IntegratedEthics

Improving Ethics Quality in Health Care

IntegratedEthics Toolkit

A manual for the IntegratedEthics Program Officer

National Center for ETHICS in Health Care

Veterans Health Administration

Employee Education System

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Foreword

Welcome to the IntegratedEthics program. We're pleased that you've agreed to play a leadership role in this national initiative to improve ethics quality in health care.

This toolkit provides the basic information and resources to implement IntegratedEthics in your facility, specifically:

- an overview of the **IntegratedEthics model** and **program management,** including descriptions of program structure and the roles of key program personnel
- an overview of the **three core functions** of an IntegratedEthics program
- your **responsibilities** as one of the leaders or coordinators of IntegratedEthics in your facility
- a **task list and timeline** for carrying out your responsibilities
- a **set of tools** to help you accomplish each task

This toolkit is meant to provide a starting place. We envision an interactive process by which facilities can share their best practices—and lessons learned—with one another over time. As you embark on your IntegratedEthics program, we invite you to make it your own. Although each VHA facility comes to this project with unique challenges and opportunities, you'll want to engage with other facilities in your VISN and with the national IntegratedEthics community to help you brainstorm solutions to implementation problems and exchange ideas as you go forward. The National Center for Ethics in Health Care is available to help and to provide additional information and resources to respond to your special needs. We look forward to working with you.

Tab 1

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:

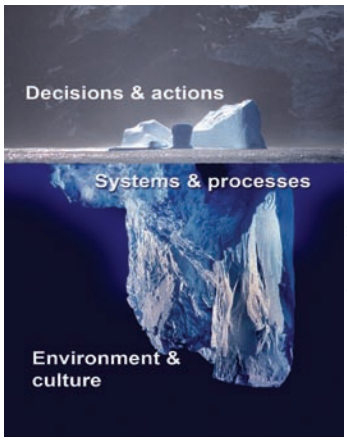


Image courtesy of Uwe Kills. Used with permission.

- 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.

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

The CASES Approach

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

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.

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.

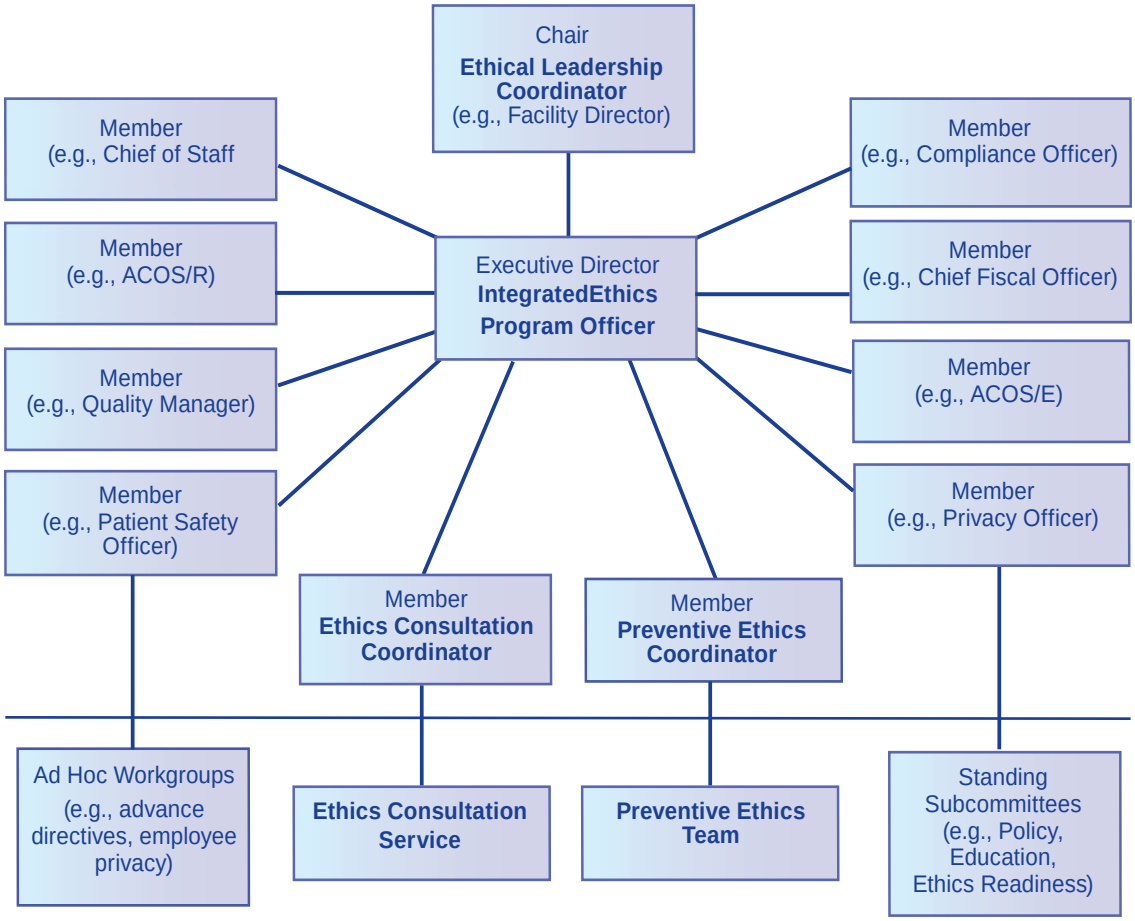
The ethical leadership function of IntegratedEthics calls on leaders to make clear through their words and actions that ethics is a priority, to communicate clear expectations for ethical practice, to practice ethical decision making, and to support their facility's ethics program. These four "compass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

IntegratedEthics Program Structure

IntegratedEthics Council



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.

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 and effectiveness; communications materials about IntegratedEthics; and online learning modules 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.

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		

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.

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.

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

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Tab 2

Instructions for the Coordinator

IntegratedEthics Council—Instructions for Council Members

Your Role and Responsibilities

The aim of an IntegratedEthics program is to improve ethics quality by integrating three core functions: ethics consultation, preventive ethics, and ethical leadership. The IntegratedEthics Council is the body chiefly responsible for achieving this goal. The council is chaired by the Ethical Leadership Coordinator, who is ultimately responsible for the success of the program. The responsibilities of the council are to:

- coordinate the ethics consultation, preventive ethics, and ethical leadership functions
- ensure communication with relevant programs across the organization
- oversee the ethics consultation and preventive ethics functions
- develop and update policy pertaining to the IntegratedEthics program
- coordinate staff education regarding IntegratedEthics and ethics
- evaluate your facility's IntegratedEthics structures and processes
- evaluate ethics knowledge, practices, and culture in your facility
- improve specific ethics practices at your facility
- continuously improve your facility's IntegratedEthics program
- ensure that the facility meets accreditation standards for ethics
- ensure that the facility meets requirements of VHA policy related to ethics in health care

Broadly, your responsibilities are to:

1. **Demonstrate expertise in the IntegratedEthics model**
   Members of the council act as representatives of the IntegratedEthics program across the facility and particularly in their home departments or services. You should be raising the visibility of the IntegratedEthics program and supporting the goals of the program to ensure its success. This role requires that you understand the activities of the council and each of the core functions of IntegratedEthics, serve as a spokesperson for the program in your department or service, encourage staff to participate in training activities, answer questions about the program and its functions, and participate in program activities as appropriate based on your skills and expertise.

2. **Lead or participate in council activities**
   A tenet of excellence in health care is an ongoing commitment to quality improvement. All council members should participate in efforts to improve the quality of the IntegratedEthics program through use of the IntegratedEthics assessment tools and regular quality monitoring of program activities. You'll lead or participate in one or more council activities, which may include participating on a preventive ethics team, leading an education forum about IntegratedEthics for staff or other leaders, updating ethics-related policies, supporting efforts for accreditation readiness, or other activities as needed.

3. **Ensure integration**
   The council is the key mechanism for integrating the ethics activities undertaken by departments, programs, services, and offices across your facility. Council members should represent diverse areas throughout the organization from which ethics issues arise, including clinical care services, research, and business administration. Council members are responsible for helping to identify ethics issues across the facility that might benefit from the work of the council, such as ethics quality gaps that might be appropriate for the preventive ethics team.

4. **Monitor performance**
   The council is responsible for overseeing the activities of the IntegratedEthics program and acting to support its implementation. The council should ensure that the facility achieves the program's implementation goals, completes assessment tools and reports performance monitors to VISN leadership. The council is also responsible for developing plans and taking action on the findings from the IntegratedEthics Facility Workbook and Staff Survey. The council should establish mechanisms to monitor progress toward implementing these plans and the overall IntegratedEthics program effectively.

5. **Network externally**
   All council members are invited to share their program's activities, best practices, and lessons learned. The National Center for Ethics in Health Care will provide forums where this can occur. Check our website, vaww.ethics.va.gov/IntegratedEthics, for more information.

Description of Tasks

Get Started

Get to know the IntegratedEthics Program. Reading the introduction to IntegratedEthics and the IntegratedEthics communications materials is an important first step to ensure that you understand the broad concepts and aims of IntegratedEthics. You'll also want to become familiar with the material in the three primers, *Ethics Consultation: Responding to Ethics Questions in Health Care; Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level;* and *Ethical Leadership: Fostering an Ethical Environment & Culture.* You'll return to these documents frequently as you support the launch of IntegratedEthics at your facility. Three IntegratedEthics video courses are also available to you. These courses walk you through important aspects of each of the functions. You may also want to complete one or more of the IntegratedEthics online learning modules to develop your understanding of the IntegratedEthics concept and its application.

Engage with the National IE Community

Register with the national IntegratedEthics website. Council members may wish to register with the IntegratedEthics website (vaww.ethics.va.gov/IntegratedEthics), which is designed to support continuous learning among VA's IntegratedEthics community. The site contains all the materials in the IntegratedEthics toolkits (including the video courses), links to online learning modules, and many other resources and tools. It will be updated regularly.

Understand Your Current Ethics Program

Participate in completion of the IE Facility Workbook. The IntegratedEthics Council is responsible for ensuring completion of the facility workbook. You should contribute your knowledge of facility structure and processes to help the council develop its plan for completing the workbook. You should also participate as needed to identify and implement appropriate responses to workbook findings.

Support administration of the IE Staff Survey. The IntegratedEthics Council is responsible for planning and monitoring the administration of the IntegratedEthics Staff Survey. You should support the council in administering the survey by encouraging staff in your department to participate. The council is also responsible for analyzing survey results and developing a plan to respond to any issues and concerns identified. Your first step is to help publicize the results of the survey, which is essential to demonstrate to staff members that their participation was both important and appreciated. It can also help to further demonstrate the importance of IntegratedEthics and generate greater awareness of your IntegratedEthics program. You will then work with your staff to implement activities developed by the council to respond to the survey results.

Participate in Assigned Council Duties

Coordinate staff education regarding IntegratedEthics and ethics. The council is responsible for taking a systematic approach to ensuring that staff throughout the facility are familiar with IntegratedEthics and knowledgeable about ethics in health care. The council, or a designated subcommittee, should apply a quality improvement approach to ensure that educational efforts are effective in meeting clearly defined

organizational needs. The IntegratedEthics primers, video courses, and online learning modules can serve as basic resources for staff education. Efforts to educate staff in ethics consultation and preventive ethics can be delegated to those functions. Ethics education should also be regularly incorporated into ongoing educational activities, such as grand rounds, case conferences, inservices, and annual meetings.

Update policy related to ethics in health care. In addition to developing policy for your IntegratedEthics program, the council is responsible for ensuring that facility policies relating to ethics in health care—such as informed consent for treatments and procedures, advance directives, or end-of-life care—meet the requirements of VA national policy in the relevant areas. The council or a designated subcommittee should also work with the preventive ethics team to identify and address local policy requirements—or lack of policy—that give rise to systemic ethics quality issues.

Ensure that the facility meets accreditation standards for ethics. The council is responsible for developing specific action plans to ensure that the facility meets accreditation standards around ethics and is ready to meet those standards on an ongoing basis. As of 2006, the Joint Commission on the Accreditation of Healthcare Organizations includes 24 standards explicitly pertaining to ethics, patient rights, and organizational responsibilities (RI.1–RI.3.1). It is the council's responsibility to see that the facility meets these standards and those of other relevant accrediting bodies.

Instructions for the IntegratedEthics Program Officer

Your Role and Responsibilities

The aim of an IntegratedEthics program is to improve ethics quality by integrating three core functions: ethics consultation, preventive ethics, and ethical leadership. As the program officer for IntegratedEthics in your facility, you'll direct the day-to-day operations of the program. As the administrative officer for the IntegratedEthics Council (described above), you'll also work to ensure that the council fulfills its responsibilities. You're the key liaison between the IntegratedEthics Council and the Ethical Leadership Coordinator, who chairs the council and is ultimately responsible for the success of the IntegratedEthics program. You're also the key point of contact between your local program and your VISN's IntegratedEthics Point of Contact and with the National Center for Ethics in Health Care.

Broadly, your responsibilities require you to:

1. **Demonstrate expertise in the IntegratedEthics model**
   This toolkit contains everything you'll need to ensure that you're up to speed as the IntegratedEthics Program Officer: an overview of IntegratedEthics; descriptions of your role and responsibilities and those of the IntegratedEthics Council and the coordinators of each of the three core functions; the IntegratedEthics timeline to help you organize tasks and activities; information about the IntegratedEthics global assessment tools (facility workbook and staff survey); and information about other IntegratedEthics resources, including communications materials, primers and video courses for each function, and online learning modules on ethics in health care.

2. **Direct IntegratedEthics**
   As director of your facility's IntegratedEthics program and administrative officer of the IntegratedEthics Council you'll oversee the council's core activities and achievement of performance goals. You'll serve as a spokesperson for the program, answering questions about it and about the ethics consultation, preventive ethics, and ethical leadership functions. You'll triage requests for assistance or guidance, assign them to the appropriate function, and be a resource to the functions as they carry out their activities. You'll assist the Ethical Leadership Coordinator in establishing the IntegratedEthics Council.

   In your role as administrative officer of the IntegratedEthics Council, you'll assist the chair in managing the work of the council and ensuring that the council carries out all its assigned functions.

3. **Build visibility and support for IntegratedEthics**
   You'll be responsible for creating awareness of and support for IntegratedEthics throughout the facility. As a visible leader of IntegratedEthics, you'll give presentations about IntegratedEthics to leaders and staff at all levels in the organization. You'll need to work closely with the function coordinators to understand their needs and advocate for resources, such as dedicated time, educational materials, or workspace, to enable each function to succeed.

4. **Ensure integration**
   You'll be responsible for building on existing strengths to ensure that operations of the three core functions of your IntegratedEthics program are well integrated. Through the council and other channels you'll also establish effective communication mechanisms and relationships between the IntegratedEthics program and other programs, offices, and leaders throughout the facility.

5. **Monitor performance**
   As manager of the IntegratedEthics program and administrative officer of the IntegratedEthics Council, you're responsible for monitoring the performance of the program, including achievement of implementation goals and completion of program assessments, such as the IntegratedEthics Facility Workbook and Staff Survey (Tab 7). You'll report achievement of performance goals to your VISN IntegratedEthics Point of Contact.

6. **Ensure quality**
   You'll ensure that the IntegratedEthics Council has a plan for evaluating and continuously improving the overall quality and effectiveness of the IntegratedEthics program, including all three functions, using the various IntegratedEthics assessment tools in this toolkit (Tab 7).

7. **Network externally**
   You'll be the primary liaison for your facility to the VISN IntegratedEthics Point of Contact and to the National Center for Ethics in Health Care. In this role you'll provide information about your program's achievement of required implementation steps. You'll also share information about your program's activities, best practices, and lessons learned with facilities in your VISN and throughout VHA.

On the following pages, you'll find a timeline and brief descriptions of the specific tasks associated with your responsibilities and those of the coordinators of each of the core functions of IntegratedEthics. All of these tasks should be completed during the initial implementation phase; thereafter, many of the activities will need to be repeated periodically and/or maintained.

Timeline

IntegratedEthics Program Officer	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12
Get Started												
Read IE toolkit and primers (M 1)	■											
Meet with coordinators (M 1)	■											
Engage with VISN IE community (M 1)	■											
Complete EC, PE, and EL video courses (M 2 & 3)		■	■									
Develop IE Council (M 2 & 3)		■	■									
Plan and implement IE communications strategy (M 3)			■									
Engage with the National IE Community												
Register with the national IntegratedEthics website (M 1)	■											
Participate in IE teleconferences (M 3 thru 12)			■	■	■	■	■	■	■	■	■	■
Understand Your Current Ethics Program												
Develop a plan to complete IE Facility Workbook (M 2)		■										
Coordinate completion of IE Facility Workbook (M 2 & 3)		■	■									
Review results of IE Facility Workbook (M 4)				■								
Coordinate IE Council Activities												
Help educate IE Council and facility leadership (M 2 thru 5)		■	■	■	■							
Help organize EC, PE, and EL functions (M 3 thru 7)			■	■	■	■	■					
Roll out IntegratedEthics online courses (M 4)				■								
Plan development of IE policy (M 12)												■
Coordinate Ongoing Activities												
Establish regular communication with the VISN POC (M 4 thru 12)				■	■	■	■	■	■	■	■	■
Provide support as needed to PE, EC, and EL (M 7 thru 12)							■	■	■	■	■	■
Survey Your Staff												
Develop Plan to Administer IE Staff Survey (M 3 & 4)			■	■								
Administer IE Staff Survey (M 5)					■							
Publicize results of IE Staff Survey (M 7)							■					
Develop strategic response to survey results (M 7 & 8)							■	■				

Description of Tasks

Get Started

Read IE toolkit and primers. Reading the introduction to IntegratedEthics (Tab 1) and the IntegratedEthics communications materials (Tab 4) is an important first step to ensure that you understand the broad concepts and aims of IntegratedEthics. It's also crucial to read each of the three primers carefully—*Ethics Consultation: Responding to Ethics Questions in Health Care; Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level;* and *Ethical Leadership: Fostering an Ethical Environment & Culture.* You'll return to these documents frequently as you coordinate and support the launch of IntegratedEthics at your facility.

Meet with coordinators. You should meet with the coordinators responsible for each of the functions to provide guidance and answer questions. You may want to establish a routine meeting schedule, or you may prefer to get periodic updates through other means. The important aspect of this task is to open the dialogue and build good working relationships with the individuals who are most important to the program's success.

Engage with VISN IE community. The VISN IntegratedEthics Point of Contact will help to establish mechanisms for facilities in the VISN to share information, ideas, and support with one another. For example, he or she may hold regular conference calls. To facilitate this, you should provide your VISN point of contact with the names of the individuals designated as the coordinators for each function.

Complete EC, PE, and EL video courses. Once you've read the primers you should complete all three video courses. These courses walk you through important aspects of each function.

Develop IE Council. Working with the Ethical Leadership Coordinator and the other function coordinators as appropriate, you should develop a list of potential candidates to participate in the council. You should also plan the first council meeting to kick off the council's work and educate members about IntegratedEthics, the overall work of the council, and their responsibilities as council members.

Plan and implement IE communications strategy. Awareness about IntegratedEthics among staff is critical. You should develop a plan for communicating about the program with all facility employees. Some sites have found success in identifying new individuals to participate in their council through a strong communications strategy and an open call for participation. You may want to distribute some of the communications materials provided in this toolkit directly to employees throughout the facility, or use the content in standing publications, such as newsletters, letters from the director, and other communications. It's your responsibility to keep the lines of communication open through periodic updates on program activities and successes.

Engage with the National IE Community

Register with the national IntegratedEthics website. The IntegratedEthics website (vaww.ethics.va.gov/IntegratedEthics) is designed to support continuous learning among VA's IntegratedEthics community. The site contains all the materials in the IntegratedEthics toolkits (including the video courses), links to online learning modules, and many other resources and tools. It will be updated regularly.

Participate in IE teleconferences. These conference calls provide a forum for facilities to solve problems and seek assistance in implementing IntegratedEthics. Ethics Center staff will moderate the teleconferences and focus on the needs of the attendees. The content of the calls may include discussing common problems, sharing best practices, or a question-and-answer session with a content expert.

Understand Your Current Ethics Program

Develop a plan to complete IE Facility Workbook. As the IntegratedEthics Program Officer, you're responsible for supporting the council to ensure completion of the IntegratedEthics Facility Workbook. This tool is intended to help you identify gaps in your facility's current ethics program. To begin, you should determine who should be involved in completing each section of the workbook. You should then establish clear expectations and timelines. Refer to the facility workbook instructions for further details (Tab 7).

Coordinate completion of the IE Facility Workbook. Once the IntegratedEthics Council develops a plan, you'll need to follow up to ensure that the plan is implemented. Completing the workbook is not as easy as it may seem. The people who take on this responsibility will need your assistance and encouragement.

Review results of the IE Facility Workbook. The IntegratedEthics Facility Workbook will help to identify gaps in ethics quality. You should compile information about these gaps and share them with the IntegratedEthics Council. The council members, especially the Preventive Ethics Coordinator, should target specific activities to respond to the issues and concerns identified through the workbook process.

Coordinate IE Council Activities

Help educate IE Council and facility leadership. Your role is to monitor and coordinate these activities, providing assistance when needed. You may want to consider holding a retreat for everyone involved in the IntegratedEthics program, including key leaders, function coordinators, and other council members, to educate them about IntegratedEthics and plan how the council will fulfill its responsibilities.

Help organize the EC, PE, and EL functions. As IntegratedEthics Program Officer, your primary role is to oversee the three core functions, coordinate their activities, and assist them in completing their tasks. You'll want to meet with the function coordinators, the ethics consultation service, and the preventive ethics team to help them plan how they'll fulfill their new responsibilities.

Roll out the IntegratedEthics online learning modules. You should make sure that your IntegratedEthics Council has a plan to roll out the "Ethics in Health Care" module to all staff. In addition, the other IntegratedEthics online learning modules should be rolled out to staff for whom the subject matter is relevant. For example, the module "Shared Decision Making with Patients" is appropriate for clinical staff, while the module "Ethical Practices in Business and Management" (expected in early FY08) will be appropriate for staff with business and management responsibilities.

Plan development of IE policy. Your role is to support the council as it develops policy for the new IntegratedEthics program and ensure that it is implemented. You'll also support the work of the council (or appropriate subcommittees) in updating other local ethics-related policies, such as informed consent for clinical treatments and procedures, advance directives, or end-of-life care.

Coordinate Ongoing Activities

Establish regular communication with the VISN POC. Following the schedule set by your VISN point of contact, you should report on the status of performance monitors and progress toward local rollout of IntegratedEthics. You should also begin to share information and experiences with other facilities in your VISN.

Provide support as needed to PE, EC, and EL. Continue to track the activities of the core functions and council and troubleshoot as appropriate.

Survey Your Staff

Develop plan to administer IE Staff Survey. The survey will help you assess your facility's ethical environment and culture and its ethics practices. All employees will take the survey, but some will complete only portions of it, depending on their work category.

Administer IE Staff Survey. You're responsible for managing the logistics of implementing the IntegratedEthics Staff Survey. Leadership should encourage staff members to complete the survey; the Ethics Center will distribute the materials you need for marketing and data collection. Once data have been collected, you'll be able to access an online report highlighting areas in which employees perceived that your facility is doing well and those in which they perceive that improvement may be needed. A guide to help you understand the report will be available through the Ethics Center. You'll review the results with the council and help the council interpret the report in your local facility's context. You'll then consider what steps you might take to improve ethical practices.

Publicize results of IE Staff Survey. Publicizing the results of the survey is essential to demonstrate to staff members that their participation was both important and appreciated. Broadly publicizing the results can also help to generate awareness and demonstrate the importance of your IntegratedEthics program.

Develop strategic response to staff survey results. Once the IntegratedEthics Staff Survey results have been received, you'll review them with the council. Next, you should ensure that the council develops a strategy to respond to the findings. The IntegratedEthics functions, particularly preventive ethics, should target improvement initiatives to the issues and concerns identified through the survey process. You should work with the function coordinators, especially the Preventive Ethics Coordinator, to set priorities and monitor progress.

Instructions for the Ethical Leadership Coordinator

Your Role and Responsibilities

The aim of ethical leadership is to foster an ethical environment and culture. As a senior leader in your facility and the chair of the IntegratedEthics Council, you're responsible for the overall success of IntegratedEthics in your facility and for ensuring that the council fulfills its responsibilities (described above).

As coordinator of the ethical leadership function, your immediate charge is to provide education on ethical leadership to leaders throughout the organization. They should understand their role and responsibilities in creating and sustaining an ethical environment at your facility. You'll act as a role model for them and, through the use of the IntegratedEthics tools, help them learn to foster an ethical environment and culture.

Broadly, your responsibilities require you to:

1. **Demonstrate expertise in the IntegratedEthics model**
   This Ethical Leadership Toolkit contains everything you need to ensure that you're up to speed: an overview of IntegratedEthics; descriptions of your role and responsibilities as coordinator of the ethical leadership function as well as a description of the responsibilities of the IntegratedEthics Council; the IntegratedEthics timeline to help you organize tasks and activities; the ethical leadership video course; and self-assessment tools to help individual leaders understand how their actions affect the organization's ethical environment and ethics practices and to identify opportunities for improvement. The toolkit also provides communications materials and information about online learning modules on ethics in health care.

2. **Lead your facility's IntegratedEthics program**
   You are the leader and champion of the IntegratedEthics program in your facility. Your role is to visibly support the IntegratedEthics Program Officer and IntegratedEthics Council in developing the program and to champion the goals of IntegratedEthics with all employees. You also have responsibility for creating understanding of and support for ethical leadership concepts among leaders in your facility. You'll be directing their efforts to improve ethical decision-making practices. In support of this effort, you'll ensure that IntegratedEthics assessment tools (facility workbook, staff survey, leadership self-assessment tool) are used at your facility. And you'll establish both a personal plan and a facility plan to respond to the results of these assessments.

3. **Ensure integration**
   The IntegratedEthics Council is the principal means by which to integrate the various ethics activities within your facility. As chair of the council, you'll be responsible for its success. In addition, you'll act as a liaison with leaders outside the council to help them understand the activities and outcomes of the IntegratedEthics program, recognize its value, and support it. You're also responsible for ensuring communication between the IntegratedEthics Council and other leadership committees. As appropriate, you (or your designee) may also act as the representative for ethics on key facility governance committees.

4. **Monitor performance**
   As the individual with overall responsibility for the success of IntegratedEthics in your facility, it's your job to ensure that your facility achieves the program's implementation goals and completes assessment tools—you'll report performance monitors to VISN leadership. You're also responsible for monitoring whether action is taken on findings from the facility workbook and staff survey and whether appropriate progress is made toward implementing IntegratedEthics effectively.

5. **Network externally**
   Along with the IntegratedEthics Program Officer, you'll share information about your function's activities, best practices, and lessons learned through a series of national teleconferences and other forums.

On the following pages, you'll find a timeline and brief descriptions of the specific tasks associated with your responsibilities and those of the program officer and coordinators of the other core functions of IntegratedEthics. All of these tasks should be completed during the initial implementation phase; thereafter, many of the activities will need to be repeated periodically and/or maintained.

Timeline

Ethical Leadership Coordinator	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12
Educate Yourself												
Read EL toolkit and review primer (M 1)	■											
Complete EL video course (M 2)		■										
Engage with the VISN IE community (M 1)	■											
Develop IE Council (M 2 & 3)		■	■									
Engage with the National IE Communicty												
Register with the national IntegratedEthics website (M 1)	■											
Participate in IE teleconferences (M 3 thru 12)			■	■	■	■	■	■	■	■	■	■
Understand Your Current Ethics Program												
Support completion of IE Facility Workbook (M 2 & 3)		■	■									
Prioritize results of IE Facility Workbook (M 4)				■								
Initiate ethical leadership QI from the workbook (M 4 & 5)				■	■							
Organize the EL Function												
Identify leaders (M 2 & 3)		■	■									
Generate buy in from leaders (M 2 & 3)		■	■									
Establish monitoring of ongoing EL functions (M 7 thru 12)							■	■	■	■	■	■
Educate Leaders												
Distribute IE communications materials (M 3 & 4)			■	■								
Arrange to show EL video course (M 3 thru 5)			■	■	■							
Distribute EL primer (M 3 thru 5)			■	■	■							
Support the Staff Survey												
Support administration of IE Staff Survey (M 5)					■							
Prioritize results of IE Staff Survey (M 6 thur 12)						■	■	■	■	■	■	■
Initiate ethical leadership QI from the IE Staff Survey (M 9 thru 12)									■	■	■	■
Build Capacity in Systematic Ethical Decision Making												
Analyze ethical decision-making practices (M 7 & 8)							■	■				
Enhance facility decision-making practices (M 9 thru 12)									■	■	■	■

Description of Tasks

Educate Yourself

Read EL toolkit and review primer. Reading the introduction to IntegratedEthics (Tab 1) and IntegratedEthics communications materials (Tab 4) is an important step to ensure that you understand the broad concepts and aims of IntegratedEthics. You'll also want to review the ethical leadership primer, *Ethical Leadership: Fostering an Ethical Environment & Culture,* which lays out specific behaviors leaders should use to foster an organizational environment and culture that is conducive to ethical practice. You'll return to this document frequently as you implement and refine the ethical leadership function in your facility.

Complete EL video course. Once you've reviewed the ethical leadership primer, you'll benefit from the ethical leadership video course. As part of this course, you should complete the leadership self-assessment tool and establish a personal action plan based on the results.

Engage with the VISN IE community. Integration is essential at both the facility and VISN level. Through the VISN IntegratedEthics Point of Contact, you and the IntegratedEthics Program Officer will connect with other ethics programs in your VISN in order to share your experiences and ideas about program implementation. You'll also report to your VISN about achievement of IntegratedEthics performance monitors.

Develop the IE Council. Leadership support is essential to the development of an effective IntegratedEthics Council. With the IntegratedEthics Program Officer serving as your administrative officer, you'll chair the council and lead its activities. Together, you'll identify individuals to serve on the council and work to establish effective communication mechanisms and relationships between the IntegratedEthics program and other programs, offices, and leaders throughout the facility.

Engage with the National IE Community

Register with the national IntegratedEthics website. The IntegratedEthics website (vaww.ethics.va.gov/IntegratedEthics) is designed to support continuous learning among VA's IntegratedEthics community. The site contains all the materials in the IntegratedEthics toolkits (including the video courses), links to online learning modules, and many other resources and tools. It will be updated regularly.

Participate in IE teleconferences. These conference calls provide a forum for facilities to solve problems and share solutions in implementing IntegratedEthics. Ethics Center staff will moderate the teleconferences and focus on the needs of the attendees. The content of the calls may include discussing common problems, sharing best practices, or a question-and-answer session with a content expert. You should ensure that appropriate staff at your facility is participating in these calls.

Understand Your Current Ethics Program

Support completion of the IE Facility Workbook. The IntegratedEthics Facility Workbook is intended to help identify gaps in your facility's current ethics program. The IntegratedEthics Program Officer and IntegratedEthics Council are responsible

for completion of the workbook. As the chair of the council, you'll provide assistance and encouragement to ensure the workbook is completed, in particular by providing information needed for the ethical leadership portion of the tool.

Prioritize results of IE Facility Workbook. The IntegratedEthics Program Officer and IntegratedEthics Council will compile information about the gaps in ethics quality that were identified through the workbook. Your responsibility is to help them to prioritize the developmental needs at your facility and guide them in producing and implementing an appropriate corrective action plan.

Initiate ethical leadership QI from the workbook. As the function coordinator, you'll critically review the results from the ethical leadership section of the workbook and plan next steps to enhance ethical leadership in your facility.

Organize the EL Function

Identify leaders. As coordinator of the ethical leadership function, you'll model the IntegratedEthics program for the leaders throughout your facility—that is, employees at the senior executive, and mid-manager levels. As a first step, identify leaders in these categories.

Generate buy in from leaders. To accomplish this, you should communicate directly with the leaders you've identified, preferably at a face-to-face meeting. You should express support for the IntegratedEthics initiative, emphasize the importance of ethical leadership in fostering an ethical environment and organizational culture, explain the role you'll play in coordinating the ethical leadership function, and ask leaders to support the program overall and to complete the ethical leadership video course and self-assessment tool.

Establish monitoring of ongoing EL functions. Through the IntegratedEthics Council, you will develop program goals, establish monitoring mechanisms, and obtain regular updates about council activities and IntegratedEthics functions. You should offer assistance and mid-course corrections to the program as needed.

Educate Leaders

Distribute IE communications materials. You should ensure that all the leaders you've identified receive and read the introduction to IntegratedEthics and the IntegratedEthics communications materials contained in your toolkit to familiarize themselves with the concepts and aims of IntegratedEthics.

Arrange to show EL video course. You may want to delegate the task of ethical leadership education to the IntegratedEthics Program Officer or the IntegratedEthics Council. You should be sure to actively support the education efforts by encouraging leaders in your facility to attend showings of the ethical leadership video. Consider devoting a segment of a scheduled leadership retreat or a regularly scheduled leadership meeting—such as the "director's weekly meeting"—to the video. Or you might schedule several showings for smaller groups to stimulate lively discussion. After showing the video, you or your delegate should distribute the Ethical Leadership Self-Assessment Tool. (See the training checklist for details.) You'll need to keep track of who completed the course and when; follow facility procedures to ensure that participants receive education credits for completing the course.

Distribute EL primer. After they complete the video course, leaders should review the leadership primer, *Ethical Leadership: Fostering an Ethical Environment & Culture.* This document expands on the material covered in the video course and provides additional information and tools for leaders.

Support the Staff Survey

Support administration of IE Staff Survey. The IntegratedEthics Council is responsible for planning and monitoring the administration of the survey. Your responsibility is to assist them in identifying needed resources and encouraging staff members to complete the survey.

Prioritize results of IE Staff Survey. The IntegratedEthics Council will compile information about the gaps in ethics quality that were identified through the IntegratedEthics Staff Survey. Your responsibility is to help the council—and especially the Preventive Ethics Coordinator—prioritize the issues and concerns identified through the survey process and target quality improvement initiatives to address them.

Initiate ethical leadership QI from the IE Staff Survey. Critically review the results from the IntegratedEthics Staff Survey and identify which, if any, results may require action relating to ethical leadership. Develop an appropriate action plan.

Build Capacity in Systematic Ethical Decision Making

Analyze ethical decision-making practices. To improve leadership decision making at your facility, you must first understand how it is occurring now. Begin by analyzing local decision-making practices to identify whether leadership decisions typically reflect the six key attributes of ethical decision making, such as being values-based. (For more information about the attributes of ethical decision making, see the leadership primer.) You'll want to look at formal processes—for example, whether the attributes are regularly considered and documented in local executive decision memoranda (EDMs) and whether your executive leadership council systematically identifies ethical issues relevant to management decisions or regularly seeks input from the ethics consultation service. You'll also want to examine informal processes, such as whether the environment is conducive to staff bringing up ethical issues during management discussions and whether someone is designated to identify and call attention to potential ethical problems.

Enhance facility decision-making practices. Once you've gained a thorough understanding of local leadership decision-making practices you should propose changes to reflect the six attributes of ethical decision making. Whether decisions are made by an individual leader, an informal leadership team, or a formal leadership board, they should be made in a systematic fashion and should reflect the key ethical attributes. You may find the sample models for ethical decision making included in this toolkit (Tab 6) helpful. Changing the behavior of individuals and groups takes time and practice. Achieve small successes early and continue to build on these over time to reach your final goal of reflecting all six attributes of ethical decision making in your local processes.

Instructions for the Ethics Consultation Coordinator

Your Role and Responsibilities

The aim of ethics consultation in health care is to help patients, staff, and other parties resolve ethical concerns. As coordinator of the ethics consultation function in your facility, your role is to ensure consistency and quality in your ethics consultation approach. You're also a core member of the facility's IntegratedEthics Council. To fulfill these responsibilities, you must have not only the knowledge and skills required for ethics consultation, but also management skills.

Broadly, your responsibilities are to:

1. **Demonstrate expertise in the IntegratedEthics approach to ethics consultation**
   This Ethics Consultation Toolkit contains everything you'll need to ensure that you're up to speed: an overview of IntegratedEthics; descriptions of your role and responsibilities as coordinator of the ethics consultation function as well as a description of the responsibilities of the IntegratedEthics Council; the IntegratedEthics timeline to help you organize tasks and activities; and the ethics consultation video course. The toolkit also provides communications materials, evaluation tools for the ethics consultation service, and information about online learning modules on ethics in health care.

2. **Manage your ethics consultation service**
   As Ethics Consultation Coordinator you're responsible for overseeing the operation of your facility's consultation service. This includes organizing the service and ensuring that it has needed resources. You'll select ethics consultants and ensure that they are appropriately trained in the IntegratedEthics approach to consultation, as well as assess their proficiency and ensure that they engage in appropriate skills development. It's your job to see that consultants collaborate and work well together.

   Your responsibilities also include implementing the ECWeb online database tool (see Tab 6 for description) for managing the consultation process in your facility, evaluating the quality of your consultation service, and overseeing ongoing quality improvement.

3. **Ensure integration**
   The ethics consultation function should build on existing strengths and include mechanisms to achieve horizontal and vertical integration with other groups in the organization. In addition to participating in the IntegratedEthics Council, you'll need to establish relationships with stakeholders, including facility leaders, who may bring ethics questions to the service.

4. **Build visibility and support for ethics consultation**
   You're responsible for creating awareness of and support for the ethics consultation function. This requires working closely with the IntegratedEthics Program Officer, who oversees communications about the IntegratedEthics program and its core functions throughout the facility.

5. **Network externally**
   Along with the IntegratedEthics Program Officer, you'll share information about your function's activities, best practices, and lessons learned through a series of national teleconferences and other forums.

On the following pages, you'll find a timeline and brief descriptions of the specific tasks associated with your responsibilities and those of the coordinators of each of the core functions of IntegratedEthics. All of these tasks should be completed during the initial implementation phase; thereafter, many of the activities will need to be repeated periodically and/or maintained.

Timeline

Ethics Consultation Coordinator	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12
Educate Yourself												
Read EC toolkit and review primer (M 1)												
Complete EC video course (M 1)												
Engage with the National IE Communicty												
Register with the national IntegratedEthics website (M 1)												
Participate in IE teleconferences (M 3 thru 12)												
Understand Your Current Ethics Program												
Contribute to completion of IE Facility Workbook (M 2 & 3)												
Organize the EC Function												
Organize the EC function (M 1 & 2)												
Identify members of EC function (M 1 & 2)												
Draft an EC policy (M 12)												
Train Ethics Consultants in the IE model and the CASES Approach												
Distribute IE communications materials (M 3)												
Distribute EC primer (M 3)												
Schedule and organize EC video course (M 4)												
Discuss EC results from IE Facility Workbook (M 5)												
Use the CASES Approach												
Implement ECWeb in your facility (M 4)												
Continuously improve your EC process (M 4 thru 12)												
Improve Ethics Consultants' Proficiency												
Assess and track EC proficiency (M 6 thru 7)												
Implement professional development plans (M 8 thru 12)												

Description of Tasks

Educate Yourself

Read EC toolkit and review primer. Reading the introduction to IntegratedEthics (Tab 1) and IntegratedEthics communications materials (Tab 4) is an important step to ensure that you understand the broad concepts and aims of IntegratedEthics. You'll also want to review the ethics consultation primer, *Ethics Consultation: Responding to Ethics Questions in Health Care,* which lays out the essential elements and success factors for this function. You'll return to this document time and again as you implement and refine the ethics consultation function in your facility.

Complete EC video course. Once you've reviewed the ethics consultation primer and the CASES approach, take the ethics consultation video course. The course walks you through the steps of CASES, using specific examples.

Engage with the National IE Community

Register with the national IntegratedEthics website. The IntegratedEthics website (vaww.ethics.va.gov/IntegratedEthics) is designed to support continuous learning among VA's IntegratedEthics community. The site contains all the materials in the IntegratedEthics toolkits (including the video courses), links to online learning modules, and many other resources and tools. It will be updated regularly.

Participate in IE teleconferences. These conference calls provide a forum for facilities to solve problems and share solutions in implementing IntegratedEthics. Ethics Center staff will moderate the teleconferences and focus on the needs of the attendees. The content of the calls may include discussing common problems, sharing best practices, or a question-and-answer session with a content expert.

Understand Your Current Ethics Program

Contribute to completion of IE Facility Workbook. The IntegratedEthics Program Officer is responsible for ensuring that the IntegratedEthics Facility Workbook is completed but may need your help collecting data. Specifically, you may be asked to assemble a team to complete the ethics consultation section of the workbook. You'll also review the results from the ethics consultation section and plan next steps to enhance ethics consultation in your facility.

Organize the EC Function

Organize the EC function. Once you have a handle on the IntegratedEthics approach to ethics consultation it's time to think about how you'll implement the three models for ethics consultation identified in the primer. Different models will be appropriate for different consultation requests and you'll want to understand how each model will work best in your facility. You'll also want to ensure that collectively your ethics consultants have appropriate expertise to work effectively in different models as the need arises.

Identify members of EC function. The ethics consultation function is only as effective as its ethics consultants, so choosing consultants is an important task. Review the list of your current ethics consultants and use the primer to help you decide whom to select for the IntegratedEthics consultation function. The goal is

for your ethics consultants to be proficient in the knowledge, skills, and character traits identified by the American Society for Bioethics and the Humanities in its *Core Competencies* report, which are discussed in the ethics consultation primer.

Draft an EC policy. The structure, function, and process of ethics consultation should be formalized in institutional policy. Your IntegratedEthics Council will develop overall policy for IntegratedEthics in your facility; you'll work with the council to draft the section governing consultation. Be sure to address all the topics outlined in the primer. The drafting process will help your team clarify and stay focused on your core mission. Don't wait for the final IntegratedEthics policy to begin implementing the guidance in the primer! Ethics consultants should begin using CASES as soon as they've read the primer and taken the video course, as described below.

Train Ethics Consultants in the IE model and the CASES Approach

Distribute IE communications materials. Ensure that members of the consultation service receive and read the introduction to IntegratedEthics (Tab 1) and communications materials (Tab 4) in this toolkit to familiarize themselves with the concepts and aims of IntegratedEthics.

Distribute EC primer. The success of ethics consultation hinges on well-informed ethics consultants. After you've educated yourself about the IntegratedEthics approach to ethics consultation and CASES, it's time to begin training your ethics consultants. All members of your ethics consultation service should carefully review the ethics consultation primer, *Ethics Consultation: Responding to Ethics Questions in Health Care*.

Schedule and organize EC video course. The ethics consultation video course is an excellent vehicle to promote team building and help educate members of your ethics consultation service about the IntegratedEthics approach to ethics consultation. See the training checklist for details. Keep track of who completes the course and when; follow facility procedures to ensure that consultants receive education credits for completing the course.

Discuss EC results from IE Facility Workbook. Discussing the ethics consultation section of the facility workbook will help you and your ethics consultation service to critically assess the service's activities and processes. The workbook will also help you to recognize what next steps you should take to improve ethics consultation in your facility.

Use the CASES Approach

Implement ECWeb in your facility. ECWeb is a secure, web-based database tool designed to reinforce sound ethics consultation practices, help ethics consultants manage consultation records, and support quality improvement activities. This tool walks consultants through the CASES process and enables them to document their consultation activities. To enroll your facility and get started using ECWeb, see the instructions on the IntegratedEthics website at vaww.ethics.va.gov/IntegratedEthics.

Continuously improve your EC process. Now that the members of your ethics consultation service have read the primer and completed the video course, and your facility has enrolled in ECWeb, you're ready to implement the IntegratedEthics approach to consultation, including using the CASES approach and ECWeb. Use

the ethics consultation primer as a reference as you proceed. As you complete each consultation, be sure to critically examine your consultation process so that you can continuously improve.

Improve Ethics Consultants' Proficiency

Assess and track EC proficiency. Consultants' proficiency is critical to the success of the ethics consultation function. You should administer the Ethics Consultant Proficiency Assessment Tool to each member of your ethics consultation service (including yourself) and use the Advanced Proficiency Tracking Log for your service as a whole. See the proficiency assessment tool instructions for details (Tab 6).

Implement professional development plans. You should address the knowledge and skill gaps in the consultation service identified through the proficiency assessment tool by designing individual professional development plans to ensure that consultants continuously develop their knowledge and skills.

Instructions for the Preventive Ethics Coordinator

Your Role and Responsibilities

The aim of preventive ethics in health care is to produce measurable improvements in ethics practices by implementing systems-level changes to reduce gaps in ethics quality. As coordinator of the preventive ethics function in your facility, your role is to lead efforts to improve health care quality by identifying, prioritizing, and addressing ethical issues on a systems level. You're also a core member of the facility's IntegratedEthics Council. To fulfill these responsibilities, you must have not only the knowledge and skills required for preventive ethics, but also management skills.

Broadly, your responsibilities require you to:

1. **Demonstrate expertise in the IntegratedEthics approach to preventive ethics**
   This Preventive Ethics Toolkit contains everything you need to ensure that you're up to speed: an overview of IntegratedEthics; descriptions of your role and responsibilities as coordinator of the preventive ethics function as well as a description of the responsibilities of the IntegratedEthics Council; the IntegratedEthics timeline to help you organize tasks and activities; and the preventive ethics video course. The toolkit also provides communications materials and information about online learning modules on ethics in health care.

2. **Manage your facility's preventive ethics team**
   As Preventive Ethics Coordinator you're responsible for overseeing your facility's preventive ethics function. This includes selecting members for the preventive ethics team, organizing the function, and ensuring that it has needed resources. You'll ensure that team members are appropriately trained in the IntegratedEthics approach to preventive ethics and implement it effectively. It's your job to see that team members collaborate and work well together.

   Your responsibilities also include ensuring the quality of preventive ethics, using the resources provided in the primer, this toolkit, and other IntegratedEthics tools to evaluate the function, and overseeing ongoing quality improvement.

3. **Ensure integration**
   The preventive ethics function should build on existing strengths and include mechanisms to achieve horizontal and vertical integration with other groups in the organization. In addition to participating in the IntegratedEthics Council, you'll need to establish relationships with stakeholders, including facility leaders, who may help you to identify issues for the preventive ethics team to address or to address issues that others have identified.

4. **Build visibility and support for preventive ethics**
   You're responsible for creating awareness of and support for the preventive ethics function. This requires working closely with the IntegratedEthics Program Officer, who oversees communications about the IntegratedEthics program and its functions throughout the facility.

5. **Network externally**
   Along with the IntegratedEthics Program Officer, you'll share information about your function's activities, best practices, and lessons learned through a series of national teleconferences and other forums.

On the following pages, you'll find a timeline and brief descriptions of the specific tasks associated with your responsibilities and those of the coordinators of each of the core functions of IntegratedEthics. All of these tasks should be completed during the initial implementation phase; thereafter, many of the activities will need to be repeated periodically and/or maintained.

Timeline

Preventive Ethics Coordinator	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12
Educate Yourself												
Read PE toolkit and review primer (M 1)												
Complete PE video course (M 1)												
Engage with the National IE Communicty												
Register with the national IntegratedEthics website (M 1)												
Participate in IE teleconferences (M 3 thru 12)												
Understand Your Current Ethics Program												
Contribute to completion of IE Facility Workbook (M 2 & 3)												
Review IE Staff Survey results (M 9 thru 12)												
Organize the PE Function												
Organize the PE function (M 2 thru 4)												
Identify members of PE function (M 3 & 4)												
Draft a PE policy (M 12)												
Educate PE Team												
Distribute IE communications materials (M 4)												
Distribute PE primer (M 4)												
Schedule and organize PE video course (M 5)												
Discuss PE results from IE Facility Workbook (M 4 & 5)												
Use the ISSUES Approach												
Establish and maintain PE contacts (M 5 thru 12)												
Assemble list of issues (M 6)												
Begin your first ISSUES cycle (M 7 & 8)												
Continuously improve your PE process (M 7 thru 12)												

Description of Tasks

Educate Yourself

Read PE toolkit and review primer. Reading the introduction to IntegratedEthics (Tab 1) and IntegratedEthics communications materials (Tab 4) is an important step to ensure that you understand the broad concepts and aims of IntegratedEthics. You'll also want to review the preventive ethics primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level,* which lays out the essential elements and success factors for this function. You'll return to this document time and again as you implement and refine the preventive ethics function in your facility.

Complete PE video course. Once you've reviewed the preventive ethics primer and have an understanding of preventive ethics, you'll benefit from the preventive ethics video course. The course walks you through key steps in the ISSUES cycle, using a case example.

Engage with the National IE Community

Register with national IntegratedEthics website. The IntegratedEthics website (vaww.ethics.va.gov/IntegratedEthics) is designed to support continuous learning among VA's IntegratedEthics community. The site contains all the materials in the IntegratedEthics toolkits (including the video courses), links to online learning modules, and many other resources and tools. It will be updated regularly.

Participate in IE teleconferences. These conference calls provide a forum for facilities to solve problems in implementing IntegratedEthics. Ethics Center staff will moderate the teleconferences and focus on the needs of the attendees. The content of the calls may include discussing common problems, sharing best practices, or a question-and-answer session with a content expert.

Understand Your Current Ethics Program

Contribute to completion of IE Facility Workbook. The IntegratedEthics Program Officer is responsible for ensuring that the facility workbook is completed but may need your help collecting data. Specifically, you may be asked to assemble a team to complete the preventive ethics section of the workbook. You'll also review the results from the preventive ethics section and plan next steps to enhance preventive ethics in your facility.

Review IE Staff Survey results. The IntegratedEthics Council will compile information about the gaps in ethics quality that were identified through the IntegratedEthics Staff Survey. Your job, in collaboration with the council, is to prioritize the issues and concerns identified and target quality improvement initiatives to address them through the preventive ethics function.

Organize the PE Function

Organize the PE function. Once you have a handle on the principles and practice of preventive ethics it's time to think about how you'll organize preventive ethics in your facility—for example, you might integrate preventive ethics into the operations of existing services or programs, such as quality management. The preventive ethics primer lays out some possibilities for you to consider. Your decision should hinge on what you think will be the most successful approach, given the unique context of your facility.

Identify members of PE function. Hand in hand with organizing the preventive ethics function is recruiting members for your preventive ethics team. The preventive ethics function is only as effective as the membership of your team. With the assistance of the IntegratedEthics Program Officer, recruit team members carefully, referring to the primer for guidance. Ideally, your team will include staff who have expertise in ethics and quality improvement and a representative from facility administration.

Draft a PE policy. The structure, function, and process of preventive ethics should be formalized in institutional policy. Your IntegratedEthics Council will develop overall policy for IntegratedEthics in your facility; you'll work with your IntegratedEthics Program Officer to draft the section governing preventive ethics. Be sure to address all the topics outlined in the primer. The drafting process will help your team clarify and stay focused on your core mission. Don't wait for the council to release the final IntegratedEthics policy to begin implementing preventive ethics! The team should begin implementing ISSUES cycles as soon as the members have read the primer and taken the video course, as described below.

Educate PE Team

Distribute IE communications materials. Ensure that members receive and read the introduction to IntegratedEthics (Tab 1) and communications materials (Tab 4) in this toolkit to familiarize themselves with the concepts and aims of IntegratedEthics.

Distribute PE primer. The success of preventive ethics hinges on a well-informed, committed team. At this point, it's time to begin building the expertise of the Preventive Ethics Team. Team members should carefully review the preventive ethics primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level.*

Schedule and organize PE video course. The preventive ethics video course is an excellent vehicle to promote team building and teach the members of your team about preventive ethics and the ISSUES approach. See the training checklist for details. Keep track of who completed the course and when; follow facility procedures to ensure that team members receive education credits for completing the course.

Discuss PE results from IE Facility Workbook. Discussing the preventive ethics section of the facility workbook will help you and your team to assess the degree to which your facility is already undertaking preventive ethics activities, where in the organization this may be occurring, who is responsible, and what processes are applied. The workbook will also help you to recognize what next steps you may take to initiate or enhance preventive ethics in your facility.

Use the ISSUES Approach

Establish and maintain PE contacts. To be effective, your team must build and maintain strong relationships with key individuals, offices, and programs in the facility. Such contacts will help you in a variety of ways, for example, by alerting you to potential ethics issues that need to be addressed. You'll wish to review the goals and objectives of the preventive ethics team with these individuals and help them understand how the preventive ethics approach can help them to improve ethics quality. Key contacts include the Ethics Consultation Coordinator and IntegratedEthics Program Officer, senior leaders, service and program heads, and quality management staff.

Assemble list of issues. Based on data collected from key contacts, the IntegratedEthics Staff Survey, accreditation reviews, satisfaction surveys, etc., your team should develop a list of issues that may be appropriate for the ISSUES approach.

Begin your first ISSUES cycle. After your team has compiled a list of issues that are appropriate for preventive ethics and clarified and prioritized the improvement goals, you are ready to select an issue and begin your first ISSUES cycle. Remember to refer to the preventive ethics primer as you proceed to ensure that you address all the steps in the process. Begin additional cycles at your own pace. Experienced preventive ethics teams often work on several ethics issues simultaneously.

Continuously improve your PE process. As you complete each ISSUES cycle, be sure to critically examine your process so that you can continuously improve.

Tab 3
Contact Information

Contact Information

For questions regarding the IntegratedEthics initiative, please contact the Center's Washington, DC office:

National Center for Ethics in Health Care
Veterans Health Administration (10E)
810 Vermont Avenue NW
Washington, DC 20420

Tel: 202-501-0364
Fax: 202-501-2238

E-mail: IntegratedEthics@va.gov

To join the IntegratedEthics listserv or to access additional information, including program updates, PDFs of the materials in this toolkit, and links to more resources, visit the IntegratedEthics website at vaww.ethics.va.gov/IntegratedEthics.

Tab 4
Communications Materials

Introduction

IntegratedEthics: Improving Ethics Quality in Health Care (Tab 1) provides a comprehensive overview of IntegratedEthics and is one of your primary tools for communicating about the initiative.

The additional communications tools in this collection use a variety of formats to describe the essential features of and rationale for the IntegratedEthics initiative. They provide a brief orientation to IntegratedEthics, introduce the key concepts, and equip you with ready and consistent aids for communicating about IntegratedEthics to others. The materials may be used individually or together, physically or electronically distributed to mail-groups, handed out at meetings, or posted on display boards. The kit contains:

- **Improving Ethics Quality: Looking Beneath the Surface** – Depicting ethics quality as an iceberg, this image shines a bright light on all the components of ethical health care practice, not just the decisions and actions that are readily observed. The iceberg is a useful visual metaphor to start discussion about the importance of underlying systems and processes and environment and culture, as well as the interdependence of all the levels of ethics quality.
- **IntegratedEthics: Closing the Ethics Quality Gap** – This feature story discusses the IntegratedEthics initiative in the context of VA's focus on quality improvement and performance measurement. It quotes various external experts regarding the need for fundamental change in the traditional ethics committee model and the benefits of a more comprehensive and systematic approach.
- **The Business Case for Ethics** – This document summarizes the kind of bottom-line benefits a strong ethics program can bring to an organization – including improved customer satisfaction and employee morale, and reduced risk. For busy executives (and skeptics), this tool explains the potential of IntegratedEthics and will help you champion the transition at your facility.
- **Brochure** – This tri-fold brochure provides a quick overview of the IntegratedEthics initiative. It presents the basic concepts in a Q-A format, focusing on the basic concepts and highlighting what's new about the IntegratedEthics paradigm. It includes endorsements from several senior VHA leaders and will be a handy reference for employees at all levels. (Your facility received a supply; the brochure is also available on the IntegratedEthics website.)
- **Slides** – The slide set highlights the key concepts and advantages of implementing an IntegratedEthics program, and will be especially useful for providing an overview to new audiences. (Available on the IntegratedEthics website only.)

Electronic copies of all items are available at vaww.ethics.va.gov/IntegratedEthics.

Improving Ethics Quality: Looking Beneath the Surface

Only about 10 percent of an iceberg is actually visible above the waterline—the greatest part of its mass lies hidden below the ocean surface. Mariners ignore that submerged mass at their peril.

Ethics quality in health care can be described in much the same way: Some ethical practices are readily visible; others become apparent only when we make an effort to see them. But what is usually unseen is often the most important determinant of ethical practice overall.

At the surface of health care ethics, we can easily observe decisions and actions, and the events that follow from them, in the day-to-day practices of clinicians and administrators. Beneath this, 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 observation, it's often overlooked.

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 focusing on what is immediately apparent. They spend most of their time reacting to only the most visible of ethics concerns. But to have a lasting impact on ethics quality, ethics programs must do more: They must continuously look beneath the surface to identify and address the deeper organizational factors that influence observable practices. Only then will ethics programs be successful in promoting ethical practices organization-wide.

IntegratedEthics: Closing the Ethics Quality Gap

VA: A Leader in Quality

VA has been increasingly recognized as a leader in quality health care. In 2004 the National Committee for Quality Assurance (NCQA) found that the VA system outperformed all other hospitals on each of its 17 quality measures. Today, such publications as *Business Week*, *The New York Times*, and *U.S. News & World Report* all describe VA health care as the best in the country. How has this enormous and unwieldy system with finite resources and an aging patient population managed to take the lead in health care quality? In part through visionary and committed leaders and staff who have developed standardized, innovative approaches to quality improvement. One example of that vision has been VA's integrated health information system, for which the Agency received Harvard University's "Innovations in American Government Award." The Institute of Medicine acknowledges that VA's "integrated health information system, including its framework for using performance measures to improve quality is . . . one of the best in the nation."

Improving Quality in Ethics

Today, almost every health care institution in the United States has some mechanism for addressing the difficult ethical issues that arise in patient care. But the same pressures that have prompted changes in quality and patient safety—tightening resources, more complex care delivery systems, older and sicker patients—also create new ethical challenges. Can traditional ethics programs respond adequately to this shift? Not according to Arthur Caplan, PhD, director of the Center for Bioethics at the University of Pennsylvania: "The traditional ethics committee model is reactive—too often it deals primarily with questions about end-of-life care in individual cases. In the current environment, ethics has to be proactive, ready to address a broad set of issues across a lifespan, and to do it with increasing resource constraints."

Frontline health care professionals, too, see a need for change. Gwen Gillespie, advanced practice nurse and ethics committee chair at the VA Medical Center in Cincinnati, Ohio, puts it this way: "Our staff is committed to ethical practices, but we could definitely use some help. Health care is rapidly changing, for example, in the area of organizational ethics. Our ethics committee needs to change as well."

VA leaders likewise realize that "getting to green" on performance measures isn't enough. They want a comprehensive approach to quality that keeps ethics in balance with other priorities. "Success in delivering high-quality, cost-effective health care can't come at the expense of our other values," says Linda Belton, director of VISN 11 in Ann Arbor. "Ethical concerns have to be part of our everyday decision making and we must take proactive, coordinated steps to identify and address ethical concerns."

As the largest health care system in the United States, and a recognized leader in health care quality, VA is a natural laboratory for developing an innovative, systems-focused model to promote and improve ethical practices in health care.

An Ethics Quality Gap

As a first step, VA's National Center for Ethics in Health Care has collected data on the VA system to understand where there are gaps, or "opportunities for improvement." What did they find?

- VA employees think about ethics every day, and want additional educational resources and support to do their jobs better.
- Ethics programs across VA vary considerably in terms of their quality and effectiveness.
- Ethics programs often operate as "silos" instead of being well integrated into the organization's structure and hierarchy.
- Despite significant investments in staff time, few VA health care facilities rigorously evaluate the quality or effectiveness of their ethics activities.

These challenges are hardly unique to VA—they are typical of hospitals in the private sector.

A National Consensus

On a national level, a consensus is emerging about the need for a more systematic approach. Arthur Derse, MD, JD, chair of VHA's National Ethics Committee, director for Medical and Legal Affairs at the Center for the Study of Bioethics at the Medical College of Wisconsin, and former president of the American Society for Bioethics and Humanities, calls for the development of tools that can be widely adopted: "Constrained resources mean we're limited in what we can do for patients. Therefore we need tools that create efficiencies of scale—policies, manuals, guidance on ethics consultation and how to handle difficult issues at a systems level—to alleviate the pressure on individual facilities to resolve these problems." Matthew Wynia, MD, MPH, director of the Institute for Ethics at the American Medical Association, advocates applying principles of continuous quality improvement: "A systems approach holds a great deal of promise for improving the ethical culture of organizations. It's built on strong assumptions about organizations, that they are constantly in evolution, and amenable to change." Margaret O'Kane, president of NCQA,

agrees: "Ethics programs need to set clear goals and then move toward them. They need a more systematic approach."

The Solution: IntegratedEthics

IntegratedEthics, a national education and organizational change initiative from VA's National Center for Ethics in Health Care, addresses the quality gaps documented in VA and elsewhere. Ellen Fox, MD, Ethics Center director, describes the assumptions that guided the design of this initiative: "To be effective at promoting ethical practices, an ethics program first has to address ethical concerns across many domains, not just in clinical care. Then it has to do three things, and do them well: respond to ethics concerns on a case-by-case basis, address ethics issues on a systems level, and foster an environment and culture that is conducive to ethical practice."

The IntegratedEthics initiative provides VA facilities with a variety of tools to help them achieve these goals. In each facility an IntegratedEthics Council coordinates ethics-related activities across the organization and oversees three core functions that carry out these activities:

- 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 and culture

The first core function of IntegratedEthics is ethics consultation, which is widely accepted as a necessary part of health care delivery. Ethics consultation is needed to help patients, families, and staff resolve the complex ethical concerns that arise in health care delivery. IntegratedEthics provides facilities with training and resources to ensure that ethics consultation is of high quality.

The second core function of IntegratedEthics is preventive ethics. As Fox notes, "If we're serious about promoting ethical practices, it is not enough to focus on individual decisions and actions. We must also ensure that our systems and processes are designed to make it easy for people to do the right thing." This can be achieved by identifying and addressing systemic organizational issues where ethical concerns indicate that there are ethics quality gaps. The IntegratedEthics materials guide facilities through a process that applies QI principles to identify systems problems, develop strategies to address those problems, and assess how well those strategies worked.

The third core function is ethical leadership. An organization's leaders play an essential role in fostering an overall environment and culture that supports ethical practice. According to Paul Schyve, MD, Senior Vice President for the Joint Commission on Accreditation of Healthcare Organizations, "Quality, safety, ethics—they're all dependent on the culture of an organization. That culture comes from the organization's leaders. Everything from talking about it, to rewarding it, to demonstrating it in their own behavior." Linda Treviño, PhD, of The Pennsylvania State University's Smeal College of Business, an expert on the management of ethical conduct in organizations, stresses: "the perceptions of leadership define the culture—not only what the leaders do themselves but also the behaviors they encourage, support, and don't tolerate in others." IntegratedEthics focuses on four critical leadership skills, or "compass points": demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting the facility's local ethics program.

Measuring the Impact

Health care managers often suggest that "you can't manage what you can't measure." But as Wynia notes, "Since ethics programs are relatively new, they're also relatively young in the quality improvement realm. One of the problems we've faced is that we don't always agree on what counts as high quality. We need good metrics to measure this." To address this need, the IntegratedEthics initiative includes a variety of tools for assessing the quality and effectiveness of ethics programs—an important innovation in a field that has been criticized for a lack of accountability. These tools include an IntegratedEthics staff survey to assess organizational culture and ethical practices, as well as a facility workbook to assess the organization's health care ethics program.

A National Model

National leaders in health care quality and ethics agree on the importance of an integrated approach. Treviño notes that "the most effective programs are integrated into the organization's culture and the multiple systems, formal and informal, which make up that culture. The most ineffective are those that are limited to a formal program that employees see as disconnected from what's going on day to day." Schyve agrees that "we need to move away from ethics silos. We should have a broad range of stakeholders working together as a team in an effort to resolve ethics issues." Wynia underscores the importance of change: "Ethics structures are going to have to evolve along with the evolving health care system. The ethics of an organization permeates every structure, every committee. Integrating ethics through every structure in the organization will be critical to delivering health care that patients can rely on."

Derse sums up the potential of VA's IntegratedEthics initiative: "VA is a recognized leader in health care quality, patient safety—and now—ethics in health care."

A Brief Business Case for Ethics

A strong ethics program can reap many concrete benefits for a health care organization, from increasing patient satisfaction, to improving employee morale, to conserving resources and saving costs. Here's some of the evidence that doing the right thing is also doing the smart thing:

- ***Increasing patient satisfaction.*** When organizations support ethical health care practices—for example, by encouraging clinicians to actively involve patients in decisions about their health care—patients do better clinically and say they're more satisfied with the care they receive.[1–3]
- ***Improving employee morale.*** Organizations that support ethical decision making—especially organizations whose ethics programs focus on achieving high standards instead of simply complying with policy or law[4]—can expect to have happier, more dedicated employees.[5–7]
- ***Enhancing productivity.*** A strong corporate ethics culture can improve not only employee morale but also performance, and help to improve an organization's efficiency and productivity.[8–10] An effective ethics program also makes it easier to recruit and retain quality staff.[11]
- ***Conserving resources/avoiding costs.*** Effective ethics programs have been shown to improve quality of care and reduce length of stay and cost.[12] Supporting patients' rights to forgo life-sustaining treatment meets an important ethical standard, and at the same time can have the effect of avoiding costs.[13–15]
- ***Improving accreditation reviews.*** As of 2006, the Joint Commission on the Accreditation of Healthcare Organizations includes 24 standards explicitly pertaining to ethics, patient rights, and organizational responsibilities (RI.1–RI.3.1). A strong ethics program can help ensure that the organization meets or exceeds those standards.
- ***Reducing ethics violations.*** VA's Inspector General has identified deficiencies relating to patient privacy and confidentiality, advance directives, withdrawal of life-sustaining treatment, and informed consent.[16] An effective ethics program can help address such deficiencies in ethics quality. And in health care as in the business world, an effective ethics program can help prevent the sort of practices that can lead to findings of material weakness, or even sanctions or fines, and damage an organization's reputation.[17]
- ***Reducing risk of lawsuits.*** Organizations that make strong commitments to ethical health care practices, such as being honest with patients, can reduce the risk of litigation and liability.[18–20]
- ***Sustaining corporate integrity.*** Ambiguity about values and priorities is one of the major sources of corporate deviance.[21] Making ethics a clear priority in corporate culture helps to ensure good business practices throughout the organization.
- ***Safeguarding the organization's future.*** Lack of an effective ethics program can seriously jeopardize an organization's reputation and even its survival.[22] Creating structures and processes by which an organization can hold itself accountable to its core values and to ethical practices is an investment in the organization's future.

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Tab 5
Video Course

Ethical Leadership Video Course Materials

Training Checklist

All executives and managers should, at a minimum:

- read the IntegratedEthics communications materials
- complete the ethical leadership video course
- read the ethical leadership primer, *Ethical Leadership: Fostering an Ethical Environment & Culture*

Use the following checklist to make sure that all executives and managers have received the minimum training:

- ☐ **Identify who should receive ethical leadership training.** Your list should include all employees at the senior executive, senior manager, and mid-manager levels, as well as the IntegratedEthics Coordinator.
- ☐ **Assign a staff member to make sure that everyone has read the IntegratedEthics communications materials.** Distribute copies, if necessary.
- ☐ **Schedule several dates and times for the ethical leadership video training sessions.** This is a one-hour session, including an exercise to be completed after the video.
- ☐ **Reserve a room with TV and DVD player for each training session.** Make sure that the room has ample seating and table space for all viewers. The session includes a written exercise following the video.
- ☐ **Photocopy the leadership self-assessment tool and evaluation form for each participant.** A master copy of the assessment tool follows this checklist and is available on the IntegratedEthics website at vaww.ethics.va.gov/IntegratedEthics.
- ☐ **Distribute the leadership self-assessment tool after the video.** Encourage completion of the self-assessment tool immediately following the session.

Ethical Leadership Self-Assessment Tool

Instructions for the Ethical Leadership Coordinator

About the Ethical Leadership Self-Assessment Tool

The Ethical Leadership Self-Assessment Tool is designed to help leaders identify areas in which they are successfully modeling behaviors that foster an ethical environment and culture and to highlight opportunities for improvement. The tool is designed to be used in conjunction with the ethical leadership video and primer, *Ethical Leadership: Fostering an Ethical Environment & Culture.*

This self-assessment tool is intended to challenge each leader to think about individual behaviors—where the leader is strong, where the leader may wish to examine the basis for his or her actions, and opportunities for further reflection—on each of the four points of the Ethical Leadership Compass. Each leader's situation is unique and requires individual consideration of whether increasing use of a behavior or skill could improve leadership practice and thereby the local ethics environment.

Who Should Use the Tool?

The tool is designed for leaders at the executive leadership and mid-manager (division/department/service line managers) levels as defined in VA's High Performance Development Model (HPDM). For more information about the competencies for each level, please see the "Core Competency Definitions" (http://vaww.va.gov/hpdm/pdf/corecompetencydefinitions.pdf).

How to Administer the Tool

This tool should be distributed to leaders after they've taken the ethical leadership video course, and with the ethical leadership primer if it is distributed separately from the video. The self-assessment is meant for each leader's personal use and reflection. Therefore, the course instructor should not collect the completed tool.

How Individual Leaders Use the Tool

Leaders should complete the self-assessment, reflect on their answers, and develop and implement their own action plan. Leaders should also re-take the tool each year to track their progress.

Ethical Leadership Self-Assessment Tool

About this self-assessment tool

This self-assessment tool is designed to be used in conjunction with the ethical leadership video and primer, *Ethical Leadership: Fostering an Ethical Environment & Culture*. The tool will help you identify areas in which you're successfully modeling behaviors that foster an ethical environment and culture, as well as highlight opportunities for improvement. It's designed for leaders at the senior executive and mid-manager (division/department/service line manager) levels as defined in the High Performance Development Model (HPDM). For more information about VA's competencies for each level, please see the "Competency Definitions" (http://vaww.va.gov/hpdm/pdf/corecompetencydefinitions.pdf).

How to use the tool

This tool will challenge you to think about your own leadership behaviors. Each question suggests a behavior or skill you may wish to develop. Each leader's situation is unique—think about your local situation and whether increasing your use of the behavior or skill could improve your leadership practice and thereby your local ethical environment. There are no right or wrong answers. For this reason, no mechanism is provided to enable you to calculate an overall score or compare your responses to those of other leaders.

After you complete the tool

Immediately following the self-assessment questions, you'll find an action plan. Use it to identify opportunities to improve your leadership practice and local ethical environment and culture.

Ethical Leadership Self-Assessment

Please check one answer for each of the following items:

I. Demonstrate that ethics is a priority	Almost Never	Occasionally	Frequently	Almost Always
I tell my staff to make ethics a priority.				
I use examples or stories from my facility or my experience to illustrate the importance of ethics.				
I initiate discussions of ethical concerns.				
In a typical day, I think about ethical issues.				
I demonstrate that I am sensitive to ethical issues in my everyday work.				
I object when someone seems to be ignoring, avoiding, or smoothing over an important ethical issue.				
I explicitly acknowledge staff contributions to promoting ethical practice.				
I include specific expectations for ethical practice in staff performance plans.				
I hold my staff accountable for meeting high ethical standards.				

Section I–continued	**Almost Never**	**Occasionally**	**Frequently**	**Almost Always**
In conversations with staff, I invite comments about ethical concerns.				
When staff members raise an ethical concern, I thank them for sharing the concern.				
When staff members raise an ethical concern, I ask them to say more.				
I encourage discussion of conflicting values related to organizational decisions.				
I create opportunities for staff discussion of ethics topics.				

II. Communicate clear expectations for ethical practice	**Almost Never**	**Occasionally**	**Frequently**	**Almost Always**
I make a conscious effort to serve as a role model for ethical practice.				
I clearly communicate my expectations for ethical practice to my staff.				
When I communicate my expectations for ethical practice, I explain the values that underlie those expectations.				
When I communicate my expectations for ethical practice, I use examples that illustrate what I mean.				
When I communicate my expectations for ethical practice, I make sure those expectations are realistic and achievable.				
When I communicate my expectations for ethical practice, I make a point to address obstacles that staff might encounter.				
When staff members receive “mixed messages” that create ethical tensions, I take responsibility for clarifying my expectations for ethical practice.				
I encourage staff to talk to me if they feel pressured to “bend the rules.”				

III. Practice ethical decision making	**Almost Never**	**Occasionally**	**Frequently**	**Almost Always**
I explicitly consider ethical issues when making management decisions.				
I use a standardized process to make decisions on management issues with ethical implications.				
When faced with a tough decision, I look to VHA mission and values statements (or similar documents) and use them to evaluate various options.				
When faced with a tough decision, I think through the short-term and long-term effects on various individuals and groups.				
When faced with a tough decision, I make sure that I am not unfairly favoring a particular individual or group.				
When I need advice on an ethical issue, I go to a person with ethics expertise.				
When I need advice on an ethical issue, I refer to published sources				
When making important decisions, I involve those who will be most affected.				
When important decisions are made by a group, I ensure that someone is specifically tasked to call attention to ethical considerations.				
When I announce important decisions to staff, I take time to explain the decision-making process and who was involved.				
When I announce important decisions to staff, I take the time to explain the rationale for the decision.				

IV. Support your local ethics program	**Almost Never**	**Occasionally**	**Frequently**	**Almost Always**
I talk to staff in my facility about how the ethics program works, including:				
- ethics consultation				
- preventive ethics				
- ethical leadership				
- compliance and business integrity				
- research compliance and assurance				
- government ethics				

Section IV–continued	**Almost Never**	**Occasionally**	**Frequently**	**Almost Always**
I receive and review updates about local ethics program activities.				
I seek help from the local ethics program.				
I act to ensure that local ethics activities are adequately funded.				
I act to ensure that local ethics activities are adequately staffed.				
I inform my staff about current local ethics program activities.				
I highlight successes in local ethics program activities for staff.				
I encourage my staff to use the local ethics program when they have an ethical concern.				

Action Plan

Once you have completed the self-assessment questions, complete this action plan to identify opportunities for improvement, taking into account your organizational role. To monitor your progress, repeat this exercise yearly to help you assess whether you have achieved your improvement objectives.

Steps:

1. Based on your responses, choose one action in each of the four points of the Ethical Leadership compass (section I, II, III, or IV) to focus on this year.
2. Within this area, identify several concrete steps you will take to demonstrate your ethical leadership and thereby improve your facility's ethical environment.

Example:

Ethical Leadership Compass III. Practice ethical decision making			
Ethical Leadership Action	**Current Frequency**	**Goal Frequency**	**Action Steps**
I explicitly consider ethical issues when making management decisions.	Almost Never	Frequently	• Change format for executive decision memorandum (EDM) to include reference to ethics (e.g., just as document references financial considerations, it should reference ethical considerations). • Ask myself "Are there ethical issues in this decision?" for at least three management decisions per week for which an EDM is not used.

Ethical Leadership Compass I. Demonstrate that ethics is a priority			
Ethical Leadership Action	Current Frequency	Goal Frequency	Action Steps

Ethical Leadership Compass II. Communicate clear expectations for ethical practice			
Ethical Leadership Action	Current Frequency	Goal Frequency	Action Steps

Ethical Leadership Compass III. Practice ethical decision making			
Ethical Leadership Action	Current Frequency	Goal Frequency	Action Steps

Ethical Leadership Compass IV. Support your local ethics program			
Ethical Leadership Action	Current Frequency	Goal Frequency	Action Steps

Ethics Consultation Video Course Materials

Training Checklist

All members of the ethics consultation service should, at a minimum:

- read the IntegratedEthics communications materials
- read the ethics consultation primer, *Ethics Consultation: Responding to Ethics Questions in Health Care*
- complete the ethics consultation video course

Use the following checklist to make sure that all members of the ethics consultation team have received the minimum training:

- ☐ **Identify who should receive ethics consultation training.** Your list should include all members of the ethics consultation service, as well as the IntegratedEthics Program Officer.
- ☐ **Make sure that everyone has read the IntegratedEthics communications materials.** Distribute copies, if necessary.
- ☐ **Make sure that everyone has read the ethics consultation primer.** Distribute copies if necessary.
- ☐ **Schedule dates and times for the ethics consultation video training sessions.** There are two one-hour sessions, including exercises to be completed during the videos.
- ☐ **Reserve a room with TV and DVD player for each training session.** Make sure that the room has ample seating and table space for all viewers. The sessions include group discussion and written exercises.
- ☐ **Photocopy worksheets and answer keys for each participant.** Masters for the worksheet and answer key can be found following this checklist.
- ☐ **Distribute worksheets and answer keys before starting the video course.** Answer keys may be referred to as needed to guide the discussion/activity.

Exercise #1

Analysis of Phone Conversation

Instructions: In this phone conversation between Dr. Burrows and Dr. Ingersoll, Dr. Burrows does many things well. Your task in this exercise is to identify those things that he could have done better. Reflecting on your own experiences, think about things that you might say or do in the context of ethics consultation that Dr. Burrows did not do in this scene. Focus on things that might have made a difference in this case.

Record your notes on these questions on the notes page included after the dialogue.

Burrows: This is Dr. Burrows, returning a page?

Ingersoll: It's Jill Ingersoll with an ethics question.

Burrows: Jill, you called at a really good time, we've got the whole consult team in here, doing a little training – OK if I put this on speakerphone?... OK, go ahead.

Ingersoll: Here's the thing: I have this patient with a living will that says he doesn't want his life prolonged, and it also names his wife as durable power of attorney. She thinks it's too soon to give up and wants everything done. I want to follow the patient's wishes and withdraw his feeding tube. I can do that, right?

Burrows: Hmmm. Sounds like it might be a little too complicated for a quick yes/no response. Can you back up a minute and give me more specifics about the case?

Ingersoll: Sure. The patient is Everett Johnson, he's about 75. He's had multiple strokes, and he has a feeding tube. He's also got Grade 4 pressure ulcers and chronic osteomyelitis that has not responded to antibiotics. He's been in and out of the ICU with sepsis, and has been on the ventilator several times for his COPD. We've been trying to stabilize him long enough to go to a nursing home, but it's been one thing after another. His wife has been saying, "Do everything," so we have been. Then yesterday, out of the blue, his sister brings in a living will that says he doesn't want to be tube fed. It also says he wants his wife to be durable power of attorney for health care. And it says, specifically, that his wife has to follow his wishes as stated in the living will. So I think it's pretty straightforward.

Burrows: It sounds pretty straightforward, but let's clear up a couple of things so we know for sure what we're dealing with.

Ingersoll: Shoot.

Burrows: Is it a VA living will?

Ingersoll: Yeah, it's on our standard form.

Burrows: And the power of attorney is our form too?

Ingersoll: Yup.

Burrows: Signatures there and everything?

Ingersoll: Absolutely. Two witnesses, everything seems to be by the book.

Burrows: And it says specifically he doesn't want a feeding tube?

Ingersoll: No life-sustaining procedures of any kind.

Burrows: OK. Next: What's the patient's prognosis?

Ingersoll: Really poor. He's been going steadily downhill. The way things have been going, I seriously doubt he'll survive another trip to the ICU.

Burrows: And why does he have a feeding tube? Is he eating anything at all?

Ingersoll: No, he's NPO. Recurrent aspiration pneumonia. Practically everything he eats goes straight to his lungs.

Burrows: So there's no way he could be fed orally?

Ingersoll: No way.

Burrows: And you're sure he lacks decision-making capacity?

Ingersoll: He doesn't talk at all.

Burrows: Can he communicate nonverbally?

Ingersoll: Intermittently. He's pretty out of it most of the time.

Burrows: Has he had a formal assessment of decision-making capacity?

Ingersoll: I think so. I'll check.

Burrows: You should make sure that's adequately documented in the chart – especially if you're thinking about withdrawing life-sustaining treatment.

Ingersoll: Good point, you're right. I'll do that.

Burrows: OK...let me summarize here by formulating the ethics question: Should you stop the feeding tube over the objection of the surrogate on the basis of the patient's clear advance directive?

Ingersoll: That's exactly my problem.

Burrows: Now what about the wife – have you talked to her about this?

Ingersoll: Not yet. I thought I should talk to you first. What I want to tell her is that we have to follow the patient's advance directive. He said no feeding tubes, so there's really no choice. Isn't that what our policy says?

Burrows: Right. According to VA policy, the surrogate has to follow the patient's wishes to the extent that they're known. It's a matter of patient autonomy. The patient gets to make his own decisions even after he loses decision-making capacity.

Ingersoll: See? That's what I thought. Tell you what, Mike, I'm going to talk to her and see how it goes. I'm hoping I can get her to go along. That would make things easier.

Burrows: It definitely would. These conversations can get a little dicey... Do you want me involved?

Ingersoll: I don't think so. I'm going to do what you talked about before – you know, make sure we stay focused on what the patient would want us to do.

Burrows: Sounds good. One more question – anybody on the team have a problem with feeding tube withdrawal in this case?

Ingersoll: No. Everyone agrees we should go with the advance directive. I don't anticipate any problems on that front.

Burrows: And the sister, she wants the feeding tube withdrawn?

Ingersoll: Definitely.

Burrows: Given the conflict in the family, you should probably involve legal counsel.

Ingersoll: I've already got a call in to them. Hey, listen, I gotta run, someone's paging me.

Burrows: OK, then, let me know what happens, will you?

Ingersoll: You bet. Hey, do me a favor – can you do a consult note for the chart?

Burrows: Yeah, uh... Yes.

Ingersoll: Great! Talk to ya.

What could Dr. Burrows have done better?

Reflecting on your own experience, think about things that **you** might say or do in the context of ethics consultation that Dr. Burrows did not do in this scene. Focus on things that might have made a difference in this case.

Notes:

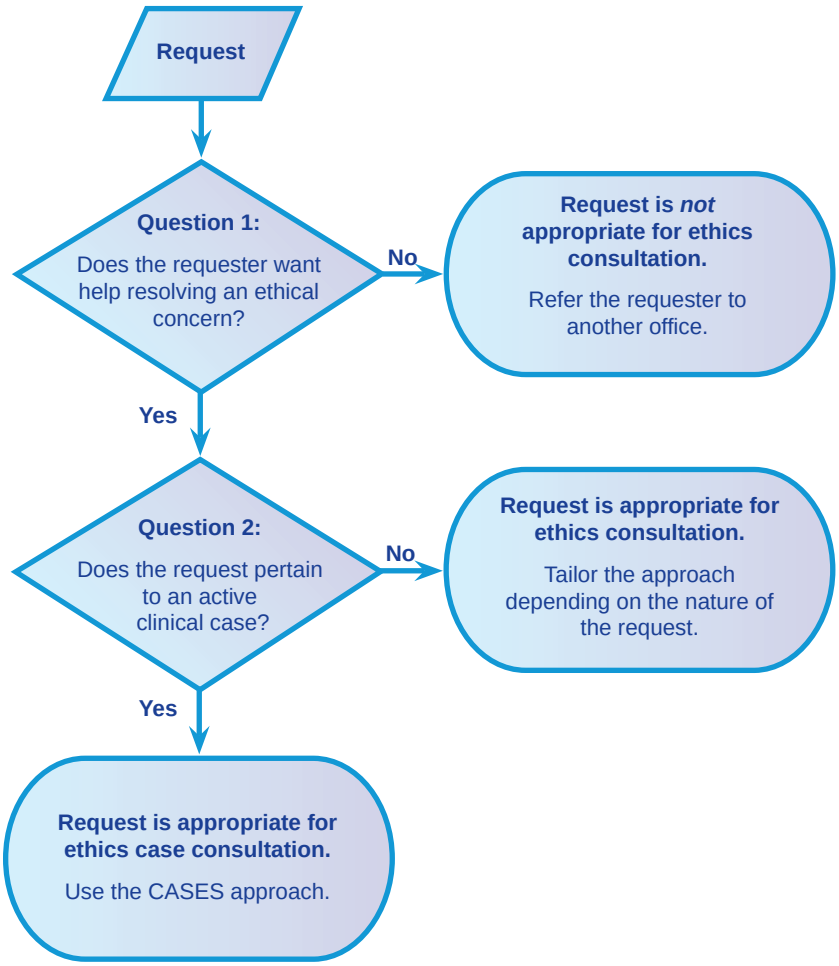
Exercise #2

Identifying Whether a Request Is Appropriate for Ethics Case Consultation

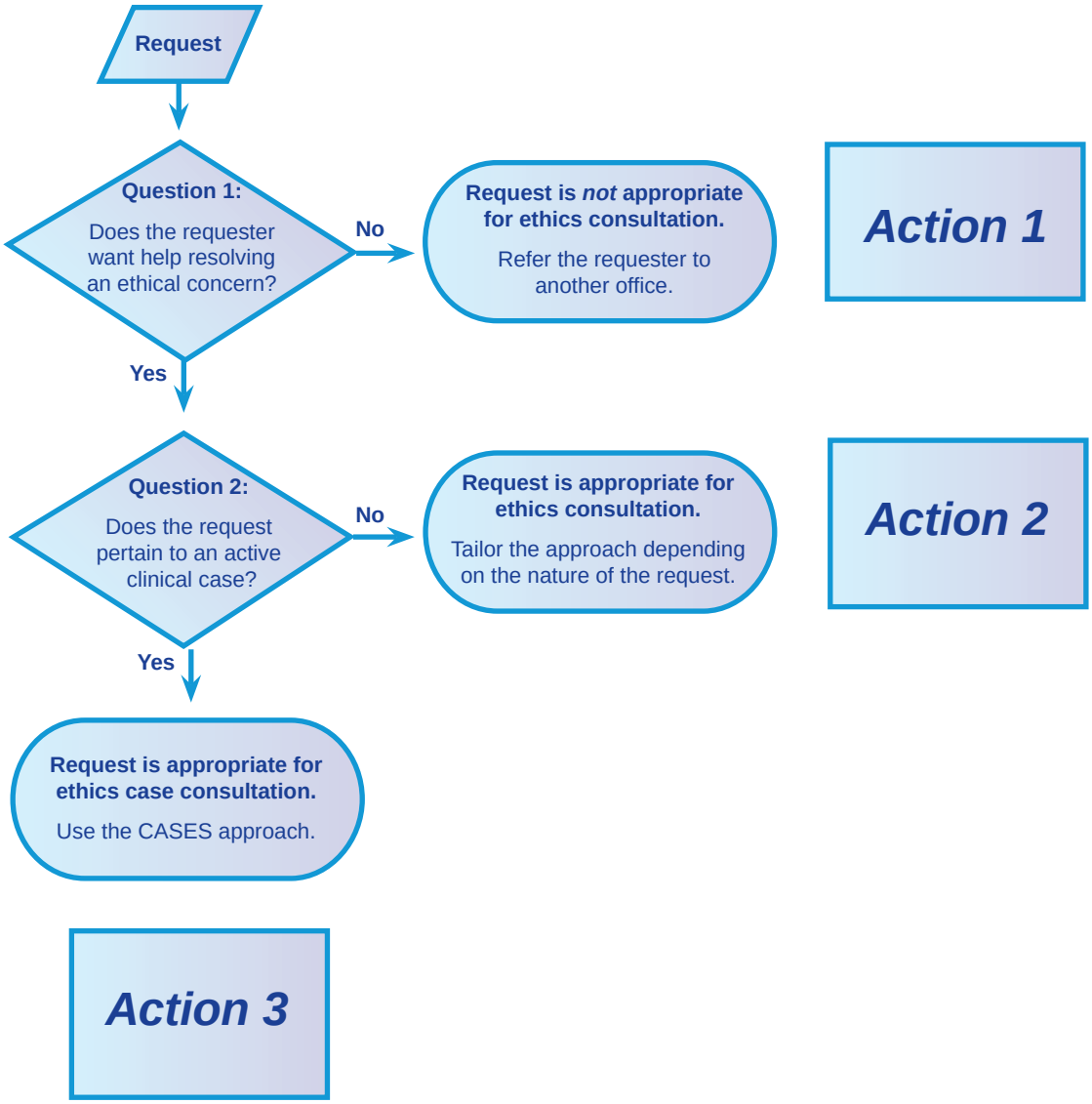
Not all requests that come to the ethics consultation service are appropriate for the service to handle. To maximize its quality and effectiveness, the ethics consultation service should handle only those requests in which the requester wants help resolving an ethical concern (i.e., uncertainty or conflict about values). All other requests should be referred elsewhere in the organization.

In addition, not all ethics consultations are ethics case consultations (i.e., an ethics consultation pertaining to an active clinical case). Noncase consultations might include, for example, a request to clarify an ethics-related policy or to explore the options in a hypothetical case. All requests for ethics case consultation should be handled through the CASES approach. For other types of requests, the approach should be tailored based on the nature of the request.

To determine whether a request is appropriate for ethics case consultation, you should ask two questions, as shown in the decision rule below:



Instructions: Using the decision algorithm below, read each of the six requests and determine whether they should result in Action 1, 2, or 3. After you've completed the exercise, check your answers using the answer key on the last page.



Request A: Dr. Wigg, the chief of staff, requests an ethics consultation to give feedback on the ethical aspects of a facility-wide project, jointly proposed by the cardiology, neurosurgery, and renal services, to increase the number of organ donors.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request B: Dr. Paper, the chief of the neurology service, requests an ethics consultation regarding the care of a patient who was declared brain dead and removed from a respirator last month. He has some nagging thoughts and wonders whether he adequately considered all the ethical aspects of the case or if there was more he should have done.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request C: Mr. Jones, a social worker, requests an ethics consultation on whether he is allowed to testify at an upcoming court hearing about whether a patient on the long-term care unit is competent to manage his own funds.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request D: Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request E: Ms. Gooden, a nurse, is concerned because Dr. Dunn is improving his performance measure score by recording sensory exams in patients' medical records when in fact he has not performed them.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request F: Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has any other recourse.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Exercise #2—Answer Key

Request A: Dr. Wigg, the chief of staff, requests an ethics consultation to give feedback on the ethical aspects of a facility-wide project, jointly proposed by the cardiology, neurosurgery, and renal services, to increase the number of organ donors.

Answer: Action 1 ☐ Action 2 ☒ Action 3 ☐

Explanation: *Dr. Wigg wants clarification on the value-laden aspects of the project. The project would affect many different patients but there is no specific patient involved in the request.*

Request B: Dr. Paper, the chief of the neurology service, requests an ethics consultation regarding the care of a patient who was declared brain dead and removed from a respirator last month. He has some nagging thoughts and wonders whether he adequately considered all the ethical aspects of the case or if there was more he should have done.

Answer: Action 1 ☐ Action 2 ☒ Action 3 ☐

Explanation: *Dr. Paper is experiencing uncertainty and internal conflict about values that pertain to a case that is no longer active.*

Request C: Mr. Jones, a social worker, requests an ethics consultation on whether he is allowed to testify at an upcoming court hearing about whether a patient on the long term care unit is competent to manage his own funds.

Answer: Action 1 ☒ Action 2 ☐ Action 3 ☐

Explanation: *Mr. Jones's request pertains to what is allowed in VA from a legal perspective, or what is the appropriate organizational protocol. There is nothing to suggest that Mr. Jones is requesting help resolving uncertainty or conflict about values. He should be referred to the social work supervisor and/or regional counsel.*

Request D: Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

Answer: Action 1 ☐ Action 2 ☐ Action 3 ☒

Explanation: *Dr. Habbitt is facing a values conflict about a real patient who is in the hospital now.*

Request E: Ms. Gooden, a nurse, is concerned because Dr. Dunn is improving his performance measure score by recording sensory exams in patients' medical records when in fact he has not performed them.

Answer: Action 1 ☒ Action 2 ☐ Action 3 ☐

Explanation: *Ms. Gooden does not want help resolving uncertainty or conflict about values. The requester knows it is wrong to falsify medical records and wants something done about it. Ms. Gooden should be referred to the compliance officer, the compliance hotline, or administration (e.g., chief of staff).*

Request F: Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has any other recourse.

Answer: Action 1 ☐ Action 2 ☐ Action 3 ☒

Explanation: *Mrs. Steel, an active patient, wants help resolving a situation that involves a conflict in values.*

Exercise #3

Formulating the Ethics Question

A clear formulation of the ethics question in a case enables the team to focus on the key ethical concerns and work efficiently toward a solution. Sometimes the process of formulating the ethics question may lead to the realization that the situation isn't appropriate for ethics consultation after all. Therefore, it's important to formulate the ethics question near the start of the consultation process and then to revisit this formulation again at a later stage once all the relevant information has been assembled.

Instructions: Use either of the following structures to formulate the ethics question for each of the cases listed below.

Given _____, what decisions or actions are ethically justifiable?
uncertainty or conflict about values

Given _____, is it ethically justifiable to _____?
uncertainty or conflict about values decision or action

Case 1: Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

Given _____

_____

_____

_____

Case 2: Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has any other recourse.

Given _____

_____

_____

_____

Exercise #3—Answer Key

Case 1: Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

There are many ways to formulate the ethics question. For example:

Given that the health care providers value the patient's right to self-determination, but believe that the burdens of dialysis would outweigh the benefits, **is it ethically justifiable to** deny the patient's request for dialysis?

or

Given that dialysis might prolong the patient's life but the health care providers believe that the burdens of dialysis would outweigh the benefits, **is it ethically justifiable to** offer the patient dialysis?

Case 2: Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has other options.

There are many ways to formulate the ethics question. For example:

Given that Mrs. Steel is entitled to receive her pain medication from VA but does not wish to sign a contract she thinks is unfair, **what decisions or actions are ethically justifiable?**

or

Given that Mrs. Steel values pain relief but is reluctant to sign a contract she knows she may be unable to keep, **what decisions or actions are ethically justifiable?**

Exercise #4

Analysis of Formal Meeting

Instructions: This dramatization of the formal meeting between members of the ethics consultation service, the patient's family, and his health care team takes some license with the timing and manner in which information was revealed. Your task in this exercise is to identify both those things that went well and those that could have been done better. Be sure to consider not only what was said and how, but also nonverbal factors, such as how people are positioned in the room, and body language.

Record your notes on these questions below.

What did the ethics consultation team do well?

Notes: _____

_____

_____

_____

_____

_____

What could the ethics consultation team have done better?

Notes: _____

_____

_____

_____

_____

_____

Preventive Ethics Video Course

Training Checklist

All members of the ethics consultation service should, at a minimum:

- read the IntegratedEthics communications materials
- read the preventive ethics primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*
- complete the preventive ethics video course

Use the following checklist to make sure that all members of the preventive ethics team have received the minimum training:

- ☐ **Identify who should receive preventive ethics training.** Your list should include all members of the preventive ethics team, as well as the IntegratedEthics Program Officer.
- ☐ **Make sure that everyone has read the IntegratedEthics communications materials.** Distribute copies, if necessary.
- ☐ **Make sure that everyone has read the preventive ethics primer.** Distribute copies if necessary.
- ☐ **Schedule a date and time for the preventive ethics video training session.** This is a one-hour session, including an exercise to be completed during the video.
- ☐ **Reserve a room with TV and VCR for each training session.** Make sure that the room has ample seating and table space for all viewers. The session includes group discussion and a written exercise.
- ☐ **Photocopy worksheets and answer keys for each participant.** Masters for the worksheet and answer key can be found following this checklist.
- ☐ **Distribute worksheets and answer keys before starting the video course.**

Answer keys may be referred to as needed to guide the discussion/activity.

Exercise

Identifying the Improvement Goal

Identifying the improvement goal helps to clarify the meaning of ill-defined terms and to ensure that everyone is talking about the same aspect of a complex issue. If a proposed issue is defined too broadly, stating a specific improvement goal will help the team focus more narrowly and define the issue in more manageable terms. It will also help to ensure that the team doesn't indulge in primarily theoretical or judgmental discussions, but operates instead in a practical, problem-solving mode.

Instructions: Identify the improvement goal for each of the ethics issues described below.

The improvement goal should describe in general terms what change the team expects to see after completion of their work. For example, "Practitioners will understand the institution's policy on conscientious objection."

Issue A: There have been a number of cases in which patients with dementia have advance directives that state treatment preferences the surrogate thinks are outdated. The surrogates in these cases stated that while the patient was still capable, and after the date on the directive, the patient had communicated treatment preferences to the surrogate that were contrary to those expressed in the written advance directive.

Improvement Goal: _____

_____

_____

Issue B: Nurses in the ICU have repeatedly expressed concerns that patients are treated aggressively when this is only serving to prolong the dying process and add to the patient's suffering.

Improvement Goal: _____

_____

_____

Issue C: A recent staff survey revealed that a majority of employees were reluctant to bring ethical concerns to their supervisors. Further, only a quarter of employees knew that the facility had an ethics consultation function available to help staff clarify ethics questions.

Improvement Goal: _____

_____

_____

Exercise—Answer Key

Identifying the Improvement Goal

Issue A: There have been a number of cases in which patients with dementia have advance directives that state treatment preferences the surrogate thinks are outdated. The surrogates in these cases stated that while the patient was still capable, and after the date on the directive, the patient had communicated treatment preferences to the surrogate that were contrary to those expressed in the written advance directive.

Improvement Goal: *Increase the percentage of advance directives that accurately reflect the patient's most recent treatment preferences.*

Issue B: Nurses in the ICU have repeatedly expressed concerns that patients are treated aggressively when this is only serving to prolong the dying process and add to the patient's suffering.

Improvement Goal: *Increase the percentage of ICU patients near death who receive a level of care appropriate to their condition, including comfort or palliative care.*

Issue C: A recent staff survey revealed that a majority of employees were reluctant to bring ethical concerns to their supervisors. Further, only a quarter of employees knew that the facility had an ethics consultation function available to help staff clarify ethics questions.

Improvement Goal: *Increase the percentage of employees who are aware of institutional resources available to address ethics questions.*

Tab 6
Tools

Ethical Leadership Self-Assessment Tool

About this self-assessment tool

This self-assessment tool is designed to be used in conjunction with the ethical leadership video and primer, *Ethical Leadership: Fostering an Ethical Environment & Culture.* The tool will help you identify areas in which you're successfully modeling behaviors that foster an ethical environment and culture, as well as highlight opportunities for improvement. It's designed for leaders at the senior executive and mid-manager (division/department/service line manager) levels as defined in VA's High Performance Development Model (HPDM). For more information about the competencies for each level, please see the "Competency Definitions" (http://vaww.va.gov/hpdm/pdf/corecompetencydefinitions.pdf).

How to use the tool

This tool will challenge you to think about your own leadership behaviors. Each question suggests a behavior or skill you may wish to develop. Each leader's situation is unique—think about your local situation and whether increasing your use of the behavior or skill could improve your leadership practice and thereby your local ethical environment. *There are no right or wrong answers.* For this reason, no mechanism is provided to enable you to calculate an overall score or compare your responses to those of other leaders.

After you complete the tool

Immediately following the self-assessment questions, you'll find an action plan. Use it to identify opportunities to improve your leadership practice and local ethical environment and culture.

Ethical Leadership Self-Assessment

Please check one answer for each of the following items:

I. Demonstrate that ethics is a priority	**Almost Never**	**Occasionally**	**Frequently**	**Almost Always**
I tell my staff to make ethics a priority.				
I use examples or stories from my facility or my experience to illustrate the importance of ethics.				
I initiate discussions of ethical concerns.				
In a typical day, I think about ethical issues.				
I demonstrate that I am sensitive to ethical issues in my everyday work.				
I object when someone seems to be ignoring, avoiding, or smoothing over an important ethical issue.				

Section I continued	Almost Never	Occasionally	Frequently	Almost Always
I explicitly acknowledge staff contributions to promoting ethical practice.				
I include specific expectations for ethical practice in staff performance plans.				
I hold my staff accountable for meeting high ethical standards.				
In conversations with staff, I invite comments about ethical concerns.				
When staff members raise an ethical concern, I thank them for sharing the concern.				
When staff members raise an ethical concern, I ask them to say more.				
I encourage discussion of conflicting values related to organizational decisions.				
I create opportunities for staff discussion of ethics topics.				

II. Communicate clear expectations for ethical practice	Almost Never	Occasionally	Frequently	Almost Always
I make a conscious effort to serve as a role model for ethical practice.				
I clearly communicate my expectations for ethical practice to my staff.				
When I communicate my expectations for ethical practice, I explain the values that underlie those expectations.				
When I communicate my expectations for ethical practice, I use examples that illustrate what I mean.				
When I communicate my expectations for ethical practice, I make sure those expectations are realistic and achievable.				
When I communicate my expectations for ethical practice, I make a point to address obstacles that staff might encounter.				
When staff members receive “mixed messages” that create ethical tensions, I take responsibility for clarifying my expectations for ethical practice.				
I encourage staff to talk to me if they feel pressured to “bend the rules.”				

III. Practice ethical decision making	**Almost Never**	**Occasionally**	**Frequently**	**Almost Always**
I explicitly consider ethical issues when making management decisions.				
I use a standardized process to make decisions on management issues with ethical implications.				
When faced with a tough decision, I look to VHA mission and values statements (or similar documents) and use them to evaluate various options.				
When faced with a tough decision, I think through the short-term and long-term effects on various individuals and groups.				
When faced with a tough decision, I make sure that I am not unfairly favoring a particular individual or group.				
When I need advice on an ethical issue, I go to a person with ethics expertise.				
When I need advice on an ethical issue, I refer to published sources				
When making important decisions, I involve those who will be most affected.				
When important decisions are made by a group, I ensure that someone is specifically tasked to call attention to ethical considerations.				
When I announce important decisions to staff, I take time to explain the decision-making process and who was involved.				
When I announce important decisions to staff, I take the time to explain the rationale for the decision.				

IV. Support your local ethics program	**Almost Never**	**Occasionally**	**Frequently**	**Almost Always**
I talk to staff in my facility about how the ethics program works, including:				
- ethics consultation				
- preventive ethics				
- ethical leadership				
- compliance and business integrity				
- research compliance and assurance				
- government ethics				
I receive and review updates about local ethics program activities.				
I seek help from the local ethics program.				
I act to ensure that local ethics activities are adequately funded.				
I act to ensure that local ethics activities are adequately staffed.				
I inform my staff about current local ethics program activities.				
I highlight successes in local ethics program activities for staff.				
I encourage my staff to use the local ethics program when they have an ethical concern.				

Action Plan

Once you have completed the self-assessment questions, complete this action plan to identify opportunities for improvement, taking into account your organizational role. To monitor your progress, repeat this exercise yearly to help you assess whether you have achieved your improvement objectives.

Steps:

1. Based on your responses, choose one action in each of the four points of the Ethical Leadership compass (section I, II, III, or IV) to focus on this year.
2. Within this area, identify several concrete steps you will take to demonstrate your ethical leadership and thereby improve your facility's ethical environment.

Example:

Ethical Leadership Compass III. Practice ethical decision making			
Ethical Leadership Action	**Current Frequency**	**Goal Frequency**	**Action Steps**
I explicitly consider ethical issues when making management decisions.	Almost Never	Frequently	• Change format for executive decision memorandum (EDM) to include reference to ethics (e.g., just as document references financial considerations, it should reference ethical considerations). • Ask myself "Are there ethical issues in this decision?" for at least three management decisions per week for which an EDM is not used.

Ethical Leadership Compass I. Demonstrate that ethics is a priority			
Ethical Leadership Action	**Current Frequency**	**Goal Frequency**	**Action Steps**

Ethical Leadership Compass II. Communicate clear expectations for ethical practice			
Ethical Leadership Action	**Current Frequency**	**Goal Frequency**	**Action Steps**

Ethical Leadership Compass III. Practice ethical decision making			
Ethical Leadership Action	**Current Frequency**	**Goal Frequency**	**Action Steps**

Ethical Leadership Compass IV. Support your local ethics program			
Ethical Leadership Action	**Current Frequency**	**Goal Frequency**	**Action Steps**

Veterans Health Administration Mission, Vision & Values

Mission

To honor America's veterans by providing exceptional health care that improves their health and well-being.

Core Values

Trust: Trust means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, of those whom we serve, and the system of which we are a part. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in health care.

Respect: Respect means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system of which we are a part. It means relating to each other and providing services in a manner that demonstrates an understanding of, sensitivity to and concern for each person's individuality and importance.

Excellence: Excellence means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do. It also means continually improving what we do.

Compassion: Compassion means demonstrating empathy and caring in all that we say and do in responding to our co-workers, our patients and their families, and all others with whom we interact.

Commitment: Commitment means meaningful engagement with coworkers, veterans, and families. It includes a promise to work hard to do all that we can in accordance with the highest principles and ethics governing the conduct of the health care professions and public service. It is a pledge to assume personal responsibility for our individual and collective actions.

Vision Statement

To be a patient-centered integrated health care organization for veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.

Domains of Values

Quality: To put quality first.

Access: To provide easy access to care, expertise and knowledge.

Function: To restore, preserve, and improve veterans' function.

Satisfaction: To exceed veteran, family, and employee expectations.

Cost-effectiveness: To optimize resource use to benefit veterans

Healthy Communities: To optimize the health of the veteran and the VA community and to contribute to the health of the Nation.

Source: Under Secretary for Health Information Letter, IL-10-2005-008, May 9, 2005.

Statements of Ethical Principles

There are many different statements of ethical principles. Following are some of the better known formulations relevant to health care ethics and ethical leadership.

Principles of Biomedical Ethics

Respect for Autonomy—respecting a person's right to hold views, make choices, and take actions in accordance with personal values and beliefs

Non-maleficence—doing no intentional harm

Beneficence—contributing to the welfare of others

Justice—distributing goods and treatment fairly and equitably

Source: Beauchamp TL, Childress JF. *Principles of Biomedical Ethics,* 5th ed. New York: Oxford University Press;2001.

Moral Rules

Do not kill

Do not cause pain/disable

Do not deprive freedom

Do not deceive

Keep your promise

Do not cheat

Obey the law

Do your duty

Source: Gert B. *Common Morality: Deciding What to Do.* New York: Oxford University Press;2004.

Ethical Considerations in the Business Aspects of Health Care

Compassion and respect for human dignity

Commitment to professional competence

Commitment to a spirit of service

Honesty

Confidentiality

Good stewardship and careful administration

Source: Woodstock Theological Center. *Seminar in Business Ethics.* Washington, DC: Georgetown University Press;1995. Available at http://www.georgetown.edu/centers/woodstock/business_ethics/health.htm.

Tavistock Principles

Rights—people have a right to health and healthcare

Balance—care of individual patients is central, but the health of populations should also be our concern

Comprehensiveness—in addition to treating illness, we have an obligation to ease suffering, minimize disability, prevent disease and promote health

Cooperation—healthcare succeeds only if we cooperate with those we serve, each other, and those in other sectors

Improvement—improving healthcare is a serious and continuing responsibility

Safety—do no harm

Openness—being open, honest and trustworthy is vital in healthcare

Source: The Tavistock Group. Shared ethical principles for everyone in health care: a working draft from the Tavistock Group. *BMJ* 1999;318:248-51. Available at http://www.bmj.com.

Aims for Improvement in Health Care

Safe—avoiding injuries to patients from the care that is intended to help them

Effective—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding under use and overuse)

Patient-centered—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

Timely—reducing waits and sometimes harmful delays for both those who receive and those who give care

Efficient—avoiding waste, in particular waste of equipment, supplies, ideas, and energy

Equitable—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status

Source: The Institute of Medicine. *Crossing the Quality Chasm: A New Healthcare System for the 21st Century.* Washington, DC: National Academy of Sciences Press;2001. Available at http://www.iom.edu/report.asp?id=5432.

Professional Codes of Ethics

American College of Healthcare Executives
ACHE Code of Ethics
www.ache.org/abt_ache/code.cfm

American College of Radiology
Code of Ethics
www.acr.org (membership required)

American Medical Association
AMA Code of Medical Ethics
www.ama-assn.org/ama/pub/category/2512.html

American Nurses Association
The Code of Ethics
nursingworld.org/ethics/ecode.htm

American Pharmacists Association
Code of Ethics for Pharmacists
aphanet.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=2809

American Psychological Association
Ethical Principles of Psychologists and Code of Conduct
www.apa.org/ethics/homepage.html

American Society of Public Administration
Code of Ethics and Implementation Guidelines
http://ethics.iit.edu/codes/coe/amer.soc.public.admin.c.html

Association of Professional Chaplains
Code of Ethics
www.professionalchaplains.org/professional-chaplain-services-about-code-ethics.htm

National Association of Social Workers
Code of Ethics
http://www.socialworkers.org/pubs/code/code.asp

More professional codes of ethics can be found at http://ethics.iit.edu/codes/.

Organizational & Public Policies

VHA Directive 2001-027, Organ Transplants
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=323

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

VHA Directive 2003-060, Business Relationships Between VHA Staff and Pharmaceutical Industry Representatives
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=288

VHA Directive 2005-049, Disclosure of Adverse Events to Patients
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1339

VHA Handbook 1004.1, Informed Consent for Treatments and Procedures
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=404

VHA Handbook 1004.2, Advance Health Care Planning (Advance Directives)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=420

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols Within the Department of Veterans Affairs (VA)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1150

VHA Handbook 1058.2, Research Misconduct
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1259

VHA Handbook 1200.5, Requirements for the Protection of Human Subjects in Research
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=418

VHA Handbook 1605.1, Privacy and Release of Information
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=406

VHA Manual M-2, Part VI, Chapter 9, Post-Mortem Examination
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=855

Standards of Ethical Conduct for Employees of the Executive Branch
usoge.gov/pages/forms_pubs_otherdocs?fpo_files/references/rfsoc_02.pdf

5 USC 2302(b), Prohibited Personnel Practices
www.gpoaccess.gov/uscode

5 USC 2301(b), Merit System Principles
www.gpoaccess.gov/uscode

Other important standards are established by accrediting bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, http://www.jointcommission.org) and the Commission on Accreditation of Rehabilitation Facilities (CARF, http://www.carf.org).

VISN 11 Framework for Ethical Decision-Making[1]

VISN 11 Corporate Ethics Committee

This Framework is intended as a guide to help employees of VISN 11 make decisions. Decision making can sometime be very difficult, especially when there is not a policy or work rule to govern the situation or there is more than one possible "right" answer. It is at times like this that ethical dilemmas occur. The purpose of this tool is to enable any staff member to think critically about situations and craft ethical, value-driven and timely responses. This tool can also be used by facility or VISN Senior Management to assist in arriving at decisions complementary to VISN 11 values and goals.

TO BEGIN: Please read the instructions below and follow the steps.

FIRST: State the situation or problem that compels the need for a decision. What is the ethical dilemma?

SECOND: Identify options to deal with the situation as defined above. There are at least two options in every situation, one of which is to do nothing.

1.

2.

3.

THIRD: Evaluate all options generated using the grid below for each one. The first cut:

	Option 1		Option 2		Option 3	
	YES	NO	YES	NO	YES	NO
Does this violate any known laws or regulations?						
Is there personal gain?						
Is there misuse of position?						
Is there a conflict of interest?						

If the answers to all questions are NO, proceed to the next step. If the answer to any of the questions is YES, reconsider your options.

1. Developed by Susan Bowers, Director, Richard L. Roudeboush VA Medical Center, Indianapolis, Ind.

Next, consider Values, Goals and Ethical Principles for each of the options.

	Option 1			**Option 2**			**Option 3**		
	Support	*Neutral*	*Conflict*	*Support*	*Neutral*	*Conflict*	*Support*	*Neutral*	*Conflict*
VALUES									
Trust									
Respect									
Compassion									
Commitment									
Excellence									
GOALS									
Quality									
Access									
Functional Status									
Customer Service (internal and external)									
Cost and Value									
Community Health									
ETHICAL PRINCIPLES									
Autonomy: Respect individual freedom of choice									
Non-maleficence: Do no harm to others									
Beneficence: Do good and prevent harm									
Justice: Fair treatment according to needs; fair distribution of resources									
Fidelity: Honest, truthful, loyal, faithful, honoring commitments made									

FOURTH: Select the most desirable option

FIFTH: Are there organizational barriers or political considerations in implementing the option? If so, how will these be dealt with and resolved?

SIXTH: Develop an action plan to implement your decision. Who needs to know this decision and how will it be communicated? How will it be implemented? (Also, consider if this should be a "lesson learned" and shared more broadly.)

FINALLY: How will this be evaluated? In what time frame will this process be reviewed and in what manner will it be reviewed?

Fairview Health Services—Integrative Ethics Committee Decisionmaking Process for Complex Questions of Organizational Ethics[2]

The following process may be used by a single decisionmaker, by a group of decisionmakers and stakeholders, or an ethics committee depending on the type, seriousness, sensitivity, novelty, and urgency of the issue at hand.

1. Clarify the core question(s) and/or concern(s) to be addressed.

2. Identify the decisionmaker(s) and the stakeholders affected by the issue.

3. Assemble background information and identify the stakeholders' understanding of the facts.

4. Clarify the nature of the opportunities, conflicts, or uncertainties this issue raises for the stakeholders. If any type of harm is being alleged, identify the harm(s), who would be harmed, the probability of harm, and who is alleging the harm(s).

5. Brainstorm possible options. Invite solutions that both satisfy the stakeholder's most cherished values and goals and that acknowledge competing values and goals.

6. Identify the values at stake in the options identified.

7. Prioritize the stakeholders involved in this issue.

8. Prioritize the values as to their importance to the core question(s)/concern(s) and Fairview's mission and core values.

9. Consider each option in light of its likelihood of achieving/maximizing the prioritized values.

10. Identify the solution(s) that (best) supports Fairview's mission and core values without sacrificing or damaging any core value. Is there a solution that honors and integrates all of the values?

11. Make the decision or recommendation and when appropriate design a communication and implementation plan.

12. When appropriate monitor and evaluate long-term consequences.

2. Adapted from Woodstock Theological Center. Ethical issues in managed care organizations; Light DW. Towards a pragmatic method for assessing moral problems. In Spencer EM, et al. Organization Ethics in Health Care. Oxford: Oxford University Press;2000; and Institute for Ethics National Working Group. Organizational Ethics in Healthcare. Chicago: American Medical Association;2000.

Additional Models for Ethical Decision Making

For more models of ethical decision making see:

The Method to Arrive at an Ethical Decision
www-hsc.usc.edu/~mbemste/tae.decisions.bernstein.html

Ethics and Decision Making: Questions for Consideration
http://plsc.uark.edu/book/books/ethics/guide.html

A List of the Top Ten Questions You Should Ask Yourself When Making an Ethical Decision
www.mtsu.edu/~u101irm/ethicques.html

A Framework for Ethical Decision Making
www.scu.edu/ethics/practicing/decision/framework.html

Ethical Decision-Making Quick Test
www.refresher.com/!bahquicktest.html

Introducing the Ethics Workshop
www.meddean.luc.edu/lumen/MedEd/IPM/medp2a.htm

Ethical Leadership

Fostering an ethical environment and culture:
Four Compass Points

Demonstrate that ethics is a priority

- Talk about ethics
- Prove that ethics matters to you
- Encourage discussion of ethical concerns

Communicate clear expectations for ethical practice

- Recognize when expectations need to be clarified
- Be explicit, give examples, explain the underlying values
- Anticipate barriers to meeting your expectations

Practice ethical decision making

- Identify decisions that raise ethical concerns
- Address ethical decisions systematically
- Explain your decisions

Support your local ethics program

- Know what your ethics program is and what it does
- Champion the program
- Support participation by others

National Center for ETHICS in Health Care
Veterans Health Administration

IntegratedEthics

Improving Ethics Quality in Health Care

Ethics Consultant Proficiency Assessment Tool†

About the Consultant Proficiency Assessment Tool

This assessment tool is designed to help individuals assess their proficiency level with respect to the skills and knowledge required to provide competent health care ethics consultation.

Using the Results to Create an Individualized Professional Development Plan

Following completion of the assessment tool, the Ethics Consultation Coordinator should meet with the consultant to review the results and develop an individualized professional development plan to improve upon the consultant's baseline proficiencies. Consultants should have a minimum of a **basic level of skill or knowledge in all assessed items.**

For consultants who are "not skilled" or "not knowledgeable" in respect to one or more items, an immediate action plan should be developed to bring the consultant to a basic level. For consultants who already have at least basic skills or knowledge on every item, a plan should be designed to help the consultant develop advanced-level skill or knowledge in more of the proficiencies.

Identifying Knowledge and Skill Gaps in the Consultation Service

One of the responsibilities of the Ethics Consultation Coordinator is to ensure that the consultation service as a whole possesses the set of skills and knowledge identified in the *Core Competencies* report. The *Ethics Consultant Proficiency Assessment Tool* can help identify knowledge and skill gaps, especially in areas where at least one member of the ethics consultation service must have advanced skill or knowledge as urged by the American Society for Bioethics and Humanities. These items are denoted by an * asterisk on the assessment tool. The *Advanced Proficiencies Tracking Log* can help identify those consultants with advanced expertise.

How Often to Use the Consultant Proficiency Assessment Tool

The tool was designed to help consultants assess change over time and therefore we suggest that consultants repeat the assessment and update their individualized professional development plans on an annual basis. In addition, we encourage the use of the proficiency tool with all consultants who are new to the service. This will help to establish the consultant's baseline proficiencies and to ensure that new consultants receive sufficient mentoring and support.

† This tool is based on a report from the American Society for Bioethics and Humanities (ASBH) entitled *Core Competencies for Health Care Ethics Consultation* (1998).

Ethics Consultant Proficiency Assessment Tool

The purpose of this tool is to help consultants assess their proficiency with respect to the skills and knowledge required to provide competent ethics consultation in health care.

After you complete this tool, you should work with your Ethics Consultation Coordinator to create an individualized professional development plan.

DIRECTIONS: **Please place an "X" in the box that best describes your present skill or knowledge level.**

*Note: ASBH suggests that at least one individual on the consultation service possess advanced skill or knowledge for specific elements. These items are noted with an * asterisk.*

	Novice	Basic		Advanced	
Interpersonal Skills: skills needed to effectively communicate with others, and to develop positive relationships *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Listen well, and communicate interest, respect, support, and empathy to participants*					
Educate participants regarding the ethical dimensions of the case					
Elicit the moral views of participants in a nonthreatening way*					
Enable participants to communicate effectively and be heard by other participants*					
Accurately and respectfully represent the views of participants to others when needed*					
Recognize and address barriers to communication*					
Based on the preceding items, how would you rate your overall ability to effectively communicate with others and to develop positive relationships?					

	Novice	Basic		Advanced	
Process Skills: skills needed to facilitate formal and informal meetings, foster moral consensus, and gather, interpret, and document information.	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
The next few items assess skill in facilitating formal and informal meetings. *Rate your ability to:*					
Identify key decision makers and other involved parties and include them in discussions					
Set ground rules for formal meetings (e.g., length, participants, purpose and structure, minutes)					
Express and stay within the limits of the ethics consultant's role during meetings					
Create an atmosphere of trust that respects privacy and confidentiality and that allows participants to feel free to express their concerns					
Based on the preceding items, how would you rate your overall ability to facilitate formal and informal meetings?*					

The next few items assess skill in fostering consensus among participants involved in the consultation. *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Attend to power imbalances and attempt to level the playing field					
Help individuals critically analyze the values underlying their assumptions, decision(s), and the possible consequences of that decision/those decisions					
Mediate among competing moral views					
Engage in creative problem solving (i.e., help parties to "think outside of the box")					
Create an atmosphere of trust that respects privacy and confidentiality and that allows participants to feel free to express their concerns					
Based on the preceding items, how would you rate your overall ability to foster consensus among parties involved in the consultation?*					

	Novice	Basic		Advanced	
The next few items assess your ability to gather, interpret, and document information. *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Gather and interpret information from the health record					
Visit and interview patients in various clinical settings					
Document the consult clearly and accurately in the health record					
Utilize institutional structures and resources to facilitate implementation of the chosen option					

Analytic Skills: skills needed to identify the nature of the value uncertainty or conflict that underlies the need for ethics consultation and analyze the value uncertainty or conflict that underlies the need for ethics consultation	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
The next few items assess skill in identifying the nature of the value uncertainty or conflict that underlies the need for ethics consultation. *Rate your ability to:*					
Gather relevant data (e.g., medical facts, patients' preferences and interests, and other participants' preferences and interests)					
Assess the social and interpersonal dynamics of a consultation (e.g., power relations, racial, ethnic, cultural, and religious differences)					
Distinguish ethical dimensions of the consultation from other, often overlapping dimensions (e.g., legal, medical, psychiatric)					
Identify various assumptions that involved parties bring to the consultation (e.g., regarding quality of life, risk taking, hidden agendas)					
Identify, clarify, and distinguish the relevant values of involved participants					
Based on the preceding items, how would you rate your overall ability to identify the nature of the value uncertainty or conflict that underlies the need for ethics consultation?*					

	Novice	Basic		Advanced	
The next few items assess skill in analyzing the value uncertainty or conflict that underlies the need for an ethics consultation. *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Formulate an ethics question based on the circumstances of the case					
Identify the ethically appropriate decision maker (e.g., patient, surrogate, or health care team)					
Access relevant knowledge (e.g., bioethics, law, institutional policy, professional codes, religious teachings)					
Critically evaluate and apply relevant knowledge to the consultation (e.g., bioethics, law, institutional policy, professional codes, and religious teachings)					
Clarify relevant ethics concepts (e.g., confidentiality, privacy, informed consent, best interest)					
Identify and explain a range of ethically justifiable options and their consequences					
Evaluate evidence and arguments for and against different options					
Recognize personal limitations and possible areas of conflict between personal moral views and one's role in ethics consultation					
Based on the preceding items, how would you rate your overall ability to analyze the value uncertainty or conflict underlying the need for ethics consultation?*					

	Novice	Basic		Advanced	
The next few items assess your ability to gather, interpret, and document information. *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Gather and interpret information from the health record					
Visit and interview patients in various clinical settings					
Document the consult clearly and accurately in the health record					
Utilize institutional structures and resources to facilitate implementation of the chosen option					

Analytic Skills: skills needed to identify the nature of the value uncertainty or conflict that underlies the need for ethics consultation and analyze the value uncertainty or conflict that underlies the need for ethics consultation	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
The next few items assess skill in identifying the nature of the value uncertainty or conflict that underlies the need for ethics consultation. *Rate your ability to:*					
Gather relevant data (e.g., medical facts, patients' preferences and interests, and other participants' preferences and interests)					
Assess the social and interpersonal dynamics of a consultation (e.g., power relations, racial, ethnic, cultural, and religious differences)					
Distinguish ethical dimensions of the consultation from other, often overlapping dimensions (e.g., legal, medical, psychiatric)					
Identify various assumptions that involved parties bring to the consultation (e.g., regarding quality of life, risk taking, hidden agendas)					
Identify, clarify, and distinguish the relevant values of involved participants					
Based on the preceding items, how would you rate your overall ability to identify the nature of the value uncertainty or conflict that underlies the need for ethics consultation?*					

	Novice	Basic		Advanced	
The next few items assess skill in analyzing the value uncertainty or conflict that underlies the need for an ethics consultation. *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Formulate an ethics question based on the circumstances of the case					
Identify the ethically appropriate decision maker (e.g., patient, surrogate, or health care team)					
Access relevant knowledge (e.g., bioethics, law, institutional policy, professional codes, religious teachings)					
Critically evaluate and apply relevant knowledge to the consultation (e.g., bioethics, law, institutional policy, professional codes, and religious teachings)					
Clarify relevant ethics concepts (e.g., confidentiality, privacy, informed consent, best interest)					
Identify and explain a range of ethically justifiable options and their consequences					
Evaluate evidence and arguments for and against different options					
Recognize personal limitations and possible areas of conflict between personal moral views and one's role in ethics consultation					
Based on the preceding items, how would you rate your overall ability to analyze the value uncertainty or conflict underlying the need for ethics consultation?*					

	Novice	Basic		Advanced	
Core Knowledge: Moral Reasoning Rate your knowledge of:	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Moral reasoning and ethics theory, including familiarity with a variety of approaches to ethical analysis (e.g., consequentialist, deontological, principle-based, casuistic)*					
Core Knowledge: Common Ethics Issues and Concepts *Rate your knowledge of:*					
Shared decision making (e.g., decision-making capacity, informed consent process, surrogate decision making, advance care planning, limits to patient choice)*					
End-of-life care (e.g., cardio-pulmonary resuscitation/CPR, life-sustaining treatments, medical futility, hastening death, death and postmortem issues)*					
Privacy and confidentiality (e.g., patient control of personal health information, exceptions to confidentiality, duty to warn) *					
Professionalism (e.g., conflict of interest, truth telling, difficult patients, cultural/religious/spiritual sensitivity)*					
Resource allocation (e.g., systems level or macroallocation, individual level or microallocation)*					
Business and management (e.g., performance incentives, data management, record keeping)*					
Everyday workplace (e.g., employee privacy, appropriate employee-employer relationships, openness to ethics discussion)*					

	Novice	Basic		Advanced	
Core Knowledge: Common Ethics Issues and Concepts—cont'd *Rate your knowledge of*	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Government Service (e.g., fiduciary duty to the public, use of government resources, duty to report waste, fraud, or abuse)*					
Research (e.g., informed consent for research)*					

	Novice	Basic		Advanced	
Health Care System * *Rate your knowledge of:*	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Health care systems, including knowledge of managed health care, governmental systems for financing care, etc.					
Clinical Context* *Rate your knowledge of:*					
Clinical literacy including ability to understand medical terms, disease processes, treatments, prognoses, medical decision making, current or emerging technologies, different roles, relationships, etc.					
The Local Health Care Institution* *Rate your knowledge of:*					
The local health care facility, including mission statement, organizational structure, range of services, population served, etc.					
Local facility policies related to ethics					
National policies related to ethics					

	Novice	Basic		Advanced	
Beliefs and Perspectives of the Local Patient and Staff Population *Rate your knowledge of:*	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Beliefs and perspectives that bear on the health care of racial, ethnic, cultural, and religious groups served by the facility					
Resources that can be accessed for understanding and interpreting cultural and faith communities					
Codes of Ethics *Rate your knowledge of:*					
Professional codes of conduct (e.g., medicine, nursing, health care executives) and other ethics guidelines or consensus statements (Presidents' commissions, etc.)					
Guidelines of accrediting organizations related to ethics (e.g., JCAHO, CAP)					
Health Law *Rate your knowledge of:*					
Relevant health law (e.g., federal, state, constitutional, statutory, and case law)					

Consultant Name:_____

Date Completed:_____

Advanced Proficiency Tracking Log

This log is designed to help the Ethics Consultation Coordinator easily identify which consultants possess the advanced knowledge and skills suggested by the American Society for Bioethics and Humanities.

Listed below are the proficiencies denoted with an * asterisk on the *Ethics Consultant Proficiency Assessment Tool.*

Advanced Interpersonal Skills	**Consultant Name(s)**
Listening and communicating interest, respect, support, and empathy to involved parties	
Eliciting the moral views of participants in a nonthreatening way	
Helping participants to communicate effectively and be heard by other parties	
Representing the views of participants to others when needed	
Recognizing barriers to communication	
Advanced Process Skills	
Facilitating formal and informal meetings	
Fostering consensus	
Advanced Analytic Skills	
Identifying nature of the value uncertainty or conflict underlying the need for ethics consultation	
Analyzing the value uncertainty or conflict underlying the need for ethics consultation	

Advanced Knowledge	Consultant Name(s)
Moral reasoning and ethics theory as it relates to ethics consultation	
Ethical issues and concepts: Shared decision making with patients	
Ethical issues and concepts: End-of-life care	
Ethical issues and concepts: Patient privacy and confidentiality	
Ethical issues and concepts: Professionalism in patient care	
Ethics issues and concepts: Resource allocation	
Ethical issues and concepts: Business and management	
Ethical issues and concepts: Research	
Ethical issues and concepts: Government service	
Ethical issues and concepts: Everyday workplace	
Health care system	
Clinical context	
Local health care institution	

Ethics Consultation Feedback Tools

About the Ethics Consultation Feedback Tool

An important aspect of offering a high quality consultation service is to satisfy the needs and expectations of the customer. These ethics consultation feedback tools provide a quick and easy means of systematically surveying staff and other participants in a consultation. It has been adapted from an instrument developed for use by the Ethics Consultation Service of the National Center for Ethics in Health Care.

How to Use the Ethics Consultation Feedback Tools

The *Ethics Consultation Feedback Tool for Staff* is designed to be completed by any or all staff members involved in an ethics case consultation, including the requester, clinicians involved in the patient's care, or other individuals who participated in the consultation. This tool has not been approved by the Office of Management and Budget for use with nongovernment employees or patients and family members. It may *only* be completed by staff.

However, patients and family members bring a unique and important perspective to the consultation service and should not be excluded from participating in the feedback process. You may still gather feedback from patients and family members in an open-ended fashion. You might ask them to comment about the ethics consultation and suggest aspects of the experience that they might describe. At minimum, the person who requested the consultation should be asked to use the *Ethics Consultation Feedback Tool for Patients, Families, and Surrogates* to provide open-ended feedback.

To reduce influence on response, someone other than the consultant(s) assigned to the case should administer the tool, such as a member of the facility's quality management staff or the ECWeb evaluator.

Using the Results to Improve the Ethics Consultation Service

The Ethics Consultation Coordinator should review, summarize, and report the data to the IE Council on an annual or semi-annual basis. Frequencies (number of occurrences) and percents (%) are the easiest and most informative method of summarizing the data. A blank feedback tool can be used to tally or display the summarized data.

In general, the Ethics Consultation Coordinator should prioritize for improvement those items that have a high number or percent of responses concentrated in the fair or poor category. If responses on all items are in the "good," "very good," or "excellent" range, the next improvement goal might be to increase the percentage of responses that are "very good" and "excellent."

Finally, the Ethics Consultation Coordinator should compare summary data by year to evaluate whether improvements are being made or maintained, or if performance is falling off.

Ethics Consultation Feedback Tool for Staff

Recently, you spoke with someone from the Ethics Consultation Service. The job of the service is to help patients, families, and staff work through difficult patient care decisions by listening to what everyone thinks and helping people decide the best thing to do. In order to help improve the Ethics Consultation Service, we ask that you take a few minutes to complete this form.

DIRECTIONS: **For each of the following statements, please place an "X" in the box that best describes your most recent experience with the Ethics Consultation Service.**

Rate the Ethics Consultant(s) on:	Excellent	Very Good	Good	Fair	Poor	Don't Know
Making you feel at ease						
Respecting your opinions						
Being an expert in ethics						
Giving you useful information						
Explaining things well						
Clarifying decisions that had to be made						
Clarifying who is the right person to make the decision(s)						
Describing possible options						
Clearing up any disagreements						
Being easy to get in touch with						
Being timely enough to meet your needs						
Providing a helpful service						

	Excellent	Very Good	Good	Fair	Poor	Don't Know
Overall, my experience with the Ethics Consultation Service was:						

Did the consultation service make any recommendations? Yes ☐ No ☐ Don't Know ☐

If yes, were the recommendations generally followed? Yes ☐ No ☐ Don't Know ☐

Do you have any comments or suggestions for the Ethics Consultation Service? _____

_____

Ethics Consultation Feedback Tool for Patients, Families, and Surrogates

Recently, you spoke with someone from the Ethics Consultation Service. The job of the service is to help patients, families, and staff work through difficult patient care decisions by listening to what everyone thinks and helping people decide the best thing to do.

We're interested in feedback about your recent ethics consultation experience. Please provide your comments below. You may wish to describe whether the consultant made you feel at ease, respected your opinion, gave you useful information, explained things well, clarified the decisions that had to be made and who was the right person to make the decision, whether it was timely and helpful, etc.

Ethics Case Consultation Summary

About the Ethics Case Consultation Summary Template

This tool is designed to help individuals who perform health care ethics consultation summarize their cases and document their work. In conjunction with the ethics consultation pocket card and the CASES approach, the print version of this template provided below can also be used as a worksheet while performing an ethics consultation. An electronic version of this template can be downloaded for local use from vaww.ethics.va.gov/IntegratedEthics.

The template is designed to help consultants generate a comprehensive summary at the end of the "Synthesis" step of each case consultation. This is useful not only for recordkeeping and documentation purposes, but also as a guide for communicating information to key participants, including family members when appropriate. Consultation summaries can also serve as a valuable educational resource to others involved in the patient's care when placed in the patient's health record.

The template is longer than most clinical consultation notes. However, the comprehensiveness of the form helps to ensure that the record is complete, and that steps are not overlooked in the consultation process. If a particular data field is not relevant to the case at hand, the consultant should enter "Not Applicable" to indicate to the reader that this element was considered. Since some readers will only read the final two sections (Recommendations and Plans), consultants should pay special attention to these sections and how they are phrased.

About the Sample Ethics Case Consultation Summary

This sample demonstrates how the summary might look at the completion of an ethics case consultation. Please note that the names and events in the sample case are fictionalized and any similarity to actual people or events is unintentional.

Sample Ethics Case Consultation Summary

Requester Information

First name: Zelda Last name: Button Degree(s): MD Title: Chief, ICU

Role in the case:

[x] Physician – Staff

[`] Physician – Trainee

[ ] Nurse – NP

[ ] Nurse – RN

[ ] Nurse – LPN

[ ] Physician assistant

[ ] Social worker

[ ] Other clinical staff

[ ] Patient

[ ] Family member

[ ] Other

Date of request: 2-2-07 Time of request: 9:00 AM
Timeframe (Check one): [x] Routine [ ] Urgent

Requester's Description of Ethics Case and Concern:

Dr. Button requested an ethics consultation to help the treatment team decide whether they should comply with the family's request for complementary or alternative therapy consistent with the teachings of Edgar Cayce. She described the therapies as "fumes of apple brandy into the patient's endotracheal tube, a nutritional mixture of ground figs, cornmeal and milk via the patient's NG tube, and olive oil rubs to the patient's back and chest."

Steps taken to resolve the concern prior to ethics consultation:

Team members discussed the case.

Type of assistance requested (Check all that apply):

[x] Forum for discussion

[x] Conflict resolution

[x] Explanation of options

[ ] Values clarification

[ ] Policy interpretation

[ ] Recommendation for care

[ ] Moral support

Patient Information

First name: Benjamin Last name: Ruiz

Age: 72 Gender: [x] Male [ ] Female

Clinical service (check one):

[x] Medical and Subspecialty Care (including Neurology)

[ ] Geriatrics and Extended Care/Rehabilitation Medicine

[ ] Mental Health

[ ] Surgical and Anesthesia

[ ] Other (Specify):

Patient's location: ICU, Bed 1

Attending physician: Zelda Button, MD

Was the attending notified? [x] Yes [ ] No If no, explain:

Ethics Question (Use one of the following formats):

Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable?

- or -

Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?

The ethics question is:
Given that the team recognizes the importance of shared decision making and wants to honor the surrogate's treatment request but feels that doing so might compromise their professional standards, is it ethically justifiable to refuse the request for such therapy?

Ethics Consultants
Primary: Salvatore Garibaldi, RN
Other (List): Jane Ostrow, MD

Decision-Making Capacity

Does the patient have decision-making capacity?

[ ] Clearly yes

[x] Clearly no

[ ] Partial/fluctuating/unclear (If checked, explain):

Surrogate Decision Maker

Does the patient have an authorized surrogate? [x] Yes [ ] No (If no, explain):

Name of surrogate: Robert Ruiz

Surrogate's contact information: (111) 555-1212

Surrogate's relationship to patient:

[ ] Health Care Agent

[ ] Legal guardian or special guardian

[ ] Next-of-kin (If checked, specify):

1) [ ] Spouse
2) [x] Child
3) [ ] Parent
4) [ ] Sibling
5) [ ] Grandparent
6) [ ] Grandchild

[ ] Close friend

Comments about surrogate selection:

The team does not expect the patient to regain decisional capacity anytime soon. The patient's spouse has relinquished decision-making responsibility to the son.

Advance Directive

Does the patient have an advance directive? [ ] Yes [x] No

If yes, did the consultant(s) review the directive? [ ] Yes [ ] No (If no, explain):

If yes, summarize the relevant content of the directive, using direct quotes if possible:

Data Sources and Summary

The consultant(s) collected data from the following sources:

Examination of the patient's medical record: [x] Yes [ ] No (If no, explain):

Face-to-face patient visit: [x] Yes [ ] No (If no, explain):

Other people interviewed and their roles (staff, family/friends, etc.):

Dr. Button, Dr. Mary Cola (resident), Betty Brown, RN (nurse), Mrs. Ruiz (wife), Robert Ruiz (son).

The *medical facts* of the case are summarized as follows:

The patient is a 72-year-old male who has been receiving treatment for pulmonary TB in the ICU for several weeks. He is intubated and receives nutrition via an NG tube. He is unable to be weaned from the ventilator at this time. He is clinically stable and tolerating the current medical regimen (4 anti-TB meds, nutritional and other supportive care), although he remains weak and nutritionally compromised. Dr. Button is cautiously optimistic that the patient will recover from the TB and be able to be extubated.

The *patient's preferences and interests* in the case are summarized as follows:

The patient is unable to participate in medical decision making due to confusion. His wife, who speaks only Spanish, has indicated through an interpreter that she wishes all medical decisions to be made by their only child, Robert. The patient has not completed an advance directive and was not a follower of Edgar Cayce.

Other parties' preferences and interests in the case are summarized as follows:

The patient's son has requested that his father receive alternative therapies for TB as described in the teaching of Edgar Cayce. Specifically, he requested that the patient be allowed to inhale fumes of apple brandy steeped in a charred wooden keg via his endotracheal tube in addition to current TB medications. He also wants the patient's diet to be changed to a mixture of ground figs, cornmeal and milk given through the patient's NG tube. Finally, he would like to be able to rub the patient's back and chest with olive oil several times a day. The son said his request was based on what he thought was best for his dad rather than any previous preferences that his father had expressed. The son stated that he could not bear the thought of losing his father and was just trying to make sure that everything that could be done for him was being tried. He believes the alternative therapies will help make his father well.

The attending physician's reluctance to comply with the son's wishes is based primarily on concerns for safety. She explained that the fumes were untested in the respiratory circuit and might damage the machinery or cause an unforeseen reaction. She also postulates that the proposed diet will clog the feeding tube and she does not feel that it would provide the patient with complete nutrition. Clogged tubes would result in more tube changes and discomfort for the patient. Since the son would provide the proposed therapies, there are added concerns that staff could not meaningfully control the composition of the fumes and feeding mixture. Liability and accreditation issues may exist. The team is reluctant to even allow the olive oil body rubs because this practice deviates from usual nursing protocols and might attract insects to the room.

Summary of Ethics Knowledge

The following sources of ethics knowledge were reviewed or consulted:

[x] VA policy

[ ] Professional codes and guidelines

[x] Published literature

[ ] Precedent cases

[ ] Outside ethics experts

[ ] Other (Specify):

The *ethics knowledge* relevant to this case is summarized as follows:

Edgar Cayce was a psychic who responded to diverse questions, including health-related issues, after putting himself into trance states. Although he died in 1945, he still has many followers today. The therapies that the patient's son proposed are in fact based on Edgar Cayce's teachings but have not been corroborated in the medical literature.

Although surrogates can choose from options offered by the treatment team, including the option of refusing treatment, they have no authority to compel the treatment team to apply therapies that are outside the standard of medical practice, or that may cause the patient harm. Furthermore, surrogates are obligated to make decisions based on the patient's values and previously stated preferences and, only if they are not known may the surrogate apply other reasoning to the decision (i.e., best interests). [VHA Handbook 1004.1 and local informed consent policy describe procedures, roles and responsibilities for surrogate decision-making.]

Summary of Formal Meetings

Did formal meeting(s) take place? [x] Yes [ ] No

If yes, list date(s), time(s), and attendees, and summarize:

On 2/4/2004 at 2 PM, the ethics consultation team met with members of the health care team (attending, resident, nurse) and the patient's family (wife, son). The team reviewed the patient's medical condition and explained to his son that they were not inclined to comply with his requests because they felt that the current treatment regimen gave his father the best chance for recovery and was within accepted medical practice standards. The team also outlined the potential harm's of the alternative therapies. The ethics consultants reviewed the roles and responsibilities of surrogate decision makers.

The son understood his role as surrogate decision maker as well as the team's safety concerns but felt that the team was "closed minded" about the teachings of Edgar Cayce and that his wishes were being dismissed without thought. Although he considered the information carefully, he still felt that the alternative therapies he proposed were best for his father. At no time did the son object to the current treatment regimen. He only wished to add the alterative therapies to the existing treatment plan.

Ethics Analysis

Describe how the relevant ethics knowledge applies to the case and the ethics question:

It is important to note that the ethically appropriate decision maker in a particular case is based on the circumstances as well as the nature of the decision to be made. Specifically, it is important to distinguish between the patient's right to choose among medically acceptable options, and the provider's duty to offer the patient choices that are consistent with their professional judgment. Decision making rests with patients, or authorized surrogates, in cases where patients or surrogates are choosing among medically appropriate options for care. However, when the decision is about determining what particular treatments or procedures are consistent with sound medical practice, clinicians are the appropriate decision makers. When clinicians make medical decisions, they must assure that they do so on the basis of sound professional judgment, and must be careful not to abuse their authority by substituting their own preferences and values for those of the patient.

Options Considered

Describe the options considered and explain whether each option was deemed ethically justifiable and why:

1. Supply all the alternative therapies requested by the surrogate. (This option was not deemed ethically justifiable, because the health care team indicated that some of the therapies would likely cause harm.)
2. Deny the surrogate's request for any alternative therapies. (This option was deemed ethically justifiable, but only if the health care team first explored whether some aspects of the request could be reasonably accommodated without imposing undue burdens.)
3. Negotiate a treatment plan that includes only the alternative therapies that are believed to be safe and consistent with professional standards. (This option was deemed ethically justifiable as it inherently respects both professional and surrogate roles as well as optimizing the patient's safety.)

Ethically Appropriate Decision Maker

Who is the rightful decision maker(s) regarding the critical decision(s) in the case?:

Dr. Zelda Button, attending physician.

Explain: The critical decision in the case—whether particular therapies should be offered—is a matter of professional judgment. Therefore, the ethically appropriate decision maker is Dr. Button, the responsible clinician.

Agreement

Did the relevant parties reach agreement in the case? [ ] Yes [x] No (If no, explain):

The son understands that the decision is outside of his authority but he continues to feel that his preferences should be honored. Dr. Button continues to resist any alternative therapies, but agreed to try to keep an open mind.

RECOMMENDATIONS

1. The team should consider the ethical analysis and the options as detailed above.
2. The team should review some of the literature the ethics consultants provided on complementary/alternative medicine. Patients are increasingly requesting/expecting clinicians to integrate alternative care into the treatment plan. The recommended articles discuss ways of approaching complementary and alternative medicine in a manner that minimizes potential harm and maximizes the aspects that play a role in a healing relationship.
3. An "all or nothing" approach to care planning should be avoided when at all possible. The team should negotiate a treatment plan that includes only the requested therapies that are known to be safe and are reasonable for staff to allow. For example, the treatment team may wish to give further consideration to the request that the son be allowed to rub olive oil on his father's chest several times a day, at least on a trial basis. If the son is permitted to rub olive oil on the father's chest, staff should assess to ensure the patient is not uncomfortable or showing evidence of resisting, and that there are no adverse effects from this activity.
4. The wife and son should be offered support services such as social work or chaplaincy.

PLANS

The team will further explore the possibility of allowing the use of one or more alternative therapies, especially the olive oil. The ethics consultant team will check in with the treatment team and the patient's family in one week.

Ethics Case Consultation Summary Template

Requester Information

First name: Last name: Degree(s): Title:

Role in the case:

[ ] Physician – Staff

[ ] Physician – Trainee

[ ] Nurse – NP

[ ] Nurse – RN

[ ] Nurse – LPN

[ ] Physician assistant

[ ] Social worker

[ ] Other clinical staff

[ ] Patient

[ ] Family member

[ ] Other

Date of request: Time of request:

Timeframe (Check one): [ ] Routine [ ] Urgent

Requester's Description of Ethics Case and Concern:

Type of assistance requested (Check all that apply):

[ ] Forum for discussion

[ ] Conflict resolution

[ ] Explanation of options

[ ] Values clarification

[ ] Policy interpretation

[ ] Recommendation for care

[ ] Moral support

Patient Information

First name: Last name:

Age: Gender: [ ] Male [ ] Female

Clinical service (check one):

[ ] Medical and Subspecialty Care (including Neurology)

[ ] Geriatrics and Extended Care/Rehabilitation Medicine

[ ] Mental Health

[ ] Surgical and Anesthesia

[ ] Other (Specify):

Patient's location:

Attending physician:

Was the attending notified? [ ] Yes [ ] No

If no, explain:

Ethics Question (Use one of the following formats):

> Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable?

- or -

> Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?

The ethics question is:

Ethics Consultants

Primary:

Other (List):

Decision-Making Capacity

Does the patient have decision-making capacity?

[ ] Clearly yes

[ ] Clearly no

[ ] Partial/fluctuating/unclear (If checked, explain):

Surrogate Decision Maker

Does the patient have an authorized surrogate? [ ] Yes [ ] No
If no, explain:

Name of surrogate:

Surrogate's contact information:

Surrogate's relationship to patient:

[ ] Health Care Agent

[ ] Legal guardian or special guardian

[ ] Next-of-kin (If checked, specify):

1) [ ] Spouse
2) [ ] Child
3) [ ] Parent
4) [ ] Sibling
5) [ ] Grandparent
6) [ ] Grandchild

[ ] Close friend

Comments about surrogate selection:

Advance Directive

Does the patient have an advance directive? [ ] Yes [ ] No

If yes, did the consultant(s) review the directive? [ ] Yes [ ] No

If no, explain:

If yes, summarize the relevant content of the directive, using direct quotes if possible:

Data Sources and Summary

The consultant(s) collected data from the following sources:
Examination of the patient's medical record: [ ] Yes [ ] No
(If no, explain):

Face-to-face patient visit: [ ] Yes [ ] No

If no, explain:

Other people interviewed and their roles (staff, family/friends, etc.):

The *medical facts* of the case are summarized as follows:

The *patient's preferences and interests* in the case are summarized as follows:

Other parties' preferences and interests in the case are summarized as follows:

Summary of Ethics Knowledge

The following sources of ethics knowledge were reviewed or consulted:

[ ] VA policy

[ ] Professional codes and guidelines

[ ] Published literature

[ ] Precedent cases

[ ] Outside ethics experts

[ ] Other (Specify):

The *ethics knowledge* relevant to this case is summarized as follows:

Summary of Formal Meetings

Did formal meeting(s) take place? [ ] Yes [ ] No

If yes, list date(s), time(s), and attendees, and summarize:

Ethical Analysis

Options Considered

Describe the options considered and explain whether each option was deemed ethically justifiable and why:

Ethically Appropriate Decision Maker

Who is (are) the rightful decision maker(s) regarding the critical decision(s) in the case?:

Explain:

Agreement

Did the relevant parties reach agreement in the case?: [ ] Yes [ ] No
(If no, explain):

RECOMMENDATIONS

PLANS

Resources in Ethics

In addition to general ethics-related materials available on the Center's website (vaww.ethics.va.gov), the following resources may be helpful:

Print Resources

Ahronheim JC, Moreno JD, Zuckerman C. *Ethics in Clinical Practice,* 1st ed. Boston: Little Brown;1994.

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Giganti E. Organizational ethics is "systems thinking." *Health Progress* 2004;85(3). Available at www.chausa.org/Pub/MainNav/News/HP/Archive/2004/05MayJune/columns/HP0405d.htm.

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Online Resources–Codes of Ethics

The Academy of Management

Code of Ethical Conduct
http://ethics.iit.edu/codes/coe/academy.mgt.b.html

Standards of Professional Conduct for Academic Management Consultants
http://ethics.iit.edu/codes/coe/academy.mgt.a.html

American Association of Nurse Anesthetists
http://ethics.iit.edu/codes/coe/amer.assoc.nurse.anesthetists.a.html

American College of Healthcare Executives
http://www.ache.org/abt_ache/code.cfm

Other VA and public policies relating to ethics:

VHA Directive 2001-027, Organ Transplants
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=323

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

VHA Directive 2003-060, Business Relationships Between VHA Staff and Pharmaceutical Industry Representatives
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=288

VHA Directive 2005-049, Disclosure of Adverse Events to Patients
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1339

VHA Handbook 1004.1, Informed Consent for Treatments and Procedures
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=404

VHA Handbook 1004.2, Advance Health Care Planning (Advance Directives)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=420

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols Within the Department of Veterans Affairs (VA)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1150

VHA Handbook 1058.2, Research Misconduct
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1259

VHA Handbook 1200.5, Requirements for the Protection of Human Subjects in Research
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=418

VHA Handbook 1605.1, Privacy and Release of Information
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=406

VHA Manual M-2, Part VI, Chapter 9, Post-Mortem Examination
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=855

Standards of Ethical Conduct for Employees of the Executive Branch
usoge.gov/pages/forms_pubs_otherdocs?fpo_files/references/rfsoc_02.pdf

5 USC 2302(b), Prohibited Personnel Practices
www.gpoaccess.gov/uscode

5 USC 2301(b), Merit System Principles
www.gpoaccess.gov/uscode

Other important standards are established by accrediting bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, http://www.jointcommission.org) and the Commission on Accreditation of Rehabilitation Facilities (CARF, http://www.carf.org).

E *Explain* the Synthesis

Communicate the synthesis to key participant

- Communicate directly to key participants
- Describe what transpired as well as the resolution and any recommendations or plans
- Indicate willingness to continue working with participants

Provide additional resources

- Consider what might be most useful to participants
- Make available copies of articles or other publications. Recommend websites for additional information

Document the consultation in the health record

- Name and role of requester
- Date and time of request
- Name(s) of consultant(s)
- Description of case and ethics concern
- Ethics question
- Sources and summary of relevant information (i.e., medical facts, patient interests, other interests, ethics knowledge)
- Description of formal meetings held
- Summary of ethical analysis
- Determination of ethically appropriate decision maker
- Options considered and whether consensus was reached
- Recommendations and plans

Document the consultation in consultation service records

- All health record notes
- Inter-consultant communications and notes
- Activities supporting the consultation process
- Use ECWeb (if available)

S *Support* the Consultation Process

Follow up with participant

- What happened with the case?
- Have any new ethics concerns emerged?
- Were the recommendations followed? If not, why not?

Evaluate the consultation

- Conduct a critical self-review of each case
- Compare actual processes followed to established standards
- Determine participants' satisfaction with the consult process
- Obtain feedback from peers and supervisors
- Explore opportunities for external peer review

Adjust the consultation process

- Consider results of follow-up and evaluation steps above
- Make changes in policies and/or procedures as appropriate

Identify underlying systems issues

- For each case, consider whether underlying systems issues need to be addressed
- Periodically review records to look for patterns of recurrent cases or concerns
- Bring significant systems issues to the attention of the individual or body responsible for handling such concerns

Ethics Consultation

Responding to Ethics Questions in Health Care

This card describes a practical, systematic approach for performing ethics case consultation.

This process involves five steps:

Clarify the Consultation Request
Assemble the Relevant Information
Synthesize the Information
Explain the Synthesis
Support the Consultation Process

The National Center for Ethics in Health Care designed the CASES approach to standardize the process of ethics consultation throughout the VA system. For consultations involving active clinical cases, consultants should follow all of the steps in the CASES approach. For other types of consultations, such as general questions about ethics, policy interpretations, or requests for ethical analysis of organizational ethics topics, the CASES approach should be modified as needed.

The CASES steps were initially designed to guide ethics consultants through the complex process processes needed to effectively resolve ethical concerns in active clinical cases. We intend these steps to be used similarly to the way clinicians use a standard format for taking a patient's history, performing a physical exam, or writing up a clinical note. Even when some steps don't require specific, observable action, each step should be considered systematically as part of every ethics consultation.

National Center for ETHICS in Health Care
Veterans Health Administration

C *CLARIFY* the Consultation Request

Characterize the type of consultation request

- Does the requester want help resolving an ethical concern?
- Does the request pertain to an active clinical case?

Obtain preliminary information from the requester

- Requester's contact information and title
- Urgency of request
- Brief description of the case and the ethical concern
- Requester's role (e.g., attending physician, family member, administrator)
- Steps already taken to resolve the ethical concern
- Type of assistance desired (e.g., forum for discussion, conflict resolution, policy interpretation, moral support)

Establish realistic expectations about the consultation process

- Describe the ethics consultation process and its goals (orally or in writing)
- Correct any misconceptions the requester may have

Formulate the ethics question

- Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable? or
  Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?
- Values are defined as strongly held beliefs, ideals, principles, or standards that inform ethical decisions or actions

A *ASSEMBLE* the Relevant Information

Consider the types of information needed

- Medical facts
- Patient's preferences and interests
- Other parties' preferences and interests
- Ethics knowledge
  - Codes of ethics, ethics guidelines, and consensus statements
  - Published literature
  - Precedent cases
  - Institutional policy and documents, and law
  - Outside ethics experts

Identify the appropriate sources of information

- Face-to-face patient visit
- Direct examination of the health record and other documents
- Interviews with key staff members
- Interviews with family members and friends

Gather information systematically from each source

- Adapt the content and depth of information to fit the needs of the case
- Collect firsthand information whenever possible
- Independently verify critical information
- Distinguish medical facts from value judgments
- Notify the attending physician before interviewing the patient

Summarize the information and the ethics question

- Communicate the summary to key participants
- Respectfully report information from various sources
- Attempt to reconcile contradictory information
- Reformulate the ethics question, if necessary

S *SYNTHESIZE* the Information

Determine whether a formal meeting is needed

- Prepare by communicating with key participants and reviewing relevant ethics knowledge
- Explain goals and set ground rules
- "Level the playing field"

Engage in ethical analysis

- Apply ethics knowledge to the circumstances and ethics question
- Apply various approaches to ethical analysis

Identify the ethically appropriate decision maker

- Determine whether the patient has decision-making capacity
- If the patient lacks capacity, determine his/her known preferences and authorized surrogate
- Clarify the limits of the surrogate's authority
- If no surrogate is available, facilitate the process described in policy
- Health care professionals determine what clinical interventions are consistent with sound medical practice
- The patient/surrogate determines whether to accept these interventions
- The health care organization may legitimately place limits on patient/surrogate or provider choice

Facilitate moral deliberation about ethically justifiable options

- Offer options that may not have been considered
- Review the range of ethically justifiable options
- Cite sources to support the claim that a particular option is not ethically justifiable
- Support the ethically appropriate decision maker in the decision-making process

Preventive Ethics ISSUES Log

Directions: The purpose of the ISSUES Log is to keep a current and updated list of ethics issues that are appropriate for the ISSUES approach.

Date ISSUES Cycle initiated/ Date referred	Working Title	Preliminary Improvement Goal	Ethics Quality Gap**	Ethics Quality Gap? (Y/N)	Ethics Domain*	Ethical Concern? (Y/N)	Ethics Issue	Referral Source	Date First Discussed

* Ethics Domains:

1. Shared decision making with patients (how well the facility promotes collaborative decision making between clinicians and patients)
2. Ethical practices in end-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
3. Patient privacy and confidentiality (how well the facility assures that patient privacy and confidentiality are protected)
4. Professionalism in patient care (how well the facility fosters employee behavior that reflects professional standards)
5. Ethical practices in 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 government service (how well the facility fosters behavior appropriate for government employees)
8. Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)
9. Ethical practices in the everyday workplace (how well the facility supports ethical behavior in everyday interactions in the workplace

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

Preventive Ethics ISSUES Log SAMPLE

Directions: The purpose of the ISSUES Log is to keep a current and updated list of ethics issues that are appropriate for the ISSUES approach.

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
6/15/07	Patient Advocate Office	The patient advocate's office has received numerous complaints from emergency room patients regarding a lack of privacy when they are being interviewed or examined by clinical staff	*Y*	(4)	*Y*	(2)	Decrease patient privacy complaints in the emergency room	Assuring Privacy During ER Interviews and Exams	
8/1/07	Service Chief	There have been several reports of staff in the spinal cord injury program having developed personal relationships with patients, including romantic relationships and friendships	*Y*	(5)	*Y*	(3)	Decrease boundary violations between patients and staff on the spinal injury unit	Promoting Respect for Professional Boundaries	

Preventive Ethics ISSUES Log SAMPLE

Directions: The purpose of the ISSUES Log is to keep a current and updated list of ethics issues that are appropriate for the ISSUES approach.

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
11/07/07	HR	Supervisors are dating staff in their departments	*Y*	(8)	*Y*	(1)	Decrease boundary violations between supervisors and subordinates	Employee-supervisor boundaries	
11/19/07	Business Services	Accountants are gaming the system to meet performance measures	*Y*	(7)	*Y*	(6)	Increase the accuracy of data related to performance measures in the accounting department	Gaming the system	

* 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

Preventive Ethics Meeting Minutes

Date: **Chairperson:**

Time: **Recorder:**

Members Present:

Guests:

ISSUES Approach

(Duplicate for each issue discussed at the meeting)

Working Title for Issue:

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:

Review and Assign Action Items:

Step	Action Item	Responsible Member	Due Date

Other Agenda Items

Topic:

Summary of Discussion:

Planned Action(s):

Time and Location of Next Meeting:

Preventive Ethics Meeting Minutes–Sample

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	Chiverotti	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

Preventive Ethics ISSUES Storyboard

Directions: The purpose of the ISSUES Storyboard is to tell the "story" of a completed ISSUES improvement cycle. The document can be used to disseminate results to leaders and other interested staff, as well as to inform future ISSUES improvement projects.

VA Facility/Health Care System:

Working Title:

Date:

Team Members *(First, Last Name, Title, Role)*:

Ad hoc Members *(First, Last Name, Title, Role)*:

Identify an Issue

Briefly summarize the ethics issue and the source:

List the (preliminary) improvement goal:

Describe why the issue was selected as a priority by the preventive ethics team:

Study the Issue

Diagram the process behind the relevant practice:

Summarize the information gathered about best practices (for each information source):

Summarize the information gathered about current practices (for each information source):

Refine the improvement goal to reflect the ethics quality gap (include a time frame, if possible):

Select a Strategy

Determine the major cause(s) of the ethics quality gap and draw a "fishbone" or other cause-and-effect diagram:

Brainstorm possible strategies to narrow the gap:

Choose one or more strategies to try based on likelihood of success, expected net benefit, and resources required to implement the strategy. Explain your rationale:

Undertake a Plan

Describe how the team plans to carry out the strategy (or strategies), including the "who, what, when, and where" of the plan:

Describe any potential barriers to implementing the plan and how these will be addressed:

List the measures that will show how well the strategy was implemented (execution):

List measures that will show how well the strategy accomplished the improvement goal (results):

Evaluate and Adjust

Assess whether the strategy was implemented as planned (execution):

Assess whether the strategy accomplished the improvement goal (results):

Describe any other positive or negative effects of the strategy:

Check the box that best summarizes the overall effect of the strategy:

- ☐ The strategy improved the process or corrected the issue without creating other problems
- ☐ The strategy improved the process or corrected the issue, but it created other problems (Explain)
- ☐ The strategy failed to improve the process, but it was not executed as planned (Explain)
- ☐ The strategy failed to improve the process even though it was executed as planned

Check the box that best describes the preventive ethics team's next steps:

- ☐ Implement the strategy and integrate into standard operating procedures
- ☐ Modify the strategy and try again
- ☐ Select a different strategy

If the strategy will be continued and/or implemented more broadly, check the box that best describes how often the improvement will be monitored to ensure that gains are maintained or increased. Identify the department, service, or unit that will be responsible for monitoring

- ☐ No plan to monitor
- ☐ Monthly or more frequently by _____(department, service, unit)
- ☐ Quarterly by _____(department, service, unit)
- ☐ Annually by _____(department, service, unit)

Describe what worked well during the present ISSUES cycle that may be useful in future ISSUES cycles:

Describe how the process could be improved in future ISSUES cycles:

Preventive Ethics ISSUES Storyboard–Sample 1

Directions: The purpose of the ISSUES Storyboard is to tell the "story" of a completed ISSUES improvement cycle. The document can be used to disseminate results to leaders and other interested staff, as well as to inform future ISSUES improvement projects.

VA Facility/Health Care System: VA Pearl Valley

Working Title: Timely Response to Ethics Consultation Requests

Date: January 5, 2007

Team Members *(First, Last Name, Title, Role)*:

Celestine Chiverotti RN MBA	Quality Management
August Groppi MD	Ethics Consultant and Primary Care Physician
Elizabeth Mattes BA	Administrative Officer

Ad hoc Members *(First, Last Name, Title, Role)*:

Dominic Garibaldi RN ARNP	Function Coordinator, Ethics Consultation
Claudius Hunt MD	Intensivist, Medical Service

Identify an Issue

Briefly summarize the ethics issue and the source:

A series of formal and anecdotal complaints suggests that the ethics consultation service fails to respond in a timely manner, especially in situations that the requester perceives as urgent.

List the (preliminary) improvement goal:

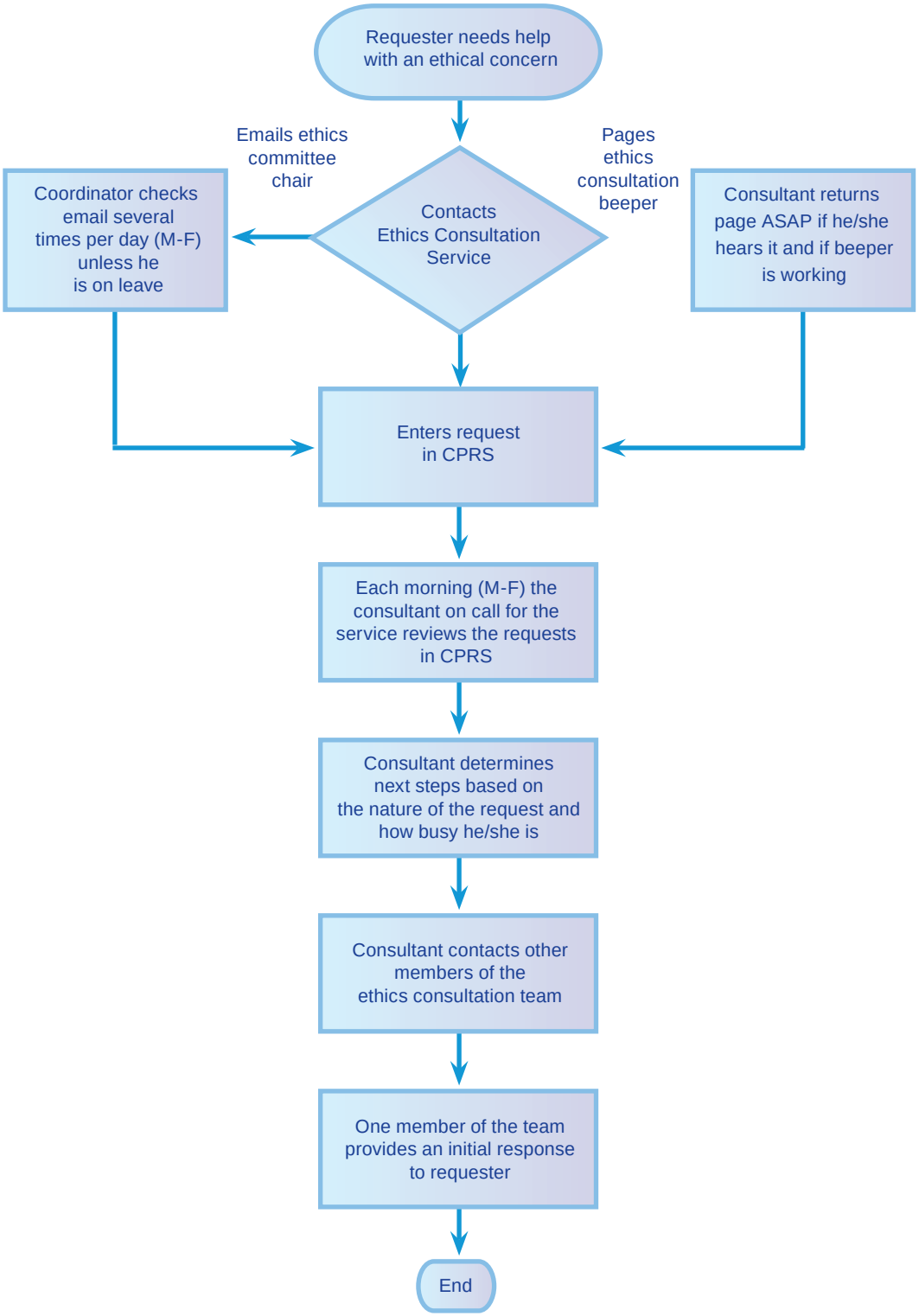
Increase the number of consultation requests that are responded to within a time frame that matches the requester's needs.

Describe why the issue was selected as a priority by the preventive ethics team:

This issue was given high priority because some requesters stated that they were unlikely to use the service again, or to recommend the service to colleagues, due to the lack of a timely response. In one case, there was a possible negative impact on patient decision making as a result of the delayed response. In addition, the issue is important to facility leadership, and is amenable to change. Finally, the gap can likely be narrowed with a small expenditure of resources.

Study the Issue

Diagram the process behind the relevant practice:



Summarize the information gathered about best practices (for each information source)

1. *Ethics Consultation: Responding to Ethics Questions in Health Care*, (VHA) National Center for Ethics in Health Care: The document indicates that the availability of ethics consultation should match the demand for the service. For routine requests the consultant must make the initial contact within 24 hours. Urgent requests should be responded to as soon as possible on the same day. After-hours coverage arrangements may vary, but preferably consultants should be available weekends, nights, and holidays.

2. A search of the literature found no agreed upon time frames or even recommendations for what constitutes a timely response to a consultation request.

3. Contact with several VA facilities revealed that the initial time frame for responding to a consultation request was highly variable. However, one VA with a large volume of referrals found good requester satisfaction when responding to routine requests within 24 hours and urgent requests within 4 hours.

Summarize the information gathered about current practices (for each information source)

1. Requester Complaints: The ethics committee has received several complaints from requesters who expressed frustration with never knowing when to expect the consultant to respond to a request for assistance. Requesters were especially critical of the service when they requested urgent assistance.

2. Chart Review: A chart review was conducted on all case consultations requested over the past calendar year. The chart review found that of 20 consultation requests, 15 (67%) were considered routine requests and 5 (33%) were considered urgent. Of the 15 routine requests, 9/15 or 60% of cases were responded to within a 24-hour period. Of the 5 urgent requests, only 1/5 or 20% of cases were responded to within 4 hours.

Refine the improvement goal to include the ethics quality gap (include a time frame, if possible)

Within 6 months, increase the percentage of routine requests that are responded to within 24 hours from 60% to 85%, and the percentage of urgent requests that are responded to within 4 hours from 20% to 90%.

Brainstorm possible strategies to narrow the gap:

1. Identify consultants who are the least timely and counsel them

2. Recruit and train more consultants

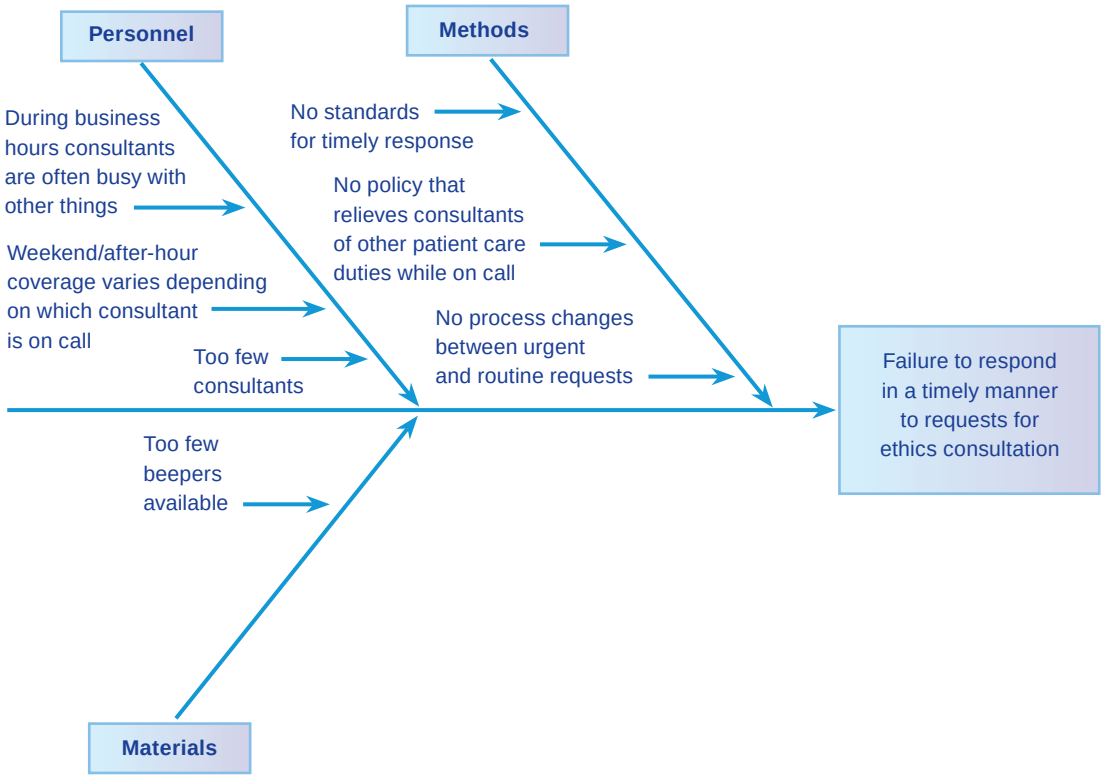
3. Free up existing consultants from their other duties

4. Buy more beepers

Select a Strategy

Determine the major cause(s) of the ethics quality gap and draw a "fishbone" or other cause-and-effect diagram:

Failure to Respond in a Timely Manner to Requests for Ethics Consultation



5. Hire contractors to serve as consultants on nights and weekends

6. Develop consultation service standards that specify expected time frames for initial response to routine and urgent requests

7. Begin routinely collecting data on requester satisfaction

8. In feedback forms, assess the requester's perception of timeliness relative to his/her needs (as satisfaction can be expected to improve if you establish realistic expectations by notifying requesters of anticipated time frames for response)

Choose one or more strategies to try based on likelihood of success, expected net benefit, and resources required to implement the strategy. Explain your rationale:

The preventive ethics team recognized that no service standards had been developed for the consultants. Therefore, the team selected "develop consultation service standards that specify expected time frames for initial response to routine and urgent requests." In addition, the preventive ethics team decided to routinely collect data on requester satisfaction with the service, including a question about perceived timeliness relative to the requester's needs.

Undertake a Plan

Describe how the team plans to carry out the strategy (or strategies), including the "who, what, when, and where" of the plan:

The strategy will be tested over 6 months beginning in 2 weeks. Next week the Ethics Consultation Coordinator will meet with the consult service to explain the standards and ask everyone to adhere to them. He will also regularly reinforce the standards during the test period. After each consult is completed, E. Mattes will distribute the IntegratedEthics Ethics Consultation Feedback Tool to the requester within 24 hours, and send an email reminder if no response is received within 3 days. C. Chiverotti will review all consults in the test period, recording response time and urgency of request. She will analyze the data within 2 weeks following the conclusion of the study period.

Describe any potential barriers to implementing the plan and how these will be addressed:

The Ethics Consultation Coordinator stated that he is afraid that he may lose consultants if they are asked to respond within a standardized time frame, especially if this would interfere with patient care activities that are part of their jobs. In order to address this concern, the preventive ethics team proposed adding the development of a consultant buddy system to the ISSUES log for potential future action. The goal of the buddy system would be to provide backup to the consultant on call if he or she is unable to respond within the specified time frame due to pressing patient care activities In addition, most of the ethics

consultants were informally polled regarding the proposed time frames. Generally, they believed the timeliness standards were reasonable.

List the measures that will show how well the strategy was implemented (execution)

1. Percentage of consultants who received information about the new standards
2. Percentage of requesters who were provided with a satisfaction survey

List measures that will show how well the strategy accomplished the improvement goal (results):

1. Percentage of routine requests in which an ethics consultant responds within 24 hours
2. Percentage of urgent requests in which an ethics consultant responds within 4 hours
3. Percentage of requesters who rated the timeliness of the consultant's response as "very good" or "excellent"

Evaluate and Adjust

Assess whether the strategy was implemented as planned (execution):

Measure #1 (Percentage of consultants who received information about the new standards): 5/5 or 100% of consultants attended a meeting in which the Ethics Consultation Coordinator discussed the new standards. Measure #2 (Percentage of requesters who were provided with a satisfaction survey): 12/12 or 100% of requesters were provided with a satisfaction survey.

Assess whether the strategy accomplished the improvement goal (results):

Measure #1 (Percentage of routine requests in which an ethics consultant responds within 24 hours): Pre-strategy: 9/15 or 60% of routine requests were responded to within 24 hours. Post-strategy: 8/9 or 89% of routine requests were responded to within 24 hours

Measure #2 (Percentage of urgent requests in which an ethics consultant responds within 4 hours): Pre-strategy: 1/5 or 20% of urgent requests were responded to within 4 hours. Post-strategy: 3/3 or 100% of urgent requests were responded to within 4 hours

Measure #3 (Percentage of requesters who rated the timeliness of the consultant's response as "very good" or "excellent"): Pre-strategy: No satisfaction survey data. Post-strategy: 9/10 or 90% of requesters rated the timeliness of the response as "very good" or "excellent."

Describe any other positive or negative effects of the strategy:

On the positive side, requesters indicated that they were likely to utilize the service again, and recommend the service to colleagues. On the negative side, this may increase the volume of referrals to the service beyond present its current capacity. This will need to be monitored

Check the box that best summarizes the overall effect of the strategy:

- ☒ The strategy improved the process or corrected the issue without creating other problems
- ☐ The strategy improved the process or corrected the issue, but it created other problems (Explain)
- ☐ The strategy failed to improve the process, but it was not executed as planned (Explain)

Check the box that best describes the preventive ethics team's next steps:

- ☐ Implement the strategy and integrate into standard operating procedures
- ☐ Modify the strategy and try again
- ☐ Select a different strategy

If the strategy will be continued and/or implemented more broadly, check the box that best describes how often the improvement will be monitored to ensure that gains are maintained or

increased. Identify the department, service, or unit that will be responsible for monitoring

- ☐ No plan to monitor
- ☐ Monthly or more frequently by _____ (department, service, unit)
- ☒ Quarterly by Ethics Consultation Coordinator (department, service, unit)
- ☐ Annually by _____ (department, service, unit)

Describe what worked well during the present ISSUES cycle that may be useful in future ISSUES cycles:

Involving consultants and requesters in diagramming the referral process, since they knew how the referral process really worked. Researching best practices to help guide development of response standards. Discussing proposed response standards with consultants in order to promote buy-in. Developing simple measures to validate whether or not the strategy actually reduced the ethics quality gap.

Describe how the process could be improved in future ISSUES cycles:

Setting up regular meetings and tracking assignments in meeting minutes. We sometimes lost track of who was supposed to carry out which activity.

Preventive Ethics ISSUES Storyboard–Sample 2

Directions: The purpose of the ISSUES Storyboard is to tell the "story" of a completed ISSUES improvement cycle. The document can be used to disseminate results to leaders and other interested staff, as well as to inform future ISSUES improvement projects.

VA Facility/Health Care System:

Working Title: Clinician influence in setting resource allocation priorities

Date: January 10, 2007

Team Members *(First, Last Name, Title, Role)*:

Glenise McKenzie RN PhD	Function Coordinator, Preventive Ethics
Sarah Shannon RN MPH	Quality Manager
Ford Michaels JD	Integrated Ethics Program Officer

Ad hoc Members *(First, Last Name, Title, Role)*:

Forest Patrick MD	Chief Medical Officer
Mary Agnes McCarthy MBA	Chief Financial Officer
Karen Goldson MA	Ethics Consultant

Identify an Issue

Briefly summarize the ethics issue and the source:

In 2006, facility leadership undertook a global assessment of their health care ethics environment through the use of a staff survey. The facility fared poorly in the section of the survey that assessed how fairly the facility allocated its resources across programs and services. In particular, clinicians overwhelmingly perceived that they exerted little or no influence when setting allocation priorities.

List the (preliminary) improvement goal:

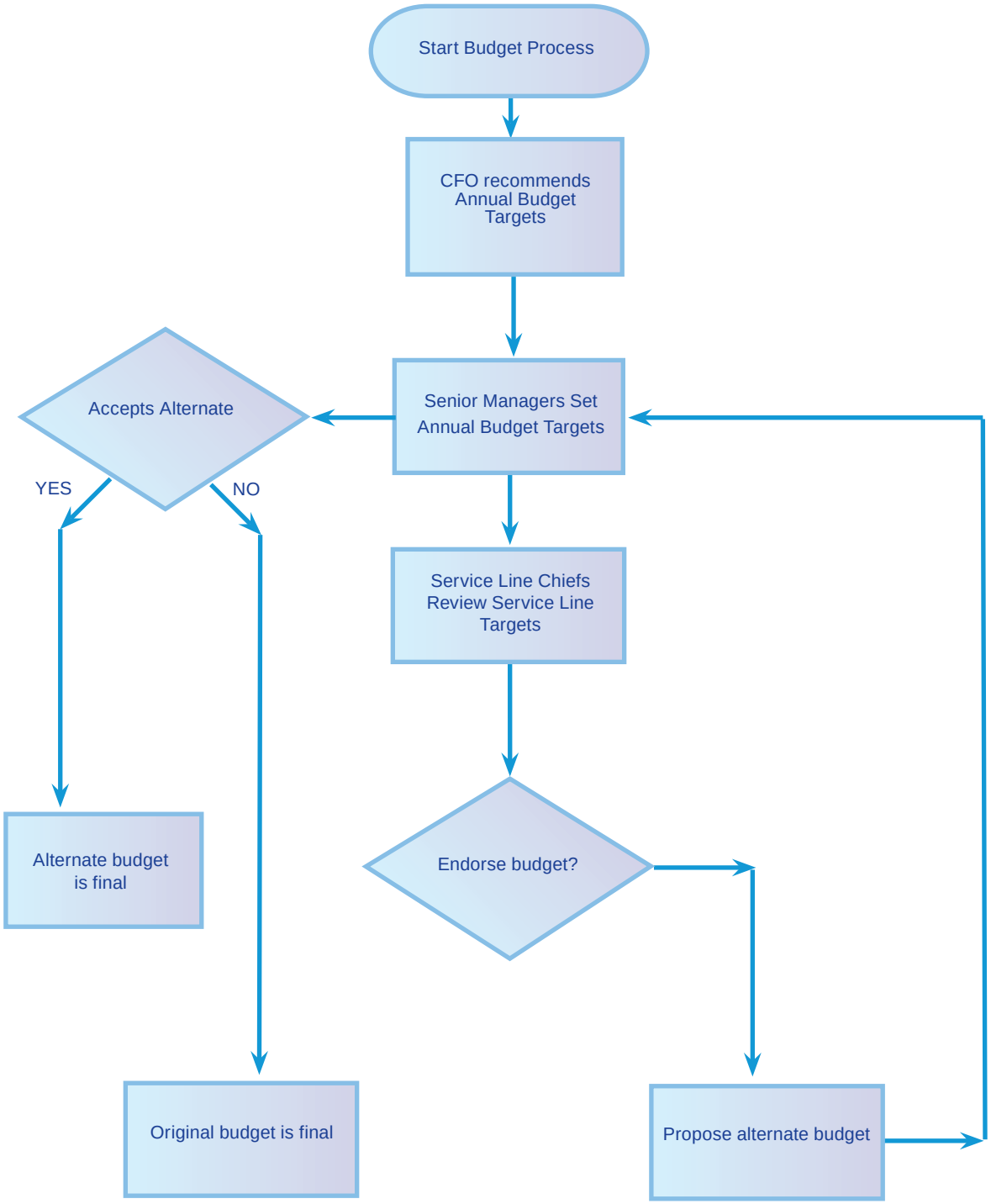
Increase clinician participation in setting allocation priorities.

Describe why the issue was selected as a priority by the preventive ethics team:

This issue is a high priority of both clinical and management staff and there is persuasive baseline data available to indicate the presence of an ethics quality gap. In addition, the perceived lack of influence by facility clinicians is adversely impacting morale and attrition has increased markedly over the past year and one half.

Study the Issue

Diagram the process behind the relevant practice:



Summarize the information gathered about best practices (for each information source)

Literature Review: The literature emphasizes the importance of a fair process for decision making. Leventhal was the first and most influential scholar to apply a procedural framework to decision making within organizations. His procedural framework includes elements such as the consistent application of procedures across people and time, freedom from bias (ensuring no vested interest in particular outcome), availability of accurate information, existence of a mechanism to correct flawed decisions, conformity to prevailing standards of ethics, and inclusion of the opinions of those who stand to benefit or be harmed by the decision. (Leventhal, 1980) Leventhal's elements are consistent with stakeholder theory, a prevalent ethics paradigm within business ethics. Stakeholder theory, simply put, states that stakeholders have a right to participate in decision that effect them because they stand to directly benefit or be harmed by these decisions. The job of management is to reconcile conflicting interests to arrive at consensus.

At a minimum, facilities should have in place some mechanism to solicit the input of important institutional stakeholders including clinicians, who are closest to the concerns and interests of patients. The literature also suggests that if clinicians and other stakeholders believe that the process is fair, they are more likely to remain invested in the organization, even when a decision is inconsistent with their short term interests.

Key Informant Interviews: Service chiefs generally did not solicit input from their staff during the budgeting process or when setting priorities for capital expenditures. The notable exception was the Surgical Service Line Chief who met with physicians, nurses and other staff during the budgeting process to explain the "big picture" and to help her identify financial priorities for the upcoming budget cycle, including major capital purchases. The clinicians on this service rated the process a fair and believed they had significant influence.

Summarize the information gathered about current practices (for each information source)

1. Staff Survey: The staff survey results indicated that roughly 10% of clinicians perceived themselves to be "very influential" in setting allocation priorities, 20% "moderately influential," and 70% either "not very influential" or "not at all influential."

When management examined the results by discipline and then service line, they found similar result for physicians, nurses and allied health, but the service line data was much more variable. The results indicated that surgical services staff perceived themselves to be the most influential and geriatric extended care perceived themselves to be the least influential in setting allocation priorities.

2. Process Flow Diagram: The process flow diagram indicates that senior management does not routinely request input below the level of service chief and that service chiefs (with the exception of the surgical chief) do not typically solicit input from their staff when advising senior management on operational and capital budgets.

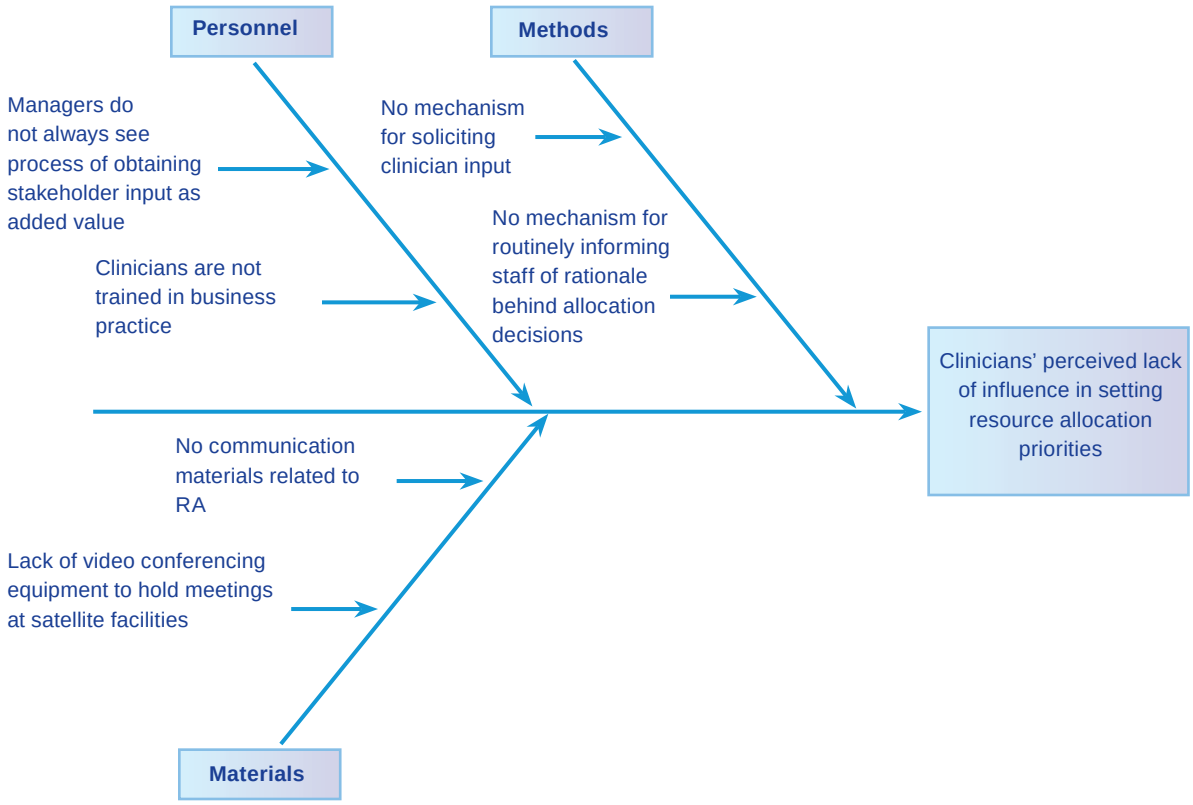
Refine the improvement goal to include the ethics quality gap (include a time frame, if possible)

Increase the percentage of clinicians that perceive that they are "moderately" or "very influential" in setting allocation priorities from 30% to 60%

Select a Strategy

Determine the major cause(s) of the ethics quality gap and draw a "fishbone" or other cause-and-effect diagram:

Clinician Influence in Setting Resource Allocation Priorities



Brainstorm possible strategies to narrow the gap:

1. Institute a mini-series on business aspects of health care delivery including the budgeting process. Amend present budgeting process to include a mechanism for service chiefs to solicit staff input when setting allocation priorities for their service

2. Develop a communication plan to inform staff of the reasoning behind major allocation decisions Include a clinician representative on the resource allocation team Hold town meetings or drop in sessions where staff can ask questions of the senior executive

Choose one or more strategies to try based on likelihood of success, expected net benefit, and resources required to implement the strategy. Explain your rationale:

Amend present budgeting process to include a mechanism for service chiefs to solicit staff input when setting allocation priorities for their services.

Undertake a Plan

Describe how the team plans to carry out the strategy (or strategies), including the "who, what, when, and where" of the plan:

The strategy will be tested during the upcoming capital budget cycle (equipment purchases) on the geriatric extended care services where clinicians perceive that they have little influence over setting allocation priorities for their service. The service chief will meet with staff and identify equipment needs and prioritize them. Priority setting will occur over a two week period and include 6 focus groups --- two per shift. The goal is to include at least 60% of the services clinicians in the focus groups.

A preventive ethics team member will attend these meetings and solicit input from staff regarding their satisfaction with the new form and protocols. The staff will be asked to complete a 5 question survey that includes the question related to how influential they perceive themselves to be in setting allocation priorities.

Describe any potential barriers to implementing the plan and how these will be addressed:

There are several "opinion leaders" on the unit whose support is needed for this strategy to succeed. The service has become cynical over the past 2 years as their aging equipment has not been replaced, in favor of other institutional priorities. The preventive ethics coordinator and service line chief will meet with these individuals and review the plan and solicit input and suggestions.

List the measures that will show how well the strategy was implemented (execution)

1. Percentage (%) of the services physicians, nurses and other staff who attend a focus group

2. Number of focus groups conducted over a two week period

List measures that will show how well the strategy accomplished the improvement goal (results):

1. Percentage (%) of clinicians who perceive that they are "moderately" or "very influential" in setting allocation priorities

2. Satisfaction of staff with the process of prioritizing capital equipment (Qualitative data)

Evaluate and Adjust

Assess whether the strategy was implemented as planned (execution):

Measure # 1 Percentage (%) of the services physicians, nurses and other staff who attend a focus group

70% of the services physicians, nurses, and other staff attended a focus group

Exceeded target of 60%

Measure # 2 Number of focus groups conducted over a two week period

5 focus groups were conducted

Target was 6 focus groups

Assess whether the strategy accomplished the improvement goal (results):

Measure # 1 Percentage (%) of clinicians who perceived that they were "moderately" or "very influential" in setting allocation priorities

Pre-strategy: 15% of geriatric extended care clinicians perceived themselves to be "moderately" or "very influential" in setting allocation priorities

Post-strategy: 65% of geriatric extended care clinicians perceived themselves to be "moderately" or "very influential" in settling allocation priorities

Exceeded target of 60%

Measure # 2 Satisfaction of staff (Qualitative data)

Staff expressed satisfaction with process and believed it should become a routine part of the allocation process.

Describe any other positive or negative effects of the strategy:

In order to accommodate this change, the budget process will need to commence roughly a month earlier than it presently does.

Check the box that best summarizes the overall effect of the strategy:

- ☒ The strategy improved the process or corrected the issue without creating other problems
- ☐ The strategy improved the process or corrected the issue, but it created other problems (Explain)
- ☐ The strategy failed to improve the process, but it was not executed as planned (Explain)

Check the box that best describes the preventive ethics team's next steps:

☒ Implement the strategy and integrate into standard operating procedures

☐ Modify the strategy and try again

☐ Select a different strategy

If the strategy will be continued and/or implemented more broadly, check the box that best describes how often the improvement will be monitored to ensure that gains are maintained or increased. Identify the department, service, or unit that will be responsible for monitoring

☐ No plan to monitor

☐ Monthly or more frequently by _____ (department, service, unit)

☐ Quarterly by _____ (department, service, unit)

☒ Annually by ___Service Line Chief_____ (department, service, unit)

Describe what worked well during the present ISSUES cycle that may be useful in future ISSUES cycles:

Including opinion leaders prior to implementing focus groups

Testing strategy on one unit

Resource allocation is a difficult issue to undertake. We narrowed it down to a manageable bite, a first step.

Describe how the process could be improved in future ISSUES cycles:

We need to develop better systems to track the data we collect as part of the ISSUES cycle

Preventive Ethics Summary of ISSUES Cycles

Directions: The purpose of the Summary of ISSUES Cycles is to provide a concise snapshot of projects completed by the preventive ethics team.

Working Title	
Date Cycle Started/ Ended	
Ethics Domain	
Ethics Issue	
Ethics Quality Gap	
Refined Improvement Goal	
Strategy	
Results	
Next Steps: Adjust/ Disseminate	

Comments:

Working Title	
Date Cycle Started/ Ended	
Ethics Domain	
Ethics Issue	
Ethics Quality Gap	
Refined Improvement Goal	
Strategy	
Results	
Next Steps: Adjust/ Disseminate	

Comments:

Preventive Ethics Summary of ISSUES Cycles–Sample

Directions: The purpose of the Summary of ISSUES Cycles is to provide a concise snapshot of projects completed by the preventive ethics team.

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:

Working Title	Timely Response to Ethics Consultation Requests
Date Cycle Started/ Ended	01.10.07/9.09.07
Ethics Domain	IntegratedEthics Program
Ethics Issue	Ethics consultation service fails to respond in a timely manner, especially in situations the requester perceives as urgent
Ethics Quality Gap	(6) Systems that are designed to promote ethics practice are not functioning optimally
Refined Improvement Goal	Within 6 months, increase the proportion of routine requests that are responded to within 24 hours from 60% to 85%, and the proportion of urgent requests that are responded to within 4 hours from 20% to 90%.
Strategy	Communicate timeliness standards Routinely collect data on respondent satisfaction
Results	89% of routine consultations were responded to within 24 hours 100% of urgent consultations were responded to within 4 hours 90% of requesters rated the timeliness of response as “very good” or “excellent”
Next Steps: Adjust/ Disseminate	Disseminate

Comments:

Resources in Ethics

In addition to general ethics-related materials available on the Center's website (vaww.ethics.va.gov), the following resources may be helpful:

Print Resources

Ahronheim JC, Moreno JD, Zuckerman C. Ethics in Clinical Practice, 1st ed. Boston: Little Brown;1994.

American Society for Bioethics and Humanities, Task Force on Standards for Bioethics and Humanities. *Core Competencies for Health Care Ethics Consultation: The Report of the American Society for Bioethics and Humanities.* Glenview, IL: American Society for Bioethics and Humanities;1998.

Baily MA, Bottrell M, Lynn J, Jennings B. The ethics of using QI methods to improve health care quality and safety. *Hastings Center Rpt.* 2006;36(4, Special Supplement): S1–S40.

Beauchamp TL, Childress JF. *Principles of Biomedical Ethics,* 5th ed. New York: Oxford University Press;2001.

Cooper TL, ed. *Handbook of Administrative Ethics (Public Administration and Public Policy).* New York, NY: Marcel Dekker;1994.

Devettere RJ. *Practical Decision Making in Health Care Ethics: Cases and Concepts,* 2nd ed. Washington, DC: Georgetown University Press;2002.

Dubler NN, Liebman CB. *Bioethics Mediation: A Guide to Shaping Shared Solutions.* New York: United Hospital Fund of New York;2004.

Ells C, MacDonald C. Implications of organizational ethics to healthcare. *Healthcare Management Forum* 2002;15(3):32–38.

Fletcher JC, Boyle R. *Introduction to Clinical Ethics,* 2nd ed. Frederick, MD: University Publishing Group;1997.

Giganti E. Organizational ethics is "systems thinking." *Health Progress* 2004;85(3). Available at www.chausa.org/Pub/MainNav/News/HP/Archive/2004/05MayJune/columns/HP0405d.htm.

Gutman A, Thompson D. *Ethics and Politics: Cases and Comments,* 4th ed. Belmont, CA: Wadsworth Publishing;2005.

Hatcher T. Ethics and HRD: *A New Approach to Leading Responsible Organizations,* 1st ed. New York, NY: Perseus Books Group;2002.

Jonsen A, Siegler M, Winslade W. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine,* 5th ed. New York: McGraw Hill;2002.

Jonsen A, Toulmin S. *The Abuse of Casuistry: A History of Moral Reasoning.* Berkeley: University of California Press;1990.

La Puma J, Schiedermayer D. *Ethics Consultation: A Practical Guide.* Boston: Jones and Bartlett;1994.

Lewis CW, Gilman SC. *The Ethics Challenge in Public Service: A Problem-Solving Guide,* 2nd ed. San Francisco: Jossey-Bass;2005

Lo B. *Resolving Ethical Dilemmas,* 2nd ed. Philadelphia: Lippincott Williams & Wilkins;2000.

Mappes TA, DeGrazia D. *Biomedical Ethics,* 5th ed. New York: McGraw-Hill;2001.

Metzger M, Dalton DR Hill JW. The organization of ethics and the ethics of organization. *Business Ethics Qtly***.** 1993;3(1):27–43.

Monagle JF, Thomasma, DC. *Health Care Ethics: Critical Issues for the 21st Century,* 2nd ed. Sudbury, MA: Jones and Bartlett;2004.

Oak JC. Integrating ethics with compliance. Reprinted in Council of Ethical Organizations, *The Compliance Case Study Library.* Alexandria, VA: Council of Ethical Organizations;2001:60–78.

Paine LS. Managing for organizational integrity. *Harvard Business Rev.* 1994;Mar-Apr:106–17.

Post SG, ed. *Encyclopedia of Bioethics,* 3rd ed. New York: Macmillan Reference USA;2004.

Steinbock B, Arras J, London, AJ. *Ethical Issues in Modern Medicine,* 6th ed. Boston: McGraw-Hill;2003.

Treviño LK, Nelson KA. *Managing Business Ethics: Straight Talk About How To Do It Right,* 3rd ed. Hoboken, NJ: Wiley;2003.

Werhane PH, Freeman RE. *Business Ethics (The Blackwell Encyclopedia of Management),* 2nd ed. Boston: Blackwell Publishing;2006.

Woodstock Theological Center. *Seminar in Business Ethics.* Washington: Georgetown University Press;1990. Available at http://guweb.georgetown.edu/centers/woodstock/business_ethics/cmecc.htm.

Online Resources–Codes of Ethics

The Academy of Management

Code of Ethical Conduct
http://ethics.iit.edu/codes/coe/academy.mgt.b.html

Standards of Professional Conduct for Academic Management Consultants
http://ethics.iit.edu/codes/coe/academy.mgt.a.html

American Association of Nurse Anesthetists
http://ethics.iit.edu/codes/coe/amer.assoc.nurse.anesthetists.a.html

American College of Healthcare Executives
http://www.ache.org/abt_ache/code.cfm

Amercian College of Radiology
http://www.acr.org (membership required)

American Counseling Association
http://ethics.iit.edu/codes/coe/amer.couns.assoc.2005.html

American Medical Record Association
http://ethics.iit.edu/codes/coe/amer.health.info.assoc.html

American Medical Association
http://www.ama-assn.org/ama/put/category/2512.html

American Nurses Association
http://nursingworld.org/mods/mod508/code.pdf

American Pharmaceutical Association
http://ethics.iit.edu/codes/coe/amer.pharmaceutical.assoc.coe.2.html

American Pharmacists Association
http://www.aphanet.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=2809.

American Psychological Association
http://www.apa.org/ethics/homepage.html

American Society of Public Administration
http://ethics.iit.edu/codes/coe/amer.soc.public.admin.c.html

Association of Professional Chaplains
http://www.professionalchaplains.org/professional-chaplain-services-about-code-ethics.htm

Commission on Rehabilitation Counselor Certification
http://ethics.iit.edu/codes/coe/commission.rehab.counselor.cert.b.html

Healthcare Information and Management Systems Society
http://ethics.iit.edu/codes/coe/healthcare.info.mgt.systems.soc.coe.html

International Association of Administrative Professionals
http://ethics.iit.edu/codes/coe/int.assoc.admin.pros.1998.html

National Association of Social Workers
http://www.socialworkers.org/pubs/code/code.asp

More professional codes of ethics can be found at http://ethics.iit.edu/codes/codes_index

Online Resources–Ethics Centers & Websites

American Medical Association (AMA)
http://www.ama-assn.org/apps/pf_new/pf_online?category=CEJA&assn=AMA&f_n=mSearch&s_t=&st_p=&nth=1&

American Society for Bioethics and Humanities (ASBH)
http://www.asbh.org

Bioethics.net – The American Journal of Bioethics
http://www.bioethics.net/

Center for Bioethics, University of Pennsylvania
http://www.bioethics.upenn.edu/

Center for the Study of Bioethics, Medical College of Wisconsin
http://www.mcw.edu/bioethics/index.html

The Cross Cultural Health Care Program
http://www.xculture.org/index.cfm

End of Life/Palliative Education Resource Center
http://www.eperc.mcw.edu/About.htm

The Ethics Resource Center
http://www.ethics.org/

EthnoMed
http://ethnomed.org/

The Hastings Center
http://www.thehastingscenter.org/

Kennedy Institute of Ethics, Georgetown University
http://kennedyinstitute.georgetown.edu/index.htm

National Bioethics Advisory Commission (NBAC)
http://www.georgetown.edu/research/nrcbl/nbac/

National Reference Center for Bioethics Literature, Georgetown University
http://www.georgetown.edu/research/nrcbl/nrc/index.htm

Nuffield Council on Bioethics
http://www.nuffieldbioethics.org/

University of Minnesota Center for Bioethics
http://www.bioethics.umn.edu/

VHA Policies

Available from the Center's website, http://vaww.ethics.va.gov/activities/policy.asp*:*

VHA Handbook 1004.1, Informed Consent for Clinical Treatments & Procedures

VHA Handbook 1004.2, Advance Health Care Planning

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols within the Department of Veterans Affairs

VHA Directive 2005-049, Disclosure of Adverse Events to Patients

Other VA and public policies relating to ethics:

VHA Directive 2001-027, Organ Transplants
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=323

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

VHA Directive 2003-060, Business Relationships Between VHA Staff and Pharmaceutical Industry Representatives
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=288

VHA Directive 2005-049, Disclosure of Adverse Events to Patients
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1339

VHA Handbook 1004.1, Informed Consent for Treatments and Procedures
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=404

VHA Handbook 1004.2, Advance Health Care Planning (Advance Directives)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=420

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols Within the Department of Veterans Affairs (VA)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1150

VHA Handbook 1058.2, Research Misconduct
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1259

VHA Handbook 1200.5, Requirements for the Protection of Human Subjects in Research www.va.gov/vhapublications/ViewPublication.asp?pub_ID=418

VHA Handbook 1605.1, Privacy and Release of Information
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=406

VHA Manual M-2, Part VI, Chapter 9, Post-Mortem Examination
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=855

Standards of Ethical Conduct for Employees of the Executive Branch
usoge.gov/pages/forms_pubs_otherdocs?fpo_files/references/rfsoc_02.pdf

5 USC 2302(b), Prohibited Personnel Practices
www.gpoaccess.gov/uscode

5 USC 2301(b), Merit System Principles
www.gpoaccess.gov/uscode

Other important standards are established by accrediting bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, http://www.jointcommission.org) and the Commission on Accreditation of Rehabilitation Facilities (CARF, http://www.carf.org).

UNDERTAKE a Plan

Plan how to carry out the strategy

- Determine what steps need to be done and who needs to do them
- Recruit others to help with the plan if necessary
- Involve frontline staff
- Consider who else needs to be involved or informed
- Anticipate barriers to implementation and address them proactively

Plan how to evaluate the strategy

- Develop measures to assess:
  - How well the strategy was implemented (execution)
  - How well the strategy accomplished the improvement goal (results)
- Use a combination of several complementary measures
- Be sure that the measures selected correlate well with the desired practice
- Keep measures simple by focusing on what can be counted easily
- Consider collecting data over time and comparing practices before and after implementing the strategy
- Develop a plan for analyzing the data collected
- State up front how much data will be adequate to demonstrate whether the change is working

Execute the plan

- Spell out each task in detail, assign it to a specific person, and set explicit deadlines
- Appoint a team member to oversee and monitor the execution of the plan
- Also appoint someone to monitor the results in real time
- Make mid-course corrections as needed based on what works and what doesn't

EVALUATE and Adjust

Check the execution and the results

- Consider these questions:
  - Was the strategy executed as planned?
  - 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?

Adjust as necessary

- If the strategy worked, determine whether the improvement was sufficient to declare victory
- If the strategy didn't work, modify it and conduct another test, look at a different strategy, or start over with a new issue

Evaluate your ISSUES process

- Complete a self-evaluation of each ISSUES cycle
- Compare what you did with the ISSUES approach
- Discuss lessons learned and opportunities for improvement
- Seek input from other participants in the process to determine how it could be improved

SUSTAIN and Spread

Sustain the improvement

- If the strategy was successful, integrate the change into standard operating procedures

Disseminate the improvement

- Implement the change more broadly, if applicable
- Disseminate results to management, those involved in the process, and others who could learn from the process

Continue monitoring

- Follow up to make sure practices do not revert to the pre-intervention baseline

Preventive Ethics
Addressing Health Care Ethics Quality Gaps on a Systems Level

This card describes the ISSUES approach, a practical, systematic process for identifying and addressing systems-level ethics issues that arise in health care institutions.

This process involves six steps:

Identify an Issue

Study the Issue

Select a Strategy

Undertake a Plan

Evaluate and Adjust

Sustain and Spread

Based on established principles and methods of quality improvement, the ISSUES approach was specifically designed to help preventive ethics teams improve the systems and processes that influence ethical health care practices within a facility.

Although these steps are presented in a linear fashion, it should be recognized that ISSUES is a fluid process and the distinction between steps may blur in the context of a specific ethics issue. At times, it may be necessary to repeat steps in order to achieve a particular improvement goal.

National Center for ETHICS in Health Care
Veterans Health Administration

IDENTIFY an Issue

Be proactive in identifying ethics issues

- Gather and maintain a list of ethics issues
- Establish regular contact with groups, such as the ethics consultation service, senior management, service and program heads, quality management staff
- Ensure that those who may wish to refer ethics issues are knowledgeable about the preventive ethics team and what it does
- Examine other sources of information, such as accreditation reviews and sentinel event reports

Characterize each issue

- Does the issue give rise to an ethical concern?
- Does the issue suggest an ethics quality gap?
- When in doubt, consider whether another process in the organization should address the issue
- Keep a log of issues for future consideration

Clarify each issue by listing the improvement goal

- Specify the improvement goal the team would like to achieve
- Assign a shorthand working title that expresses both the ethics issue and the improvement goal

Prioritize the issues and select one

- Select an issue in which the improvement effort is likely to have a real impact on the facility's ethical practices
- Consider these questions:
  - Is the issue a high priority for leadership or other important stakeholders?
  - Are there data indicating an ethics quality gap?
  - How significant are the issue and its effects?
  - Is the issue of manageable size and scope? Can it be broken down into components?
  - Is it likely that the preventive ethics team will be able to bring about change?

STUDY the Issue

Diagram the process behind the relevant practice

- Collect firsthand information from multiple sources
- Include people who are directly involved in the process
- Draw and label a process flow diagram

Gather specific data about best practices

- Review the available ethics knowledge on the issue, including ethical guidelines, consensus statements, codes of ethics of professional groups, scholarly publications, and online resources
- Review applicable VA policy and law
- Seek examples of model practices in other facilities
- When appropriate, consult subject matter experts
- Use a combination of available knowledge, practical advice, and ethical analysis to develop best practices

Gather specific data about current practices

- Establish a baseline to compare the results of future improvement efforts against
- Keep data collection efforts simple and targeted
- Practices can often be measured by comparing the number of occurrences of the practice before and after an improvement
- Consider such tools as key informant interviews, focus groups, and existing databases or records
- Consider using already validated instruments rather than designing new surveys
- Consult with local quality management staff

Refine the improvement goal to reflect the ethics quality gap

- Compare best practices to current practices
- Describe the distance between where you are and where you want to be in quantitative terms, if possible
- Define a time frame for the improvement goal, if possible

SELECT a Strategy

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

- Do a root cause analysis
- Involve the people who know or use the process to help identify the causes
- Bear in mind that multiple causes often contribute to the gap
- Use a fishbone or cause-and-effect diagram to diagram the causes

Brainstorm possible strategies to narrow the gap

- Follow the rules of brainstorming:
  - Indicate clearly when brainstorming begins and ends
  - Encourage creativity
  - Keep comments brief
  - Don't interrupt or criticize
  - Record comments in the contributor's own words
  - Engage each member of the group
- Sort through new ideas, critiquing, refining, and reorganizing them
- Summarize the ideas in a list of strategies

Choose one or more strategies to try

- Search for strategies with the highest likelihood of success, the maximum expected net benefit, and the lowest resource requirements
- Recognize that modest strategies are more likely to be successful than grand plans
- Weigh the likely impacts in terms of their magnitude the degree to which they can be sustained over time
- Consider potential negative consequences
- Make sure the strategy is not itself ethically problematic
- Take into account expected monetary costs, person-hours of staff time, and other resource requirements
- Think about ways to conserve resources, e.g., by trying out a strategy on a small scale before implementing it more widely
- Contact individuals outside of the preventive ethics function to obtain additional information or support as necessary

Tab 7
Global Assessment Tools

IntegratedEthics Facility Workbook

About the Facility Workbook

The IntegratedEthics Facility Workbook is designed to help you identify gaps in your facility's current ethics program by assessing the mechanisms, processes, and systems you have in place to help promote ethics quality. When you complete the workbook for the first time you'll establish a baseline that characterizes the current quality gaps in your ethics program. Repeating the workbook over time will enable you to monitor improvements that occur as a result of IntegratedEthics.

The workbook asks you to consider such questions as:

> At your facility, how do senior leaders learn about the activities of your ethics program? (Mark all that apply.)
>
> ☐ Senior leaders request information about the activities of the ethics program on an ad hoc basis.
>
> ☐ Senior leaders require routine reporting about the activities of the ethics program, for example through presentations to a top corporate decision-making body or written reports.
>
> ☐ Senior leaders directly observe or participate in the ethics program (e.g., attend ethics program meetings, participate in discussions).
>
> ☐ Other (specify):

Completing the Facility Workbook

Don't wait until your IntegratedEthics program is up and running to complete the facility workbook. The goal is to establish a clear baseline before IntegratedEthics is launched in your facility.

As the IntegratedEthics Program Officer, you're responsible for ensuring that this is done. Your first step will be to determine who should be involved in completing the individual sections of the workbook relating to the overall function of the program and to each IntegratedEthics function:

- ethics consultation
- preventive ethics
- ethical leadership

Each section should be completed by a small team of individuals who have firsthand knowledge of the relevant function and how it operates in your facility. Once you've assembled your workbook teams, you'll need to establish clear expectations and timelines. Depending on the time needed to form teams and organize meetings, each team should plan to devote approximately 1–2 hours a week over the course of a month to discussing and completing the workbook and to preliminary consideration of the results.

The workbook and instructions for completing it are available on the Center's website, vaww.ethics.va.gov/IntegratedEthics. A web-based version of the tool will be available in 2008.

IntegratedEthics Staff Survey

About the Survey

The IntegratedEthics Staff Survey helps you assess specific aspects of ethics quality, so that your facility can set goals and develop quality improvement plans.

The survey captures employees' perceptions about specific ethical practices, their knowledge of concepts in ethics and VHA policies related to ethics practices, and their views about how well the organization supports ethical practices. Questions are organized around topical domains, such as shared decision making with patients, professionalism in patient care, and ethical practices in resource allocation.

The survey results will help you identify where employees perceive that practices in your facility are inconsistent with good ethics quality and accordingly where to target improvement activities.

Administering the IntegratedEthics Staff Survey

All employees should take the survey; however, not every employee will answer all survey questions. The tool is designed so that employees in different occupations and job categories complete different sections of the questionnaire.

The survey will be implemented nationally; medical centers are responsible for administering the survey locally with technical support from the National Center for Ethics in Health Care. The Center will distribute the materials you need for marketing and data collection.

Employee participation in the IntegratedEthics Staff Survey is voluntary and all responses are collected anonymously using a web-based questionnaire. Alternative methods will be made available to employees. You should aim to minimize the burden on respondents. For example, encourage employees to complete the survey during their normal working hours.

You will access your facility's data using an online reporting system The report will highlight those areas in which staff perceived that the facility is doing well and those in which they perceive that improvement may be needed. A guide to help you understand the report will be available through the National Center for Ethics in Health Care. You'll want to review the results and interpret them in light of your facility's culture and its contextual features. Using your analysis, you can begin to set goals, and develop quality improvement plans.

In addition, you may find it helpful to compare your survey results with findings from the IntegratedEthics Facility Workbook. Together, the survey and the workbook provide data describing your organization's ethical environment and culture.

The National Center for Ethics in Health Care developed the survey using rigorous methodology to ensure that it would yield meaningful, valid, and reliable results. For more information on how the survey was developed, contact the Center, IntegratedEthics@va.gov.