ETHICS NSHA STANDARD OPERATING PROCEDURES

(Approved by NSHA Ethics Leads Group on February 13, 2020)

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A. NSHA Clinical Ethics Consultation Process

Intake

The Requestor of a clinical ethics consultation (CEC) typically initiates a request by visiting the corporate or public websites of Ethics NSHA or by directly contacting the administrative support person for the zone by email or telephone. A CEC request may be initiated by leaving a clear telephone voice-message.

Central Zone	Lisbeth Witthoefft Nielsen	902 473 1564	czethics@nshealth.ca
Eastern Zone	Danielle Murphy	902 867 4500 (4732)	danielle.murphy@nshealth.ca
Northern Zone	Levina Austin	902 893 6314	Levina.Austone@nshealth.ca
Western Zone	Caroline Thorsen	902 365 1701 (2976)	caroline.thorsen@nshealth.ca

Note: This intake/request procedure will change in the future if an Ethics NSHA central consultation request telephone number is established for all zones with a menu that directs the

caller to the appropriate zone-based administrative support person (for an in-person conversation or the leaving of a voice mail); if the Requestor, such as a patient or family member, does not know her/his zone of residence, she/he will be directed to the option of connecting with the Central Zone administrative support person. The email addresses of the Eastern, Northern and Western Zone administrative support persons may change if it is considered advantageous to convert these to generic addresses (such as the address format already adopted by Central Zone).

The relevant administrative support person communicates with the Requestor and, as appropriate, assists that individual(s) to complete the *Request for Clinical Ethics Consultation Form*. The administrative support person forwards the form (the same work day that it is completed) to the person within the zone who is responsible for triaging CEC requests and organizing consultations which may be a designated member of the relevant Local Ethics Team, the chair of the relevant Zone Ethics Committee or, in the case of Central Zone, the Coordinator of Clinical Ethics Consultations.

Triage

The CEC triaging/organizing person(s) or delegate(s) (at least 2 persons if no advanced-ethics support provider is involved in triaging) identifies whether there is a relevant ethical matter(s)/issue(s)/question(s) to be addressed in the clinical care of an identified patient. If so, the urgency of the request is ascertained, and the most appropriate type of consultation response is determined. Response options include: an informal telephone consultation; an in-person meeting with relevant parties; a facilitated health care team consultation; and a formal consultation with direct involvement of the patient and family (see descriptions in below table).

If the CEC triaging/organizing person or the designated CEC consultation team determines that advanced-ethics support/collaboration would be beneficial in the Northern, Western and Eastern Zones, the Network Ethicist of the Nova Scotia Health Ethics Network (NSHEN) is contacted. A provider of advanced-ethics-support has graduate-level training in an ethics-related, academic discipline and/or has had extensive experience in complex health care ethics consultation work.

Note: the initiation and performance of a CEC does not require the approval of the patient, legitimate (delegate or statutory) substitute decision maker or the most responsible physician.

The Requestor is informed of the triaging outcome. If the consultation request does not fall within the scope of a clinical ethics consultation, e.g., it references a strictly legal or human resources matter/issue or it lacks a relevant health care ethics aspect/component, the CEC triaging/organizing person informs the Requestor of other appropriate resource(s) within NSHA, e.g., Legal Services, Human Resources.

Clinical Ethics Consultation Types

Informal Telephone Consultation	An informal telephone consultation is usually provided in response to a relatively straightforward request that requires some brief discussion and limited ethics analysis. This support may include assistance with the clarification of the ethics dimensions or aspects of presenting issue/matter/question, the identification of relevant ethics values and principles, assistance with the development of possible action options, and/or assistance with the determination of relevant resources. Typically, these requests are addressed by a single provider of advanced-ethics support or by 2 or more members of a local ethics team or zone ethics committee. A brief CEC report is generated by the engaged ethics consultant, and this is maintained in a secure and confidential manner by the zone's Ethics NSHA administrative support person. The report does not form a part of the patient's health record. A copy of the report may be requested by the Requestor and, if so, a copy is provided to her/him by the administrative support person.
In-person Meeting with Relevant Parties	An in-person meeting with relevant parties is a consultation format that works well for clinical ethics consultations which have related organizational ethics aspects/elements, and/or when there is the possibility that insights and outcomes could be generalized to other clinical circumstances, and/or when they could potentially inform, or be incorporated into, the subsequent development of a relevant, meso-level health policy. A CEC report is generated by the engaged ethics consultant(s), and this is maintained in a secure and confidential manner by the zone's Ethics NSHA administrative support person. The report does not form a part of the patient's health record. A copy of the report may be requested by the Requestor and, if so, a copy is provided to that person(s) by the administrative support person. If the consultation meeting concerns, or could directly affect, the patient's future care plan, the patient or legitimate (delegate or statutory) substitute decision maker is informed of the consultation meeting, and is provided with the option of receiving a copy of the report.
Facilitated Health Care Team Consultation	A facilitated health care team consultation is particularly suited to the addressing of clinical ethics matters/issues that have proven challenging for the health care team to manage in their provision of care to a particular patient or to a group of patients in similar circumstances. All members of the health care team are invited to participate. There is often a targeted education component to these consultations.

	A CEC report is generated by the engaged ethics consultant(s), and this is maintained in a secure and confidential manner by the zone's Ethics NSHA administrative support person. The report does not form a part of the patient's health record. A copy of the report may be requested by the Requestor and, if so, a copy is provided to that person(s) by the administrative support person.
Formal Consultation with Direct Involvement of the Patient and Family	The process for a formal consultation with direct involvement of the patient and family (and/or other legitimate substitute decision maker), including required documentation and reporting, is described in detail below. Formal consultations of this type are typically arranged when a patient and/or family member is the Requestor and/or when direct engagement of the patient and family is anticipated to add-value, i.e., it is expected to enhance fairness, and/or optimize relevant information-gathering, and/or to enable the expression of value-based preferences/priorities by these stakeholders.

Process Steps for Formal Clinical Ethics Consultations

Note: Although the below, described process is of particular relevance to formal consultations with direct involvement of the patient/SDM and family, some elements of the process could apply to other types of ethics consultations.

I. Assembling a consultation team and planning for the consultation meeting

- The designated triaging/organizing person assembles a formal CEC team which, in ideal circumstances, consists of three consultants* (including an advanced-ethics support provider or 2 persons who are members of a local ethics team or zone ethics committee) with the following distinct roles:
    - Facilitation
    - Ethics analysis
    - Recording

  Descriptions of these roles are contained in the next section.

  *In some circumstances, an ethics consultant may perform more than one role, or all three roles, during a consultation meeting.
- Typically, the consultation team member who assumes responsibility for facilitation of the consultation meeting (in possible collaboration with the relevant Ethics NSHA administrative support person):
    - Collaborates with the Requestor and/or the health services manager (HSM) of the clinical unit to make necessary, logistical arrangements for the consultation meeting.
    - Coordinates with other designated consultation team members to ensure that relevant information/evidence has been gathered prior to the consultation

meeting(s).
    - In conjunction with the Requestor and/or the HSM, notifies relevant persons of the consultation meeting and invites them to participate. As appropriate, participants include the patient and/or legitimate substitute decision maker, relevant family members, a support person and/or advocate, and relevant members of the attending health care team, e.g., the most responsible physician, one of the patient's direct care nurses, the attending social worker and the senior, or most engaged, medical resident/fellow.
- Prior to the consultation meeting(s), information relevant to the circumstances is sourced including appropriate organizational health care policies and a relevant literature review; in most circumstances, members of the attending health care team are asked to provide relevant health information about the patient's clinical circumstances; the patient's health record is not normally accessed for the consultation.
- The patient or legitimate substitute decision maker is offered the opportunity to invite a support person and/or an advocate, who may be a member of the patient's self-identified sociocultural group, to participate in the ethics consultation meeting.
- As appropriate, the services of translators, language and/or cultural health interpreters are arranged for the consultation meeting.
- The consultation team, in conjunction with the Requestor and/or the HSM, establishes the time and location of the consultation meeting that optimizes the participation of all relevant persons, with particular attention to the needs and preferences of the patient, legitimate substitute decision maker and family.

<u>II. Formal clinical ethics consultation process elements</u>

- With prompting by the facilitating consultant, the participants introduce themselves.
- The facilitating consultant makes an opening statement that contains the following elements:
    - Overview of the ethics consultation meeting process, including:
        - How the meeting is to be facilitated and structured
        - The roles of participants
        - Confidentiality expectations
    - The deliberations are characterized by respectful, open and inclusive dialogue in which all participants are encouraged to engage.
    - Clarification that, although care plan recommendations may be collaboratively developed during the consultation meeting, the participating consultation team members do not make treatment decisions.
    - Input from participants is requested regarding any other appropriate ground-rules that those in attendance may collectively agree to follow.
- The facilitating consultant or a designated member of the health care team provides a summary/synopsis of the relevant health information; a brief opportunity to clarify the summarized medical information is provided to all participants.
- Following the opening statement, with the facilitating consultant's support, the participant(s) with the most at stake, typically the patient and/or substitute decision maker, is provided with an opportunity to make an opening verbal or written statement.

- During the consultation meeting, the facilitating consultant uses appropriate facilitation techniques to create/enable a safe and effective environment for the consultation meeting. **Attention is paid to relevant power dynamics/differentials and the facilitating consultant ensures that the authorities of persons in positions of relative power are not privileged in the consultation.** The facilitating consultant presents all, relevant information obtained during the intake and triage processes in an understandable manner. She/he ensures that the perspectives of all participants are heard. The facilitating consultant assists in the reaching of any consensus recommendations and the development of their justifications.
- During the consultation meeting, the ethics analysis consultant ensures that key ethics dimensions/aspects of the presenting circumstances are identified and addressed, including any relevant values-conflicts/uncertainties. This consultant assists in the development and formulation of understandable, best arguments on all sides of the presenting matter(s)/issue(s)/question(s). As appropriate, this consultant enables the collective development of a set of recommendations that reflect the careful balancing of any identified, competing interests and obligations.
- The recording consultant records key discussion points, and provides a summary of these and any relevant recommendations that are achieved by consensus. At the end of the meeting, the recording consultant summarizes the deliberations, re-states the key ethics issues/matters that were addressed, and clarifies the nature of any consensus care plan recommendations that have been reached. This role includes the subsequent development of a draft *NSHA Formal Clinical Ethics Consultation Health Record Report* (see template) to share with other members of the consultation team prior to its inclusion in the patient's health record (see Documentation in Section III below).
- At the end of the consultation meeting, the facilitating consultant wraps-up the consultation meeting, thanks all participants and, as appropriate, offers further, clinical ethics consultative support.

III. Follow-up consultative activities

- Debriefing – the ethics consultants meet briefly after the consultation meeting to: 1) discuss how the meeting went, including aspects/features that worked well and those that did not, and 2) agree on next steps. The debriefing discussion is process-focused and includes the identification and initial consideration of any possible errors/mistakes that were made in the consultative process. Any identified learning needs are forwarded by the recording consultant to the relevant Local Ethics Team and Zone Ethics Committee.

- Documentation
    - For all formal clinical ethics consultations that directly involve the patient/SDM and family, a *NSHA Formal Clinical Ethics Consultation Health Record Report* is completed. The recording consultant, other member of the consultation team or solitary consultant arranges to place this report in the Consultations section of the patient's health record in a format (e.g., barcoded) that ensures that the report will be maintained/stored as a component of the patient's permanent health record. The final content of the report is approved by at least two of the

involved ethics consultants if a clinical ethics consultation team engaged in the CEC. This report may be shared with the patient or legitimate substitute decision maker.

- All relevant clinical ethics consultation documents, including consultation request forms, consultation reports and email communications, for all consultation types will be submitted/saved to the Ethics NSHA Sharepoint Site (Word 2013 platform format), once this electronic, information-repository is established, and relevant access procedures are finalized.

All clinical ethics consultation documents (other than submitted, completed evaluation questionnaires) are codified by the relevant Ethics NSHA administrative support person for documentation purposes in the following format:

Reports: ZoneCECRYearMonthDay, where the recorded date is the date of clinical ethics consultation report submission, e.g., WZCECR20180522

Supporting documents: ZoneCECSYearMonthDay, where the recorded date is the date of clinical ethics consultation report submission, e.g., WZCECS20180522 (see below re. codification of evaluation-related documents).

- Reporting – high-level, de-identified information from completed clinical ethics consultations that may be of relevance to the reportage of broad/general ethics themes and trends within the zone, which is documented by the engaged ethics consultant(s) in the last section of the consultation reports, is provided by the relevant administrative support person to the chair of the zone ethics committee; the information about themes and trends from all consultation reports is collated by the administrative support person and brought every March and September by the zone ethics committee chair to the attention of the Ethics Leads Group (i.e., reporting of this information is a regular agenda item for ELG meetings during these months), which is responsible for reporting ethics themes and trends to the VP of Health Services, Quality and System Performance.

- Evaluation – evaluation feedback is sought from the Requestors of all clinical ethics consultations other than informal telephone consultations. A standard, scripted email communication with an attached brief evaluation questionnaire is sent to the Requestor by the zone's Ethics NSHA administrative support person within two weeks of the consultation's completion, with the stated request that the completed questionnaire be received back from the Requestor within one month of the consultation's completion. Once received by the administrative support person, the completed evaluation questionnaire is maintained in a secure and confidential manner*, and copies of it are provided to the members of the relevant CEC team. If the administrative support person does not receive a completed questionnaire within the specified one-month time frame, the facilitating consultant composes and sends an e-mail communication to the Requestor which indicates that any, informal feedback/input that the Requestor wishes

to provide may be forwarded by email to the facilitating consultant and/or the relevant Ethics NSHA administrative support person.

*submitted/saved to the Ethics NSHA Sharepoint Site once this electronic information-repository is established.

All completed evaluation questionnaires and relevant email communications are codified by the relevant Ethics NSHA administrative support person for documentation purposes in the following format: ZoneCECEYearMonthDate, where the recorded date is the date that the related clinical ethics consultation report was submitted, e.g., WZCECE20180522.

a. Clinical Ethics Consultation Request Form

Urgency of request

__ Urgent – an initial response is requested within 1 working/business day
__ Semi-urgent – an initial response is requested within 2 working/business days
__ Non-urgent request

Patient Name:

Patient Location:

Who is aware that this request is being made?:

Who do you think are the key, involved individuals and/or healthcare provider groups?:

Clinical ethics question(s) and/or clinical ethics matter(s)/issues(s) that you wish addressed:

Relevant circumstances:

Relevant clinical features:

Relevant decisions made, and actions taken, by involved others to date:

Which of the below types of clinical ethics consultation do you think may best address your request?:

__ Informal telephone consultation

__ In-person meeting with relevant parties

__ Facilitated health care team consultation

__ Formal consultation with direct involvement of the patient/SDM and family

b. NSHA Formal Clinical Ethics Consultation Health Record Report (template)

Patient:
Location:
Zone:
Date of request:
Date of consultation:
Requestor:
Requestor contact information:

Relevant Clinical Features

Relevant Social Circumstances

Presenting Ethical Matter(s)/Issue(s)/Question(s)

Analysis (description of the collective application of relevant ethical principles and values to the circumstances and the related weighing and balancing of any competing obligations)

Consultative Actions Performed (e.g., persons contacted, meetings held with associated dates)

Recommendation(s)

Relevant Resources (e.g., relevant NSHA health policies, Nova Scotia government *Acts*)

Emerging Ethics-related Themes and/or Trends arising from this Consultation (See Appendix B)

_____
(Signature of Ethics NSHA Consultant(s))
Print name:

Arrangements made for the report to be incorporated into the patient's health record in the Consultations section on _____.

c. NSHA Clinical Ethics Consultation Report (template)

For: 1) informal telephone consultations, 2) in-person meetings with relevant parties, and 3) facilitated health care team consultations

Patient (as applicable):
Location:
Zone:
Date of request:
Date of consultation:
Type of consultation performed:
__ Informal telephone consultation
__ In-person meeting with relevant parties
__ Facilitated health care team consultation
Requestor(s):
Requestor contact information:

Presenting Clinical Ethics Matter(s)/Issue(s)/Question(s)

Brief Description of the Consultative Response Provided

Other Report Sections for Completion as Appropriate

Relevant Clinical Features

Relevant Social Circumstances

Analysis (description of the collective application of relevant ethical principles and values to the circumstances and the related weighing and balancing of any competing obligations)

Consultative Actions Performed (e.g., persons contacted, meetings held with associated dates)

Recommendation(s)

Relevant Resources (e.g., relevant NSHA health policies, Nova Scotia government *Acts*)

Emerging Ethics-related Themes and/or Trends arising from this Consultation (see Appendix B)

Report submitted on _____ by _____, Ethics NSHA clinical ethics consultant(s).

d. Clinical Ethics Consultation Evaluation Email Request (script)

Recommended script for evaluation-related, email communication with the Requestor of a clinical ethics consultation:

Dear _____ (*Requestor*):

As part of Ethics NSHA's ongoing process of evaluating and improving our clinical ethics consultation work, we are very interested in obtaining feedback about your recent experience as the requestor of a consultation. A brief evaluation questionnaire is attached for this continuous-quality-improvement purpose. Your responses to questions will be shared with the ethics consultant or consultants who were directly engaged in the consultation, and they will be kept strictly confidential by Ethics NSHA. You may skip any questions that you prefer not to answer. We greatly appreciate your input and any comments that you wish to make about your recent clinical ethics consultation experience.

After completing the attached evaluation questionnaire, please return it to me as an attachment to your email response to this e-note (or copy and paste it directly into the email response). If you prefer to provide feedback verbally, please contact me by telephone at _____.

As possible, could you please respond to this request by (*insert the one-month-after date of the relevant consultation meeting*).

Please feel free to share the attached evaluation questionnaire with other participants in the clinical ethics consultation.

Sincerely,

Administrative Support
Ethics NSHA

e. Clinical Ethics Consultation Evaluation Questionnaire

Question 1	Did the clinical ethics consultation that you were recently involved in adequately address the clinical ethics matter/issue/question that prompted you to request the consultation? ▪ Was there anything important left unaddressed or inadequately addressed?
Question 2	From your perspective as the requestor of the consultation: ▪ What aspects of the consultation **process** worked well? ▪ What aspects of the consultation **meeting(s)** worked well? ▪ What aspects of the process and meeting(s) did not work well?
Question 3	Did the consultation result in any practical improvement or constructive change in the patient's care or, subsequently, in the care provided by health care team members to other patients in similar circumstances?
Question 4	As appropriate to the nature of the consultation, was there a reduction in your moral distress or the moral distress of other health care team members as a result of the consultation?
Question 5	Do you have any other comments about NSHA's clinical ethics consultation process or any suggestions for improving it?

B. NSHA Organizational Ethics Consultation Process

I. Intake

Ethics NSHA administrative support persons are the initial points of contact for organizational ethics consultation requests. The receiving administrative support person, with the assistance of the chair of the Zone Ethics Committee as required, determines whether the request is of relevance to that particular zone, two or three zones, or to the whole health authority. Consultation requests that pertain to more than one zone are directed to the administrative support person for the Ethics Leads Group (Central Zone Ethics Resource Coordinator).

The relevant administrative support person, in collaboration with the Zone Ethics Committee chair or Ethics Leads Group chair, performs the following actions:

- Clarifies the reason for the request with the Requestor, in person or by telephone
- Confirms whether the request is for informal organizational ethics support or for a formal organizational ethics consultation
    - Options for provision of organizational ethics consultative support include:
        - Informal telephone consultation
        - Informal arrangement of an in-person meeting of the Requestor with an ethics consultant(s)
        - Informal participation in an already scheduled, or to-be-scheduled, organizational meeting within NSHA
        - Informal consultation with a relevant NSHA lead*, e.g., an executive Vice-President, which is initiated by either an Ethics NSHA consultant or the NSHA lead

            *In these circumstances, the Ethics Leads Group: 1) is informed of consultation activities, and 2) approves any relevant recommendations
        - Formal organizational ethics consultation
- Assesses the urgency of the request for organizational ethics consultative support
- If the request is for a formal organization ethics consultation:
    - Briefly describes the formal consultation process
    - Advises the Requestor that the usual duration of a formal organizational ethics consultation is six months
- Assists the Requestor to complete the Organizational Ethics Consultation Request Form

II. Triaging of Requests for Formal Organizational Ethics Consultations

An ad hoc triaging group is struck when the administrative support person indicates to the chair of the Zone Ethics Committee or the chair of the Ethics Leads Group that a request for a formal organizational ethics consultation has been received; membership of the ad hoc triaging group for a zone-based request typically includes the chair of the Zone Ethics Committee and two or more other committee members; membership of the ad hoc triaging group for an authority-wide request typically includes three or more members of the Ethics Leads Group, a minimum of two of whom are from different zones.

- The ad hoc triaging group assesses the request and applies the following triaging criteria:
    a. Assessment of whether the request involves a significant organizational ethics matter/issue for the zone(s) or whole authority.
    b. Assessment of whether the matter/issue could benefit from the application of an organizational ethics lens.
        a. This includes considering whether the application of an organizational ethical lens/perspective could constructively address, or broaden understandings, of the matter/issue and/or draw appropriate attention to new or underexplored features of the matter/issue.

Exclusion Criterion
Organizational ethics consultation is not initiated during the time frame that a presenting organizational ethics matter/issue arising directly from specific employee/staff disciplinary and/or legal proceedings is the current subject of formal employee/staff disciplinary and/or legal proceedings. In circumstances in which such disciplinary and/or legal proceedings are not public knowledge, it is the responsibility of NSHA Vice Presidents who are notified of the initiation of an organizational ethics consultation to inform the chair of the Zone Ethics Committee or Ethics Leads Group of relevant particulars regarding the direct relationship of the presenting matter/issue to employee/staff disciplinary and/or legal proceedings.

- Potential Triaging Outcomes:
    - Refusal of request – a member of the ad hoc triaging group contacts the Requestor and explains why the request has not been accepted; as appropriate and identifiable, other existing means/mechanisms of receiving support are suggested/recommended, e.g., contacting risk management services, human resources, relevant professional bodies, etc.
    - Acceptance of request – a member of the ad hoc triaging group contacts the Requestor and outlines the formal organizational ethics consultation process in detail; the triaging group may make suggestions to the Zone Ethics Committee or the Ethics Leads Group regarding membership of the organizational ethics consultation team.

Note: a majority of members of the Zone Ethics Committee or Ethics Leads Group may collaboratively-initiate a formal organizational ethics consultation in a proactive manner; in these circumstances, the triaging process described above is not required.

III. Notification of Acceptance of Requests for Formal Organizational Ethics Consultations

Upon acceptance of a request for a zone-based, formal organizational ethics consultation by the ad hoc triaging group, or on initiation of a formal consultation by a Zone Ethics Committee, the following are notified:

- Requestor
- NSHA Ethics Leads Group
- Operations Executive Director for the zone
- NSHA Vice-President(s) who has designated responsibility for the zone

Upon acceptance of a request for an authority-wide, formal organizational ethics consultation by the ad hoc triaging group, or on initiation of a formal consultation by the Ethics Leads Group, the following are notified:

- Requestor
- Most responsible NSHA Vice-President(s)
- NSHA Vice-President of the NSHA portfolio in which Ethics NSHA is situated
- NSHA President and CEO
- Quality Subcommittee of the NSHA Board of Directors

Notification includes a general, brief description of the organizational ethics matter/issue to be addressed and the statement that a formal organizational ethics consultation has been initiated; notification is made by confidential letter to the above-identified persons/groups.

Note: the decision of the relevant ad hoc triaging group regarding acceptance or refusal of a request for organizational ethics consultation, and any concerns raised by a Requestor regarding the triaging process, are reported to the Zone Ethics Committee and/or Ethics Leads Group.

IV. Consultation Structure for Formal Organizational Ethics Consultations

An organizational ethics consultation team is established and brought together on an ad hoc basis to work on the presenting organizational ethics matter/issue; it consists of a minimum of three members; a consultation team may be formed by all members of a Zone Ethics Committee or of the Ethics Leads Group; if there is insufficient expertise/knowledge within the Zone Ethics Committee or Ethics Leads Group to handle the request, an external person(s) with such supplementary expertise/knowledge is invited to participate as a consultation team member; it is not a requirement that the external person(s) be a member of the NSHA community; however, **such external persons are required to sign NSHA confidentiality agreements**; the organizational ethics consultation team has a minimum of two Zone Ethics Committee or Ethics Leads Group members.

Note: for formal ethics consultations that are zone-based in the Northern, Western or Eastern Zones (and not authority-wide in scope), the NSHEN Network Ethicist provides advanced ethics support to the triaging of requests and performance of consultations, as requested by the relevant Zone Ethics Committee.

The consultation team determines how to proceed with, and perform, the consultation (e.g., initially meeting with the Requestor and other legitimate stakeholders, and conducting literature searches and/or other relevant types of research). Typically, a deliberative engagement session is organized as a late component of the consultation during which members of the consultation team carefully consider all aspects of the relevant matter/issue, collaboratively develop 'best arguments' on all sides, identify competing obligations arising from the application of relevant ethics values and principles, and weight and balance these in the development of consensus recommendations. Once these components of the consultation are complete, a draft Report with Recommendations is authored by the consultation team.

The Requestor is provided with an opportunity to review the draft report for 'accuracy of content' purposes.

After any identified content-accuracy revisions identified by the Requestor are incorporated into the report, the consultation team reports back to the Zone Ethics Committee or Ethics Leads Group about the organizational ethics matter/issue and any recommendations that were developed by consultation team members; as part of this process element, the Zone Ethics Committee or Ethics Leads Group meets with the consultation team to review their draft Report with Recommendations; the Zone Ethics Committee or Ethics Leads Group may ask for revisions to the Report with Recommendations where the members of the committee/group reach a consensus that such revisions would add-value. These revisions are incorporated into the Report with Recommendations by a member(s) of the consultation team (on behalf of all consultation team members).

Drafts of Reports with Recommendations contain a 'DRAFT' watermark on every page, and drafts are destroyed once a replacement draft or final report is developed.

The final, approved Report with Recommendations for a zone-based, formal organizational ethics consultation is provided to:

- Requestor
- NSHA Ethics Leads Group
- Operations Executive Director for the zone
- NSHA VP(s) who has designated responsibility for the zone

The final, approved Report with Recommendations for an authority-wide, formal organizational ethics consultation is provided to:

- Most responsible NSHA Vice-President(s)
- NSHA Vice-President of the NSHA portfolio in which Ethics NSHA is situated
- NSHA President and CEO
- Quality Subcommittee of the NSHA Board of Directors
- Other, relevant organizational entities as determined by the Ethics Leads Group

Note: following such distribution of the final Report with Recommendations, for organizational ethics consultations that are authority-wide in scope, arrangements are typically made for a

verbal presentation of the consultation's outcomes and recommendations to the most responsible NSHA Vice President(s) and the NSHA Vice-President of the portfolio in which Ethics NSHA is situated.

Note: Organizational Ethics Consultation Reports with Recommendations, and drafts thereof, are not transmitted electronically to email addresses outside of NSHA (they are only communicated to relevant nshealth.ca addresses). As appropriate on an occasional basis, print copies of reports may be delivered to other persons or organizations in a secure, confidential manner.

Two options exist for considering cessation of organizational ethics consultation activities or modification of the usual consultation process prior to completion of the full consultation process:

- The Zone Ethics Committee or Ethics Leads Group agrees with the Requestor that the consultation process should end prior to completion of the process; in these circumstances relevant persons are notified that: 1) the consultation has ceased, and 2) a report with recommendations will not be forthcoming.
- In circumstances where the Requestor indicates her/his wish to withdraw from the consultation process and the majority of Zone Ethics Committee or Ethics Leads Group members believe that the process should continue because the organizational ethics matter/issue has not been resolved or adequately dealt with, the Requestor is informed that the consultation process will continue without further reporting responsibilities to the Requestor.

On completion of the consultation, the consultation team debriefs with the Zone Ethics Committee or Ethics Leads Group; during this debriefing session, particular attention is paid to the consultation activities that were performed, e.g., what worked and what did not, any errors or mistakes that were made, and any emerging learning/education needs for committee/group members.

V. Evaluation

Evaluative feedback is sought from the Requestor and, as appropriate, from other consultation participants; this is achieved through the electronic distribution of an evaluation questionnaire consisting of a set of questions (see standard template); as possible within one month of the consultation's completion, the relevant administrative support person for the Zone Ethics Committee or the Ethics Leads Group contacts the Requestor and, as appropriate, other consultation participants with a request for completion of the questionnaire, with a request that the completed questionnaire be received back by Ethics NSHA within two months after the consultation's completion.

Evaluation questionnaires and related email correspondence are codified by the relevant Ethics NSHA administrative support person for documentation purposes in the following format:

ZoneOECEYearMonthDay, where the recorded date is the date of clinical ethics consultation report submission, e.g., WZOECE20180522.

VI. Follow-up re. Impact of the Consultation

Six months following the distribution of the consultation's Report with Recommendations, the chair of the Zone Ethics Committee or Ethics Leads Group requests written, updating information from the most responsible NSHA Vice-President(s) regarding the practical impact(s) of the organizational ethics consultation; this request is copied to the NSHA VP of the portfolio in which Ethics NSHA is situated.

VII. Reporting of Informal Organizational Ethics Consultations

The participating ethics consultant(s) completes an Informal Organizational Ethics Consultation Report (see standard template) which is retained in a secure and confidential manner for the purposes of Ethics NSHA documentation.

VIII. Documentation

Ethics NSHA retains records of requests received for informal and formal organizational ethics consultations, and relevant information about how these were addressed by Ethics NSHA; formal and informal organizational ethics consultation reports, completed evaluation questionnaires and impact statements will be submitted/saved to the Ethics NSHA Sharepoint Site, once this electronic, information-repository is established, and relevant access procedures are finalized.

All organizational ethics consultation documents, including consultation reports with recommendations, interview synopses, impact statements (see Section VI) and relevant email correspondences, are codified for documentation purposes by the relevant Ethics NSHA administrative support person in the following formats:

Reports: ZoneOECRYearMonthDay, where the recorded date is the date of organizational ethics consultation report submission, e.g., WZOECR20180522.
Supporting documents: ZoneOECYearMonthDay, where the recorded date is the date of organizational ethics consultation report submission, e.g., WZOECR20180522.

a. Organizational Ethics Consultation Request Form

What is the organizational ethics question(s) / matter(s) / issue(s) that you wish to be answered or addressed?:

What is the scope of the request?:

__ Relevance to NSHA as-a-whole
__ Relevance to a particular zone or specific program (specify):
__ Other (specify):

Which key organizational positions/groups/structures do you think are involved?

What circumstances/context gave rise to this request for organizational ethics consultation?:

Which of the below types of organizational ethics consultation do you think may best address your request?:

__ Informal telephone consultation
__ Arrangement of an informal, in-person meeting of the Requestor(s) with an ethics consultant(s)
__ Participation in an already scheduled, or to be scheduled, NSHA organizational meeting (if so, what type of meeting, where and when?:)
__ Informal consultation with a relevant NSHA lead*, e.g., an executive Vice-President
__ Initiation of a formal organizational ethics consultation:

b. Formal Organizational Ethics Report with Recommendations (template)

Title of Report

Jurisdictional Scope

__ NSHA-wide
__ _____ Zone(s)

Introduction

Executive Summary including Outline of Consultative Actions Performed

Presenting Organizational Ethics Matter(s)/Issue(s)/Question(s)

Recipients of OEC Notification Letter

Membership of the Consultation Team

Identified Core Stakeholder Groups

Outcomes of Relevant Literature Searches and Investigations

Stakeholder Interview Synopses

Synopses of Other Relevant Meetings

Deliberative Engagement Session Outcomes

a) Identification, and collaborative exploration, of:
    a. The relevant scope of considerations
    b. Relevant, substantive ethics values and principles, and how these apply to the particular circumstances
    c. Identified competing obligations
b) Analysis (includes the collaborative development of 'best/optimal arguments' on all sides, and the weighting/balancing of competing obligations in the development of consensus recommendations)
c) Identification of relevant ethics themes/trends that should/could inform future organizational policy and practice considerations (for reporting to the VP of the portfolio in which Ethics NSHA is situated)

Recommendations

Concluding Comments

Submitted by:

__ NSHA Ethics Leads Group
__ _____ Zone Ethics Committee

For zone-based consultations, submit report to:

- Requestor
- NSHA Ethics Leads Group
- Operations Executive Director for the zone
- NSHA VP responsible for the zone

For authority-wide consultations, submit report to:

- Requestor
- Most responsible NSHA Vice-President(s)
- NSHA VP of the portfolio in which Ethics NSHA is situated
- NSHA President and CEO
- Quality Subcommittee of the NSHA Board of Directors
- Other, relevant organizational entities as determined by the Ethics Leads Group

Submitted on (date)_____

c. Informal Organizational Ethics Consultation Report (template)

For: 1) telephone consultations, 2) arrangement of in-person meetings of the Requestor(s) with an ethics consultant(s), 3) participation in already scheduled, or to be scheduled, NSHA organizational meetings, and 4) consultations with a relevant NSHA lead

Presenting Organizational Ethics Matter(s)/Issue(s)/Question(s)

Brief Description of the Consultative Response Provided

Other Report Sections for Completion as Appropriate

Identified Core Stakeholder Groups

Outcomes of Relevant Literature Searches and Investigations

Stakeholder Interview Synopses

Synopses of Other Relevant Meetings

Deliberative Engagement Session Outcomes

Recommendations

Concluding Comments

Emerging Ethics-related Themes and/or Trends arising from this Consultation (See Appendix B)

Report submitted on _____ by _____, Ethics NSHA clinical ethics consultant.

d. Organizational Ethics Consultation Evaluation Email Request (script)

Recommended script for evaluation-related, email communication with consultation participants:

Dear _____:

As part of Ethics NSHA's ongoing process of evaluating and improving our organizational ethics consultation work, we are very interested in obtaining feedback about your recent experience in such a consultation. A brief evaluation questionnaire is attached for this continuous-quality-

improvement purpose. Your responses to questions are shared with the ethics consultants who were directed engaged in the consultation, and they will be kept strictly confidential by Ethics NSHA. You may skip any questions that you prefer not to answer. We greatly appreciate your input and any comments that you wish to make about your organizational ethics consultation experience.

After completing the attached evaluation questionnaire, please return it to me as an attachment to your email response to this e-note (or copy and paste it directly into the email response). If you prefer to provide feedback verbally, please contact me by telephone at _____.

As possible, could you please respond to this request by (*insert the two-months-after date of the completion of the consultation*).

Sincerely,

Administrative Support
Ethics NSHA

e. Organizational Ethics Consultation Evaluation Questionnaire

Question 1	Did the organizational ethics consultation that you participated in adequately address the ethical matter/issue/question that prompted the request for the consultation? ▪ Was there anything important left unaddressed or inadequately addressed?
Question 2	From your perspective as a consultation participant: ▪ What aspects of the consultation **process** worked well? ▪ What aspects of the consultation **meeting(s)** that you participated in worked well? ▪ What aspects of the process and meeting(s) did not work well?

Question 3	Did the consultation result in any improvement or positive change at the organizational level, e.g., the revision of, or adoption of new, health organizational practice(s) or policy(ies)? If so, please specify how and when:
Question 4	As appropriate to the nature of the consultation, are you aware of any reduction in the moral distress of members of the NSHA community as a result of the consultation?

C. Ethics NSHA Support for Health Policy Development and Review

Ethics NSHA provides support to the development and review of NSHA health policies that have significant ethics dimensions. In the health domain, policy provides concrete direction as to how large health organizations, such as NSHA, manage the crucially important, social goods of health and health care. Policies direct how health care providers, staff and patients/families interact; how patients are cared for; and how, and to whom, limited health resources are delivered. The application of an 'ethics lens', and the critical appraisal that such analysis provides, have the capacity to add-value to the development and review of policies within health organizations. Additionally, the demonstration of the existence of a credible process for performing ethics reviews of policies is required for a health organization to be formally accredited by Accreditation Canada.

The Ethics Leads Group is responsible for the organization and delivery of ethics support to the development and review of health policies within NSHA. By doing so, Ethics NSHA assists in the building of an internal capacity for policy development and health policy analysis within the health authority. In some circumstances, a health care ethics consultant who is a member of the Ethics Collaborations Team of the Dalhousie Department of Bioethics or another member of the Ethics Leads Group or a member of a zone ethics committee becomes an active, direct participant in the policy development working group that has been tasked to write a health policy or to revise an existing policy. Such working groups consist of relevant administrators, topic/subject-area experts/specialists, participants from key, affected stakeholder groups, and relevant resource persons.

In its engagement with policy development, Ethics NSHA pays particular attention to the identification of, and inclusion of members from, historically marginalized and otherwise disadvantaged social groups that are expected to be directly affected by policy development outcomes. This ensures that the perspectives and interests of these stakeholders are meaningfully included in the development of relevant health policies.

The processes for: 1) ethics review of health policies, and 2) ethics-informed, health policy development are described in detail in NSHEN's Policy Manual (Ethics and Health Policy: The nuts and bolts) add hyperlink to content on NSHEN's website. This comprehensive users' manual was developed by the Ethics Collaborations Team of the Dalhousie Department of Bioethics. It focuses on providing practical assistance to members of the Ethics Leads Group and zone ethics committees in the performance of their policy work, i.e., the development and review of NSHA health policies that have significant ethics elements. The manual is organized into two main sections: Ethics-informed Health Policy Development, and Ethics Review of Health Policies.

Process I. – Ethics review of a health policy under development or revision by another NSHA entity

Requests for the ethics review of a draft of a health policy that is under development or revision by another NSHA entity, e.g., a policy development working group, a policy revision working group, program, committee or individual(s), may originate from the NSHA Policy Office or (directly) from the issuing authority, sponsor or 'author' of the policy under development or revision within NSHA. If a request is received by email or telephone, the requestor is asked to complete the Request for Ethics NSHA Engagement in Development, Review or Revision of a Health Policy Form add hyperlink to relevant content of Ethics NSHA website, which contains the following questions for the requestor:

Relevant health policy topic/subject-area:

Type of request:

- ☐ Assistance in the development of a new policy with a health care ethics dimension(s), e.g., direct participation in a policy development working group
- ☐ Ethics review of a health policy with a health care ethics dimension(s) that is currently under development
- ☐ Ethics review of a health policy with a health care ethics dimension(s) that is currently under revision, e.g., direct participation in a policy revision working group
- ☐ Assistance in the interpretation of an existing policy with a health care ethics dimension(s)

Who do you think is the person (or program, committee, working group) who is most responsible for development/review of the policy, e.g., the policy's 'author'?

What circumstances/context gave rise to the development or revision of the policy?

Which existing, background documents/policies do you think will be helpful in the development or review of the policy?

On receipt of a completed request form for ethics review of a health policy draft, the Ethics Resource Coordinator (ERC), on behalf of the Ethics Leads Group, assigns responsibility for leadership of the formal ethics review of the submitted policy draft to one of NSHA's four zone ethics committees. The responsibility is determined on a rotating, regular basis among the four zones during the calendar year other than from July 1st to August 31st*. The lead zone ethics committee performs a comprehensive review of the draft policy as soon as possible. The other three zone ethics committees are also asked by the ERC to perform an ethics review of the policy draft during a determined timeline, e.g., usually within one month of receipt of the fully completed request form. In ideal circumstances, the reviews of the other zone ethics committees are informed by their access to the lead zone ethics committee's review report prior to the final submission deadline which is established and communicated by the ERC.

> *During these two summer months, when zone ethics committee members tend to be less readily available for collective decision making and operations, the requested, time-sensitive ethics review of a NSHA policy may be performed in an expedited manner by a member(s) of the Ethics Collaborations Team of the Dalhousie Department of Bioethics or another member of the Ethics Leads Group. In these circumstances, an opportunity is provided for other, available members of the Ethics NSHA community to provide input into the requested ethics review.

The content of the following Template for Ethics Review of a NSHA Health Policy Template helps to guide and structure the process and content of the ethics review performed by the zone ethics committees:

Ethics Review of a NSHA Health Policy Template add hyperlink to NSHEN Policy Manual

Ethics Review Elements	Example Considerations
Pre-review preparation – gather information and available evidence on relevant: ➢ Policy topic(s)/issues(s) ➢ Provincial/national best policy practices Obtain and review relevant provincial/national comparator policies	E.g., research existing literature regarding organ donation after cardiac death prior to review of your health organization's DCD Policy E.g., request related policies from other provincial districts and comparable national health organizations
Reflect on relevant **values:** ➢ Personal ➢ Professional ➢ Organizational	➢ Which (relevant) personal values are you bringing to the ethics review? ➢ Which health care professional values play a significant role in the policy? ➢ Insert your health organization's core values (permanent component of the template)
Identify and discuss the **ethics principles and values** that *should* inform the policy	E.g., inclusiveness, collaboration, respect for persons – autonomy, beneficence/

	nonmalificence, health equity, justice, transparency, accountability, sustainability
As far as possible, evaluate the **process** used to develop the policy	E.g., compliance with your health organization's 'policy for policies', active participation of the 'right' stakeholders, maintenance of the policy working group's stewardship of policy content from early development to final approval
Identify the policy's core **stakeholders**, i.e., those who will be directly affected by the policy outcomes including members of disadvantaged/vulnerable social groups How will these stakeholders be positively and negatively affected?	E.g., 'care receivers'/patients, front line health care providers and staff, managers, persons living with disability/mental illness E.g., implementation of policy 'as is' will increase barriers to participation of persons living with…
Identify and discuss the ethics-related **strengths** of the policy	E.g., respects cultural diversity, pays meaningful attention to power differentials, content is reflective of appropriate stakeholder input
Identify and discuss the ethics-related **weaknesses** of the policy	E.g., inadequate Guiding Principles and Values and Definitions sections, relevant ethics concepts not well articulated and/or applied, contains procedural inconsistencies
Consider whether the policy's content is reflective of the 'best possible' **balancing** of identified competing: ➢ Legitimate stakeholder interests ➢ Obligations arising from application of the above ethics principles and values	E.g., interests of management inappropriately take precedence over those of front line health care providers E.g., individual autonomy is unnecessarily privileged over relevant health equity and justice considerations
Evaluate the appropriateness of the use of **language** re. the policy's content, 'tone' and accessibility to end-users	E.g., too much 'ethics speak' which requires ethics training/experience to understand; existing wording 'talks down' to end-users and/or is overly authoritative in tone
Would a formal **implementation** plan be helpful for this policy?; if one is available, consider its apparent strengths and weaknesses	E.g., the implementation plan for the policy does not make strategic use of the health organization's health educators; the use of a policy education module makes good use of the organization's limited resources
Develop and record **suggestions/ recommendations** for revision of the policy draft on the basis of above identified ethics concerns/questions; specify your	E.g., suggest incorporation of brief descriptions of the following relevant principles and values in the Guiding Principles and Values section; recommend making the policy more

reasons/rationales for making these suggestions/recommendations	transparent and accountable in the following ways; suggest substitution of this policy wording "…" for that "…" because…

Subsequent Process Steps:

- A designated member(s) of each zone ethics committee documents the outcomes of the ethics review performed by the committee in the format of the below NSHA Ethics Review of a Health Policy Report to the Requestor Template, and electronically submits this in a timely manner to the Ethics Resource Coordinator (ERC).
- The information so provided by the four zone ethics committees (or as many as have completed the review by the established deadline) is collated by the ERC in the same documentary format.
- The ERC then consults with a member of the Dalhousie Department of Bioethics Ethics Collaborations Team who reviews the collated comments, performs any required content summarization and/or elaboration, and adds any indicated synopsis comments to complete the final report to the requestor.
- The ERC provides this completed, final report electronically to the requestor in a timely and confidential manner prior to, or on, the established deadline.
- A copy of the final report is shared for information purposes with other members of the Ethics Leads Group by inclusion of a copy of it in the documentation package for the next Ethics Leads Group meeting.

NSHA Ethics Review of a Health Policy Report to the Requestor Template

I. General Comments

1. Ethics-related strengths of the policy draft

2. Ethics-related vulnerabilities/weaknesses of the policy draft

II. Detailed, Section-specific Comments

Policy Section	Review Source (e.g., particular zone ethics committee, Ethics Leads Group)	Comments / Questions / Relevant details to inform possible revision of the policy draft

PREAMBLE		
POLICY STATEMENTS		
GUIDING PRINCIPLES AND VALUES		
PROCEDURE		
REFERENCES		

III. Recommendations

1. General

2. Relevant to a specified section(s)

Evaluation of Ethics NSHA's Engagement is Health Policy Review

I. The following questionnaire is included with the ethics review report in the Ethics Resource Coordinator's (ERC's) electronic communication to the requestor. If a completed questionnaire is not received from the requestor within a month of submission of the report, the ERC sends a second copy of the questionnaire to the requestor with a request for completion and confidential, electronic submission of it to Ethics NSHA.

Evaluation of Ethics NSHA's Engagement in Review of a Health Policy

1. Overall, in your view as the requestor, was the ethics review report and any relevant, other communications from a member(s) of the Ethics NSHA community helpful/beneficial in the development of the NSHA health policy?

2. In what particular way(s) did the ethics review inform the final, approved content of the health policy?

3. Further, evaluation-related comments:

II. The ERC obtains a copy of the approved, published health policy, e.g., from the NSHA OP3 Site, and forwards it electronically to the chairs of the Northern, Western and Eastern Zone Ethics Committees and to the chair of Organizational and Policy Ethics (a component of Central Zone Ethics Support).

Process II. – Direct engagement of Ethics NSHA in the development or revision of a NSHA health policy

Requests for the direct participation of Ethics NSHA in the development of a new NSHA health policy or in the revision of an existing policy are submitted to the Ethics Resource Coordinator (ERC). Such requests may be received from the policy's issuing authority, sponsor or 'author'. If a request is received by email or telephone, the requestor is asked to complete and submit a Request for Ethics NSHA Engagement in Development, Review or Revision of a Health Policy Form. The ERC and another member(s) of the Ethics Leads Group determine/ascertain who will provide the requested, direct participation and in what way/manner, e.g., a member of the Ethics NSHA community becomes a formal member of the relevant policy development working group or policy revision working group. The direct participant from Ethics NSHA could be: a health care ethics consultant who is a member of the Ethics Collaborations Team of the Dalhousie Department of Bioethics, another member of the Ethics Leads Group, or a member of a zone ethics committee.

APPENDIX A
Filing Convention for Ethics NSHA Documentation

Clinical Ethics Consultation (CEC) Documentation Coding Format:

The relevant Ethics NSHA administrative support person codifies all CEC documents, i.e., request forms, consultation reports, request emails and completed evaluation questionnaires, using the follow formats:

a. CEC Reports:
ZoneCECRYearMonthDay, where the recorded date is the date that the CEC report was submitted, e.g., WZCECR20180522

b. Supporting documents:
ZoneCECSYearMonthDay, where the recorded date is the date that the CEC report was submitted, e.g., WZCECS20180522

c. Evaluation-related documents:
ZoneCECEYearMonthDate, where the recorded date is the date that the CEC report was submitted, e.g., WZCECE20180522.

Organizational Ethics Consultation (OEC) Documentation Coding Format:

The relevant Ethics NSHA administrative support purpose codifies all OEC documents, i.e., consultation reports with recommendations, interview synopses, relevant email correspondence, completed evaluation questionnaires and impact statements, using the following formats:

a. OEC Reports with Recommendations:
ZoneOECRYearMonthDay, where the recorded date is the date that the OEC Report with Recommendations was submitted, e.g., WZOECR20180522.

b. Supporting documents:
ZoneOECSYearMonthDay, where the recorded date is the date that the OEC Report with Recommendations was submitted, e.g., WZOECS0180522.

Note: OEC Reports with Recommendations are not transmitted electronically to email addresses outside of NSHA (they are only sent to nshealth.ca addresses). As appropriate on an occasional basis, print copies of reports may be delivered to persons or organizations in a secure, confidential manner.

c. Evaluation-related documents:
ZoneOECEYearMonthDay, where the recorded date is the date that the OEC Report with Recommendations was submitted, e.g., WZOECE20180522.

Note: All documents will be submitted/saved to the Ethics NSHA Sharepoint Site (Word 2013 platform format) once this electronic, information-repository is established, and relevant access procedures have been finalized.

APPENDIX B

Key Ethics Themes for Ethics NSHA Reporting

Decision making – content

- Informed consent
- Informed refusal
- Complementary and alternative therapies
- Living at risk and risky behaviours (including environmental risks and risks related to food)
- Discharge planning
- Restraints and isolation
- Uncertainty regarding which treatments should be offered by the health care team
- Withholding or withdrawing treatment (e.g., ventilation, artificial nutrition, dialysis, etc.)
- Other (specify)

Decision making – process

- Substitute decision making
- Shared decision making
- Capacity assessment
- Other (specify)

Professional ethics

- 'Professional boundaries'
- Conflict of interest
    - Working in a team environment
    - Conscientious objection
- Other (specify)

Resource allocation and other justice considerations

- Waitlists
- Uninsured patients / repatriation of patients
- Extraordinary funding
- Priority setting
- Other (specify)

Communication and information management

- Privacy and confidentiality
- Truth-telling
- Breaking bad news / disclosing patient safety incidents
- Other (specify)

Managing challenging relationships

- Terminating HCP - patient relationships
- Recurrent admissions of patients
- Non-adherence with the HCT's recommended treatment plan
- Other (specify)

Diversity, inclusion and cultural humility

- Racist or sexist requests by patients

- Psychological safety

Other (specify)