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:

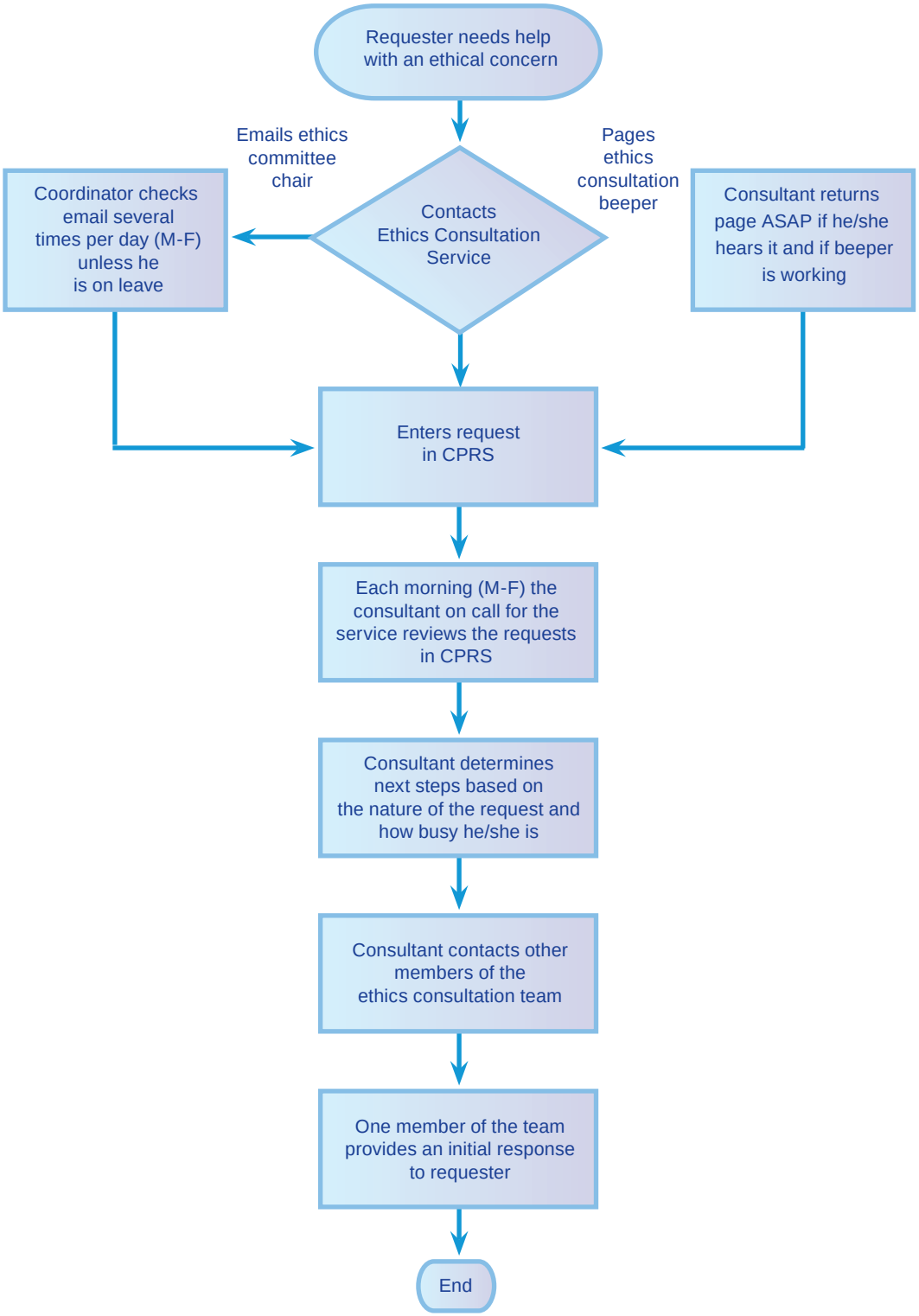
Increase the number of consultation requests that are responded to within a time frame that matches the requester's needs.

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.

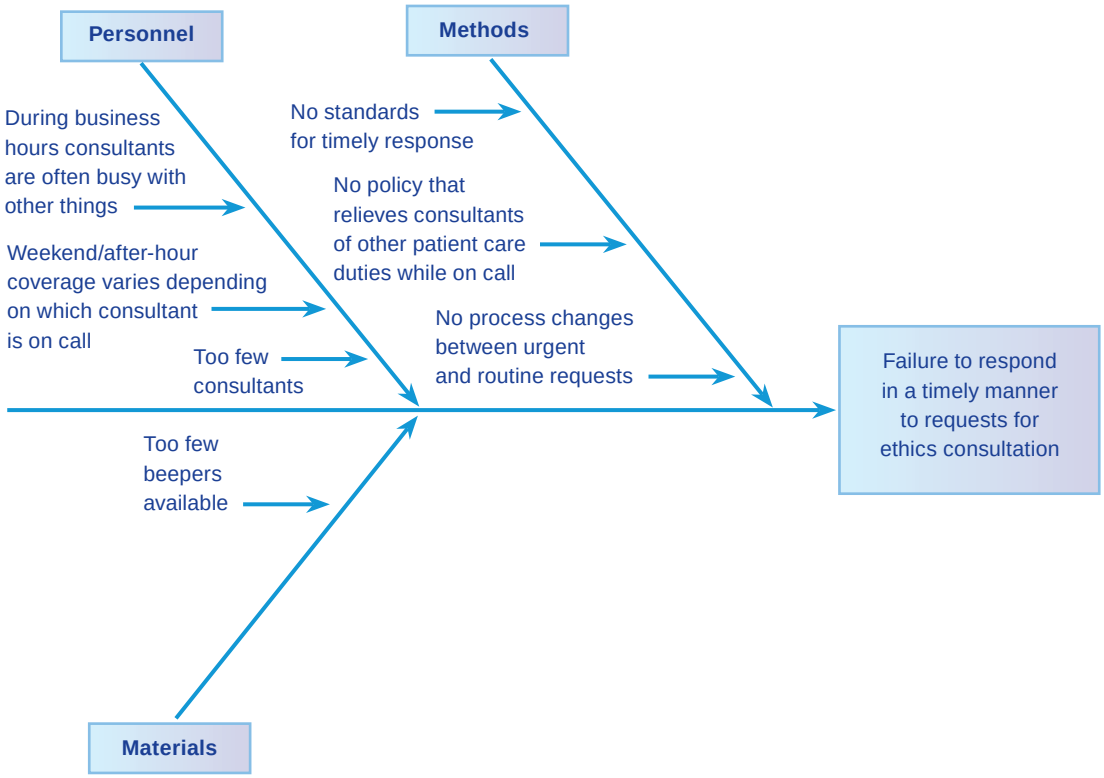
Refine the improvement goal to include the ethics quality gap (include a time frame, if possible)

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%.

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



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
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:

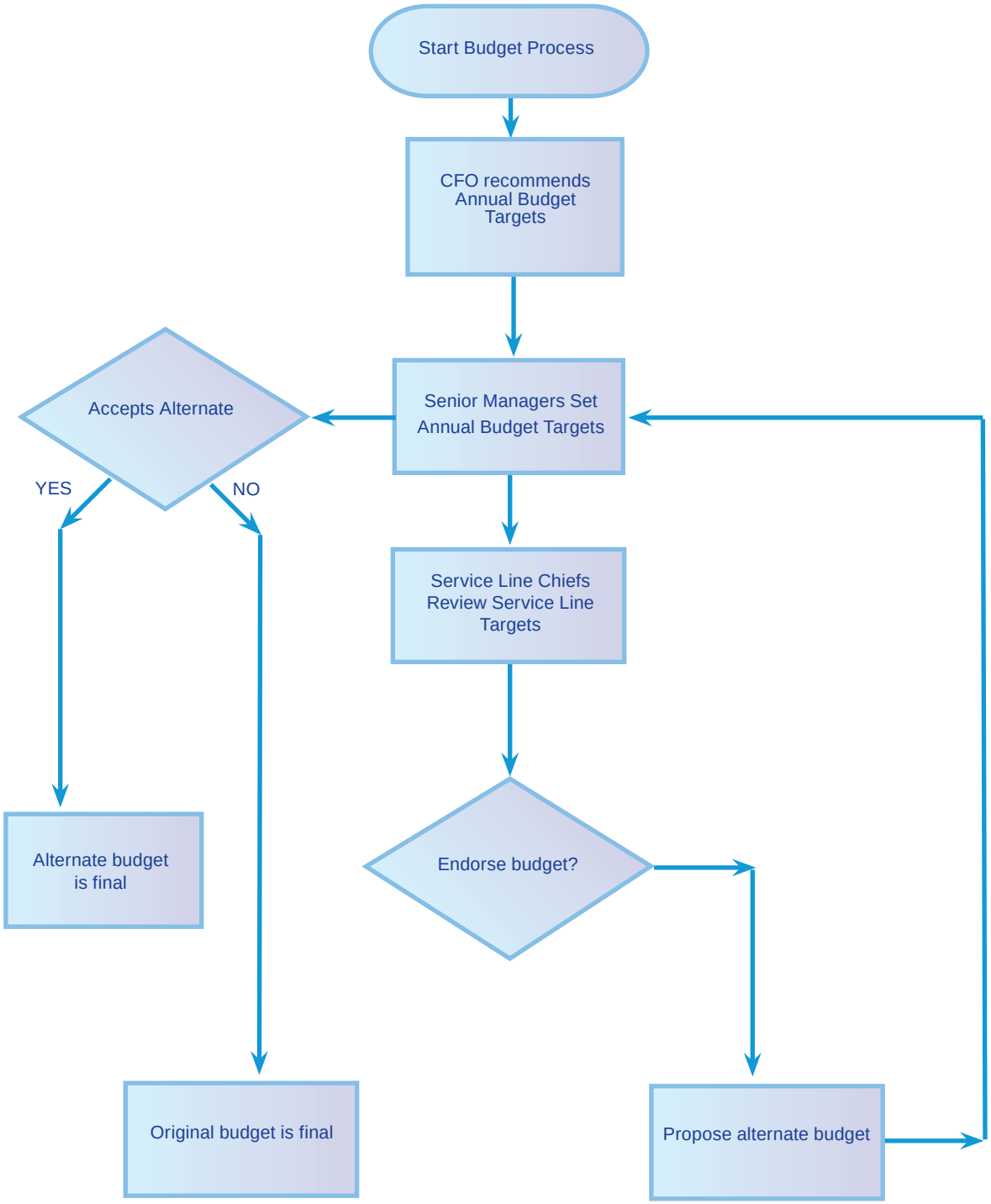
Increase clinician participation in setting allocation priorities.

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 physicians 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.

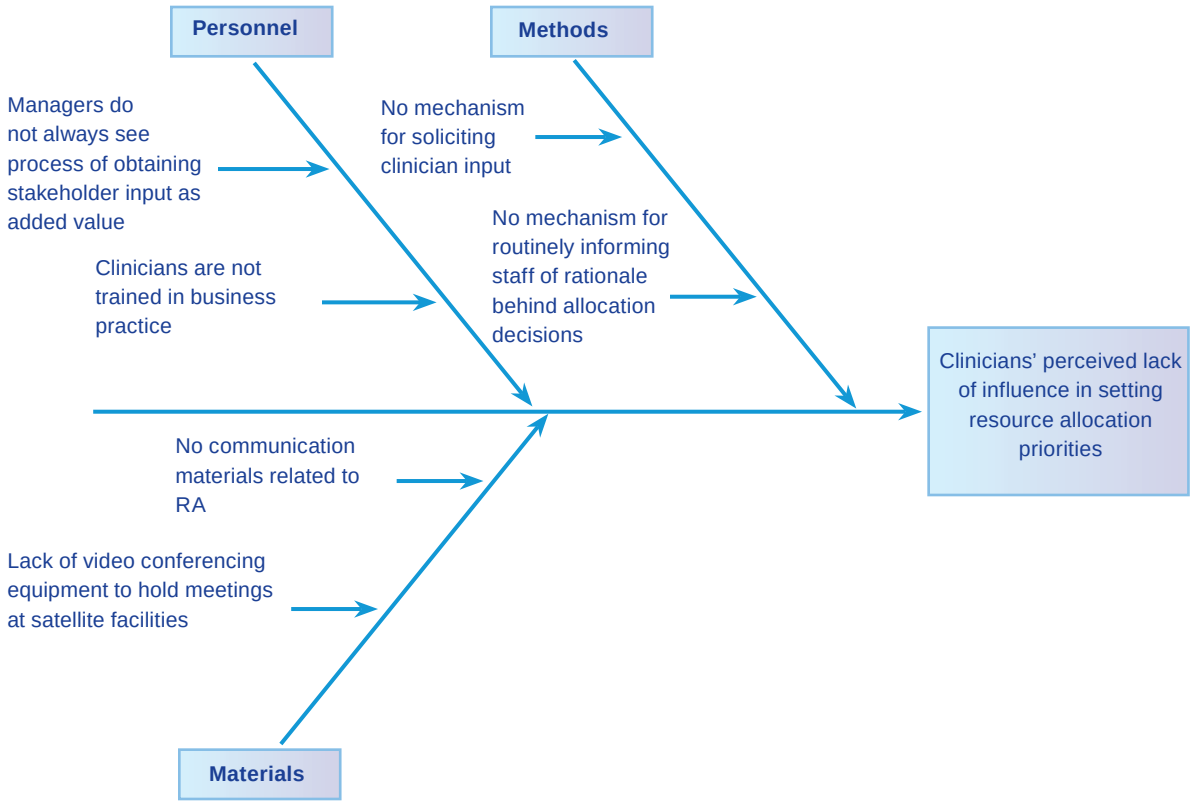
Refine the improvement goal to include the ethics quality gap (include a time frame, if possible)

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