FROM THE FIELD

In this and subsequent issues of HCEUSA, we wish to provide various resources that might be of assistance to ethics committees. In this issue, we are pleased to include two such resources developed by Michael Panicola, Ph.D., corporate vice-president, ethics, SSM Health Care in St. Louis.

In the future, we would like to provide the following types of resources:

 Qualifications/competencies for ethics committee members

- Curricula for education of ethics committee members
- Evaluation and planning tools

Anyone wishing to share such resources with the broader ministry, please send them by email to Ron Hamel (rhamel@chausa.org). Also, please indicate whether you prefer that you and your organization remain anonymous or whether names can be used. Whatever we are not able to publish in the newsletter, we will make available on the CHA website.

Ethics Committee (EC) Evaluation Tool

orking with the ethics committee as a whole during a meeting or retreat in October or November, the chairperson of the EC should facilitate discussion around the following questions. Someone should be designated to take notes so that a development plan for the EC can be generated from the responses and the perceived limitations in certain areas.

Ethics Committee (EC) Organization

- (1) Does the EC have clearly defined guidelines concerning the following?
 - □ mission or purpose
 - □ primary functions
 - □ organizational relationships
 - **✓** authorized by
 - **✓** convened by
 - √ accountable to
 - □ committee composition
 - ✓ number of members
 - ✓ selection of members
 - ✓ terms of membership
 - ✓ qualifications of members
 - ✓ expectations of members
 - □ committee proceedings
 - **√** officers
 - √ meetings
 - √ subcommittees
 - √ access
 - **✓** authority
 - **✓** confidentiality

- (2) Does the EC consist of individuals from diverse professional backgrounds that encompass, among other things, both clinical and business areas (e.g., ethics, law, nursing, medical staff, pastoral/spiritual care, social work, administration, human resources, marketing/planning) and include at least one community representative?
- (3) Does the EC have a manageable amount of members (e.g., 8-15) so that meetings can be conducted effectively and efficiently?
- (4) Do the members of the EC have specified term limits (e.g., three-year terms with the option for consecutive terms) that allow for continuity and at the same time change?
- (5) Does the EC meet on a regular basis (e.g., monthly, bimonthly, quarterly)? Is this enough to meet the needs of the institution and fulfill the mission or purpose of the EC?
- **(6)** Does the EC have adequate resources to achieve its mission or purpose and perform its primary functions?
- (7) Does the EC set annual goals and assess its development periodically throughout the year?

Ethics Education

(1) Do new members of the EC participate in an ethics orientation session prior to starting their terms? If yes, please explain what the program entails.

(2)	Does the EC hold regular education sessions for its members?		□ ethics rounds □ "brown bag" lunch case discussions
			□ presentations for physicians, nurses, other allied
(3)	Have the members of the EC taken part in some basic		health professionals, and administration
	ethics education around the following topics?		□ community educational events
	□ ethical theory		□ ethics conferences
	□ history of health care ethics		□ ethics audio conferences
	□ ethical decision making processes		
	☐ Catholic approaches to health care ethics	(7)	Does the EC effectively make itself known and avail-
	□ Catholic social ethics		able to those inside and outside the facility?
	□ landmark legal cases in health care ethics		
	□ committee processes and interpersonal	Pol	icy Writing and Review
	communications	(1)	Does the EC have procedures for becoming involved in
	□ organizational ethics		policy writing and review? Do these procedures
			respond to the following issues?
(4)	Are members of the EC informed about ethical issues		□ whether the EC needs approval before writing policy
	in the following areas?		on its own
	□ withholding and withdrawing life-sustaining		□ who can request policy writing or review
	treatment		□ who the EC must report to regarding policy writing
	□ euthanasia and physician-assisted suicide		and review
	□ advance directives and do-not-resuscitate orders		
	□ surrogate decision making	(2)	Does the EC have a standardized process for writing
	□ research involving human subjects	, ,	policies and a standardized form upon which the poli-
	□ allocating health care resources		cies are written?
	□ reproductive and genetic technologies		
	☐ maternal-fetal conflicts and care of critically ill	(3)	Does the EC have certain criteria with which it meas-
	newborns	` /	ures the extent policies are being followed?
	☐ just wages, fair hiring practices, and downsizing		1 0
	□ cost and quality of care issues	(4)	Has the EC written and/or reviewed the following
	□ conflicts of interest and professional responsibilities		policies?
	□ patient preferences and conscientious objection		□ withholding and withdrawing life-sustaining
	□ advertising and environmental concerns		treatment
	□ social responsibility of health care organizations		□ euthanasia and physician-assisted suicide
	, ,		□ advance directives and the Patient Self-
(5)	Does the EC assess the educational needs of its mem-		Determination Act
	bers on a consistent basis? Have the members of the		□ do-not-resuscitate orders for regular and surgical
	EC been asked what other topics of study they would		patients
	like to learn about and what educational formats (e.g.,		□ surrogate decision making
	case discussions, lectures, invited speakers, videos) in		□ brain death and the determination of death
	which they would like to see these topics discussed?		☐ fetal demise and disposition
			□ research involving human subjects
(6)	Does the EC offer educational opportunities to		□ role of minors in clinical decision making
(-)	patients, families, health care staff, administration,		□ treatment of victims of sexual assault
	medical staff, and the community? Does the EC		□ organ donation
	engage in the following educational activities?		□ informed consent
	□ new employee orientation		□ surgical sterilization
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	□ care of persons with infectious diseases (including
	HIV)
	□ hiring practices and issues of downsizing
	□ setting of wages and benefits
	□ conflicts of interest
	□ employee conscientious objection
	□ advertising and marketing practices
	□ socially responsible investing
	□ disposal of hazardous waste
	□ selection of vendors
(5)	Are the members of the EC and others throughout the
	facility aware of the policies the EC has written?

Case Consultation or Analysis of Issues

(7) Does the EC review policies on a regular basis?

(6) Are these policies readily available?

□ utilization of intensive care units

- (1) Does the EC have a structured consultation process and review procedure for analyzing issues of an ethical nature?
- (2) Does the EC require the following before consulting on a case or analyzing an issue?
 - ☐ gathering all the facts relevant to the case or issue, including interviewing appropriate persons (e.g., patient, family member, physician, nurse, administrator, and so on)

- □ review of chart in case consultation or review of supporting material when analyzing an issue
- (3) Does the EC allow anyone directly involved with the care of a patient or with the day-to-day operations of the hospital to ask for a consult?
- (4) Is the EC able to mobilize quickly in the case of a consult or analysis of an issue?
- (5) Are patients, families, health care and medical staff, administration, and others aware that the EC does case consultation and analyzes issues of an ethical nature?
- **(6)** Does the EC have a process for reporting the proceedings of the consult or the analysis of the issue to the appropriate persons?
- (7) Does the EC retrospectively reflect on the consultation process and review procedure for analysis of issues in the spirit of continuous quality improvement?
- (8) Does the EC seek feedback from select individuals who took part in the consult or the analysis of issues (e.g., patient, physician, nurse, administrator) as a way of measuring effectiveness?

Please see table on next page for establishing a development plan in light of the EC's findings.

Opportunity for Improvement	Goal	Action Plan, Person(s) Responsible, and Timeline
EC Organization e.g., need members from more diverse areas	e.g., recruit someone from HR, medical records	e.g., letter from chairperson to individuals in each area by February 2009 with slots filled by March 2009
(a)	(a)	(a)
(b)	(b)	(b)
(c)	(c)	(c)
Education e.g., EC members need to learn more about organizations ethics (a) (b) (c)	e.g., purchase and study Leonard Weber's book Business Ethics in Healthcare (a) (b)	e.g., each EC meeting, one chapter from book will be reviewed by a member with group discussion; completion of book by December 2009 (a) (b) (c)
Policy Writing/Review e.g., numerous policies with ethical implications have not been reviewed for several years (a) (b) (c)	e.g., select and review the policies (a) (b) (c)	e.g., select which policies need to be reviewed and designate EC members from relevant areas to review; discuss 2-3 policies with EC at each meeting; completion of policy review by July 2009 (a) (b)
	or	(6)
Case Consultation or Analysis of Issue e.g., staff do not know how to access the EC for a consult	e.g., develop a protocol that can be easily followed, communicated, and marketed to staff regarding accessing the EC	e.g., volunteers from the EC will develop the protocol and each department will receive a brief in-service on how to access the EC by September 2009
(a)	(a)	(a)
(b)	(b)	(b)
(c)	(c)	(c)

Ethics Committee (EC) Member Self-Assessment

Using a 5-point scale where 5 means excellent and 1 means very poor, please rate your performance on the EC by writing an X in the appropriate cell following each question. Following this, please note any areas for improvement and outline a plan for improvement. This form is for your personal development as a member of the EC and does not need to be shared with anyone else.

1.	My	attendance	at the	EC meeting	s was .	
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5=Excellent	4=Good	3=Fair	2=Poor	1=Very Poor

2. My participation at the EC meetings was . . .

5=Excellent	4=Good	3=Fair	2=Poor	1=Very Poor

3. My preparation for the EC meetings in terms of reading materials, performing tasks, and so on was . . .

5=Excellent	4=Good	3=Fair	2=Poor	1=Very Poor

4. My involvement with the EC's tasks and functions was . . .

5=Excellent	4=Good	3=Fair	2=Poor	1=Very Poor

5. I would rate my overall performance on the EC as . . .

5=Excellent	4=Good	3=Fair	2=Poor	1=Very Poor

I can improve in the following areas:

My plan for improvement is as follows: