STRATEGIC PLAN CLINICAL ETHICS SESLHD 2016-2019

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Foreword

Ethics is at the heart of clinical practice and is central to how we act as health care professionals. There is increasing recognition that ethical thinking, ethical reasoning and ethical discourse are core components of clinical care. Equally, it has been recognised that specialist skills and expertise in clinical ethics are beneficial in informing and assisting health care professionals to properly fulfil their clinical (and system-related) responsibilities.

In New South Wales, an influential report prepared for NSW Health by the Centre for Values Ethics and Law in Medicine (VELIM) [1] recommended the expansion of clinical ethics support (CES) services in Local Health Districts. In response to that and other reports, SESLHD has taken the first steps in developing a CES capacity, through the appointment of a Clinical Ethics Consultant and the development of this Strategic Plan.

The SESLHD Clinical Ethics Strategic Plan provides us with a roadmap, by which we can develop and expand our clinical ethics capacity so as to support the provision of high quality clinical care. The four pillars of our approach – ethics capacity building and education, clinical case consultation, organisational ethics consultation, and research and evaluation – provide us with a robust framework to inform the development of clinical ethics in SESLHD. These are initial steps, and much more needs to be done, but this Plan begins our journey to better clinical care through a better appreciation of the ethical dimensions of what we do.

I urge you to familiarise yourself with our approach to clinical ethics and to become involved in those aspects of the Plan that are relevant to your clinical or managerial practice.

Greg Stewart

Director Primary Integrated and Community Health
Executive Sponsor, Clinical Ethics

Strategy at a Glance

(See attached document)

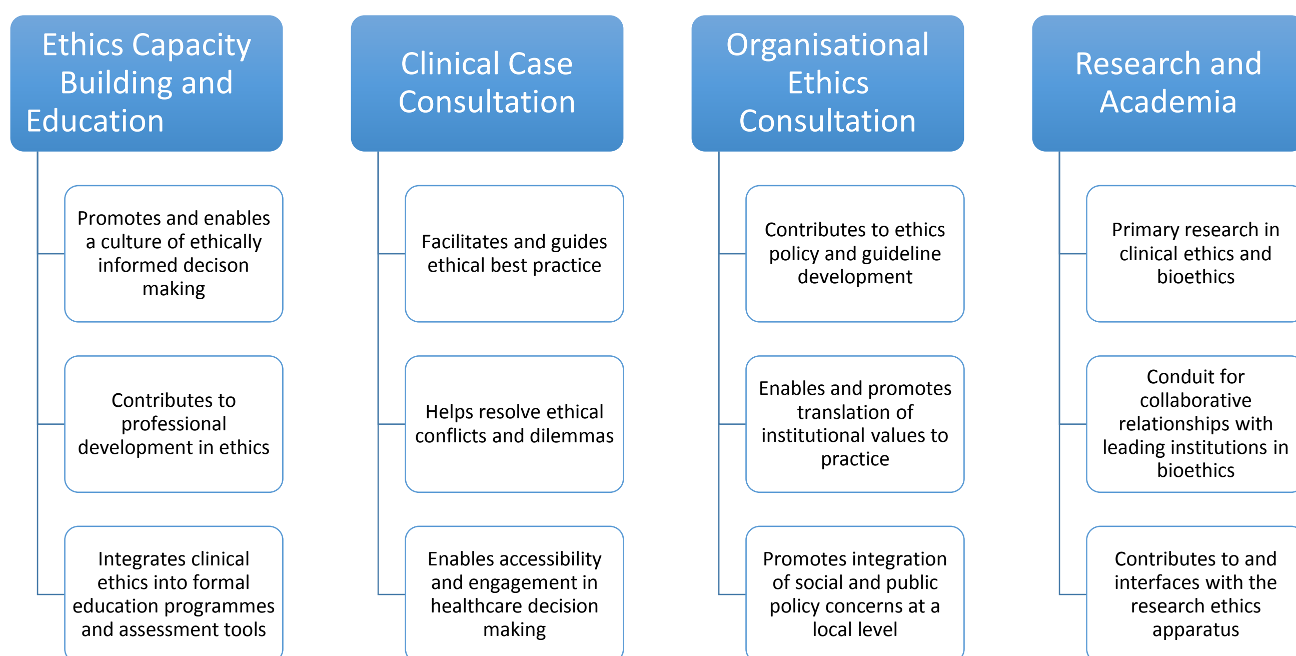
1. Introduction and Background

1.1 What is clinical ethics?

Clinical ethics applies a structured approach to assist health professionals in identifying, analysing and resolving ethical issues arising in the healthcare setting.

Ethical issues are those related to values, which are increasingly at the forefront of decision making in the modern healthcare setting. Applied clinical ethics aims to help health care practitioners understand and explore the values at stake and, in a systematic way, to reach decisions that reflect the complexity of the ethical values involved.

The four pillars and main objectives of a clinical ethics service are outlined below:



1.2 International Context

Internationally, there is increasing acknowledgement of the importance of recognising the ethical dimension of patient care, and the need to ensure health professionals have the knowledge, skills and access to appropriate guidance in order to provide ethical as well as clinically competent care for their patients.

There is an emerging body of evidence surrounding how best to achieve this objective, centred on varying models of clinical ethics at the healthcare interface. Clinical ethics as part of front line healthcare delivery is well established in Canada, USA, United Kingdom, and some parts of Europe.[1,2,3]

Environmental factors driving the improvement in clinical ethics capacity include:

1) Increasing community demand for transparency and defensibility in decision making related to competing values

2) Increasing prevalence of ethical issues in the healthcare setting seen to belong to the 'grey-zone' of values based conflict

3) Increasing clinical demand for support in decision making where the 'right' answer is not immediately clear, or where there is disagreement or conflict.

1.3 Australian Context

In the Australasian context, there is a groundswell of support at a national level for incorporating clinical ethics development into our healthcare policies and structures. Clinical ethics parameters have been incorporated into accreditation and quality assurance guidelines. In the 2012 EQuiP National guidelines, developed by the Australian Council on Healthcare Standards to provide hospitals with high-level benchmarks for service delivery, Standard 15 includes guidelines for:

> "Ensuring governing body involvement throughout the ethical decision-making process… [by providing] evidence of evaluation and improvement of the system to govern and document decision making with ethical implications, which includes a nominated consultative body, a process to receive, monitor and address issues, and a review of outcomes."[4]

In 2015 the Australian Health Ethics Committee (AHEC) of NHMRC released its consensus statement on Clinical Ethics[5] and the Clinical Ethics Capacity Building Resource Manual. [6]

In New South Wales, the development of Clinical Ethics directly aligns with the NSW Ministry of Health core values by enabling:

- Collaboration: between teams and across settings
- Openness: transparent decision making
- Respect: open and constructive resolution of conflict
- Empowerment: opportunities for training and skills development

The NSW Ministry of Health has developed some centralised ethics capacity via employment of permanent personnel with ethics expertise, development of web-based resources pertaining to clinical ethics, and the

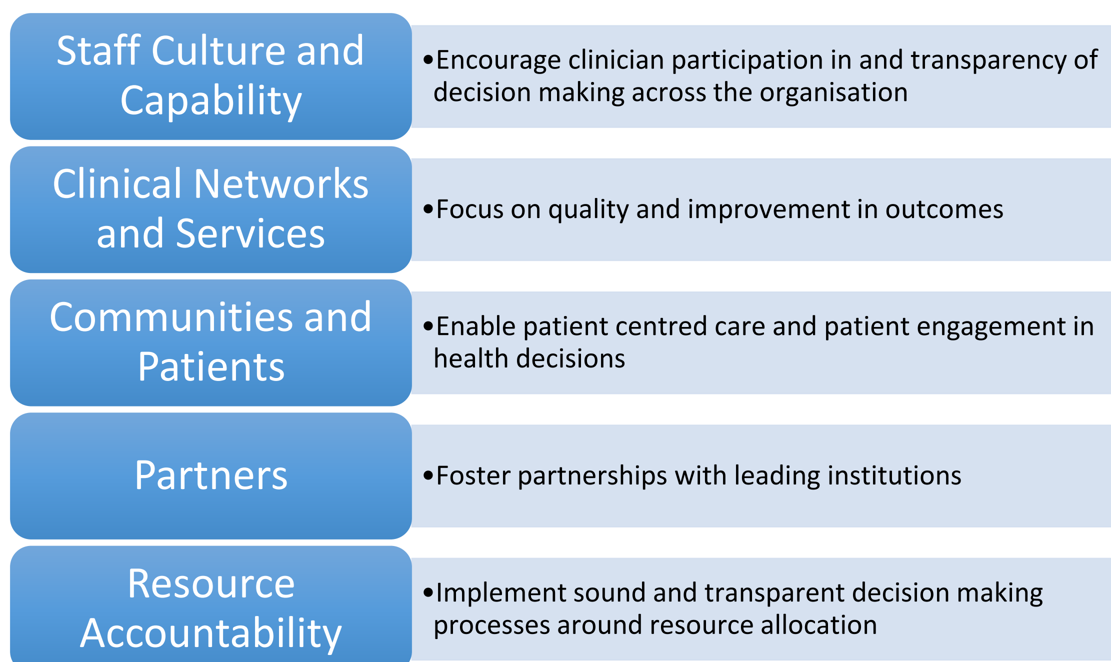
[1] E Doran, J Flemming, I Kerridge and C Stewart, "Building Clinical Ethics Capacity, Final Report of the Developing Clinical Ethics Capacity in NSW Partnership project," 2014.
[2] A Macdonald and R Worthington, "The role of Clinical Ethics in the Healthcare System of New Zealand," Health Quality and Safety Commission New Zealand, 2012.
[3] A Tan, "Clinical Ethics Committees in Western Europe:A Developmental Model for Asia," *Asia Pacific Biotech,* vol. 15, no. 05, 2011.
[4] Australian Council on Healthcare Standards, "EQuiPNational Guidelines standard 15 - criterion 2. 15.6," in *EQuiPNational Guidelines*, ACHS, 2012: pp. 16-17.
[5] NHMRC, "AHEC Consensus Statement on Clinical Ethics," 2015. [Online]. Available: https://www.nhmrc.gov.au/health-ethics/ethical-issues-and-further-resources/ahec-consensus-statement-clinical-ethics.
[6] NHMRC, "Clinical ethics Capacity Buiding Resource Manual," 2015. [Online]. Available: https://www.nhmrc.gov.au/_files_nhmrc/file/15434_nhmrc_cecb_resource_manual_accessible_2016.pdf

ongoing role of the state wide Clinical Ethics Advisory Panel. The NSW Health Clinical Ethics Support Literature Review provides a comprehensive summary of published international literature on clinical ethics support and clinical ethics support services for the period 2000 to 2012.[7] Further development of clinical ethics capacity is currently charged to the Local Health Districts.

1.4 What we are doing now in SESLHD

In terms of the SESLHD Board Road Map to the Delivery of Excellence 2014-2017, Clinical Ethics primarily links with the first of the triple aims; Quality of Care.[8] Specific alignment can be found in building capacity and skills to equip frontline staff to improve, focus on patient centred health and care services, and our strategic priority focus on equity.

Clinical ethics development aligns directly with the SESLHD strategic plan 2012-2017. The SESLHD values "underpin our effort to be a LHD that pursues excellence in health care and delivers that care within an ethical and supportive framework." Clinical ethics enables and embeds these values at the clinical interface, and facilitates SESLHD's five strategic priorities:



In terms of health governance, clinical ethics can be seen as valuable in the following ways:

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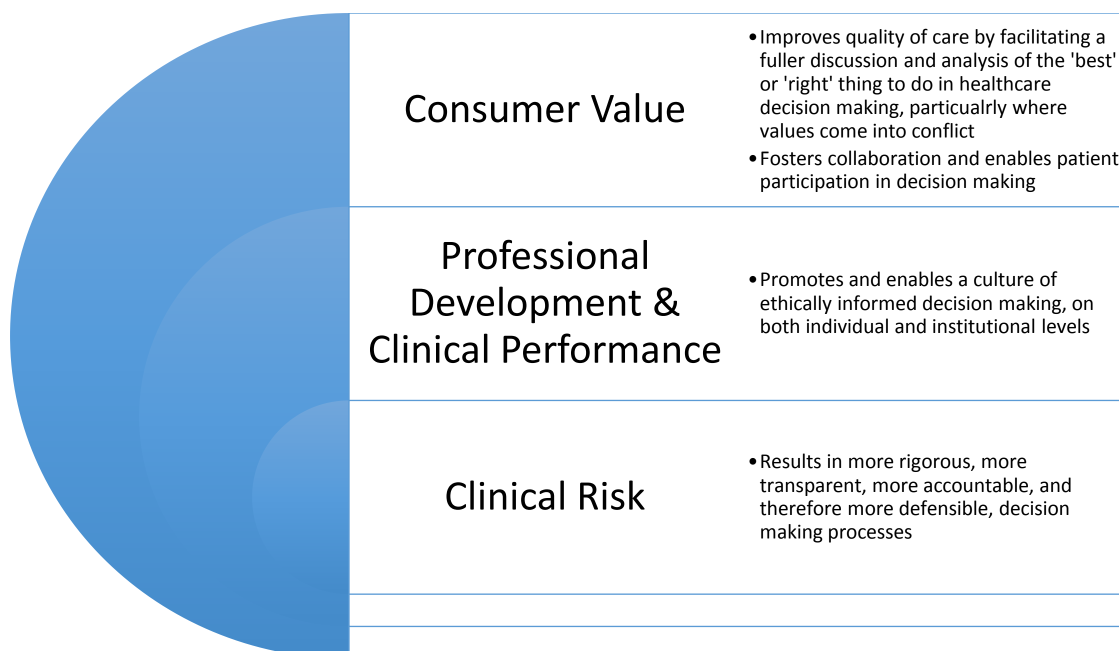
[7] NSW Ministry of Health 2015 "Clinical Ethics Support Literature Review" 2015. [Online]. Available: http://www.health.nsw.gov.au/clinicalethics/Publications/clinical-ethics-literature-review.pdf

[8] South East Sydney Local Health District Board, "A Road Map to the delivery of excellence 2014-2017". [Online]. Available at: http://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx



Until February 2015, the main clinical ethics capacity for SESLHD sat with the Clinical Ethics Committee, and a number of 'ethics champions' throughout the health service with expertise and interests related to clinical ethics and to ethics more broadly. The Clinical Ethics Committee reports to the Clinical and Quality Council, and then to the Board. There was consensus from within that group that more formalised arrangements for ethics capacity and process was required. In the short term, this involved:

- Employment of a Clinical Ethics Consultant (0.4 FTE) to drive and oversee the development of clinical ethics throughout SESLHD (Dr Linda Sheahan)
- Part time secretariat support from a current project officer based in the Research Support Office
- Review of the current functioning, terms of reference, and membership of the Clinical Ethics Committee
- Formalising our affiliation with the Centre for Values Ethics and the Law in Medicine (VELiM) at the University of Sydney, and integrating with their centralised resources and plans for the development of clinical ethics capacity.
- Environmental scan of the current clinical ethics capacity and needs across SESLHD to inform future clinical ethics development planning.
- Focus on initiatives related to ethics capacity building and education at both clinical and organisational levels.

1.5 Developing the Case for Change in SESLHD

The purpose of this document is to define the strategic priorities for the work and further development of clinical ethics in SESLHD over the next three years. Its audience includes all stakeholders interested and involved in the work of clinical ethics throughout the district – the Board, the senior Executive, Clinical and Quality Council, clinicians from all disciplines, educators, administrative and management staff involved in organisational processes through the District, and patients and families.

The gaps identified through our work in 2015-2016, in relation to clinical ethics capacity in SESLHD, include:

- General lack of awareness of what 'clinical ethics' is, and what potential role a Clinical Ethics Service can play in the healthcare system. This is fortunately coupled with a generally positive response to its introduction into SESLHD, and widespread enthusiasm for its possible contribution to service delivery.

- There is 'in principle' support at the executive and senior clinician level, but this has not yet translated to the bedside with 'grass roots' level clinician access and involvement.
- There is a perceived need to develop a sustainable clinical case consultation model for ethics support to clinicians for time-critical, specific case-based ethical dilemmas.
- Lack of formal links with SESLHD academic institutions creates a barrier to ethics capacity building throughout the LHD. Affiliation with VELiM remains crucial to the viability and vitality of the clinical ethics service at a local, national and international level. However, improved collaboration with leading institutions affiliated directly with our Local Health District would strengthen our research and academic agenda, and better enable our ethics capacity building initiatives.
- Current structures and processes do not enable patients and families to participate in and access clinical ethics services or support. Given the strategic priorities of the District, this is a significant gap in how we deliver clinical ethics currently, and may direct how we develop the service over the coming triennium.
- While it is accepted that evaluation will be an important part of service development and accountability, it is a debated issue in the clinical ethics literature. This can be seen as an opportunity to set our research agenda and contribute to the field more broadly.

In light of these gaps, Section 2 provides a framework for priority actions. These priority areas have been identified based on the four pillars of clinical ethics service delivery, and the environmental scan conducted throughout SESLHD in 2015.

2 Priority Action Areas

2.1 Ethics Capacity Building and Education

- Increase the Clinical Ethics Service capacity, and direct service development in alignment with recently released NHMRC guidelines.
- Improve the Clinical Ethics Service's visibility and accessibility, with particular attention to local sites, bedside clinicians, and patients and families.
- Continue to build upon education initiatives to enable clinicians and healthcare workers to engage critically with ethics related issues, and improve their own ethics literacy and capacity.
- Develop tools and provide resources to enable clinicians to deal with their own ethical dilemmas in the clinical setting.

2.2 Clinical Case Consultation

- Develop and maintain a viable and sustainable clinical case consultation service.
- Engage Clinical Ethics Champions with case consultation at each site, and provide centralised support and training.

2.3 Organisational Ethics

- Establish mechanisms for clinical ethics to interface with other key strategic priorities for SESLHD.
- Establish procedures for organisational ethics consultation, to facilitate formal involvement with SESLHD policy and procedure development.
- Engage with key public policy issues related to clinical ethics via clinical ethics forums, thereby creating a conduit for health care workers of SESLHD to consider and engage with these issues as part of their professional development.

2.4 Research and Evaluation

- Identify potential collaborative partnerships with leading affiliated academic and research institutions within our local health district.
- Use the need for evaluation as a driver for an academic agenda over the next triennium

3 Our Challenges; our Approach

Clinical ethics is everybody's business. Ethical practice is the core business of clinicians, managers and administrative staff at every level of health organisation and delivery. Patients and families are key stakeholders in how this can be achieved. With this in mind, clinical ethics remit is broad, and may relate to any area of practice within SESLHD.

In terms of future directions, clinical ethics will benefit from increased capacity and more rigorous and direct reporting mechanisms. Re-evaluation of service structure, roles, and directions are identified as strategic priorities under Section 2.1 (see above).

Important ongoing support structures for clinical ethics include affiliation with the Centre for Values Ethics and the Law in Medicine, senior executive sponsorship and support for service development, and senior clinician involvement and engagement. Other important groups to incorporate into our planning over the next triennium include patients and families, site-specific 'ethics champions' as identified by the environmental scan, bedside clinicians from all disciplines, and SESLHD affiliated academic and research institutions.

Establishment of a responsive and sustainable clinical case consultation service will be a major undertaking, and will require increased capacity to deliver effectively. Progressing this strategic priority requires formal development of the proposed model and identification of the resources and infrastructure to facilitate sustainability and accountability; capacity building for identified clinical ethics champions and committee members throughout the district; and formalisation of formative evaluation procedures to enable quality assurance.

Improved visibility and accessibility will be key, in order to build awareness, foster engagement, and facilitate access. Focus will be on developing a District-wide online presence for clinical ethics, with website development and site- specific physical presence. District-wide education and capacity building sessions will continue at all levels of service delivery, with initiatives aimed at increased penetrance and frequency.

Initiatives connected to these priority areas are outlined at Section 4: Strategies for Delivery.

4 Strategies for Delivery

Domain 1: Ethics Capacity Building and Education		
Strategic Priority	**Action**	**Performance Indicator/Deliverable**
1.1 Increase capacity, and direct service development in alignment with recently released NHMRC guidelines.	Project officer with ethics expertise Secretarial support Physical office space accessible to clinicians and patients/families	Project Officer Secretarial support Physical Office Space accessible to patients and families
1.2 Improve visibility and accessibility, with focus on local sites, bedside clinicians, and patients and families	Website development including content related to: a) communication and contact information; b) details of service provision and how to access support; c) documentation to support referral processes and evaluation; d) online educational materials to support professional development in ethics capacity, and e) links to online resources and guiding documents related to clinical ethics.	Website delivered a) Contact information b) Details of service delivery c) Documentation to support referral processes and evaluation d) Online educational material e) Links to online resources related to clinical ethics
	Engage and enable ethics champions and establish clinical lead at each site	Ethics champions coordinating at sites, with clinical lead established
	Site specific physical presence or 'hub' with facility for patient and family access	Hub or site specific physical presence

	Pilot attendance at ward meetings and bedside rounds	Trial attendance at 2 clinical department ward rounds and evaluate.
1.3 Build upon education initiatives to enable clinicians and healthcare workers to engage critically with ethics related issues, and improve their own ethics literacy and capacity.	Bimonthly clinical ethics discussion group at each site	CEDG established a) POWH/RHW b) St George c) TSH
	Formal education sessions in the form of clinical ethics forums, grand rounds, seminars, lectures and tutorials for clinical groups	Forums – 2 per year Grand Rounds presentations yearly at each site a) POWH b) RHW c) St George d) TSH Seminars, lectures and tutorials as requested Conflict Resolution Workshop for Clinicians
	Increased informal educational opportunities included team debriefs, attendance on ward rounds, retrospective case discussions	Capture numbers of consults related to team debriefs, ward rounds, retrospective case discussions, morbidity and mortality
1.4 Develop tools and provide resources to enable clinicians to deal with their own ethical dilemmas in the clinical setting.	Bedside toolkit on web, app and lanyard	Tool kit on website, as an app for tablet and hard copy on a lanyard for frontline clinical staff
	Centralise detailed resources on website	SESLHD resources available on website: - Structured clinical ethics approach for case based dilemmas - List of questions for clinicians to answer when faced with ethics related issues - Common values and their definitions - Brief overview of common clinical ethics issues
	Links to CE resources externally, via VELiM	Links to external resources via VELiM and CEAP with access to ethics related toolkits and policy documents e.g. end of life care, advance care planning, consent and capacity
	Develop an online cased based education module in clinical ethics	Online case based education module developed

Domain 2: Clinical Case Consultation		
Strategic Priority	**Action**	**Performance Indicator/Deliverable**
2.1 Develop a viable and sustainable clinical case consultation service	Formal development of proposed model, including options for patient and family involvement	Development of model based on literature, observership at leading sites (RCH Melbourne and Perth), and applied and adapted to local setting

	Consultation and review of proposal for pilot	Consultation and review of model completed
	Mobilise resources and infrastructure to facilitate sustainability	Resources and infrastructure established to facilitate sustainability
	Capacity building for ethics champions and committee members	Improved ethics capacity and literacy for ethics leaders
	Establishment of formative evaluation and quality assurance procedures	Evaluation parameters established and processes for formative evaluation incorporated
Engage Clinical Ethics Champions with case consultation at each site, and provide centralised support and training.	Clinical ethics training for ethics leaders to enable case consultation	Formal training provided: a) Conflict resolution training b) Resources and education modules accessible c) VELiM training session (half day)

Domain 3: Organisational Ethics		
Strategic Priority	**Action**	**Performance Indicator/Deliverable**
3.1 Establish mechanisms for clinical ethics to interface with other key strategic priorities for SESLHD.	Service rationalisation	Formal input into service rationalisation initiative
	Equity	Formal input into equity strategy, and identify potential areas of synergy to further goals of the strategy
	Review of DTC process and procedures	Review of DTC processes to enable more rigorous reflection and consideration of the ethical issues, particularly in context of resource scarcity
	Improve connection with community based services e.g., outreach to Medicare locals	Education initiatives with community based groups
3.2 Establish procedures for organisational ethics consultation, to facilitate formal involvement with SESLHD policy and procedure development.	Consult with key personnel to identify potential avenues for clinical ethics to contribute to policy review with a strong ethics remit.	Develop a procedure to trigger clinical ethics input into policy with significant ethics related focus.
3.3 Engage with key public policy issues related to clinical ethics via clinical ethics forums, thereby creating a conduit for health care workers of SESLHD to consider and engage with these issues as part	Forum and education initiatives on issues of key public interest	Refugee Health
		Justice and resource allocation
		Public discourse around physician assisted death

of their professional development.		Improved communication between health care professionals and patients and families, with particular focus on culturally and linguistically diverse backgrounds

Domain 4: Research and Evaluation		
Strategic Priority	**Action**	**Performance Indicator/Deliverable**
4.1 Identify and establish collaborative partnerships with SESLHD affiliated academic and research institutions	Improved collaboration with UNSW	Explore collaborative relationship with newly appointed Dean of Arts who has specific interest and expertise in bioethics
		Set up ILP projects for senior medical students at UNSW to run research projects in clinical ethics
	Foster relationships with academic leaders in bioethics nationally and internationally	Formal contact and collaboration with: a) VELIM – Centre for Values, Ethics and the Law in Medicine, University of Sydney b) CAVE – Centre for Agency, Values and Ethics, Macquarie University c) ACE – Australasian Clinical Ethics Network d) AABHL – Australian Association Bioethics and Health Law e) JCB- Joint Centre for Bioethics, University of Toronto f) IAB – International Association Bioethics
4.2 Use the need for evaluation as a driver for an academic agenda over the next triennium	Normative work on evaluation of clinical ethics	Publish paper on normative considerations in clinical ethics evaluation
	Clinical ethics evaluation project as a formative process for service evaluation	Develop a formal research project on clinical ethics service evaluation, for roll out over the next triennium

5 Measuring Progress

Any service needs to incorporate a defined process for evaluation of how it is used and whether it has achieved its objectives. The relationship between clinical ethics services and evaluation has been the subject of much debate within the clinical ethics literature at an international level. Refining our evaluation approach has therefore been identified as a key strategic and research priority over the next triennium. Clinical ethics will track our deliverables as per Section 4, Domain 4.2 (above).

Reporting and evaluation of the Clinical Ethics Service (CES) with be through the Clinical Ethics Committee to the Clinical and Quality Council, and then to the Board.

6 References

Australian Council on Healthcare Standards (2012). EQuiPNational Guidelines standard 15 - criterion 2. 15.6. In ACHS, *EQuiPNational Guidelines*, ACHS (pp. 16-17).

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