A System's Transition to Next Generation Model of Ethics

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In the late 1990s, the system ethicists for Trinity Health were convinced that our ethics committees, although well-intentioned and doing good work, were not organizationally effective. Their three-fold function of education, policy review and case consultation resulted in an annual tally of isolated activities yielding anecdotal successes and little impact on organizational structures. It was not uncommon for ethics case consultation teams to focus solely on a particular patient care situation and not delve into the possible system causes for the ethical dilemma. Ethics committees provided many educational offerings to internal and external audiences but did not measure the effectiveness or impact of the education provided. Assessment of the effectiveness of Trinity Health's ethics committees across the system validated that significant changes were needed.
In 1999, the system ethicists decided to explore ethics programs across the country to benchmark the kind of changes necessary to improve the effectiveness of the Trinity Health ethics committees. These efforts resulted in a system decision to adopt a Next Generation Model for all of Trinity Health's ethics committees.[1]

Next Generation Model of Clinical Ethics

The Next Generation Model is a quality improvement approach to clinical ethics. Those utilizing this model collaborate with others in the health care setting to address ethics issues from a systemic perspective. For Trinity Health ethics committees, the Next Generation Model focuses their work on policy, process and structure improvements that affect the ethical components of the patient care experience.

After system wide exposure to the Next Generation Model of Clinical Ethics in January 2002, local ethics committee leaders gave unanimous agreement to adopt the model. This began a period of transitioning from the traditional ethics committee to the Next Generation Model. Resources were developed at the Trinity Health home office to assist ethics committees with the transition, including a Next Generation handbook. Among the resources included in the handbook were the following:

- A comparison of the "old" and the "new" model for ethics committees
- Foundational principles to advance Next Generation ethics
- Quality improvement resources and tools
- Ethics improvement project tracking tools

A Closer Look at Next Generation Model: Foundational Principles

Trinity Health chose to adopt the Next Generation Model because its foundational principles appeared to address many of the deficiencies that we experienced in the traditional model.[2] The foundational principles shaping the implementation of the Next Generation approach can be stated briefly as:

- Organizationally integrated
- Strategically proactive
- Outcomes focused
- Mission and values oriented

It will be helpful to look at each of these principles in some detail to understand the significant change they required of our ethics committees.

Organizationally Integrated Trinity Health's ethics committees, like most others across the country, adopted a structure with inherent operational deficiencies. Traditional ethics committees, although multidisciplinary in membership, were usually isolated in the way they functioned. Most ethics "work" was performed during the ethics committee meeting. Between meetings, the case consultation service was available to address difficult ethics issues in patient care, and committees responsible for education or policy review may have met. When committees felt isolated, which was often identified as not enough requests for case consultation, they discussed ways to market their services in order to become better known in the organization with the intent of attracting others to recognize and utilize the services of the ethics committee. Marketing the ethics committee occasionally

resulted in a short burst of interest and activity, which was not usually sustained.

Through the years, the isolation of the ethics committee resulted in a tremendous loss of influence and opportunity in the organization. It was rare for the traditional ethics committees to take an outward focus of partnering with others throughout the facility in identifying and addressing process and structure flaws that promote ethical tensions. So, the principle of **organizational integration** offered significant possibility for improving the "isolationist" nature of the committees.

Strategically Proactive Most ethics committees in our system were competent in their response to requested services. Education was provided to community and staff, policies were reviewed on a regular basis, and case consultations were handled quickly and professionally. So, why were we dissatisfied? Almost every activity of the ethics committees was in response to a request for services. Ethics did not lead, but responded. This approach was disempowering for our committees and limited the influence and impact of the ethics function in the organization. Therefore, becoming **proactive**, rather than reactive, offered a plausible way of improving the image and effectiveness of the committees.

Outcomes Focused Assessing the impact, the "value-added" factor, of an ethics committee had always been a difficult task for our committees. It was not unusual for year-end reports from ethics committees to consist of a tally of activities, with little knowledge of the yield of those activities. For example, did the educational sessions result in changed behaviors and an improvement in patient satisfaction scores? For the most part, we didn't know.

It was difficult to make the case to administration that ethics committees were involved in important work and ought to have organizational resources when we didn't know how to assess our own performance. Given the inability to meaningfully measure the impact of their performance, it was necessary for our ethics committees to adopt the foundational principle that they are accountable for performance based on demonstrable outcomes, and to take the necessary steps to get there.

Mission and Values Oriented A definite strength of most ethics committees, in secular and faith-based organizations, has been their attentiveness to ethical principles, clinical data, patient rights, and legal and regulatory standards. Overt attention to the organization's mission and core values in ethical deliberation had been less frequent. This fourth foundational principle presented a helpful reminder to include in committee discussions and in the analysis of issues appropriate references to the organization's **mission and core values**.[3] Such attention ensures that deliberations result in actions that are consistent with organizational identity.

Transitioning to the Next Generation Model

As we embarked on the transition to the Next Generation Model, we were aware that the process involved a significant cultural shift for our ethics committees and for our local health care organizations. We were prepared to be flexible and responsive to the needs of those making the transition. The handbook referenced above proved to be a helpful tool in making the transition. After a year into the changes, it became apparent to the ethics committees that we were involved in a very different approach to ethics and not simply a midcourse correction of the traditional ethics model. Adherence to the model's foundational principles required substantial change for many stakeholders.

In order to attend to the foundational principles of the Next Generation Model, ethics committees found it necessary to take several key steps; these included:

- Reshaping membership to include individuals skilled in quality and change management
- Deepening committee members' knowledge of and relationship with clinical and operational areas of the organization
- Viewing the scope of their work more broadly to address policy, process and system impediments to ethical patient care delivery

Consequently, the ethics committees began to think and behave very differently, particularly in the ways they identified and addressed ethical concerns, collaborated with others in the organization, and evaluated accomplishments. Ethics committees that made the transition more quickly and thoroughly than others were those that kept the foundational principles before them and consistently evaluated their efforts at integrating them into all aspects of committee functioning.

Obstacles to a Smooth Transition

We did not anticipate a flawless transition to the Next Generation Model. However, we didn't have foresight into the kind of challenges that would emerge. After the initial year of transition, it became clear that two types of ethics committees presented the most resistance to converting to the Next Generation Model; namely, "successful," or content, committees and committees lacking requisite resources.

Successful committees could be identified as engaged committees. They often consisted of professionals who enjoyed working together. They fulfilled the functions of a traditional ethics committee with diligence and accountability. Even with verbal agreement to transition to the Next Generation Model, inertia set in as members contemplated the move to the Next Generation Model. The case had to be made that the pay-off of the transition was worth sacrificing the satisfaction and success of the past. When these committees were reminded of the potential measurable impact of the Next Generation Model on the ethical delivery of patient care, compared to the traditional ethics committee model, it became somewhat easier to embrace the transition.

Committees that lacked resources in leadership, knowledge or skill also had a difficult time making the transition. Because the ethics committee leader was indispensable in the transition process, those committees that lacked the dedication of its leader(s) to overseeing and managing the transition had a difficult time leaving the traditional model. Committees that lacked the knowledge and skills of change management or quality management experienced more challenges in moving to the Next Generation Model. Once we were able to identify the obstacles, we were able to collaborate with the ethics committee leadership to advance the transition. Trinity Health mission leaders became key "champions" as they assisted ethics committee leadership to make the transition.

Rewards of Making the Transition

Looking back, it is now much easier to recognize that the pains of the transition (and not all of them are yet behind us) were worth it. Our ethics leaders and committees see the purview of ethics more broadly now. It is not uncommon for our ethics committees to more quickly and easily identify root causes and system barriers in patient-specific situations; additionally, ethics committees are recognizing improvement opportunities that traditionally would have been overlooked. Often, ethics committees will learn of ethics improvement opportunities because of their closer integration with clinical and operational departments.

Trinity Health continues to advance the Next Generation Model. A FY '08 system goal focuses every ethics committee on the identification of a measurable objective that addresses a health care disparity/inequity in patient care delivery. By attending to an injustice in the delivery of health care services, we intend to make the delivery of patient care more ethical and improve organizational culture. A common commitment across the system will build synergy allowing us to productively collaborate and benefit from the work of each ethics committee. Our collaborative efforts might also yield an increase in justice throughout Trinity Health.

In the past year, ethics committees across the system have begun to confidently build on the progress of the past four years. It is a testimony to their focus on the foundational principles and a tenacity to make a difficult cultural shift. As we contemplate the continuous development of our ethics efforts after the past four years of transition, it is beginning to feel like we're standing in the *next generation*.

NOTES

1. See J.W. Ross, et al., *Health Care Ethics Committees: The Next Generation,* Chicago: American Hospital Publishing, Inc., 1993; David Blake, "Reinventing the Healthcare Ethics Committee," *HEC Forum* 12, no.1 (2000): 8-32; and J. Rueping and Dan Dugan, "A Next-Generation Ethics Program in Progress: Lessons from Experience," *HEC Forum* 12 (March 2000): 49-56.
2. N. S. Wenger, "The HEC Model of the Future Builds on Deficiencies of the Past," *HEC Forum* 12 (March 2000): 33-38. See also Glenn Magee, et al., "Successes and Failures of Hospital Ethics Committees: A National Survey of Ethics Committee Chairs," *Cambridge Quarterly of Healthcare Ethics* 11 (Winter 2002): 87-93.
3. Nancy Bancroft, "The 'Next Generation' Model," *Health Progress* 85 (May-June 2004): 27-30, 55.