**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 ethics should not be practiced in silos or 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 committee and oversees the ethics consultation service. In addition, the Medical Bioethics Director is involved in identifying ethics quality improvement opportunities, creating and revising policy, and developing education for Kaiser Permanente staff and members.

To address systemic issues, we have adopted quality improvement (QI) concepts from Preventive Ethics. We use the IS-SUES log, but in addition, we developed an “Ethics Quality SBAR” (Situation-Background-Assessment-Recommendation) from the existing SBAR tool Kaiser Permanente was using to communicate quality issues. When a staff member identifies an ethics concern, they submit an Ethics Quality SBAR to the bioethics committee, which quantifies the nature and scope of ethics quality opportunities and gaps. If the committee decides to further explore an issue, they will bring it to the stakeholders, such as physician or nurse leadership, Quality, Risk, or other departments and disciplines that are operationally affected by the ethics issue at hand.

Over the past three years, our clinical ethicists have been involved in multiple ethics quality projects in all medical centers within the Southern California region. These projects have focused on 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.

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Kaiser Permanente Adapts IE Model

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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.

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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


25th Annual Canadian Bioethics Society Conference:

Looking Back, Looking Forward

May 28-31, 2014

Renaissance Vancouver
Harbourside Hotel

Abstracts due November 29, 2013

For more information: www.cbs-scb2014.ca

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.


**Introducing a New Tool Just for IEPOs...**

**IEPO Desk Reference**

If you are an experienced Integrated Ethics 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 vaww.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 vaww.ethics.va.gov/integratedethics/IEaction.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.