IntegratedEthics In Action
Promising Practices — Emerging Champions
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Beyond VA: Southern California Kaiser Permanente Adapts IntegratedEthics Model for Local Use
A Conversation with the Co-Director of the Southern California Kaiser Permanente Bioethics Program

When Paula Goodman-Crews, MSW, LCSW, came to Southern California Kaiser Permanente in 2000 she was the region’s second staff ethicist. However, before she was even exposed to VA’s IntegratedEthics® (IE) model, her ethics practice included some of the same elements. She rounded daily in the ICU, sat on hospital committees, and was involved in projects to improve ethics quality. She strongly felt that ethics should not be practiced in silos but only at the bedside, and she trusted her instincts to evolve the traditional ethics committee model at her San Diego medical center toward more integration. “The concept of integrating the ethics functions made total sense,” she said.

But her “a-ha moment” came when she attended a pre-conference workshop at the American Society of Bioethics and Humanities presented by National Center for Ethics in Health Care (NCEHC) leaders Ellen Fox, MD, and Robert Pearlman, MD, in 2005. “I felt like I was home,” she said. “Meeting them and listening to their presentation was very affirming. I had found my people.” She quickly became familiar with the IE tools and began adapting them for local use.

Today, Ms. Goodman-Crews and her physician partner, Malcolm Shaner, MD, oversee the work of 10 full-time clinical ethicists who co-chair 10 bioethics committees in Kaiser Permanente’s Southern California region. In addition, she continues to function as the full-time clinical ethicist in Kaiser Permanente’s San Diego Medical Center. In this role, she sits on numerous hospital committees to assist colleagues in applying an “ethical lens” to important issues facing their facilities. Recently, she spoke to IntegratedEthics in Action about how the IE model and tools have informed and inspired this work, and how their own integrated ethics program is improving ethics quality at Kaiser.

How are you using IE concepts in your program?
Overall, we have adapted your IntegratedEthics approach as a foundation for our clinical practice. However, instead of an IE Program Officer, we have a Medical Bioethics Director (Clinical Ethicist) for each facility that co-chairs the bioethics committees in their program.

Kaiser’s ethics quality projects have included improving advance care planning throughout the continuum of care, improving informed consent for vulnerable populations, addressing/managing staff moral distress, and improving processes for ensuring quality care in complicated patient situations in the acute care setting.

Inside:
Nurse Ethicist Marilyn Mitchell joins the national IE team as Manager for Ethics Consultation.

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Kaiser Permanente Adapts IE Model

What specific areas of IE have you adopted for your program?
I am very familiar with the ethics consultation primer and, in fact, our bi-annual Bioethics Orientation Training features the CASES approach. The ethics consultation services also have access to the tri-fold CASES card. Although we are not currently using ECWeb, we are engaged in regular discussions with Dr. Fox about potential collaboration and adoption.

How have IE tools supported the development of your own ethics program?
In 2007, we incorporated graphics and information from the NCEHC website into our business case for our own integrated ethics program that was approved by the SCAL Kaiser Permanente Health Plan President. Key concepts articulated in the Ethics Consultation and Preventive Ethics primers also greatly contributed to the success of our proposal. Together, the materials emphasized the benefit that can result from an integrated ethics program.

How has your ethics program improved ethics quality at your facilities?
The beauty of an integrated ethics program is that you know you’ve had success when champions and stakeholders other than yourself begin to recognize and co-own ethics issues. For example, moral distress is a common occurrence in nursing. While the clinical ethicist is certainly in a position to identify the issue and engage/educate nursing leadership and staff, leadership champions on several units who have the knowledge and ability to manage moral distress. The clinical ethicist serves as a consultant to the process. In fact, as a result, a Code Debriefing project is now underway, which addresses a recent finding that moral distress resulting from participating in codes can be managed through immediate debriefing.

We also have seen some recent progress on one of our regional QI initiatives. The Ethics Quality SBAR authored by our Interregional Medical Ethics Committee resulted in functional improvements in the electronic medical record related to access and documentation of advance care planning. After four years of garnering multi-disciplinary and business support, our new “Advance Care Tab” is now up and functioning in the electronic medical record. This is a concrete example of IntegratedEthics at work; we were able to align our goals to improve ethics quality with what the institution cares about.

Integration is also the foundation for ethics practice at our other Southern California Medical Centers. The Medical Bioethics Directors go on rounds almost every day in the ICU, NICU, and other areas of the hospitals. During rounds, the ethicist offers guidance to staff that enables us to meet ethical obligations to strengthen informed consent, support the decision-making process, and assist in balancing competing obligations to serve the best interests of patients.

Finally, with the goal of applying an ethical lens to key institution initiatives, many of our ethicists are members of leadership committees. For instance, affordability and access to care are key issues for most hospitals. By including an ethicist at the table we know that leadership recognizes that ethical framing is needed to help balance competing obligations. In this way, we’re integrating ethical framing into the everyday functions of the hospital.

New VHA Directive for National Center for Ethics In Health Care
A revised version of VHA Directive 1004, which defines the responsibilities of the NCEHC, was issued on September 6, 2013. The revised directive can be found at: http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2942

What We’re Reading . . . Ethics in the Literature

Here are some articles that were of recent interest to our NCEHC IE Staff. They can be used to spark engagement in your local IE program or to discuss in local journal clubs. To access, click on the links below, or consult your facility’s librarian.


How did you become interested in ethics?
My interest in ethics began in nursing school (late 1970s) although I didn’t realize at the time that my questions were related to ethics. In the early 1980s, I asked so many questions about the ethical implications of my work that a colleague said, “Marilyn, if you keep asking these kinds of questions, you cannot work here.”

What training and background do you bring to the role?
I became a member of the bioethics committee and a relief ethics consultant at Kaiser Permanente in San Diego in 2004. My mentor, Paula Goodman-Crews, MSW, LCSW, co-director of Kaiser’s Southern California bioethics program, was an incredible role model. (Editor’s Note: For a description of Kaiser Permanente’s ethics program, see “Beyond VA: Southern California Kaiser Permanente Adapts IntegratedEthics Model for Local Use” in this issue.) I also attended meetings of the San Diego Bioethics Commission, a forum where regional hospitals discuss ethics issues, receive ethics education, formulate regional ethics goals, and create regional policy.

In 2009, I received my Master of Advanced Studies in Health Law from a program jointly managed by the University of California at San Diego and the California Western School of Law. My emphasis was bioethics and my capstone project was about advance directives.

What challenges have you faced in your ethics consultation work?
My prior positions have not included paid time for doing ethics consultation, and often my managers did not support the value of the work. As a result, I was only available to do ethics consultation on a volunteer basis and often had to defer opportunities due to scheduling conflicts.

Another challenge was handling the emotional nature of some consults. In my experience, these can be emotional encounters, which make it difficult to get to core issues. Patients and families do not discuss their situation in a way that clarifies the ethics question and even staff does not always describe issues in a concise and relevant way. Over time, I have become more aware of how I can help elicit the right information in an orderly way to improve the process.

Prior to assuming the ethics consultation (EC) manager role, how were you involved with the IE program?
I served as a volunteer on the Hospital Ethics Advisory Team at VA San Diego Health Care System in 2010. From my experience doing consults with the team there, I became familiar with the CASES approach.

What do you hope to bring to your new role as IE Manager for Ethics Consultation?
In my experience working as a bedside nurse in hospitals in New York, Illinois, Massachusetts, and California, I have witnessed how ethical conflicts influence the care patients receive. I know health care professionals are pressed for time, so I hope to bring a realistic approach to improving ethics consultation at VA. I also bring experience as an education consultant and a Green Belt in Lean Six Sigma, which will help me to design tools to make managing an ethics consultation service easier and more efficient (when possible).

As EC manager, what will be your immediate priorities?
Since I come from a different (though also large) setting, my priorities include learning the system, getting to know as many EC Coordinators as possible, and listening carefully to the needs of those involved with ethics consultation in the field.

Do you have any other thoughts?
My father and brother are Veterans, and I hope to always remember that everyone we work with has done a great service to our country. My goal is to make sure they are treated with respect, dignity, and care by improving the ethics consultation process.

Introducing a New Tool Just for IEPOs...
IEPO Desk Reference

If you are an experienced IntegratedEthics Program Officer (IEPO) or just starting out, you have probably wished that you could locate IE materials, planning tools, and timelines more efficiently. Now, with the help of the recently released IEPO Desk Reference, you can.

This tool compiles the best information, strong practices, and learning gleaned from several years of interactions with IE field staff. Specifically, the Desk Reference provides new or experienced IEPOs:

- General IE information
- Critical activities, steps on how to complete them, and when these steps should be taken
- Useful materials, tools, and resources related to IE and the NCEHC

“I believe this reference will help make your role as IEPO more satisfying and your program more effective at achieving the goal of ethics quality,” said Basil Rowland, MSW, IE Manager, Field Operations.

The Desk Reference is available on the internal IE Program Management webpages at www.infoshare.va.gov/sites/IntegratedEthics/Draft%20IEPO%20Desk%20Reference/Forms/AllItems.aspx.

Contact Mr. Rowland with questions at basil.rowland@va.gov

Developed by the IntegratedEthics team at the National Center for Ethics in Health Care (NCEHC). IntegratedEthics in Action is published on the IE Website www.ethics.va.gov/integratedethics/inAction.asp, listserv, and via other IE venues. Its purpose is to rapidly disseminate promising practices and feature emerging IE champions to help facilities and VISNs in their implementation of the IE initiative. We welcome your comments and suggestions for topics to: vhaethics@va.gov.