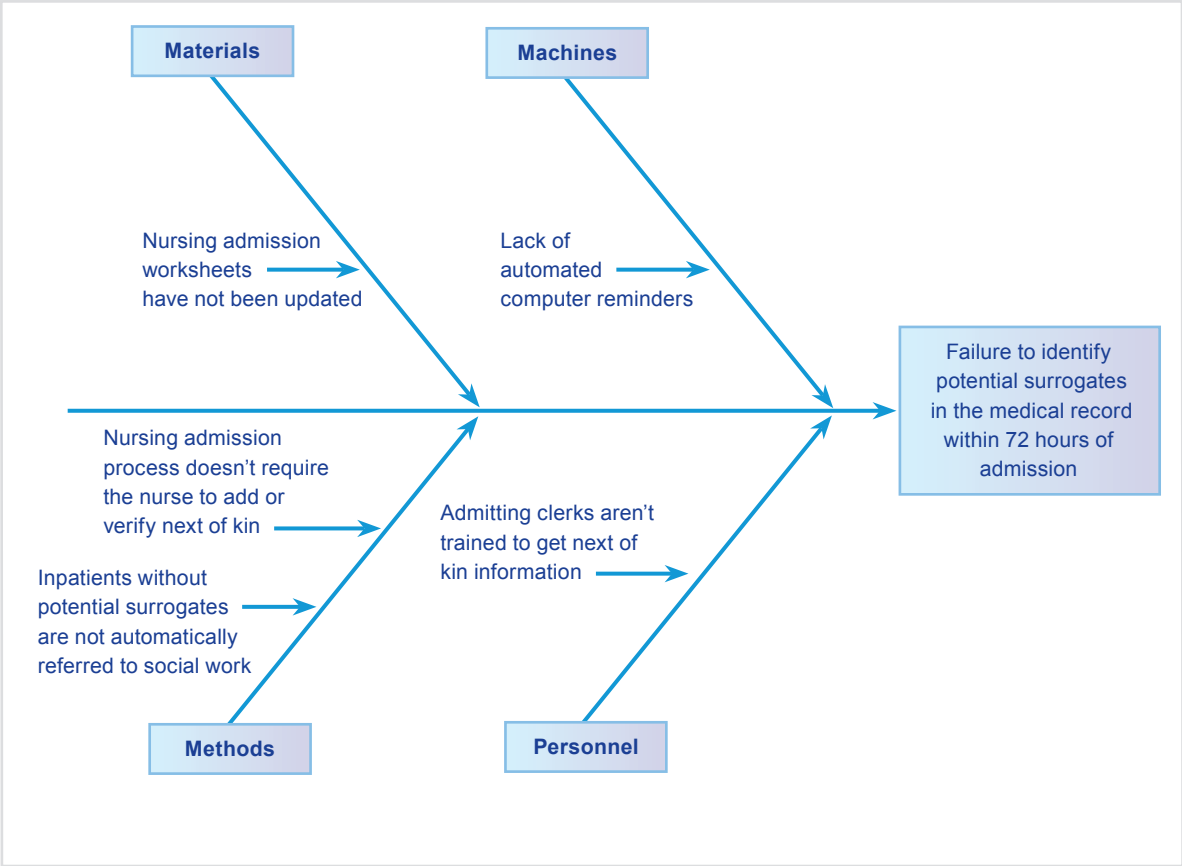
Root cause analysis:

- focuses primarily on systems and processes rather than individual performance
- investigates the underlying systems through a series of "why" questions
- continues until all aspects of the process are reviewed and all contributing factors are considered
- identifies changes that could be made in systems and processes through either redesign or development of new processes or systems that would improve performance[46]

Just as mapping the process behind a practice (in Step 2) requires collecting information directly from people who are involved, identifying the major causes of an ethics quality gap also requires input from people who know and/or use the process. Secondhand conjecture about other people's motives isn't reliable. For example, program staff may believe that elderly patients don't use automated telephone help systems because "they'd rather talk to someone face to face," when the real reason is that these patients have slow reaction times and can't push buttons in the time allowed.

A cause-and-effect (or "fishbone") diagram can also be a useful tool to graphically represent potential causes for why there is a gap and help to focus the team on what causes might be most amenable to change. **Figure 5** shows an example of a fishbone diagram illustrating the causes behind one facility's failure to identify potential surrogates during the hospital admissions process:

Figure 5. Cause-and-effect diagram – Identifying potential surrogates during the hospital admissions process



It's also important to remember that most effects come from relatively few causes. According to the "Pareto Principle," 80 percent of poor quality results from 20 percent of possible causes. Thus the preventive ethics team should take care to separate the "vital few" from the "trivial many"[54] among possible causes of an ethics quality gap.

Brainstorm possible strategies to narrow the gap

Once members of the preventive ethics team thoroughly understand the ethics issue and its ramifications, the team should generate potential strategies for narrowing the ethics quality gap. Team members should remain open to a wide range of possibilities and strive to think outside the box, going beyond familiar strategies. Sometimes the most innovative and effective ways of dealing with a problem come to mind when people just toss out ideas—in other words, when they brainstorm.

Effective, open-ended brainstorming actively engages all members of a workgroup, which may be especially important for ad hoc members who are new to preventive ethics and may be reluctant to speak up. For example, brainstorming has been used to engage individuals who have significant "on the ground experience" but who are rarely asked to contribute their opinions to quality improvement efforts—such as ward clerks, nursing assistants, or fiscal staff—in the process of identifying truly novel improvement strategies.

Effective brainstorming requires that a few rules be followed. The person leading the brainstorming session should:

- indicate clearly when brainstorming begins and ends
- encourage creativity
- have participants keep their comments brief
- not let participants interrupt or criticize one another's suggestions
- permit participants to ask clarifying questions
- have someone record comments in the contributor's own words
- ensure that each member of the group is engaged

After the brainstorming session is over the team should sort through the new ideas, critiquing, refining, and reorganizing them, to produce a list of strategies.

Choose one or more strategies to try

Depending on the issue being addressed, brainstorming may yield quite variable strategies, some relatively simple, others more complex. For example, some ethics issues can be resolved simply by refining the communication loop between one group and another or regularly reminding people to do something; other issues are more complex and call for a multifaceted action plan.

To determine which strategy or strategies to take on, the team should weigh three factors:

- likelihood of success
- expected net benefit
- resources required

The ideal strategies are those that have a high likelihood of success, a large expected net benefit, and low resource requirements.

Likelihood of success. Preventive ethics teams should ask the following questions:

- Has this or a similar strategy been tried before? What was the result?
- Is the preventive ethics team empowered and equipped to implement the strategy?
- Will the people who would need to be involved be supportive?
- Is the strategy reasonable given staff expectations?
- Can the strategy be implemented in a reasonable amount of time?

Teams should take care not to be overly ambitious; modest strategies are more likely to be successful than grand plans.

A simple test for what might be manageable is to ask, "What can we do by next Tuesday?"[55] Undertaking a modest change immediately can help to ensure that the group maintains momentum rather than getting bogged down or becoming overwhelmed by the scope of the potential tasks. Narrowing the focus of initial efforts may involve choosing a component of a larger goal or, alternatively, narrowing the group targeted for the change.

Settling on the wrong strategy can undermine a team's effectiveness, with the result that improvement efforts aren't as successful as they might be. Teams may be overly ambitious when it comes to strategies, especially if they haven't had much experience with quality improvement. Large-scale plans—to redesign the facility's processes for setting resource allocation priorities, for example—may be well intended but too often result in an overextended, frustrated team that accomplishes far less than it set out to do or could have accomplished with a more modest plan.

Trying to work on strategies that relate to multiple, different causes can also be problematic. Changes made in the early stages of a process can affect how its later stages play out. If a team is working on multiple approaches, those changes could work at cross purposes, making it more difficult to determine if improvement has occurred and potentially limiting the effectiveness of each intervention. To the extent possible, teams should focus on one clearly defined strategy or a group of closely related strategies.

Expected net benefit. With respect to expected net benefit, the preventive ethics team should consider these questions:

- How much of a difference is the strategy likely to make?
- Will improvements be short lived or sustained over time?
- How many people and what groups are expected to benefit?
- How many people and what groups are likely to be burdened?
- How might this strategy affect other parts of the system?
- How will these downstream effects be identified and tracked?
- Does the strategy itself give rise to any ethical concerns?

Determining the expected net benefit of a strategy means weighing its likely impacts in terms of their magnitude and the degree to which they will be sustained over time. For example, will improvements continue even if key opinion leaders or staff members leave the organization or relevant unit? Teams should always consider whether limited educational interventions or policy changes could be complemented by systems or process changes more likely to result in sustainable change.

For example, one preventive ethics team sought to increase rates of pre- and post-test HIV counseling by educating counseling providers about existing policy. Data collected after the intervention showed that education alone wasn't enough. In response, the team changed how the computerized patient record system tracked, monitored, and reminded providers to perform counseling. That process change was far more effective and was sustained over time.

When selecting strategies to narrow an ethics quality gap, the preventive ethics team should resist the temptation to default to the "usual fixes"—such as an education program or new policy—without carefully considering the range of options available. Not all strategies for narrowing the gap between "actual" and "best" practice are equally effective. Some interventions are inherently stronger—or weaker—than others in terms of the probability that they'll bring about sustained change in a particular practice. VA's Office of Patient Safety rates interventions as "stronger," "intermediate," or "weaker" depending on the likelihood that the strategy will reduce variation in practice and that the change will be sustainable over time:[56]

"Stronger" strategies:

- leadership
- culture change
- standardizing the process behind the problem
- simplifying the process behind the problem

"Intermediate" strategies:

- enhancing documentation
- cognitive aids
- creating redundancy ("double checks")
- software or hardware solutions

"Weaker" strategies:

- analysis by means of a survey
- adoption of policies or procedures
- training or education
- incentives

It's also important to consider the full range of potential consequences—positive and negative, intended and unintended. Some strategies could substantially reduce the ethics quality gap but at the same time create other problems that mitigate or even outweigh the benefits of the improvement. For example, a strategy to require all patients to sign a form indicating that they understand their rights could increase the likelihood that patients will actually be given information about their rights, but at the same time increase the workload of clerks who must scan these documents into the medical record, and perhaps increase the backlog of other documents that must be scanned into the system, such as release of information forms. Or efforts to improve the accuracy of internal billing practices by designing a new data entry form in fact could lead to confusion and *more* errors if the new form too closely resembled an existing form used for other purposes. In considering each strategy, teams should discuss not only the short-term impact on those who are immediately involved, but also the potential downstream effects on other groups or processes. Whenever possible, the team should monitor such secondary effects.

The preventive ethics team should further consider whether a proposed strategy may itself be ethically problematic. For example, strategies shouldn't impose disproportionate burdens on vulnerable patient populations, such as homeless veterans, or on staff members who have limited ability to challenge the hierarchy, such as billing clerks or nursing assistants. For each potential strategy, teams should look for ways to ensure that those affected by the change process, patients and staff alike, are protected from potential physical, psychological, social, or financial harms. For example, privacy and security protections should be in place for data collection and analysis and teams should collect only the minimum amount of personally identifiable health information needed to track the change process.

Resources required. In deciding whether a particular investment in resources is justified given the expected benefits, preventive ethics teams should consider potential monetary costs, person-hours of staff time, and other resource requirements. They should also think about ways to conserve resources, for example, by trying out a given strategy on a small scale before implementing it on a larger scale.[57] Small-scale testing can be useful for confirming (or disconfirming) assumptions about what interventions will work to narrow the ethics quality gap. Experienced quality managers understand that assumptions about what is causing a quality gap are often wrong and that if process changes are made on these untested assumptions, the quality gap may actually widen. Thus small-scale testing—making the change with one or two patients, or with one clinical team, or with a small sample of accounts receivable—is important to ensure that the strategy doesn't create new problems or even make the original problem worse. The preventive ethics team should then monitor whether the strategy works and make adjustments to refine it into the most workable and effective solution possible.

To gain an accurate understanding of the resource requirements of a particular strategy and determine whether it is in fact practical, the team may need to contact individuals outside of the preventive ethics function to obtain additional information or support.

Step 4: Undertake a Plan

Once the preventive ethics team has identified the most promising strategy for narrowing the gap between current practices and best practices, the next step is to develop a specific plan for how to carry out and evaluate the strategy, and to execute the plan.

UNDERTAKE a Plan

Plan how to carry out the strategy
Plan how to evaluate the strategy
Execute the plan

Plan how to carry out the strategy

First, the team must determine what steps are needed to implement the strategy and who should be involved. In some cases the core team might execute the plan itself; in others it will need to put together a special workgroup, or recruit additional individuals to perform specific tasks. Teams must identify who needs to know about the plan to ensure that people are not blindsided by changes being made in their area. When feasible, the team should enlist the help of frontline staff, some of whom may have already helped in prior stages of the ISSUES process.

Second, and equally important, the team must anticipate barriers to implementation and address them head on. For example, if a key staff member appears resistant to change, the team should attempt to get the person's buy in by engaging him or her in the improvement process. The biggest detractors can become the staunchest supporters when they are involved in implementing change.

In the same way, it's important to identify ahead of time staff whose support is essential for successful implementation. For example, a change process that involves social work and nursing processes will be easier to advance if social work and nursing leadership champion it by communicating support to their respective staff.

Plan how to evaluate the strategy

Any plan for evaluating the strategy should include two types of measures: measures to assess execution (whether the strategy was executed as planned) and measures to assess effectiveness (how well the strategy accomplished the improvement goal). For example, if the goal is to enhance patients' understanding of their right to access their health record and the strategy chosen was to provide educational materials to patients, the team might assess execution by counting the number of patient education brochures given out and assess effectiveness by talking directly to patients to determine whether they know that they can access their records and how to do so.

The team should take care that the measures selected correlate well with the desired practice and do not create perverse incentives. For example, simply measuring the number of advance directives completed misunderstands the goal of an advance directive intervention, which is not to induce patients to complete advance directives but to ensure

that patients are informed of their right to do so. Selecting the wrong measure could lead providers to think that advance directives are required rather than optional.

The preventive ethics team should remember to keep measures as simple as possible—things that can easily be counted or observed. Local experts, such as QM staff, can help the team identify data that are already being collected or help them think of simple new measures.

To ensure a comprehensive evaluation, it's often desirable to use several complementary measures. Multiple measures can be especially useful if the strategy is not fully successful, to determine what went wrong and how the strategy should be changed.

Finally, the team should develop a plan for analyzing the data. That plan should describe how and when the data will be reported back to the group, and should also state, up front, how much data will be needed to demonstrate whether the change is working. The team could also seek input from local experts to help them develop a plan for analyzing and displaying the data.

Execute the plan

To execute the plan, the preventive ethics team should spell out each task in detail, assign each task to a specific person, and establish explicit deadlines. Someone from the team should be appointed to oversee and monitor the execution of the plan. This person should follow up to ensure that tasks are being implemented and if the plan is not proceeding according to schedule, determine why, troubleshoot, offer advice, reassign tasks, convene a team meeting, or make other adjustments as necessary.

The team should also appoint someone to monitor results in real time as the plan is executed in case mid-course changes are needed. Ideally, this person should have experience in collecting and analyzing data through the methods proposed, whether qualitative or quantitative. Regular monitoring can help to identify whether small adjustments to the strategy need to be made or whether implementation needs to be cut short because the intervention is resulting in unintended consequences. Depending on the nature of the project, it may be necessary to make mid-course corrections daily as teams gain insight into what works and what doesn't and how the strategy can be perfected to better achieve the intended improvement goal.

Step 5: Evaluate and Adjust

After the strategy is executed the preventive ethics team should evaluate the execution and results and follow up accordingly.

E

EVALUATE and Adjust

Check the execution and the results
Adjust as necessary
Evaluate your ISSUES process

Check the execution and the results

The preventive ethics team should review all available information about the execution and results to determine whether the strategy should be made permanent and disseminated more broadly within the unit, service, or facility, and whether adjustments are needed in order to achieve intended aims. Teams should ask:

- Was the strategy executed as planned? If not, why not?
- Did the strategy achieve the improvement goal? Did it improve the practice as intended? Did it narrow the ethics quality gap? If not, why not?
- Is the strategy having other positive or negative effects?

In some cases, when a strategy does not achieve its intended results it isn't because the strategy is faulty but because execution has failed. For example, an important component of the strategy may not have proceeded according to plan because there was a breakdown in communication or a crucial member of the staff was on sick leave. In these cases, the strategy shouldn't be abandoned until it can be executed according to the plan. Only then will the team be able to assess how effective it is in narrowing the ethics quality gap.

In other cases, the strategy may have been executed according to plan but did not achieve its intended effect on the ethics quality gap. For example, if the strategy was to change local policy relating to a particular practice, the change might have had only a minor effect on the ethics quality gap or no effect at all. And in some cases, even when a strategy is successful in narrowing the gap it may have unintended secondary effects that make it unacceptable.

Adjust as necessary

Depending on the results achieved, the team may decide to implement the process change more broadly, modify the original strategy and conduct another test, look at a different strategy to achieve the same improvement goal, or start the entire ISSUES cycle over with a new issue or a new improvement goal.

If the strategy worked to narrow the ethics quality gap, the team should determine whether the improvement was sufficient to declare victory and move on. In general, if a small-scale test indicates that the strategy achieves the improvement goal or otherwise improves the process without causing adverse consequences in other parts of the system, the process change should be implemented more broadly.

Evaluate your ISSUES process

Finally, at the end of each cycle the preventive ethics team should step back and evaluate its own performance and how the ISSUES process went with the aim of continuous improvement. This self-evaluation can take several forms. At a minimum, the team should complete a critical internal review by retrospectively analyzing the ISSUES cycle and systematically comparing what actually occurred to the approach suggested in this document. Discussion should focus on lessons learned as well as opportunities for improvement.

Ideally, the preventive ethics team should also seek input from other participants in the change process to determine how the process could have been improved to better meet the needs of those experiencing the change. Feedback from supervisors or peers who were aware of the improvement effort but not directly involved can also be valuable. Presenting the results of the improvement to the IntegratedEthics Council or other leadership groups can be a learning experience for preventive ethics team members and others alike.

Preventive ethics teams that wish to further challenge themselves to improve may want to explore opportunities for external peer and/or expert review. For example, teams might arrange discussions with local QM teams, another facility's ethics program, or a university affiliate.

Step 6: Sustain and Spread

Once it's been determined that a given strategy was successful in narrowing the ethics quality gap, work is needed to sustain the improvement, implement the improvement more broadly, and monitor results on an ongoing basis.

S

SUSTAIN and Spread

Sustain the improvement
Disseminate the improvement
Continue monitoring

Sustain the improvement

Producing lasting changes in practice can be very difficult. To increase the chances that improvements will endure, process changes should be systematically integrated into standard operating procedures rather than relying on specific individuals to sustain them. For example, if the service chief of a particular department takes another job, the process changes that were implemented during his or her tenure should continue seamlessly. If they don't, it is likely that the process was not sufficiently integrated into day-to-day operations.

Disseminate the improvement

Once a given intervention has proven effective, it should be implemented more widely, for example, across additional units, settings, facilities, networks, or the entire system. The target of dissemination will depend on the scope and boundaries of the practice, the effectiveness of the change, and an understanding of who might benefit from broader application of the change. For some practices, the preventive ethics team should recognize that there may be value to groups outside of its facility, especially given the dearth of available information on quality improvement efforts that address ethics issues.

In preparing to disseminate an improvement widely, the team must keep in mind that it may need to be refined if it is to succeed in a setting it wasn't tested in. Each setting has unique features that must be taken into account.

The preventive ethics team should disseminate its results to management, those involved in the improvement process, and others who could learn from the process. The IntegratedEthics Council is the primary forum for sharing results with facility leaders; the team should also take advantage of communications channels supported by the IntegratedEthics program at both network and national levels to disseminate its results widely, as well as consider how best to share results with specifically targeted audiences when that would be appropriate.

The Preventive Ethics Summary of ISSUES Cycles (**Figure 6**) can help with these efforts. (The summary template is available on the Center's website, vaww.ethics.va.gov/IntegratedEthics.) The preventive ethics team can also demonstrate long-term results by tracking and reporting completed issues using the Preventive Ethics ISSUES Log (**Figure 2**).

Figure 6. Preventive Ethics Summary of ISSUES Cycles

Working Title	Promoting Respect for Professional Boundaries
Date Cycle Started/ Ended	8.01.06/2.03.07
Ethics Domain	(5) Professionalism
Ethics Issue	There have been several reports of staff in the spinal cord injury program having developed personal relationships with patients, including romantic relationships and friendships
Ethics Quality Gap	(3) Inconsistent or unclear guidance
Refined Improvement Goal	Within 6 months, guidelines regarding professional boundaries will be developed and available for dissemination to facility staff
Strategy	Develop a policy on professional boundaries between clinicians and patients
Results	The policy was developed and vetted within 6 months
Next Steps: Adjust/ Disseminate	Disseminate: Human Resources coordinating with Ethics Program and Service Chiefs to develop education/dissemination plan
Comments:	

Continue monitoring

Ongoing monitoring is also essential. We know that practices may unexpectedly revert to the pre-intervention baseline or that changes made in one part of the system may directly counteract the improvements made in another. For example, one facility instituted a new electronic reminder system that improved an ethics-related health care practice. The system was working well until a national update to the computerized patient record system resulted in the local reminder system being deleted. Had monitoring not been a part of ongoing activities, this change might not have been noticed, in which case the facility would have reverted to its prior poor practices, and the improvement efforts would have been wasted.

Although ongoing monitoring is essential, it doesn't have to be performed by the preventive ethics team but could be carried out by other stakeholders. For example, once the cycle has been completed, an improvement to increase the number of eligible patients asked about organ donation could be monitored by the Decedent Affairs Clerk with occasional follow-up checks by the Preventive Ethics Coordinator.

Conclusion

Ethics and quality are inextricably linked in health care. Too often, however, ethics is thought of narrowly in terms of decisions and actions by individual employees, health care teams, administrators, or other staff. Yet this overlooks how underlying organizational systems and processes can drive decision making in ways that create ethical problems. That is, by focusing narrowly on ethical concerns in particular circumstances we fail to understand the importance of systemic issues for ethics quality in health care.

Preventive ethics applies systems thinking and principles of quality improvement to provide a new way to systematically identify, prioritize, and address ethics issues on a systems level. The ISSUES approach is specifically designed to help improve those systems and processes that influence ethical practices in a health care organization and aren't adequately addressed either through traditional ethics committees or through traditional quality improvement methods. It builds on VA's experience as a leader in health care quality management to offer an innovative method to improve ethics quality.

The ISSUES approach helps preventive ethics teams to proactively identify ethics issues, define the "ethics quality gap" between current practice and best practice, identify the cause of the gap, and develop practical strategies to narrow the gap. It follows through with systematic implementation, evaluation, and follow-up to ensure that preventive ethics activities achieve the desired results.

Together with ethics consultation and ethical leadership, the other core functions of an IntegratedEthics program, preventive ethics will help promote ethical practices throughout VA's health care system.

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IntegratedEthics Glossary

Best practice: A technique or methodology shown by experience and/or research to lead reliably to a desired result. In ethics, best practice refers to the ideal established by ethical and professional norms and standards, such as communicating information to patients in language they can understand.

Case consultation: An *ethics consultation* that pertains to an active clinical case. (See also, *noncase consultation.*)

CASES: A systematic, step-by-step process for performing ethics consultations developed by VA's National Center for Ethics in Health Care.

Casuistry: An approach to ethical analysis that attempts to resolve uncertainty or conflict by drawing parallels between the current situation and accepted responses to similar, "paradigmatic" cases. See Jonsen, Siegler, and Winslade, Clinical Ethics (2002).

Cause-and-effect diagram: A tool for systematically analyzing a process and the factors that contribute to it; one example is a "fishbone" diagram.

Decision-making capacity: A patient's ability to make a given decision about his or her own health care. Clinical determination of decision-making capacity should be made by an appropriately trained health care practitioner.

Ethical leadership: Activities on the part of leaders to foster an environment and culture that support ethical practices throughout the organization. These include demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting a facility's local ethics program.

Ethical practices in business and management: The domain of ethics concerned with how well a facility promotes high ethical standards in its business and management practices. It includes ensuring that decisions are consistent with the organization's mission and values, data and records management, how the organization uses performance incentives, etc.

Ethical practices in end-of-life care: The domain of health care ethics concerned with how well a facility addresses ethical aspects of caring for patients near the end of life. It includes decisions about life-sustaining treatments (such as cardiopulmonary resuscitation or artificially administered nutrition and hydration), futility, treatments that hasten death, etc.

Ethical practices in the everyday workplace: The domain of ethics concerned with how well the facility supports ethical behavior in everyday interactions in the workplace. It includes treating others with respect and dignity, adhering to appropriate boundaries in workplace relationships, and the organization's ethical climate.

Ethical practices in government service: The domain of ethics concerned with how well a facility fosters behavior appropriate for government employees. This includes integrity, fidelity in interactions with appointed or elected officials, etc. *Note that questions concerning standards of conduct for federal employees should be referred to regional counsel or the VA Office of General Counsel.*

Ethical practices in health care: Decisions or actions that are consistent with widely accepted ethics standards, norms, or expectations for a health care organization and its staff. *Note that in this context "ethical" conveys a value judgment—i.e., that a practice*

is good or desirable; often, however, "ethical" is used simply to mean "of or relating to ethics," as in the phrase "ethical analysis" referring to analysis that uses ethical principles or theories.

Ethical practices in research: The domain of ethics concerned with how well a facility ensures that its employees follow ethical standards that apply to research practices. It includes voluntary consent for research participation, human subjects protections, etc.

Ethical practices in resource allocation: The domain of ethics concerned with how well a facility demonstrates fairness in allocating resources across programs, services, and patients, including financial resources, materials, and personnel.

Ethics: The discipline that considers what is right or what should be done in the face of uncertainty or conflict about values. Ethics involves making reflective judgments about the optimal decision or action among ethically justifiable options.

Ethics case: An isolated situation involving specific decisions and actions, that gives rise to an *ethical concern,* i.e., that gives rise to uncertainty or conflict about values. (See also, *ethics issue.*)

Ethical concern: Uncertainty or conflict about values.

Ethics consultation in health care: The activities performed by an individual or group on behalf of a health care organization to help patients, providers, and/or other parties resolve *ethical concerns* in a health care setting. These activities typically involve consulting about active clinical cases (ethics case consultation), but also include analyzing prior clinical case or hypothetical scenarios, reviewing documents from an ethics perspective, clarifying ethics-related policy, and/or responding to ethical concerns in other contexts not immediately related to patient care. Ethics consultation may be performed by an individual ethics consultant, a team of ethics consultants, or an ethics committee.

Ethics consultation service: A mechanism in a health care organization that performs *ethics consultation.*

Ethics issue: An ongoing situation involving organizational systems and processes that gives rise to *ethical concerns,* i.e., that gives rise to uncertainty or conflicts about values. Ethics issues differ from ethics cases in that issues describe ongoing situations, while cases describe events that occur at a particular time, and issues involve organizational systems and processes, while cases involve specific decisions and actions.

Ethics quality: Practices throughout the organization are consistent with widely accepted ethics standards, norms, or expectations for a health care organization and its staff. Ethics quality encompasses individual and organizational practices at the level of decisions and actions, systems and processes, and environment and culture.

Ethics quality gap: With respect to an ethics issues, the disparity between current practices and *best practices***.**

Ethics question: A question about which decisions are right or which actions should be taken when there is uncertainty or conflict about values.

Focus group: A research methodology that employs facilitator-led discussions to elicit opinions and responses about a defined subject or issue from a small group of participants representative of a broader population.

IntegratedEthics program: A local mechanism in a health care organization that improves ethics quality at the levels of decisions and actions, systems and processes, and environment and culture through three core functions: *ethics consultation, preventive ethics,* and *ethical leadership.*

ISSUES: A systematic, step-by-step process developed by VHA's National Center for Ethics in Health Care for reducing *ethics quality gaps.*

Key informants: Representatives of groups affected by a particular issue, or individuals who have specialized knowledge of the issue or are likely to be involved in implementing improvement strategies for that issue.

Noncase consultation: An ethics consultation that does not pertain to an active clinical case. Noncase consultations include answering questions about ethics topics in health care, interpreting policy relating to ethics in health care, reviewing documents from a health care ethics perspective, and providing ethical analysis of organizational ethics questions or hypothetical or historical questions.

Preventive ethics: Activities performed by an individual or group on behalf of a health care organization to identify, prioritize, and address systemic *ethics quality gaps.*

Principlism: A theory-based approach to ethical analysis that emphasizes the four principles of autonomy, beneficence, non-maleficence, and justice. See Beauchamp and Childress, Principles of Biomedical Ethics (2001).

Patient privacy and confidentiality: The domain of health care ethics concerned with how well a facility protects patient privacy and confidentiality. It includes patients' control of personal health information, respect for patients' physical privacy, conditions under which information may/must be shared with third parties, etc.

Process flow diagram: A visual representation of procedures followed in a given practice.

Professionalism in patient care: The domain of health care ethics concerned with how well a facility fosters behavior appropriate for health care professionals. It includes matters of conflict of interest, truth telling, working with difficult patients, etc.

Shared decision making with patients: The domain of health care ethics concerned with how well a facility promotes collaborative decision making between clinicians and patients. It includes matters of decision-making capacity, informed consent, surrogate decision makers, advance directives, etc.

Surrogate: The individual authorized under VA policy to make health care decisions on behalf of a patient who lacks *decision-making capacity.*

Values: In the health care setting, strongly held beliefs, ideals, principles, or standards that inform ethical decisions or actions, such as beliefs that people shouldn't be allowed to suffer, or principles and standards of respect for persons, nondiscrimination, truth telling, informed consent, etc.

For more information about the IntegratedEthics initiative, contact:

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