

Preventive Ethics (PE) ISSUES Summary

Directions: The purpose of PE ISSUES summary tool is to provide a concise snapshot of a completed ISSUES cycle. One tool should be completed for each completed PE ISSUES cycle. Full descriptions for each element and example provided at end of the form.

VISN number _____ Facility number and name _____ FY Completed _____ Point of contact (email or phone) _____

Domain _____ Shared Decision Making _____ Topic _____ Advance Care Planning _____ Source of Issue _____ Accreditation Review _____

	Element	Description
1	<p>Ethics Issue Provide a description of the details relating to the issue, including who, what, where, when, how much or how often</p>	<p>A recent accreditation review of primary care health records found that only a few patient requests for assistance with completing an advance directive were followed up on by clinic staff.</p>
2	<p>Ethical Standard Source List the widely accepted sources of ethical standard(s) that describe the ethical practice that <i>ought</i> to be happening, i.e., what people <i>should</i> be doing.</p>	<p>VHA Handbook 1004.2 Advance Care Planning and Management of Advance Directives</p>

	Element	Description
3	<p>Ethical Standard Description Describe the ethical standard, including any exclusions to the standard. To describe the ethical standard, provide the section of the standard that describes (or at least approximates) what the expected practice or behavior <i>should</i> be.</p>	<p>VHA Handbook states that additional information about advance directives and/or assistance in completing the forms must be provided for all patients who request this service.</p> <p>Exclusions: Patients who change their minds about their requests for assistance, who withdraw from the health care system, or who now lack decision-making capacity.</p>
4	<p>Best Ethics Practice “Should” Draft an operational definition of best ethics practice based on the ethical standard(s) and the specific ethics issue</p>	<p>Primary care patients who request assistance with completing an advance directive <i>should</i> receive it [unless patients change their minds about their requests for assistance, withdraw from the health care system, or who now lack decision-making capacity].</p>
5	<p>Current Ethics Practice Metric Describe the numerator and denominator for this issue.</p>	<p>Numerator: The number of primary care patients provided with assistance as measured by a completed note template</p> <p>Denominator: Total number of primary care patients who requested assistance with completing an advance directive</p>

	Element	Description
6	<p>Current Ethics Practice “is” Results of the data collection defined in the metric and a summary statement that provides how often a practice is occurring. XX% of (practice that is the focus).</p>	<p>Current ethics practice was determined based on a review of 30 primary care patient health records. Currently, 10% of primary care patients who have a documented request for assistance with completing an advance directive receive it.</p>
7	<p>Refined Improvement Goal Using the formula for writing an effective improvement goal.</p>	<p>Increase/Decrease (n or %) of primary care patients who receive requested assistance with completing an advance directive (Ethics practice)</p> <p>From <u>30%</u> to <u>90%</u> by <u>Q4, 20XX</u>. (Current ethics practice) (Achievable Goal) (Date)</p>
8	<p>Strategies to Address Major Cause of EQG For each of the one to three major causes, list the strategies that are most likely to eliminate or modify that cause and contribute to improved practice.</p>	<p>Major Cause <u>Lack of clarity in consult process within Social Work</u> Strategies <u>Develop coverage schedule for primary care clinics</u></p> <p>Major Cause <u>Variation in information provided to patient</u> Strategies <u>Develop training tools for all staff to use with patients and/or families</u></p>

	Element	Description			
9	<p>Measurable Results Using the metric defined under current ethics practice, show how much the strategy closed the gap between current ethics practice and the achievable goal listed in the refined improvement goal.</p>	<p>Results from a small test of changing in the Orange clinic showed an Increased % of patients who received requested assistance with completing an advance directive to 94% by Q4 20XX.</p>			
10	<p>Sustain and/or Spread Indicate how often the improvement will be monitored. If spreading the improvement, specify where and when the strategy will be spread.</p>	<table border="0"> <tr> <td data-bbox="508 539 919 760"> <p>Monitoring Daily _____ Weekly _____ Monthly <u> X </u> Quarterly _____ Annually _____ Who _____</p> </td> <td data-bbox="919 539 1318 636"> <p>Spread (facility or VISN) Yes <u> X </u> No _____</p> </td> <td data-bbox="1318 539 2007 571"> <p>N/A – goal not met _____</p> </td> </tr> </table>	<p>Monitoring Daily _____ Weekly _____ Monthly <u> X </u> Quarterly _____ Annually _____ Who _____</p>	<p>Spread (facility or VISN) Yes <u> X </u> No _____</p>	<p>N/A – goal not met _____</p>
<p>Monitoring Daily _____ Weekly _____ Monthly <u> X </u> Quarterly _____ Annually _____ Who _____</p>	<p>Spread (facility or VISN) Yes <u> X </u> No _____</p>	<p>N/A – goal not met _____</p>			

1. **Ethics Issue:** Provide a description of the details relating to the issue, including who, what, where, when, how much or how often. **Example-** A recent accreditation review of primary health records found that only a few patient requests for assistance with completing an advance directive were followed up on by clinic staff.
2. **Ethical Standard Source:** List the widely accepted sources of ethical standard(s) that describe the ethical practice that *ought* to be happening, i.e., what people *should* be doing. Types of ethical standards include: statutes, laws or regulations, precedents from case law, accreditation standards, institutional policies, executive directives or other senior management guidance, consensus statements or white papers from professional societies, codes of ethics, widely accepted ethical norm or other (please provide document source). **Example-**VHA Handbook 1004.2 Advance Care Planning and Management of Advance Directives
3. **Ethical Standard Description:** Describe the ethical standard, including any exclusions to the standard. To describe the ethical standard, provide the section of the standard that describes (or at least approximates) what the expected practice or behavior *should* be. By exclusions, we mean situations or groups of individuals to whom the standard does not apply. **Example-** VHA Handbook states that additional information about advance directives and/or assistance in completing the forms must be provided for all patients who request this service. Exclusions include: patients who change their mind about their requests for assistance, withdraw from the health care system or who now lack decision-making capacity.
4. **Best Ethics Practice “Should”:** Draft an operational definition of best ethics practice based on the ethical standard(s) and the specific ethics issue. Base statement on standard description, exclusions and details of the ethics issue. A well written best ethics practice statement includes 1) the word *should*, 2) the specific practice that *should* occur, 3) describes who is responsible for the practice (done by whom), 4) describes to whom the practice applies, and, includes the word unless, followed by the identified exclusions. **Example-**Primary care patients who request assistance with completing an advance directive *should* receive it [unless] the patient change their mind about their requests for assistance, withdraw from the health care system or who now lack decision-making capacity].
5. **Current Ethics Practice Metric:** Describe the numerator and denominator for this issue. The denominator describes the population of interest which is based on the ethical standard and exclusions to the standard and as applied to the specific ethics issue. The numerator describes the number of cases or instances within our population of interest that meet the standard. **Example-**Numerator = the number of primary care patients provided with assistance as measured by a note template completed by a social worker or someone equally trained. Denominator = total number of primary care patients [minus exclusions] who requested assistance with completing an advance directive.
6. **Current Ethics Practice “Is”:** Results of the data collection defined in the metric and a summary statement that provides how often a practice is occurring. XX% of (practice that is the focus). **Example-**3/30 or 10%. 10% of primary care patients who had a documented request for assistance with completing an advance directive received it.
7. **Refined Improvement Goal:** Using the formula for writing an effective improvement goal. Increase or decrease the number or percent of (insert ethical practice) from (insert current ethics practice) number or percent to achievable goal number of percent by time frame (insert quarter and FY or moth and FY). . **Example-** Increase the % of primary care patients who receive requested assistance with completing an advance directive from 10% to 90% by Q4, FYXX.
8. **Strategies to Address top 2-3 Major Causes of the Ethic Quality Gap (EQG):** For each of the one to three major causes, list the strategies that are most likely to eliminate or modify that cause and contribute to improved practice. **Example:** One cause of primary care patients not receiving assistance with completing advance directives is that no one is assigned to provide that assistance. One strategy to address that cause is to identify which clinical staff will be responsible for responding to patient requests.
9. **Results:** Using the metric defined under current ethics practice, show how much the strategy closed the gap between current ethics practice and the achievable goal listed in the refined improvement goal. **Example:** Strategy improved % of primary care patients who received assistance with completed an advance directive from 10% to 96%. Overall improvement of 86%.
10. **Sustain and Spread:** Indicate how often the improvement will be monitored. If spreading the improvement, specify where and when the strategy will be spread.