THE ETHICS COMPANY
At Our Best Every Day

Thomas E. Shanks, Ph.D., President
drshanks@comcast.net

September 15, 2016

William K. Faber, M.D.
Chief Medical Officer
El Camino Hospital
2500 Grant Road
Mountain View, CA 94040

Dear Dr. Faber:

On behalf of the Medical Ethics Committee (EC), I am pleased to submit a revised version of the program plan and request for funding for *Ethics 2020: Promoting Ethics Excellence in Patient Care.* After Dr. Ray Shaheen, the new EC Chair, reviewed the earlier version with you, I revised it in light of your background and experience with clinical ethics committees[1].

Dr. Shaheen, Dr. Manoukian, and I understand how busy you are, but we would be grateful if, at your earliest convenience, you could let Dr. Shaheen or me know how you would like to proceed. Your decision will impact the Committee's work for the next two years, so this proposal is time-sensitive. The Committee reconvenes this Thursday, September 15th, after its summer hiatus.

With that in mind, the following summary may be helpful.

As best we can tell, this is the first time in its 25 year history that the EC has asked the Hospital to fund a comprehensive, multi-year education and quality improvement program. The 20 active members (a diverse group of full-time ECH staff, retired staff, and community volunteers) do so now because they believe the Hospital has urgent and growing needs for a diverse, well-prepared, and accountable Ethics Committee providing timely, effective, well-planned, and well-publicized ethics support services to anyone looking for help with difficult decisions, values conflicts, or everyday ethics issues. Ethics 2020 will build the Committee's capacity to meet those needs, promote ethics quality, and make a significant contribution to the Hospital's mission and overall goal of providing safe, high quality patient-centered care.

Today, the Committee functions as a self-directing team, but it does not have the resources and support it needs to succeed. It operates without bylaws, a clear mission, long-term strategy, or annual work plans. It has no budget for core services or training, has not had regular access to an ethicist, has had difficulty attracting new members, and, until recently, difficulty convincing good people to take on the extra responsibilities of chair.

The proposed program has been carefully planned over the past year and the Committee is eager to start.

Based on newly-developed benchmarks and a Committee assessment, Ethics 2020 is designed to educate and enable the Ethics Committee to:

- **Relaunch with a clear mission, infrastructure, vision, and expertise to identify and meet the Hospital's most pressing ethics needs**

---

[1] Dr. Shaheen and Dr. Jerry Manoukian, who leads the EC's Ethics Consult Team and the Hospital's CME Program, have reviewed this letter and the revised proposal. I have copied them on both.

- **Redesign its core ethics support services to align with national best practices, strengthen shared decision-making, resolve values conflicts, and promote ethics quality throughout the Hospital**
- **Re-establish itself as an effective and trusted resource for ethics education, ethics policies, and ethics consults.**

The proposal provides more details about needs, results, goals, deliverables, milestones, and estimated costs. The Appendices contain the Benchmark Report, ASBH competency recommendations, a suggested educational curriculum, and some other supplementary material.

My biography and resume are also in the Appendices. I am a Stanford-trained social scientist and communication scholar, a Jesuit-trained ethicist and educator, and an ethics consultant in public-policy and public trust, organizational development, and executive leadership. I was a Jesuit for 32 years and spent 25 years as a faculty member and administrator at Santa Clara University. During the seven years I served as Executive Director of the Markkula Center for Applied Ethics, I established the Applied Ethics Center at O'Connor Hospital, chaired its Steering Committee, and "…elevated the Ethics Center into the region's standard bearer for teaching the value of ethical conduct –not only in high technology, but also in the health industry, government, banking, public service, and other disciplines" (San Jose Mercury News, December 19, 1999).

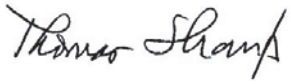
I have passion, persistence, and a prodigious capacity for independent work. I also have the background and experience to help the Ethics Committee transform itself into the effective ethics learning community it aspires to become.

Last year, with Dr. Pifer's support and promise of funding, the Ethics Committee asked me to work on their first retreat in over ten years and then to help benchmark, assess, and develop this plan. When I met with Dr. Pifer in late November, he was very supportive and indicated that funding was available, but he needed the specific information that is in the attached plan. Because the Committee meets monthly except in December, it took several months to develop a plan. By that time, Dr. Pifer had stepped down, and no one was sure what to do about my contract. I continued to work with the Committee because the need is great, the potential for good is enormous, and I have great respect and tremendous affection for the Committee's members. I submitted two invoices in April and received a partial payment in June. The balance is included in the request for funding.

I look forward to continuing to assist the Ethics Committee and its members to be *at their best* as they build internal and external relationships, resolve conflicts, reach consensus, and make significant contributions to the Hospital and the patients it serves.

Dr. Shaheen and I look forward to hearing from you at your convenience.

Sincerely,



Thomas E. Shanks, Ph.D.
President, The Ethics Company

IMMEDIATE ACTION REQUESTED

MEDICAL ETHICS COMMITTEE
PROGRAM PLAN & REQUEST FOR FUNDING

ETHICS 2020

PROMOTING ETHICS EXCELLENCE IN PATIENT CARE 2016-2018

THOMAS E. SHANKS, PH.D.
The Ethics Company
Los Gatos, CA
408-529-5318
drshanks@comcast.net

September 9, 2016

DISCLAIMER: The author is responsible for all errors, omissions, and opinions in this document. The opinions may not be those of El Camino Hospital, its leadership, or its staff or of the Medical Ethics Committee, its leadership, or its members.

PROPOSAL CONTENTS

ABBREVIATIONS & DOCUMENT NOTES

DOCUMENT NOTES

1. **ABBREVIATIONS USED IN THIS DOCUMENT:**
   a. **ECH:** El Camino Hospital
   b. **EC:** El Camino Hospital's Medical Ethics Committee
   c. **HECs:** hospital ethics committees in general

2. **REFERENCES & NOTES**

   Sources and notes are marked in the text with bracketed red numbers (e.g., **[#]**) and refer to the Bibliography on p. 35. These are the most important sources consulted or quoted for that article topic. To make the document easier to read, quotation marks are used only for emphasis. Please be aware that text before the citation number may come from the cited source, whether quotation marks are used or not.

PROPOSAL SUMMARY

OVERVIEW, GOALS, RESULTS, & ESTIMATED COSTS

A. PROGRAM DESCRIPTION

During 2015-16, twenty active ECH Medical Ethics Committee **(EC)** members worked closely with ethics consultant Dr. Tom Shanks to:

1. **ASSESS:** Assess the Committee and its contribution to ECH's Ethics Program **[1].**
2. **BENCHMARK:** Develop benchmarks for EC to work toward, drawing from many different sources for national best practices **[2].**
3. **DESIGN:** Plan, test, and begin a two-year ethics education and quality improvement program to move the EC toward the benchmarks. **Ethics 2020** is the name of the improvement program.

B. PROGRAM GOALS

Ethics 2020 will engage, educate, and enable the EC and ECH to:

1. **RELAUNCH THE EC** with clear by-laws, infrastructure, strategic and annual work plans, accountability, vision, and **MISSION TO ASSESS AND MEET ECH'S MOST PRESSING ETHICS NEEDS.**
2. **REBUILD** the EC's clinical **ETHICS PRACTICE** until it aligns with ASBH competency standards for ethics knowledge, skills, and expertise (p. 24).
3. **REENGINEER** the EC's **CORE ETHICS SERVICES** to provide effective, practical, and high quality support for ethics education, consultation, policy development, decision-making, and staff work environment.
4. **REESTABLISH THE EC** as effective, trusted, & valued ethics advocates, facilitators, and resources who excel at helping patients, families, administrators, staff, and other stakeholders to:
   a. **RECOGNIZE** ethics **QUESTIONS**
   b. **IDENTIFY** ethically-appropriate **ACTIONS**
   c. **RESOLVE** values **CONFLICTS**
   d. **MAKE** ethically-justifiable **DECISIONS**
   e. **ACT** with compassion & courage
   f. **REDUCE** moral **DISTRESS**
   g. **BUILD** ethical learning **COMMUNITIES OF PRACTICE.**

We have responded to today's unprecedented healthcare challenges by once again putting ethics on center stage--AMA 2016 [3].

C. PROJECT RESULTS

By working toward and accomplishing these goals, the EC will achieve these results for ECH:

1. **ETHICS QUALITY STRENGTHENED:** (a.) Ethics quality addressed as a critical component of safe, high quality patient care and (b.) Ethics quality gaps identified and addressed
2. **ECH'S ETHICAL CULTURE FOSTERED**
3. **PATIENT-CENTERED CARE IMPROVED BY PROMOTING ETHICS EXCELLENCE AT ECH.**

D. ESTIMATED COSTS *(See p. 12 for details)*

The EC has never had a budget for core services, training, educational materials, needs assessments, quality improvements, or outside ethics expertise. This is the first time the EC has requested funding because the current situation is not sustainable. The EC has gone as far as it can without outside help.

To reach its improvement goals this fiscal year, the **EC requests $32,000** (for Dr. Shanks' project management, research, training, ethics expertise, and other services), **$7261** (unpaid balance on invoices Dr. Shanks submitted for work already completed), and **$3000** (to provide a textbook for each member). **Total Request: $42,261.** Lower cost options are possible, but an untrained EC puts the hospital at risk. The EC is ready now to to build effective ethics services and contribute to **SHORTER HOSPITAL STAYS, MORE SATISFIED PATIENTS, MORE ENGAGED STAFF, & AN ECH REPUTATION FOR ETHICS.**

The EC & Ethics at ECH

KEY POINTS FROM THE ETHICS COMMITTEE ASSESSMENT

These are the primary characteristics of the EC as it is today:

1. **STRENGTHS:** 20 active members (of 32 on the roster) have a passion for ethics, respect for ECH, admiration for one another's diverse clinical, legal, risk-management, spiritual and community expertise.

2. **VOLUNTEERS**: All of these generous volunteers have busy lives. Most have full-time jobs and do EC service without recognition or released time.

3. **GOOD CONSULTS:** The four people who provide ethics consults do remarkable work. They want to expand the team and the number of people they help.

4. **ASPIRATIONS:** This project was motivated byEC members' deep desire to: build their ethics expertise, become more integrated into the hospital's other efforts to promote ethics quality, and be effective at identifying, addressing, and meeting the hospital's ethics needs.

5. **CALLS FOR HELP:** The EC is a self-directing team, but without adequate resources, support, or funding.They do not have regular access to an ethicist, Two years ago they recognized that they had gone as far as they could without outside help. It took a year to find Dr. Shanks and almost a year to plan this program.

6. **PROBLEMS:** The EC has had past difficulties attracting chairs and new members. Meetings are often inefficient and nonproductive. For example, it took a year to develop a policy which was then not publicized.

7. **EDUCATION NEEDS:** The EC often stops with the legal or clinical solution without addressing the ethics question or resolving values conflicts. No systematic learning plan has been in place to provide necessary training in ethics reasoning, facilitation, conflict-resolution, participatory decision-making, and team-building skills.

8. **RESOURCE NEEDS:** Until last March, it had been ten years since the EC had a retreat. Members want three or four retreats a year but are unsure whether the hospital will provide the resources or support to do so.

9. **WILLING:** The EC is ready to do the work to gain expertise, rebuild their reputation, expand the consult service, and meet or exceed Benchmarks. They ask only that their time is well-spent and their efforts are recognized, valued, and supported by hospital administrators.

10. **INVISIBLE:** Many staff don't know what the Committee does. Patients receive information about their right to be involved in ethical decisions about care, but the meaning of that is unclear and how to get help and from whom is unclear on the ECH website. No collateral or promotion plan is in place.

11. **UNFAIRLY JUDGED:** Many members have heard or overheard ECH staff make negative comments about the EC's effectiveness.

12. **ALONE:** ECH seems to have well developed compliance, risk management, legal, and chaplaincy programs. ECH has an Ethics Code of which the EC was unaware, but does not appear to have an ethics program, ethics staff, ethics values in the ECH mission statement, or an effort to make the EC part of a corporate ethics effort.

13. **SINGLE-MINDED:** The urgent need to change and improve unites this diverse team.

PRIORITY NEEDS & RESULTS

KEY POINTS FROM THE BENCHMARK REPORT

The good news is that the urgent need for change, a critical number of change agents, a practical improvement plan, a motivating vision of the future, and early results that everyone can see are requirement for successful, sustainable improvement programs. All are components of Ethics 2020.

The Benchmark Report (pp. 16-21) identifies the most pressing needs and specific goals to work toward. The SOAR planning process (see p. 9) brings the EC together with those the Committee seeks to serve. Together they evaluate needs, share aspirations, and determine priority and long term results and how they will be achieved.

Contemporary medicine must remain moral medicine during the current rapid pace of change in the health care delivery system....-American Medical Association 2016 [5]

Framing the MOST PRESSING NEEDS as PRIORITY RESULTS that are reached early in the program yields a list like the following:

1 EC STRENGTHS AUGMENTED: Using a tool like Gallup's Strengths Finder, the EC gains deeper understanding of strengths, adds new members with needed strengths, and develops an effective recognition program for this team of volunteers.

2 EC & ECH LEADERSHIP COLLABORATE: The EC and Chief Medical Officer establish a good working relationship, clarify mutual expectations, regular reporting, feedback, input, & review.

3 ETHICS INTEGRATED: The EC learns of other ECH ethics efforts, coordinates with any other ethics staff, understands any ethics values in the ECH mission statement, and identifies new opportunities to integrate the EC's work with already well-developed compliance, legal, risk-management, and chaplaincy programs.

4 EC BYLAWS WRITTEN AND APPROVED: The EC's first By-Laws are drafted, approved, and implemented by EC and ECH, including mission, purpose, membership, scope, meetings, tasks (aligning EC in *Medical Staff Bylaws* and ECH *Ethics Code* [4]), operations, budgeting, etc.)

5 EC ROSTER UPDATED & CLARIFIED: Address membership issues (e.g., *2015 Medical Staff Bylaws* say EC is Enterprise Committee serving both Los Gatos and Mountain View, but no Los Gatos members among 20 of 32 active members; roster updated to reflect active members.

6 STRATEGIC & WORK PLANNING BEGUN: Complete SOAR process, based on ECH needs assessment, including positive accountability, evaluation, reporting, resource and funding.

7 EFFECTIVE MEETINGS: Planned agendas, adequate length, clear goals, confidentiality clarified, subcommittees start, chair & members oriented, decision-making tools practiced.

8 COMPETENCY PROGRAM STARTED: Ethics expertise increased; curriculum adopted; regular education sessions begun; briefings & new tools for ethics consults, policy, ECH education, work climate, new needs.

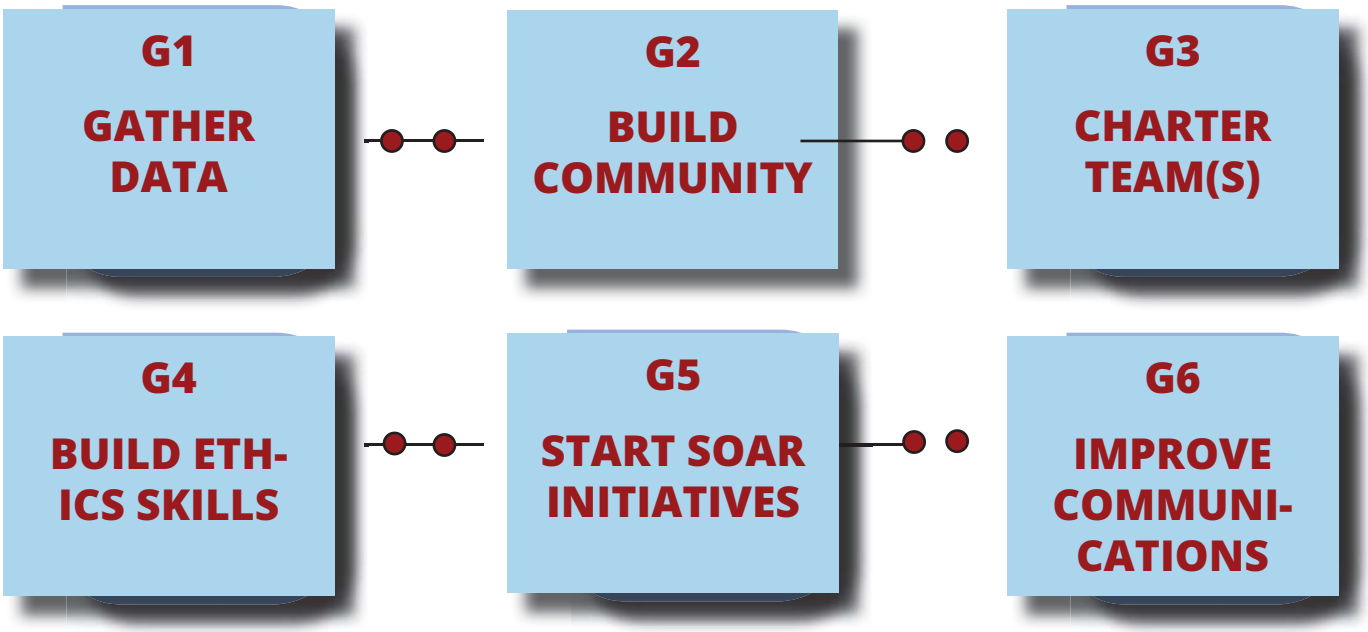
9 COMMUNICATION BETWEEN MEETINGS: Methods explored and implemented; establish online community if feasible.

10 EC EFFECTIVELY COMMUNICATED: Multimethods used to promote EC to all stakeholders: EC exists, available, services, effectiveness, feedback, contacts, questions, etc.

Project Goals Year 1

DELIVERABLES TO BUILD A STRONG FOUNDATION

These six first year project goals (G1-G6) focus primarily on the EC and aligning current services with best practices. These goals will become more specific, may be prioritized differently, and may be replaced by goals which meet higher priority needs. The EC will make these decisions after the SOAR process and other data gathering are completed.



G1 GATHER DATA

Conduct hospital needs assessment survey to determine perceptions of EC, ethics needs, ethics climate, etc. (Sample surveys are available [6].) Conduct SOAR interviews with EC members and either survey or interview hospital opinion leaders for their input prior to the November or December retreat. Conduct interviews with Chief Medical Officer and other leaders for input as described in Benchmarking charts in Appendix. Review already collected data from any stakeholders.

G2 BUILD COMMUNITY

Establish foundation for EC as Community of Practice. Have at least one short effective communication with EC each week. Work with Chair on agenda planning and efficiency at monthly meetings. Include education component in each meeting. Explore subcommittees and Steering Committee options. Work on participatory decision skills: full-participation,mutual understanding, inclusive solutions, sustainable agreements. Work on consensus-building skills.

G3 CHARTER TEAMS

Develop, gain hospital approval for, and implement a written charter to include a more inclusive name, mission, vision, values, functions, membership, chair responsibilities, and other infrastructure needs which today either do not exist or are unclear. Engage hospital leadership in dialog about enterprise committee, responsible to, scope of mission, recognition, workload, and resource requirements. Develop, approve, & implement charters for any subcommittees..

G4 BUILD ETHICS SKILLS

This goal focuses on ethics education, specifically on mastering ethics skills & tools. Through three half-day retreats, short sessions at 50% of the meetings, the November Tuesday morning series, and the online community of practice website, at least 80% of the members will say they have mastered ethical decision-making & its component steps. EC members will also be able to work through a complicated case, identify the ethical question, determine stakeholders, apply principles, and explain ethically-appropriate options. The desired competencies are listed in the curriculum in the Appendix.

G5 START SOAR INITIATIVES

Complete individual interviews with EC members. Use that as foundation to plan whole-system SOAR retreat for EC and Stakeholder representatives. Turnaround results quickly to feed into team charter vision. Finalize results of Imagine step. Launch Innovate step: explore solutions, try out strategic initiatives, tactical plans, and integrated, interdependent programs that work, plan early wins, and gather data to improve; institute regular agenda item EC Reflection. Discuss and implement effective recognition program for EC members.

G6 IMPROVE COMMUNICATIONS

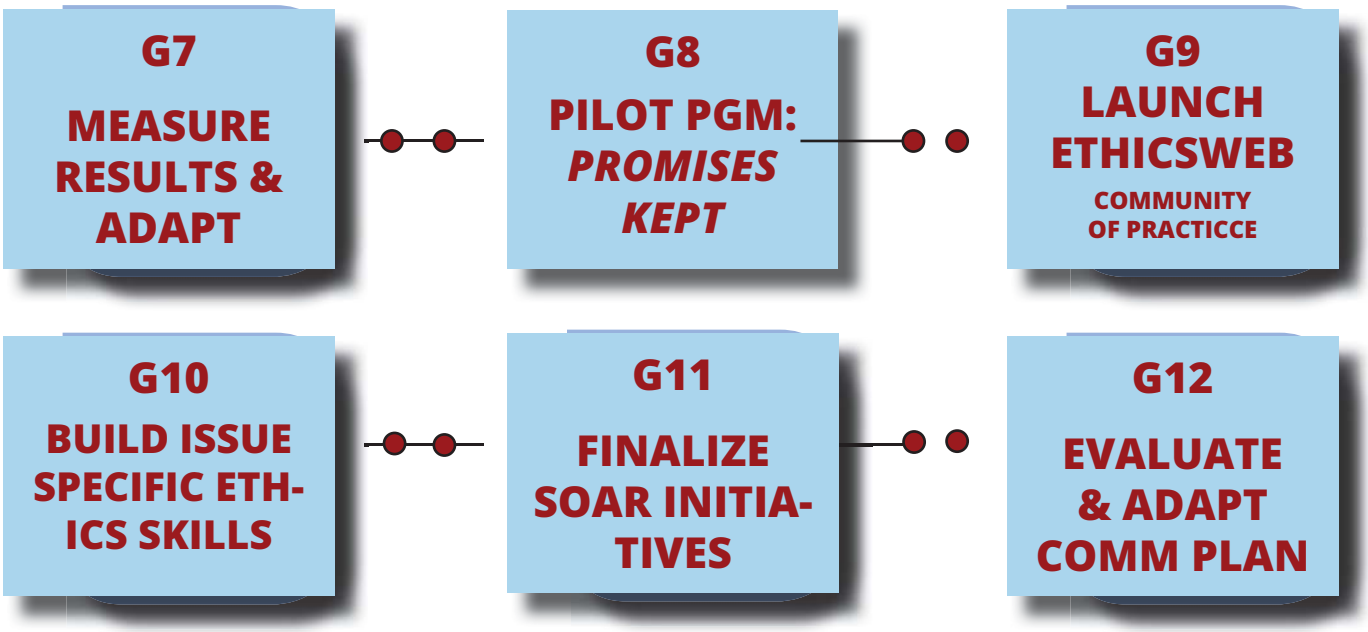
Develop and implement a communication plan to build awareness of the project's expected outcomes, services currently offered; to invite feedback and involvement in data-gathering, SOAR processes, etc.; to educate hospital patients, staff, and others about what an ethics consult is and how to schedule one; to promote policies; to invite interested people to join the community of practice, and other communication goals which will be finalized as part of the SOAR report, included in an annual work plan, and evaluated quarterly.

NOTE: These goals are based on data found in the Benchmarking Report on pp. 16-21. For each area, a best practice goal is listed along with Dr. Shanks' initial assessment of where the EC is now. The EC will review and revise the assessment column and fill in additional deliverables once the project is funded.

PROJECT GOALS YEAR 2

& DELIVERABLES TO MEASURE EFFECTIVENESS

Transformation creates breakthroughs in the way people think, feel, and behave; at the same time, people work to shift the structures and systems in which they live. Transformation is change that is profound and sustainable. It fundamentally alters the very nature of something. In year 2, the EC builds on successes from year 1 and now focuses more broadly on the hospital, hospital community, and sustainable transformation. [7].



G7 MEASURE RESULTS & ADAPT

Continue to build the mindset that measurement is an ongoing and necessary part of the EC's work. Year 1 results are measured, using measures the EC has discussed and adopted. An evaluation report is prepared prior to year 2 planning. SOAR is reviewed for progress and changes, a year 2 workplan is adopted, and the EC continues to address hospital ethics needs identified in year 1 needs assessments.

G8 *PROMISES KEPT*

This is the working title for a pilot accountability program for the EC. Accountability here is defined as a positive process where the EC as a group, its leadership, and its individual members take responsibility for their decisions and actions, and submit themselves to appropriate external scrutiny. In effect, accountability is the obligation to present evidence (agreed to ahead of time by all) that a clear and ageed upon promise was in fact kept.

G9 LAUNCH ETHICSWEB

ETHICSWEB is a "community of practice," a group of diverse people who face similar problems, share similar passions, really need to know what each other knows, and want to be in regular communication with one another. Software must allow easy access to online communications (website, etc.). In Year 1, the EC became a well functioning team. This year we transform ***team*** to ***community*** and begin to invite others to join an ethics community of practice. The goal is a growing ethics community.

G10 BUILD ISSUE-SPECIFIC ETHICS TOOLS & SKILLS

Through three half-day retreats, short sessions at 50% of the meetings, the November Tuesday morning series, and the on-line community of practice website, at least 80% of the members will begin to move through an ethics curriculum, mastering issues like those listed on p, 10. The table of contents for an ethics curriculum is included in the Appendix.

G11 FINALIZE SOAR INITIATIVES & ASPIRATION/RESULTS PROGRESS

Continuing to innovate to accomplish the results of the SOAR process completed in Year 1, and continuing to reflect on Plan-Do-Study-Act experiments, the EC begins to implement successful methods to improve effectiveness of the major clinical ethics support services: ethics consultation, ethics education, and ethics policy writing and review. Revise plans, improve methods, and develop programs that create the intended results; measure, evaluate, test, and use data to improve. Continue to recruit new members in areas of need and continue to develop recognition and incentives for becoming EC members.

G12 EVALUATE & ADAPT COMMUNICATION PLAN

Research shows that one of the primary reasons patients and hospital staff do not make use of EC services is lack of awareness that the services exist, how they operate, when they are used, and what it means or does not mean when someone seeks out EC assistance **[8]**. In year 2, the EC will evaluate the effectiveness of the year 1 communications, as well as whether any improvement in the perception and evaluation of the EC are beginning to be measured. New or revised communications will address these issues. As well, the EC will investigate the potential of new forms of communication (e.g., Social media, etc.) This will be done through a pilot program. An annual report will be considered at the end of year 2. In that report we anticipate pointing to significant progress in the EC's effectiveness, patient and staff satisfaction with EC services, and achieving the results determined in the SOAR process.

In transformational work with groups, our job is always to first help the team find its place of power—aligned around a common purpose; operating from trust; with open communication; clear, shared focus; and accountability. From this place, the team's full capacity can be unleashed to produce exceptional results --R. Glass, *Transforming Organizations 2015*

S.O.A.R. to Results

POSITIVE STRATEGY & ANNUAL WORK PLANS

SOAR (Strengths-Opportunities-Aspirations-Results) is the practical, positive and collaborative planning and implementation process that will be implemented early in the life of the project. It involves all of the EC's stakeholders in determining how to respond to priority needs and work toward future results.

The process builds on the EC's strengths, identifies what is working well, and focuses action on the results the EC chooses. It harnesses the positive emotional power of the community's deepest aspirations and welcomes dialog among all the EC's stakeholders about the future these stakeholders will co-create. The EC takes a leadership role to make that future happen.

The method involves four key "I" action steps:

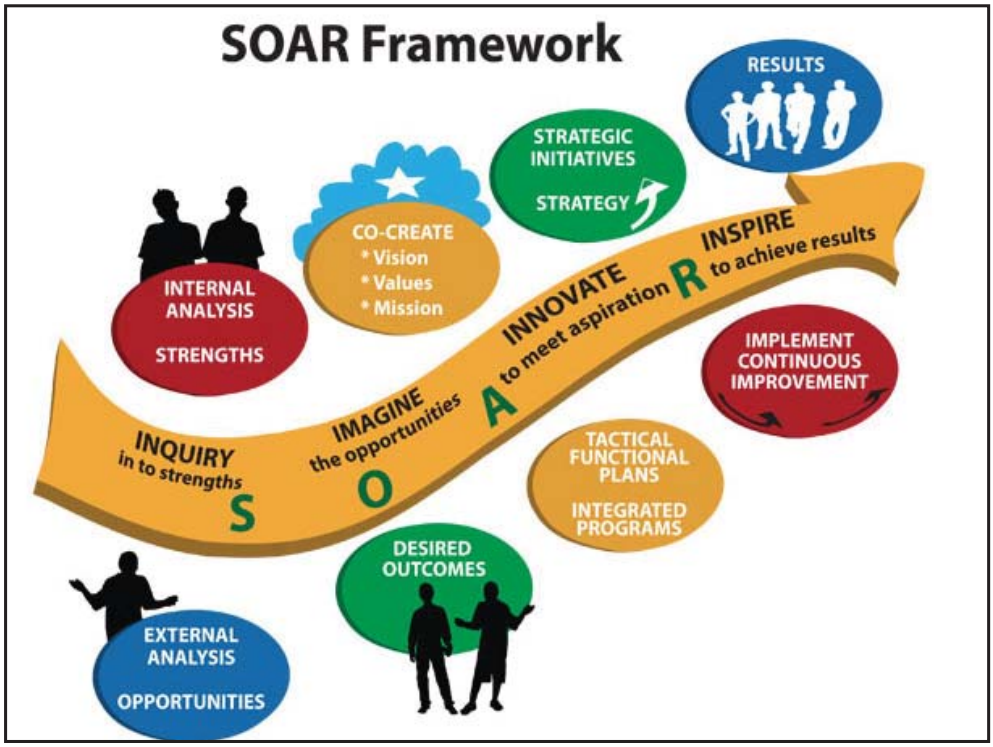
1. **INQUIRE** about internal strengths and external opportunities;
2. **IMAGINE** the opportunities into aspirations: as a real mission, compelling vision, core values the EC intends to practice, and desired results;
3. **INNOVATE** – explore solutions, try out strategic initiatives, tactical plans, and integrated, interdependent programs that work, get practical experience, and use evidence and data to improve;
4. **INSPIRE** revised plans, improved methods, and programs that create the intended results; measure, evaluate, test, and use data to improve. [9]

An important part of the process involves learning new skills and immediately determining how to test them out in the delivery of the programs which are part of the EC's current work plan. The EC will act, evaluate, improve, and test again.

This process does not require a lengthy planning period or a perfect plan. Instead, the EC learns by doing. It is best thought of as a **Plan-Do-Study-Act (PDSA) change process.**

Steps in the SOAR Process are:

1. **INTERVIEW** individual EC members and others who will represent other stakeholder groups to jump-start the group discussion
2. **INVITE** other diverse individuals or groups that need to be represented and provide incentives for them to attend
3. **CONDUCT** the group discussion, using small groups and participatory decision processes during a four hour retreat [10].
4. **DRAFT** results and circulate for feedback and revision.
5. **CIRCULATE** final draft and initial decisions
6. **PLAN** INNOVATIONS
7. **MEASURE** RESULTS
8. **ADAPT,** ADOPT, IMPLEMENT.



Project Milestones

DRAFT SCHEDULE FOR YEAR 1 GOALS

Below is a draft schedule for the first seven months of Year 1. Each row begins with a specific goal from pp. 5-6, lists the deliverable, and then the estimated month that activity would start and number of months the activity would take to complete.

Some rows (e.g., second from the bottom, Subcommittees) specify specific tasks by month.

The Meetings row (7th from the top) indicates when four participatory decision-making skills are practiced. These are full participation, mutual understanding, inclusive solutions, and closure skills.

The Communication row (last row) shows a month to plan and then one planned communication each month.

GOAL	KEY DELIVERABLES	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
G1	EC & Stakeholder interviews							
G2	EC Intranet Built/Tested							
G1	ECH Ethics Needs Survey							
G2	Plan/Conduct EC Retreat							
G5	Plan/conduct SOAR Retreat							
G3	Develop/Approve Charter [11]							
G2	Meetings: new skill each time	Agenda	P1	P2		P3	P4	P1-4
G4	Short Education Sessions [12]							
G4	Ethics Conference							
G2-5	Plan/Conduct Retreat							
G2	Subcommittees Begin/Work		Assign	Meet Online	Meet	Present	Present	Present
G6	Monthly ECH communication		Plan	Com1	Com2	Com3	Com4	Com5

NOTE: This schedule assumes that that the EC and Dr. Shanks are fulfilling their roles, as described on the next page. It also assumes that ECH has opted to fund the full program, with Dr. Shanks spending approximately 30 hours a month, as described on P. 12.

PROJECT PERSONNEL

ROLES & RESPONSIBILITIES OF THE EC & DR. SHANKS'

EC LEADERSHIP AND THE COMMITTEE AS A WHOLE will continue to work with the EC's administrator, Brenda Pearson, as it has in the past to schedule EC meetings, consults. and other activities. The EC will spend its time making decisions and directing the Program; providing core services (consults, education, policy), learning, attending monthly and subcommittee meetings and retreats, and communicating with one another and hospital stakeholders during and after meetings.

DR. SHANKS will serve as Project Manager and as a neutral, objective, third-party facilitator, consultant, resource person, trainer, and ethics expert, not as a voting EC member. He will help the EC do its best thinking and its best work by providing a range of consulting services, as needed, such as:

1 **EXPERT STAFFING:** Attend and provide expert staff support at regular and subcommittee meetings and consults if requested. Work with leadership to plan agendas, facilitate meetings as appropriate, maintain project calendar, create minutes, etc.

2 **RESEARCH SERVICES:** Conduct quantitative and qualitative research, including interviews, conversations, listening meetings, survey construction, needs assessments, SOAR data gathering, statistical analyses, reporting, presentations, and communications.

3 **RETREAT FACILITATION:** Plan and facilitate half-day retreats three or four times a year; prepare agendas and materials, train presenters, facilitate as needed, prepare minutes, and coordinate follow-up activities.

4 **SOAR PLANNING/IMPLEMENTATION:** Draft SOAR goals and plan, support strategic initiatives, facilitate annual work-plans, support implementation, monitor progress, prepare and track timelines, etc.

5 **DRAFT EC BYLAWS:** Draft bylaws for feedback, develop whole-system feedback process, seek clarification as necessary from hospital leadership, gather feedback, prepare final bylaws for discussion, prepare distribution and communication plans, draft press-releases and other communications.

6 **EDUCATION & TRAINING:** Propose EC and Hospital curricula, conduct educational sessions at monthly meetings and other venues, facilitate brown-bags, conduct skills training, and participate in EC educational activities as needed.

7 **DEVELOP CASES & ETHICS TOOLS**: Conduct research and writing activities that result in case studies, new or revised ethics tools, and other practical project deliverables

8 **TRENDS:** Provide expert briefs or summaries of important ethics articles from relevant journals quarterly or on a regular schedule

9 **PLANNING:** Facilitate strategic planning, annual work plans, tracking of progress on plan, plan revisions, annual reporting or accountability process, maintain project calendar

10 **WEBSITE:** Prepare content for an Ethics 2020 website (either an independent site or part of the hospital's intranet) for continuous learning and activities for the community of practice (e.g., easy posting/reading of articles, tools, questions by members, and communication between regular meetings)

11 **CONSULTS:** Participate in ethics consults and other patient/family/community activities as needed, helping the EC to evaluate ethically-appropriate options,etc.

12 **AS NEEDED:** Provide other research, writing, consulting, & facilitation services as needed.

Estimating Costs

THREE RATE PLANS

This page discusses program costs for **(A) EDUCATIONAL MATERIALS AND DR. SHANKS' SERVICES DURING THIS CURRENT FISCAL YEAR** (July 1, 2016 to June 30, 2017)

(B) DR. SHANKS SERVICES DURING LAST FISCAL YEAR (from September 15, 2015 to June 30, 2016).

A FY 2016-7: THREE OPTIONS ARE AVAILABLE, WITH #1 THE PREFERRED OPTION:

1 FLAT RATE/FULL PROGRAM: The estimated cost is $32,000 for Dr. Shanks' services for the full program described in this document plus $3000 for educational materials for the EC. **Estimated total: $35,000.**

EXPLANATION: This is a flat rate plan, where for the most part neither the EC or Dr. Shanks needs to be concerned about how much time a task may take. Because Dr. Shanks knows what to expect and can plan his schedule in advance, he can offer the heavily discounted rates in the table below. To arrive at the $32,000 figure, Dr. Shanks assumes 30 hours a month ($2550 a month during 9 normal months, rounded to $23,000 per year), 4 half-day retreats with 6 hours prep time (charged at $1000 per retreat or $4000 per year), survey, needs assessment, formal measurements (charged at $80 per hour for administration, analysis, reporting [estimate 1 hour interview, 1 hour analysis, plus writing=30 interviews x 160=4800 + Writing =5000.] Both sides reserve the right to renegotiate in good faith if significantly more time is required.

2 GOOD FAITH FAIR OFFER: Dr. Shanks is also open to the hospital proposing a flat rate for the full program to fit available funds. Since this is an ethics program, Dr. Shanks asks only that ECH offer a fair rate, consistent with what the Hospital may pay other consultants with comparable experience and expertise.

3 EVENT RATE/PARTIAL PROGRAM: Should the Hospital only want to contract for certain parts of the program and less of Dr. Shanks' time, the event rates in the table below are used.

ADMINISTRATION: To be determined, but Dr. Shanks plans to submit detailed monthly invoices to the EC Chair. The Chair also serves as Dr. Shanks' supervisor and final authority for work assignments.

B FY 2015-6: Dr. Shanks submitted two invoices for some work completed last fiscal year. He received a partial payment of $1000, leaving an unpaid balance of $7261, which Dr. Shanks requests now. Much more work was completed, but Dr. Shanks will consider that a contribution to ECH. If necessary, Dr. Shanks can explain the unusual circumstances that created this situation.

SERVICES	FLAT RATE	EVENT RATE	FAIR PRICE
Meetings, planning, consultations, short presentations, website work, communications, consultations, email, preparing educational materials, etc.	85	125	
Retreats planning, preparation, and delivery (normally 4 hours with 6 hours prep time)	1000	1300	
Ethics research, issue investigations, surveys, quantitative or qualitative data-gathering, analysis, report writing, and report presentations	75	100	

Now is the Right Time

A STUNNING OPPORTUNITY FOR ETHICS EXCELLENCE

The EC and Dr. Shanks are ready now to continue the Program they have begun.

We understand how little time Dr. Farber has right now, so we have presented this request as succinctly as possible. Longer versions of this document and additional information are available.

We ask ECH to act on this proposal as soon as possible. Even if all the details and contracts are not finalized, A positive response would allow the work to continue while details and contracts are worked out. We will alert the EC to the status of the request when the EC meets on September 15 or as soon as a decision is reached.

To review: Working as a self-directing team, with Dr. Shanks support and train-the-trainers instruction over the next two years, the EC will develop sustainable structures and processes to provide effective and needed ethics support services to benefit the entire hospital community. The EC will gain new skills and build the expertise needed to sustain a reputation as an effective resource.

WE BELIEVE NOW IS THE RIGHT TIME TO LAUNCH THIS PROGRAM. Compelling needs, a clear direction forward, a new EC Chair, the support of 20 active members, Dr. Shanks' availability, a new CMO with ethics expertise and experience, hospital expansions, and unprecedented ethical challenges create a **stunning and unique opportunity for ECH and the EC to work together to meet ECH's most pressing ethics needs and add ethics excellence in patient care to the characteristics that distinguish El Camino Hospital.**

If the funds are provided now, the EC will have sufficient time to address priority needs, accomplish aspirational goals, and deliver results determined in the SOAR process.

Success will be demonstrated when a skilled EC fosters an ongoing ethics dialog and leads an ethics ***community of practice*** that resolves values conflicts, addresses ethics risks, prevents ethics problems, and promotes ethics excellence.

When ethics is regularly discussed, modeled, and rewarded, and when an ethical climate receives the care and attention it needs to flourish, everyone benefits: **Engaged, caring staff provides safe, high quality patient care more efficiently, with better results, deeper trust, stronger relationships, less stress, lower cost, fewer lawsuits, higher staff morale and much greater patient satisfaction.**

The challenges facing healthcare organizations are unprecedented. Growing financial pressures, rising public and payor expectations, consolidations and mergers, patient safety and quality improvement issues and healthcare reform have placed healthcare organizations under great stress.-
-ACHE 2015 Policy on Creating an Ethical Culture

The executive, in partnership with the board, must act with other responsible parties, such as ethics committees, to serve as a role model, fostering and supporting a culture that not only provides high-quality, value-driven healthcare but promotes the ethical behavior and practices of individuals throughout the organization*--ACHE 2015.* **[13]**

A Benefit for Everyone

GOOD REASONS TO INVEST IN ETHICS & THE EC

How often do you run into ethics issues at work? Daily? Weekly? Monthly? Or less often? How often do you run into ethics issues that you'd like some help thinking through?

Those were the first questions Dr. Shanks asked a group of ECH staff at a recent departmental ethics education session. Most people said they run into ethics issues daily or weekly and often had issues they would like to discuss. Most said they didn't know where to go and did not know much about the Ethics Committee. Some thought the EC was only for "crisis ethics." Others did not have a favorable perception of the EC's effectiveness.

ECH may be very similar to another highly-regarded local hospital, where Dr. Shanks was a recent patient. He had a book about hospital ethics committees on his bedside table. Once staff knew he was not a "secret shopper" sent to evaluate them, they had a lot to say: "Ethics? We rarely talk about that here." "I don't think we have an ethics committee." "I get so upset when I can't do the right thing for patients. I'm not young and altruistic any more, so I've decided to leave nursing and go back to construction. I don't expect ethics there, so I won't be so disappointed."

Of course, the key difference between that hospital and ECH is that the EC here has already begun to transform itself into the vital, purposeful, effective, and accountable ethics resources who will over time give the hospital a great return on its investment in them. We now seek funding for Ethics 2020 to continue the process when the EC reconvenes in mid-September.

The EC understands that resources are scarce, but believes this program will more than pay for itself in shorter hospital stays, more satisfied patients, and more engaged staff [14].

EXPECTED PROGRAM OUTCOMES

THE MOST EFFECTIVE HECS:

1. **IMPROVE PATIENT-CENTERED CARE** by providing tools and training to resolve clinical and organizational ethics issues
2. **REDUCE LENGTH OF STAY AND COST** by resolving values conflicts within families or between patients, surrogates, and hospital staff
3. **INCREASE PATIENT SATISFACTION** by listening to patients and improving shared decision-making
4. **BUILD STAFF MORALE** by encouraging and promoting ethical decision-making and an ethical workplace
5. **IMPROVE STAFF RECRUITMENT,** retention, & productivity by building a safe space to address moral distress
6. **IMPROVE ACCREDITATION REVIEWS** when they help to meet or exceed Ethics, Patient Rights, Leadership & Organizational Responsibility standards
7. **IMPROVE ETHICS QUALITY** when they reduce problems with privacy, confidentiality, & informed consent
8. **FOSTER COMMUNITY TRUST** by serving as an early warning system, alerting hospital leadership to emerging issues which, left unattended, put the hospital at risk
9. **REDUCE LAWSUITS** by strengthening ethical sensitivity, judgment, commitment, and courage throughout the hospital [15].

Supplementary Material

LIST OF ADDITIONAL DOCUMENTS

This section contains some useful supplementary documents:

1. Benchmarking Report: Goals to bring the EC in line with national best practices and standards, initial assessment of where the EC is now, method to move forward (to be determined in discussion with the EC).

2. The 2016 AMA Opinion and Guidance for Ethics Committees in Health Care Institutions.

3. ASBH Core Competencies and sample curriculum to build the EC's knowledge and skills.

4. A Personal Note from Dr. Shanks

5. Dr. Shanks' one-page biography

6. Dr. Shanks' resume and publication list

7. Bibliography (Works cited or quoted throughout the document) organized by page and citation number.

#	TOPIC	GOAL	NOW	DELIVERABLE	EST DATE
1.	MEMBERSHIP	Multidisciplinary, voluntary, strategically selected, large & diverse enough to get work done, engaged & active, written roles, terms, expectations, etc. Engage hearts & minds between meetings. (LG Membership clarified)	Multidisciplinary, voluntary,18/33 active, not strategic; no written roles, terms, or expectations; engaged & active, good range of Mtn. View people; no active L.G. members. Infrequent contact between meetings, unless event is coming up.	1a. 2nd Draft bylaws 1b. Feedback list 1c. Feedback form or phone calls 1d. HEC Discussion bylaws 1e. Final bylaws	
2.	CHAIR	Chaired by physician or co-chairs with complementary skills; collaborative appointment process; widely respected; term-limits, succession planning, trained in delegation, facilitation, sub-committees, agenda-setting, advocating with hospital admin, liaison with other respected leaders	No bylaws for officers; CMO appoints chair, process unclear; no term limits; chair very knowledgeable in ethics & clinical; agenda planning, meeting efficiency need work; agenda often gets lost; no time limits on items; items carried from meeting to meeting; facilitation skills need to be tailored for this group; admin and chair do not plan agenda tightly enough	1f. 1st draft bylaws discussion with chair 2a Agenda planning discussion with HEC	
3.	ADMIN RESOURCES	Administrative Support adequate to get job done; written job description, fair salary, recognition, engaged, model working relationships	Admin support seems very competent, committee anecdotes are very grateful and positive to Brenda. Needs discussion with Brenda to develop plan for moving forward.	2b	
4.	ETHICS RESOURCES	Adequate resources to achieve purpose and perform primary functions; Consultants available as needed for special projects, research, facilitation, especially during capacity-building project. See Dr. Shanks role on p. XX	Has not had regular access to ethics expertise or best practices research, writing, facilitation, organizational development, tailored for this HEC; no retreat in over ten years; no ethicist among active members		
5.	BY-LAWS	Governed by written bylaws with clear mission, primary functions; authorized by, convened by, accountable to; membership (number, selection, terms, qualifications, expectations), officers, meetings, subcommittees, access, authority, confidentiality,	No written by-laws; Committee described differently in Medical Staff Bylaws (no patients) and Compliance Code of Ethics (patients); members unclear about HEC name, charter, etc. Does have Ethics Committee Referral Process 10/2008 Policy (outdated)		
6.	LEADERSHIP SUPPORT	Earn visible & vocal support by Chief Medical Officer and other hospital administrators as appropriate; quarterly meetings to review progress; admin signals ethics importance to ECH	CMO member but usually unable to attend; very valuable contributions when he does attend; verbally supportive of this new project; willing to meet quarterly; unclear if committee has asked for resources in the past		

#	TOPIC	GOAL	NOW	DELIVERABLE	EST DATE
7.	MISSION	New mission statement along lines of "improve patient-centered care, foster trust, and build an ethical work environment by promoting ethics excellence through ethics education, ethics consultation, ethics policy development, and other innovative support services as may be needed to meet patients' and ECH's most pressing ethics needs"	Unclear mission; two documents describe the HEC in terms of what its activities are;		
8.	CODE OF ETHICS & CORE VALUES	Guided by ASBH Code of Ethics lived in real practice, become the change the HEC seeks: model core values in best practices at meetings and in key services Proactive, focused on ethics quality in patient care, systemic integration of ethics, improved protocols/processes. Effectively deals with everyday ethics and crisis ethics	No Code of Ethics adopted; no HEC core values established; HEC included in ECH Code of Ethics, but HEC unaware of Ethics Code or HEC inclusion in it; no vision statement, strategic plan, or annual work plan		
9.	HOSPITAL INTEGRATION	Organizationally integrated into hospital's overall ethics & values program, promoting ethics quality; clear links to other quality initiatives, indicators, movers & shakers making a vital & measurable contribution to ECH's goals, reputation, vision, and success	Strong ECH compliance program & policies; unclear ECH ethical values beyond use of word "compassion"; unclear if ECH has an integrity or values-based ethics program; if so, unclear role for HEC in it; search for "ethics" on ECH public website returns Patient's Bill of Rights and a mention on the Care Coordination page.		
10.	SERVICE VALUED	Chair & member service appropriately remunerated or valued, &recognized; explore and determine appropriate ways to thank one another for job well-done; living the values; end of year recognition event or ongoing positive feedback	Like most HECs, noncompensated volunteers; chair receives small stipend; unclear if anyone appreciates or recognizes the work the HEC does; widespread anecdotal stories from members that HEC does not have a reputation for effectiveness		
11.	CORE COMPETENCIES	Well-prepared, well-educated team able, committed to self-education guided by ASBH core competencies issues, as well as crisis ethics	Well-prepared in clinical, law, social work, comfort, spiritual care, risk assessment; some ethics knowledge but little confidence in that area. Primarily reactive. Do not plan integrated programs for new issues (e.g., Death with Dignity Law). Strongly committed to pursuing self-education and this Ethics 2020 program.		

#	TOPIC	GOAL	NOW	DELIVERABLE	EST DATE
12.	HEC EDUCATION	New members participate in an ethics orientation session prior to starting their terms	No		
13.	HEC ASSESSMENT	The HEC has assessed its members knowledge, skills, and attitudes competencies in the areas listed by the ASBH	No		
14.	HEC CURRICULUM	The HEC holds regular education sessions for its members and has worked its way through an educational curriculum, using the ASBH Core Competencies	Started with March 18 retreat; has in the past conducted educational sessions/conferences for the hospital but practice has fallen off; CME planning November four Tuesdays on ethics		
15.	HEC NEEDS ASSESSMENT	HEC assesses the educational needs of its members on a consistent basis using core competencies	Not done in the recent past.		
16.	HEC NEEDS ASSESSMENT	HEC members are asked what other topics of study they would like to learn about	No		
17.	HEC NEEDS ASSESSMENT	HEC members are asked what educational formats they would prefer (e.g., case discussions, lectures, invited speakers, videos, etc.)	No		
18.	HOSPITAL EDUCATION	The HEC offers educational opportunities to patients, families, health care staff, administration, medical staff, and the community	Has in the past but this practice has been irregular recently, except for CME ethics offerings one month a year & rounds on occasion		
19.	HOSPITAL EDUCATION ACTIVITIES	The EC engage in the following educational activities: new employee orientation	No		
20.	ED ACTIVITIES	ethics rounds	Yes		
21.	ED ACTIVITIES	"brown bag" lunch case discussion /presentations for hospital staff	No		
22.	ED ACTIVITIES	community educational events	Not in the last few years		
23.	ED ACTIVITIES	ethics conferences	4 Tuesdays in November, 2016 are planned		
24.	ED ACTIVITIES	ethics audio conferences	No		
25.	HEC PUBLICIZE	HEC effectively makes itself known and available to those inside and outside the hospital	No		

#	TOPIC	GOAL	NOW	DELIVERABLE	EST DATE
26.	POLICY WRITING AND REVIEW	The HEC has procedures for becoming involved in policy writing and review	No		
27.	POLICY PREAPPROVAL	Written procedures: whether the EC needs approval before writing policy on its own	No		
28.	POLICY REQUESTS	Written procedures: who can request policy writing or review	No		
29.	POLICY REPORTING	Written procedures: who the EC must report to regarding policy writing and review	Yes		
30.	POLICY PROCESS	The HEC has a standardized process for writing policies	No		
31.	POLICY FORM	The HEC has a standardized form that is used when it writes policies	Yes, recently		
32.	POLICY IMPLEMENTED	The HEC has certain criteria with which it measures the extent policies are being followed	No		
33.	SPECIFIC POLICY	The HEC has written and/or reviewed the following policies? withholding/withdrawing life-sustaining	Yes, Withholding And Withdrawing Artificial Support, 3/12; Medically Ineffective Intervention 6/15; Guideline for Withholding & Withdraw 3/12		
34.	SPECIFIC POLICY	Death with dignity/physician assisted suicide	No		
35.	SPECIFIC POLICY	advance directives and the Patient Self-Determination Act	Yes, Advanced Health Care Directives/POLST 2/09		
36.	SPECIFIC POLICY	do-not-resuscitate orders for regular and surgical patients	Yes, DNR, No Code CPR 1/09		
37.	SPECIFIC POLICY	surrogate decision making patient rights	Yes, 3/2012 3/2016 Yes, 10/11		
38.	SPECIFIC POLICY	brain death and the determination of death	Yes, Guideline Withholding & Withdrawal 3/12		
39.	SPECIFIC POLICY	fetal demise and disposition	Yes, Guideline Withholding & Withdrawal 3/12		
40.	SPECIFIC POLICIES	role of minors in clinical decision making treatment of victims of sexual assault organ donation			
41.	SPECIFIC POLICIES	informed consent surgical sterilization			

#	TOPIC	GOAL	NOW	DELIVERABLE	EST DATE
42.	SPECIFIC POLICY	utilization of intensive care units			
43.	SPECIFIC POLICY	care of persons with infectious diseases (including HIV)			
44.	"	conflicts of interest			
45.	SPECIFIC POLICY	Other organizational or administrative ethics issues	Has not been part of the HEC's mandate or mission		
46.	POLICY AWARENESS	Members of the HEC and others throughout the facility aware of the policies the EC has written	No		
47.	AVAILABILITY	These policies are readily available	Not easily found, but available		
48.	POLICY REVIEW	The HEC reviews policies it has written on a regular basis	Not on a regular basis		
49.	CASE CONSULTATION /ISSUE REVIEW	The HEC has a structured consultation process for clinical cases	Yes; needs review to align with best practices		
50.	CASE/REVIEW PROCESS	The HEC has a structured review procedure for analyzing issues of an ethical nature	No		
51.	CASE INFO GATHERING	The HEC requires the following before consulting on a case or analyzing an issue			
52.	CASE INFO GATHERING	Gathering all the facts relevant to the case or issue	Yes		
53.	CASE INFO GATHERING	Interviewing appropriate persons (e.g., patient, family member, physician, nurse, administrator, and so on)	Usually yes, except in unusual circumstances.		
54.	CASE INFO GATHERING	Review of chart in case consultation or review of supporting material when analyzing an issue	Yes		
55.	CONSULT REQUESTS	The HEC allows anyone directly involved with the care of a patient to ask for a consult	Yes, but not widely publicized		

#	TOPIC	GOAL	NOW	DELIVERABLE	EST DATE
56.	CONSULT REQUESTS	Consults in a specific clinical case may be requested by:			
57.	REQUESTS	Patient or surrogate	Patient ethics rights, HEC mentioned care coord.		
58.	REQUESTS	Patient family member (not surrogate)	Patient ethics rights, HEC mentioned care coord.		
59.	REQUESTS	Primary care physician	HEC mentioned in Medical Staff Bylaws & care		
60.	REQUESTS	Hospitalist	HEC mentioned in Medical Staff Bylaws & care		
61.	REQUESTS	Physician specialist	HEC mentioned in Medical Staff Bylaws & care		
62.	REQUESTS	Nurse	HEC mentioned in Medical Staff Bylaws & care		
63.	REQUESTS	Nurse administrator	HEC mentioned in Medical Staff Bylaws & care		
64.	REQUESTS	Other	Unclear		
65.	CONSULT TIMELINESS	The HEC is able to mobilize quickly in the case of a consult or analysis of an issue	Yes but needs to expand pool of consultants		
66.	CONSULT TIMELINESS	Does the EC bring the case to closure in a timely manner	Individual cases usually yes; not timely reporting to whole HEC		
67.	CONSULT AWARENESS	Patients, families, health care and medical staff, administration, and others are aware that the EC does case consultation and analyzes ethical issues	No clear publicizing of service, no brochure, web presence, etc.		
68.	CONSULT REPORT PROCESS	The HEC has a process for reporting the proceedings of the consult or the analysis of the issue to the appropriate persons	Note in Chart		
69.	CONSULT EVALUATION	The HEC retrospectively reflects on the consultation process and review procedure for analysis of issues in the spirit of continuous quality improvement	Yes, updates HEC, but no reflection for quality improvement		
70.	CONSULT EVALUATION	The HEC seeks feedback from individuals who took part in the consult or the analysis of issues (e.g., patient, physician, nurse, administrator) as a way of measuring effectiveness	Unclear		
71.	HEC EVALUATION	The HEC issues an annual report or engages in other measurement and reporting for effectiveness and accountability	Unclear to no		

AMA 2016 GUIDANCE FOR HOSPITAL ETHICS COMMITTEES

In mid-June, the American Medical Association approved a new version of the Code of Medical Ethics and new guidance for Ethics Committees and Ethics Consultation. The guidance is located below and on the next page. These two policy opinions are the most current description of what a high quality HEC does and what is required for it to be successful. These two pages are consistent with what is described throughout this document.

10.7 Ethics Committees in Health Care Institutions

In making decisions about health care, patients, families, and physicians and other health care professionals often face difficult, potentially life-changing situations. Such situations can raise ethically challenging questions about what would be the most appropriate or preferred course of action. Ethics committees, or similar institutional mechanisms, offer assistance in addressing ethical issues that arise in patient care and facilitate sound decision making that respects participants' values, concerns, and interests.

In addition to facilitating decision making in individual cases (as a committee or through the activities of individual members functioning as ethics consultants), many ethics committees assist ethics-related educational programming and policy development within their institutions.

To be effective in providing the intended support and guidance in any of these capacities, ethics committees should:

(a) Serve as advisors and educators rather than decision makers. Patients, physicians and other health care professionals, health care administrators, and other stakeholders should not be required to accept committee recommendations. Physicians and other institutional stakeholders should explain their reasoning when they choose not to follow the committee's recommendations in an individual case.

(b) Respect the rights and privacy of all participants and the privacy of committee deliberations and take appropriate steps to protect the confidentiality of information disclosed during the discussions.

(c) Ensure that all stakeholders have timely access to the committee's services for facilitating decision making in nonemergent situations and as feasible for urgent consultations.

(d) Be structured, staffed, and supported appropriately to meet the needs of the institution and its patient population. Committee membership should represent diverse perspectives, expertise, and experience, including one or more community representatives.

(e) Adopt and adhere to policies and procedures governing the committee and, where appropriate, the activities of individual members as ethics consultants, in keeping with medical staff by-laws. This includes standards for resolving competing responsibilities and for documenting committee recommendations in the patient's medical record when facilitating decision making in individual cases.

(CONTINUED FROM PREVIOUS PAGE)

(f) Draw on the resources of appropriate professional organizations, including guidance from national specialty societies, to inform committee recommendations.

Ethics committees that serve faith-based or other mission-driven heath care institutions have a dual responsibility to:

(g) Uphold the principles to which the institution is committed.

(h) Make clear to patients, physicians, and other stakeholders that the institution's defining principles will inform the committee's recommendations.

AMA Principles of Medical Ethics: II,IV,VII

10.7.1 Ethics Consultations

The goal of ethics consultation is to support informed, deliberative decision making on the part of patients, families, physicians, and the health care team. By helping to clarify ethical issues and values, facilitating discussion, and providing expertise and educational resources, ethics consultants promote respect for the values, needs, and interests of all participants, especially when there is disagreement or uncertainty about treatment decisions.

Whether they serve independently or through an institutional ethics committee or similar mechanism, physicians who provide ethics consultation services should:

(a) Seek to balance the concerns of all stakeholders, focusing on protecting the patient's needs and values.

(b) Serve as advisors and educators rather than decision makers. Patients, physicians, and other members of the care team, health care administrators, and other stakeholders should not be required to accept the consultant's recommendations. Physicians and other institutional stakeholders should explain their reasoning when they choose not to follow the consultant's recommendations in an individual case.

(c) Inform the patients when an ethics consultation has been requested (if the request was not made by the patient or family) and seek patients' agreement to participate. Ethics consultants should respect the decision of a patient or family not to participate, whether that decision is indicated formally through explicit refusal or informally by not taking part in discussions.

(d) Respect the rights and privacy of all participants and ensure that appropriate steps are taken to protect the confidentiality of information disclosed in the consultation.

(e) Have appropriate expertise or training—for example, familiarity with the relevant professional literature, training in clinical/philosophical ethics, or competence in conflict resolution— and relevant experience to fulfill their role effectively.

(f) Adopt and adhere to policies and procedures governing ethics consultation activities in keeping with medical staff bylaws, including accountability and standards for documenting the consultation in the patient's medical record.

Core Competencies

2015 ASBH KNOWLEDGE RECOMMENDATIONS

The American Society for Bioethics and Humanities has identified the following as core skills and knowledge competencies for HECs. Ethics 2020 will assess EC needs and determine an education curriculum to advance the EC's ethics expertise. An EC subcommittee could focus on education, both for the EC and for the ECH community, coordinating with ECH's continuing professional education programs, and reporting to the full EC [16].

KNOWLEDGE COMPETENCY KNOWLEDGE OF:
1. Moral reasoning and ethical theory as it relates to EC
2. Bioethical issues and concepts that typically emerge in EC
3. Healthcare systems as they relate to ECs
4. Clinical context as it relates to EC
5. Healthcare institution in which the consultants work
6. ECH Policies relevant to EC
7. Beliefs and perspectives of ECH patients and staff
8. Relevant codes of ethics, professional conduct, and guidelines for accrediting as they relate to EC
9. Health law relevant to EC
All EC members need basic knowledge of all; one member or consultant has advanced knowledge.

SKILL COMPETENCY THE ABILITY TO:	SKILL COMPETENCY THE ABILITY TO:
A-1. Identify the nature of the value uncertainty or conflict that underlies the need for EC	P-8. Effectively run an EC service
A-2. Access relevant ethics literature, policies, guidelines, and standards	1-1. Listen well and communicate interest, respect, support and empathy to involved parties
P-1. Establish EC expectations and determine whom to involve	1-2. Educate involved parties regarding the ethical dimensions of the consultation
P-2. Utilize institutional structures and resources to facilitate the implementation of the chosen option	1-3. Elicit the moral views of the involved parties
P-3. Communicate and collaborate effectively with other responsible individuals, departments, or divisions within the institution	I-4. Represent the views of the involved parties to others
P-4. Facilitate formal meetings	I-5. Enable the involved parties to communicate effectively and be heard by other parties
P-5. Document and communicate EC activities	I-6. Recognize and attend to various relational barriers to communication
P-6. Identify systems issues and delegate follow-up	At least one EC member or consultant needs advanced knowledge; all EC members need basic knowledge of all.
P-7. Evaluate EC and provide quality improvement	A=Assessment/analysis skills P=Process skills I=Interpersonal skills

This is a sample curriculum for the EC's educational effort. It comes from Post, L. F., & Blustein, J. (2015). ***Handbook For Health Care Ethics Committees***. Included in the budget is a copy for each member.

Developing an Ethics Lens

Once the airplane reached 30,000 feet, the man in the seat next to me asked, "So, what did you say you did for a living?" "I'm an ethics consultant," I replied.

"Oh." He was silent for a few seconds. "And you can make a living with that?" "You'd be surprised," I said.

Then, as has often happened over the 25 years I've been consulting, the questions started: "What is ethics? Where does it come from? Is it the same as religion, law, my personal moral code, society's standards? What does an ethics consultant do?"

"Let me ask you a question first," I said. 'What does the world look like ***without*** ethics?"

He laughed. "It looks like my business." Then a few seconds later he said, "Without ethics, trust disappears. Relationships fall apart. We have chaos."

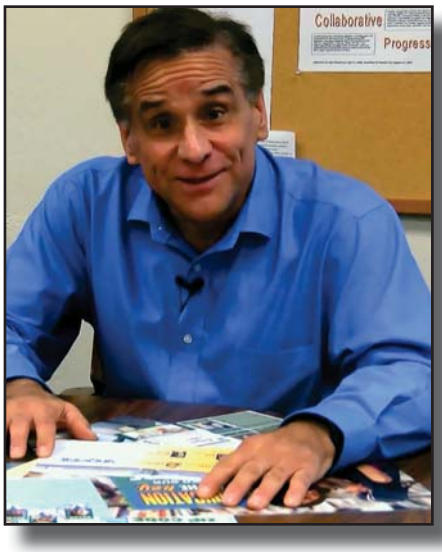
Those answers told me he knew how to look at the word through an ***ethics lens*** **[17].** It focuses on ***relationships***: how ought we treat one another and the natural world around us? Its goal is us ***at our best*** as people of conscience ***and*** character. Over the years I have come to believe that an ethics lens rests on two foundational beliefs: **[18]**

1. Other people matter as much as I do.
2. My actions for better or worse impact the lives of everyone with whom I come into contact and, most of the time, the lives of everyone with whom they come into contact.

With those two beliefs as cornerstones, an ethics lens grows as we enlarge our ***sense of solidarity with other human beings***. Realizing that the world does not neatly break into ***"us"*** and ***"them,"*** Dr. Albert Schweitzer said, was the first step in the evolution of ethics **[19]**.

Any of us whose families, teachers, or mentors showed us by the way they lived what honesty, fairness, integrity, trustworthiness, compassion, empathy, or any of the other ethical values were all about have an ethics lens deep within us.

That lens inspires us to do the right thing, practice the Golden Rule, treat others with respect, do no harm (or do as little harm as possible), earn trust, and build our communities **[20]**



From time to time, however, every one of us needs some help with our ethics lens. I think of it as *roadside assistance* on this journey we're on. That's what I have the privilege of providing. Sometimes it's preventive maintenance or a performance upgrade. Every now and then, we run out of gas. Sometimes we hit an obstacle and need some new skills so we don't hit it again.

My task at ECH is to facilitate solidarity between the EC and all its stakeholders, especially patients. Then I do the "heavy lifting" the EC needs as it develops the capacity of mind, fullness of heart, and enduring passion for ethics. Throughout the project, I'll keep an eye on sustainability, so when the project ends , the EC has the skills to continue assisting fellow travelers **[21].**

The rest of this document is written in the objective third person. I refer to myself as Dr. Shanks. Before I finished, I wanted readers to hear my voice, see a picture, and learn a little about my own ethics lens.

Every ethics project involves a leap from a comfortable past into an exciting, but uncertain, future. My hope is that this document will give you confidence that we have planted our feet firmly...in mid-air!

BIOGRAPHY OF THOMAS E. SHANKS, PH.D.

Dr. Tom Shanks is a nationally-known ethics, organizational development, and leadership consultant. He is currently president of *The Ethics Company* (Los Gatos, CA) which he founded in 1992 as *Thomas Shanks Consulting*. For 25 years, he has worked with leaders in every sector to build mission-driven, values-centered, ethically-grounded, organizations which deliver results and excel at earning the trust of external and internal stakeholders.

In 1999, the San Jose *Mercury News* named him one of the *Millennium 100*, approximately 100 people over the last century who "made Silicon Valley what it is today" and wrote: "As Executive Director (of the Markkula Center for Applied Ethics at Santa Clara University) from 1992-1999, Shanks elevated the Center into the region's standard bearer for teaching the value of ethical conduct – not only in high technology, but also in the health industry, government, banking, public service and other disciplines" (S.J. Mercury News, December 19, 1999.)

Shanks was a founding member and chair of the governing board of the Ethics Center (1985-1999), Executive Director (1992-1999), Director of Business Ethics and Public Policy Programs (1999-2000), and Senior Fellow in Business Ethics and Public Policy (2000-2002). Under his leadership, the Center became one of the nation's pre-eminent Ethics Centers serving campus and community constituencies.He also served as Senior Scholar with the Washington, D.C., Ethics Resource Center (1999-2002) and in 2002 was the Distinguished Visiting Scholar in Ethics at Scripps-Mercy Medical Center in San Diego.

As a full-time faculty member at Santa Clara University (1977-2007), Shanks founded and chaired the Department of Communication (1985-1991) and was the Department's first tenured Associate Professor (1988-2007). He served as College of Arts and Sciences Senior Associate Dean (1990-1995. He taught courses in engineering ethics, new technologies, Internet and Society, public policy, survey research, journalism, and all areas of video writing and production. With students and colleagues, Shanks developed and co-facilitated the Student Reflectors' Program and numerous other award-winning student, faculty, and community programs.

In 1995, Shanks partnered with O'Connor Hospital to establish the Applied Ethics Center at OCH and served as the Chair of its Steering Committee from 1995-2002 and also served as special consultant to the hospital's ethics committee and administration. In 1997, he partnered with the Santa Clara County Medical Association on a year-long project, The Care in Managed Care, seeking to improve patient care by establishing common ground among hospitals, physicians, and insurance companies. He has conducted dozens of workshops on ethical decision-making for healthcare ethics committees, healthcare providers, chaplains, hospice workers, patients, patient advocates, and the community at large.

He partnered with the City of Santa Clara from 1998-2015 on a City-wide values-based management program. He designed and facilitated the first values-based consensus *Code of Ethics & Values* in the State of California. With City officials and staff, he created the Campaign Ethics Program (2000), and the Vote Ethics Public Outreach Program (2004). These Programs have won awards and recognition from the International City Management Association (2000), the League of California Cities Helen Putnam Award for Excellence (2000, 2002), the United Nations (2002), etc.

He also conducted multi-year programs with the City of Milpitas, the Santa Clara County Library System, the County's Early Childhood Local Planning Council, and the cities of Atascadero and Rancho Palos Verdes. He has conducted ethics and team-building workshops for, among others, the League of California Cities, East Bay MUD, and the Cities of Sunnyvale, San Carlos, Palo Alto, Mountain View, and San Mateo, Leadership Santa Clara, Leadership Los Gatos, and the Counties of Santa Clara, San Mateo, Sonoma, and Santa Barbara.

His corporate clients have included Juniper Networks, the Charles Schwab Corporation, Edwards Lifesciences, Investment Management Consultants' Association, and the start-up technology company, Propel, whose ethics and values program was featured in a cover story in SV (Silicon Valley), the Sunday magazine of the *San Jose Mercury News* ("Value Judgments: Do Well or Do Right?", April 16, 2000, pp. 8-16.) He advised San Jose's Tech Museum of Innovation (1993-2002) on its integration of ethics throughout the museum.

He has a B.A. in Philosophy and Psychology from Saint Louis University (1971), an M.S. in Education from Fordham University in New York City (1975), a Master of Divinity from the Jesuit School of Theology at Berkeley (1977), and a Ph.D. in Communication Theory and Research from Stanford University (1985). Shanks was a Jesuit priest from 1977-1999. Contact: drshanks@comcast.net or 408-529-5319

Thomas E. Shanks, Ph.D.

17256 Nalor Ct • Los Gatos, California 95032 • drshanks@comcast.net • 408-529-5318

Summary of Qualifications

- **Senior Executive**—a high energy, results-oriented self-starter, with a persistently positive attitude, who excels in fast-paced, challenging, and unpredictable environments; a self-confident decision-maker, with a history of building high-performance, values-centered, mission-focused teams; committed to strategic learning, visionary thinking, innovative problem-solving, and collective action for best results.

- **Transformational Leader**—with a distinguished record of identifying and responding to critical needs with integrity, passion, and practical solutions, collaborating with trusted partners to develop resources, expand capacity, and build sustainable programs in education, government, public policy, business, technology, and health care—all consistently recognized for the unique ways they contribute value to their founding organizations and improve the lives of students, clients, customers, and communities.

- **Nationally-known Expert**—a highly-respected speaker, researcher, and writer, skilled in the use of print, video, and on-line media, whose expertise enables individuals and organizations to build a more humane, equitable, and ethical world, and whose impact on leadership behavior, public trust, and organizational decision-making led *The San José Mercury News* at the start of Millennium 2000 to name him one of "…the hundred people in the last hundred years who helped to make Silicon Valley what it is today."

Areas of Expertise

- *Board & Organizational Development*
- *Strategic Planning & Change Management*
- *Consensus-Building & Conflict Resolution*
- *Leadership/Staff Training & Teambuilding*
- *Statistical & Qualitative Analysis/Reporting*
- *Endowments, Fundraising & Grant-writing*
- *Grant-making & Oversight*
- *Staff Recruiting & Development*
- *Capital & Operating Budgets*

Career Progression and Selected Accomplishments

THE ETHICS COMPANY (Los Gatos, CA) 2006-Present

President

Senior consultant, trainer, and leadership coach. Ethics and Values Codes, strategic plans and execution, decision-making skills, and communication campaigns to build or repair co-worker, client, and community trust. Mission-critical research and project implementation. Resource development, capacity-building, and change management.

- Partnered with senior City of Santa Clara staff over ten years for an on-going, leading-edge, research-based program to foster good government and public trust through positive reinforcement of a citizen-developed Ethics Code, media outreach, and on-going skills training and coaching for all elected and appointed officials, senior City staff, political candidates, and City residents. Led Code development, training, and benchmark research; authored media pieces; facilitated public political forums. Multiple highest honors for program excellence and effectiveness from the League of California Cities; national and international recognition from the Public Relations Society of America, International City and County Managers Association, United Nations UN-Habitat, and others. *(Additional work with seven other California cities, four counties, League of California Cities, and public libraries for leadership training projects; ethics workshops for newly elected Council members, city planners, and finance directors; conflict resolution; ethical campaigning; public forum facilitation, etc.)*

- Improved implementation of strategic plan, decision-making, and collaboration for local planning council and non-profit organizations providing critical day-care and early education services to thousands of Santa Clara County families and children with financial or special needs. Served as consultant, trainer, and coach. Led to successful $500,000 grant from State of California for multi-agency training projects and programs. *(Also developed re-launch plan and served as Interim Executive Director for a foundation raising funds for health insurance for uninsured children in Santa Clara County.)*

- Partnered with senior corporate executives to develop and deliver multi-year employee training programs for values-aligned action, ethical decision-making, and constructive debate in a technology start-up, a global billion-dollar medical devices company, and a multi-billion dollar U.S. financial services company. Consistently very highly rated. Technology start-up project received San José Mercury News Sunday Magazine cover story, "Do Right or Do Well" (4/16/2000). *(Also co-facilitated with CEOs, conducted employee research, wrote case studies, trained new managers in five cities, and prepared trainers for on-going programs.)*

COMMUNICATION DEPARTMENT, SANTA CLARA UNIVERSITY (SANTA CLARA, CA) 1982-2006

Associate Professor of Communication (1988-2006), **Assistant Professor of Communication** (1985-1988)
Communication Department Chair (1985-1991), **Communication Department Founder** (1985)
Acting Assistant Professor of Communication in Theatre and Dance (1982-1985)

- Proposed and successfully established the Department of Communication (1984-85). Served six years as first chair; first faculty member tenured and promoted to Associate Professor. Supervised quantitative research projects; taught new technologies, web-design, public policy, ethics, survey research, TV production & writing.
- Created innovative justice-oriented, service-learning curriculum, adopted by other Universities. Developed critical reflection process and student reflection leaders training, recognized as one of 40 exemplary national programs, the first time any Santa Clara program was listed in *The Templeton Guide: Colleges that Encourage Character Development*.
- Successfully recruited and mentored 12 FTE faculty from top graduate schools; secured funds for 4 staff; led two strategic planning processes; grew student majors from 15 to 140; raised $1 million for an endowed professorship and $2 million toward new labs, offices, and studios; recruited external Board; produced and directed ten annual Oscar-style multimedia theatre productions to recognize student work, promote department, and raise money.
- Initiated and led model departmental alumni, internship, and professional mentoring programs; ran five annual alumni retreats, reunions, and networking events in Bay Area and Los Angeles; organized alumni volunteers; increased number of alumni working in Los Angeles from two to sixty. Delivered keynote speeches to University alumni in 15 cities.
- Awards: President's Special Recognition for Faculty (1991), Dean of Arts and Sciences Special Appreciation (1995), University Strategic Advancement (1997), Appreciation from building architect Gordon-Prill, Inc (1998), and Toastmasters International Communication and Leadership (District 4) for "outstanding dedication and contributions in education, human development, ethics leadership, civil and social concerns"(2000).

MARKKULA CENTER FOR APPLIED ETHICS, SANTA CLARA UNIVERSITY (CA) 1992-2001

Senior Fellow (2000-01)**; Director, Business Ethics & Public Policy** (1999-2000); **Executive Director (**1992-1999)**; Steering Committee Chair** (1992-1999), **Steering Committee Member** (1985-1992)

Served as second Director, recruited to develop a "University Center of Distinction," raising significant money outside the University to fund and develop campus and community programs to build the University's reputation, raise awareness of the importance of ethics, and improve ethical decision making in all fields.

- Expanded and re-energized external Advisory Board and Faculty governance board; developed consensus plan and five-year vision to turn a small inwardly-looking Center into one that was "…nationally recognized for integrating ethics into campus learning environments and addressing the ethics needs of the region." Completed plan two years early.
- Grew Center endowment from $1.5 to $7 million by 1999, annual gifts from 0 to $100,000+, fees from $5000 to $125,000; implemented strategic fundraising and cultivation plan which resulted in additional $4 million by 2002. Worked with three Board Chairs, all highly-regarded for venture funding and community philanthropy.
- Built annual operating budget from $80,000 to $400,000, staff from 1.5 to 10 FTE, student workers from 5 to 20, faculty and off-campus scholars from 15 to 52, programs from 9 to 24, facilities from one room to 5000 square feet and a state-of-the-art teleconference center in what was then the University's most prominent new building.
- Recruited long-term, off-campus program partners and champions for K-12 character-based literacy and Ethics Camps for teachers, the Ethics Center at O'Connor Hospital, the Business Ethics Roundtable, various government and public policy programs, Tech Museum ethics exhibits and conferences; developed award-winning magazine, with 12,000+ circulation including 400 local politicians; went on-line in 1995, created award-winning Center site with 1 million hits by 1999; secured $700,000 foundation grant, served on grant-making team to fund 46 projects and 60 events over three years to "build a commitment to fashioning a more humane and just world." Worked with senior University officials, staff, and students to resolve campus and community social justice issues.
- Delivered hundreds of specialized workshops, speeches, and classes on campus and nationwide. Quoted 65 times in local and national media the first year of expanded public relations efforts. Honored along with Founding Chair Mike Markkula on Millennium 2000 *San José Mercury News* list of the "hundred people in the last hundred years who helped make Silicon Valley what it is today."

COLLEGE OF ARTS AND SCIENCES, SANTA CLARA UNIVERSITY (CA) 1990-1995

Senior Associate Dean

Responsible for resources, budgets, facilities, staff development, stewardship of internal and external grants for 21 departments and 10 programs. Worked closely with finance, personnel, payroll, legal, and human resources.

- Played senior role on leadership team to professionalize the Dean's office, draft College-wide policies, and expand the capacity of independent Department Chairpersons to collaborate and make decisions as a Council.
- Played key leadership role advocating for and implementing multi-year effort to transition part-time faculty to full-time positions and to remove the effect of gender from the College's salaries.
- Developed budget-based revenue/expenditure model and process to recognize hard-working departments, departmental leaders, and to incentivize others to become greater contributors.
- Partnered with the Dean to develop strategy and methods to turn a money-losing summer school into a profit-Center, resulting in profits upwards of $750,000.
- Expanded grants, improved oversight, repaired relationships with external and internal granting agencies for faculty research and special projects.
- Led strategic planning and facilities planning College-wide, resulting in new and renovated instructional space for eight departments and the Dean's office; played a key role in fund-raising and design for the 1999 new home for the Ethics Center, the Communication Department, and the Dean's Offices.

Education

STANFORD UNIVERSITY (STANFORD, CA) 1978-1985

PH.D., COMMUNICATION THEORY AND RESEARCH

Awarded September 26, 1985

Dissertation Title: Viewer Attachment to Prime Time Television Entertainment Programs. (Stanford University, 1985). Advisers: Dr. Donald Roberts (director), Dr. Steven Chaffee, and Dr. William Paisley

---

SAN FRANCISCO STATE UNIVERSITY (SAN FRANCISCO, CA) 1975-1978

GRADUATE STUDIES IN TELEVISION AND RADIO

All requirements completed for M.A., except thesis

JESUIT SCHOOL OF THEOLOGY (BERKELEY, CA) 1974-1977

MASTER OF DIVINITY

Awarded June, 1977

Area Major: Theology and Culture: Implications for Television

High School Teaching: Saint Ignatius College Preparatory School (San Francisco, CA) 1975 - 1977

Religion and philosophy teacher (part-time, team-taught, developed curriculum) for 11th-12th grade students in *Human Values, Theology of the Human Person, Autobiography and the Search for God*

FORDHAM UNIVERSITY (BRONX, NY) 1972-1975

MASTER OF SCIENCE IN EDUCATION

Awarded September 2, 1975

Specialization: Secondary Education, Teaching of English

Ball State University (Muncie, IN, 1973): Ten week intensive summer study in journalism, mass media, graphic design, and student media advising

High School Teaching: Fordham Preparatory School (Bronx, NY) 1971 - 1974

Full-time English teacher for 10th and 11th grade English; 12th grade journalism, mass media, and new technologies courses; developed innovative contract-based, integrated curricula for 9th, 10th, 11th grades

Teacher Preparation Program: Four semesters (July 1971-August 1972) including Microteaching Program

---

ST. LOUIS UNIVERSITY (ST. LOUIS, MO) 1969-1971

BACHELOR OF ARTS IN PHILOSOPHY AND PSYCHOLOGY, MINOR IN ENGLISH

Awarded June 5, 1971. Core courses completed at the Jesuit Novitiate (Poughkeepsie, N.Y.) and Fordham University (Bronx, N.Y.) 1967-1969

A complete list of presentations is available upon request.
References are available upon request.

Publications

- Shanks, T. 2011. Rebuilding Trust in Local Government. *Western Cities* (The monthly magazine of the League of California Cities), December. Retrieved January 23, 2016 from http://www.westerncity.com/Western-City/December-2011/Rebuilding-Trust-in-Local-Government/ .
- Shanks, T. 2008. "Another Election Season, Another Reason to Vote Ethics" and "Evaluate Candidate Ethics with This Checklist". Campaign 2008 Vote Ethics Guide, insert in Inside Santa Clara, City Newspaper. City of Santa Clara. Retrieved March 16, 2009 from http://santaclaraca.gov/pdf/collateral/Vote-Ethics-Guide.pdf. Two similar pieces were published in the Campaign 2006 Vote Ethics Guide.
- Shanks, T. 2007. Public Trust in the City of Santa Clara: A Comparison of the 2006 and 2007 surveys. August 21 City Council Presentation. Retrieved March 16, 2009 from http://santaclaraca.gov/pdf/collateral/Pre-and-Post-Election-Ethics-Survey-Results.pdf.
- Shanks, T. 2006. Santa Clara's Vote Ethics Program: Reconnecting Politics to Our Best Values. *Santa Clara Weekly*, November 15.
- Shanks, T., et al. 2006. Fostering Public Trust: Report of Results. Resident Feedback Survey, City of Santa Clara, July 31. Retrieved March 16, 2009 from http://santaclaraca.gov/pdf/Ethics/2006SurveyResults.pdf.
- Shanks, T. 2004-2005. Various publications for Ethics First, the Ethics Program of the City of Milpitas: Report of Citizen Survey (March, 2004), Stakeholder Report (April 2004), Code of Ethics and Behavioral Standards (developed through public process, drafted by Shanks, T., edited by City Staff and residents), Implementation Plan (July 2004), Vote Ethics Materials (August, 2004), etc.
- Shanks, T. 2004. Accountability White Paper. Developed for the City of Milpitas. Posted since then on the League of California Cities, Institute for Local Government - Public Service Ethics. Retrieved March 16, 2009 from http://www.cacities.org/index.jsp?zone=ilsg&section=conf&sub_sec=conf_codes.
- Tech Museum of Innovation. 2001. Robotics: Machines and Man - Ethics and Robotics in the 21st Century. Audio responses of T. Shanks to four robotics questions, Retrieved March 16, 2009 from http://www.thetech.org/robotics/ethics/index.html.
- Shanks, T. 2000. Video: An Ethical Framework for Service Learning Reflection. Ethics Updates, November 21. Retrieved March 16, 2009 from http://ethics.sandiego.edu/video/Shanks2/index.html.
- Shanks, T. 2000. Video: A Conversation about Business Ethics. Ethics Updates, November 21. Retrieved March 16, 2009 from http://ethics.sandiego.edu/video/Interviews/Shanks/index.html.
- Shachter, A.M., McNelis, B.J., and Shanks, T. 1999. Incorporating "Ethics in Science" into a Summer Undergraduate Research Program. *NEACT Journal, v18 n1 p4-6 Sum-Fall .* Retrieved March 16, 2009 from http://eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_&ERICExtSearch_SearchValue_0=EJ608783&ERICExtSearch_SearchType_0=no&accno=EJ608783.
- Hackworth, M, and Shanks, T. 1998. The Million Dollar Decision: An International Business Ethics Case. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/million.html. Reprinted in Richardson J.E., Annual Editions: Business Ethics 1999-2000, 2000-2001. New York: McGraw-Hill.
- Shanks, T. 1997. The Case of the Performance Appraisal. *Issues in Ethics*, V8 N3, Summer. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/performance.html.
- Kulp, C., Shanks, T., Uelmen, G. 1997. Beyond Professional Codes: a Dialogue about Communication, Law, and Philosophy. *Issues in Ethics*, V8 N2, Spring. Retrieved March 16, 2009 from http://www.scu.edu/ethics/publications/iie/v8n2/beyond.html.
- Shanks, T. 1997. Case of Henry's Public House: A Journalism Ethics Case. *Issues in Ethics*, V8 N2, Spring. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/publick.html.
- Shanks, T. 1997. How Did I Live Today? *Ethics Connection* Website. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/today.html.
- Shanks, T. 1997. Everyday Ethics. *Issues in Ethics*, V8 N1, Winter. Retrieved March 16, 2009 from http://www.scu.edu/ethics/publications/iie/v8n1/everydayethics.html. This article has been reprinted and referenced many times on the web. Example: JPL Ethics Briefs. 1998. Retrieved March 16, 2009 from http://ethics.jpl.nasa.gov/briefs/vol3is3/everyday.html.
- Shanks, T. and Stenger, B. 1997. Access, Internet, and Public Libraries: A Report to the Santa Clara County Library. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/focusareas/technology/libraryaccess/.
- Shanks, T.1996. The Case of The Sole Remaining Supplier: A Business and Technology Ethics Case. *Issues in Ethics*, V7 N3, Fall. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/supplier.html.
- Shanks, T. 1996. The Case of the Long-Distance Cancer Treatment. *Issues in Ethics,* V7 N2, Spring. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/cancer.html.

- Shanks. T. 1996. The Case of Maria Elena: An Immigration and Public Policy Case. *Issues in Ethics*, V7 N1, Winter. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/maria.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. A Framework for Moral Decision Making. *Issues in Ethics*, V7 N1, Winter. Retrieved March, 16, 2009 from http://www.scu.edu/ethics/publications/iie/v7n1/thinking.html. Reprinted in Richardson, J.E. Annual Editions: Business Ethics New York: McGraw-Hill/Dushkin from 1997 to 2010, lead article since 1998. This article has been has been widely reprinted and used in college classrooms and professional training programs across the world.

THE FOLLOWING WERE WRITTEN FOR THE MARKKULA CENTER'S *ETHICS CONNECTION* WEBSITE, LAUNCHED IN 1995. THESE ARE A SERIES OF ARTICLES ON THE BASICS OF ETHICAL DECISION-MAKING.

- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Approaching Ethics. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/approach.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Can Ethics Be Taught? Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/canethicsbetaught.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Ethical Relativism. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/ethicalrelativism.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Ethics and Virtue. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/ethicsandvirtue.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. What is Ethics? Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/whatisethics.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Calculating Consequences: The Utilitarian Approach to Ethics. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/calculating.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Conscience and Authority. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/conscience.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Consistency and Ethics. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/consistency.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Justice and Fairness. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/justice.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Rights. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/rights.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. The Common Good. Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/commongood.html.
- Velasquez, M., Andre, C., Shanks, T, and Meyer, M. 1996. Who Counts? Retrieved March 16, 2009 from http://www.scu.edu/ethics/practicing/decision/whocounts.html.
- Shanks, T. 1995. Between a Rock and a Hard Place: A Student Leadership Case. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/rock.html.
- Shanks, T. 1995. The Case of Due Diligence. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/diligence.html.
- Shanks, T. 1995. The Case of the Cyber City Network. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/cybercity.html.
- Shanks, T. 1995. The Case of Wu. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/wu.html.
- Wolfe, P., Smith, P., McLean, M., and Shanks, T. 1995. SHHHHHHHHH, Don't Tell: a Medical Ethics Case. Retrieved March 16, 2009 from http://www.scu.edu/ethics/dialogue/candc/cases/tell.html.
- Shanks, T. 1985. Viewer Attachment to Prime-Time Television Entertainment Programs. Stanford University Ph.D. Dissertation. Advisers: Dr. Donald Roberts (director), Steven Chaffee, and William Paisley.
- Shanks, T and Hochheimer, J. 1982. Procedures for Developing Instructional Television for the Continuing Education of Adults: A Review and Application of the Literature, 1967-1980. In Dervin, B., and Voigt, M. (eds). Progress in Communication Sciences, Vol III. Norwood, N.J.: Ablex.
- Shanks, T. 1982. "Teaching on Television" and "Operating the Classroom TV Studio." Writer, director, videotape editor for two 30-minute videotapes. National Distribution. Atlanta, GA: Association of Media-Based Continuing Education of Engineers (AMCEE).

Useful Resources

WORKS CONSULTED OR CITED

PAGE 2 (PROPOSAL SUMMARY)

1. For this assessment, Dr. Shanks first compiled the benchmarks from the next set of sources. Then gathered data about the EC today for comparison with benchmarks. Data came from many conversations with members of the EC, participation at EC meetings, review of EC policy and procedure documents, participation in patient and staff consults, the March 18, 2016 EC retreat, email correspondence, prototyping and testing an instructional website, conversations with EC leadership, participation in an ECH Departmental Ethics Education session, and an extensive review of web and printed ECH documents, including Medical Staff bylaws, various Board handouts, the Code of Ethics, etc.

2. The items in the Goal column of the Benchmarking Report are drawn from many different references, but rely heavily on Panicola, Michael. (2009). ***Ethics Committee (EC) Evaluation Tool.*** Healthcare Ethics USA. Available at http://www.slu.edu/centers/chce/hceusa.htm.

- Gaudine, A., Lamb, M., SM, L., & Thorne, L. (2011). ***Barriers and Facilitators to Consulting Hospital Clinical Ethics Committees***. Nursing Ethics, 18(6), 767–780. http://doi.org/10.1177/0969733011403808
- Wenger, E. (2011). ***Communities of Practice: A Brief Introduction***, 1–8. Retrieved March 15, 2016 from http://wenger-trayner.com/introduction-to-communities-of-practice/
- Richard, L., Chiocchio, F., Tremblay, M.-C., Lamy, G., Champagne, F., & Beaudet, N. (February 26, 2014). ***Communities Of Practice As A Professional And Organizational Development Strategy In Local Public Health Organizations In Quebec, Canada: An Evaluation Model.*** Healthcare Policy | Politiques De Sant??, 9, 3, 26-39.
- Schyve, P. M. (2009). ***Leadership in Healthcare Organizations: A Guide to Joint Commission Leadership Standards.*** A Governance Institute White Paper, (877).
- Foglia, M. B., Cohen, J. H., Pearlman, R. a., Bottrell, M. M., & Fox, E. (2013). ***Perceptions of Ethical Leadership and the Ethical Environment and Culture: IntegratedEthics TM Staff Survey Data from the VA Health Care System***. AJOB Primary Research, 4(February 2015), 44–58. http://doi.org/10.1080/21507716.2012.751070
- Arnold, R. M., & American Society for Bioethics and Humanities. (2011). ***Core Competencies For Healthcare Ethics Consultation:*** The report of the American Society for Bioethics and Humanities. Glenview, Ill: ASBH.
- UK Clinical Ethics Network. (2015). ***Recognising, Preventing and Resolving Ethical Dilemmas In Health Care : The Need For Clinical Ethics Support In The Nhs, 1–10.*** Retrieved from http://www.ukcen.net/index.php/main/whats_new/recognising_preventing_and_resolving_ethical_dilemmas_in_health_care
- Doran, E., Fleming, J., Kerridge, I. & Stewart C. (2014). ***Building Clinical Ethics Capacity, Final Report of the Developing Clinical Ethics Capacity in NSW Partnership Project***, ISBN 978-0-646-90108-4 Sydney: Centre for Values, Ethics and Law in Medicine.
- Jonsen, A. R., Siegler, M., & Winslade, W. J. (2015). ***Clinical Ethics: A Practical Approach to Ethi-***

cal Decisions In Clinical Medicine. New York: McGraw Hill.

- Glass R. (2014). ***What Is Transformation?*** Also ***Transformational Coaching***. Retrieved from http://stproject.org/resources/publications/what-is-transformation/
- UNESCO. (2011). ***Bioethics Core Curriculum Section 2 : Study Materials***. Unesco, 0(July), 1–58.
- DeRenzo, E. G., Mokwunye, N., & Lynch, J. J. (December 01, 2006). ***Rounding: How Everyday Ethics Can Invigorate A Hospital's Ethics Committee.*** Hec Forum : Healthcare Ethics Committee Forum: an Interprofessional Journal on Healthcare Institutions' Ethical and Legal Issues, 18, 4, 319-331.
- Gawande, A. (2014). ***Being Mortal: Medicine And What Matters In The End***. New York : Metropolitan Books, Henry Holt and Company.
- UNESCO. (2005.). ***Establishing Bioethics Committees.*** Available online from UNESCO.

3. Quote from American Medical Association. (2016, June 13). ***Code of Medical Ethics Modernized for Contemporary Medicine.*** Retrieved August 6, 2016, from http://www.ama-assn.org/ama/pub/news/news/2016/2016-06-13-code-medical-ethics-modernized.page

PAGE 4 (PRIORITY NEEDS & RESULTS)

4. El Camino Hospital. (2015). ***Medical Staff Bylaws (November 2015)***. Retrieved from https://www.elcaminohospital.org/sites/ech/files/Medical-Staff-Bylaws_20150812.pdf. Here is the description of the MEDICAL ETHICS COMMITTEE: – Enterprise Committee. 11.13-1 COMPOSITION The committee will be multi-disciplinary with at least representatives from Medical Staff and Patient Care Services. It may also include members of other professions or the public. 11.13-2 DUTIES; (a) Provide counsel to physicians, hospital staff, administration in the understanding, delineations and clarification of medical ethical dilemmas. (b) Provide regular educational activities on medical ethical dilemmas to the institution. (c) Assist in the development of ethical guidelines where appropriate. (d) Submit recommendations to the department executive committee or Medical Staff Executive Committee as appropriate. The EC members with whom Dr. Shanks worked were not aware of this description.

   El Camino Hospital. (2015). ***Agenda Packet for Corporate Compliance /Privacy and Internal Audit Committee Meeting of the El Camino Hospital Board (November 12)***. The Audit Committee reviewed a draft of the Code of Ethics. The difference between #30 and the following description is that #30 does not include patient/family. EC members were also not aware of this Code of Ethics or EC description. The relevant section states: Resolution of Conflicts: Conflict will arise among those who participate in hospital and patient care decisions. Whether the conflict is between patient caregivers and the patient,patient or between medical staff and employees ECH will seek to resolve the conflict fairly through the Medical Ethics Committee. In cases where mutual satisfaction cannot be achieved, Care Coordination staff is available to assist in resolution and to provide expert consultation from the Medical Ethics Committee if requested. The committee is multi-disciplinary with representatives from Medical Staff and Patient Care Services. It may also include members of other professions or the public. Duties of the committee as follows: Provide counselconsults to physicians, staff, administration and patient/family in the understanding, delineations and clarification of medical ethical dilemmas. Provide regular educational activities on medical ethical dilemmas to the institution. Assist in the development of ethical guidelines where appropriate. Submit reports of regular activities to the Medical Staff Executive Committee.

5. Quote from American Medical Association. (2016, June 13). ***Code of Medical Ethics Modernized for Contemporary Medicine.*** Retrieved August 6, 2016, from http://www.ama-assn.org/ama/pub/news/news/2016/2016-06-13-code-medical-ethics-modernized.page

PAGE 5 (PROJECT GOALS YEAR 1)

6. Frolic, A., Jennings, B., Seidlitz, W., Andreychuk, S., Djuric-Paulin, A., Flaherty, B., & Peace, D. (2013). ***From Reactive to Proactive: Developing a Valid Clinical Ethics Needs Assessment Survey to Support Ethics Program Strategic Planning*** (Part 1 of 2). HEC Forum, 25(1), 47–60. http://doi.org/10.1007/s10730-012-9204-y

PAGE 7 (PROJECT GOALS YEAR 2)

7. Glass, R. (2014) ***What Makes Change So Difficult?***. Retrieved from stproject.org/resources/tools-for-transformation.
8. Jansky, M., Marx, G., Nauck, F., & Alt-Epping, B. (2013). ***Physicians' and Nurses' Expectations and Objections Toward A Clinical Ethics Committee.*** Nursing Ethics, 20(7), 771–83. http://doi.org/10.1177/0969733013478308

PAGE 9 (SOAR TO RESULTS)

9. Stavros, J., David Cooperrider & D. Lynn Kelley. (2003). ***Strategic Inquiry ! Appreciative Intent: Inspiration to SOAR: A New Framework for Strategic Planning***. Retrieved January 8, 2016 from www.aipractitioner.com. Also Stavros, J. M., & Hinrichs, G. (2009). ***The Thin Book of Soar: Building Strengths-based Strategy.*** Bend, Or: Thin Book Pub. Co.
10. Kaner, S., Lind, L., & Doyle, M. (2014). ***Facilitator's Guide To Participatory Decision-Making.*** San Francisco, CA: Jossey-Bass, a Wiley brand.

PAGE 10 (PROJECT MILESTONES)

11. Manitoba Provincial Health Ethics Network (MB-PHEN). (2015). ***Health Ethics Committee Toolkit, Part 1: Getting Started*** and ***Part 2. Ethics Consultation***. Retrieved from www.mb-phen.ca. This is a model resource and an example of the kind of orientation material the EC should provide to all members.
12. Post, L. F., & Blustein, J. (2015). ***Handbook For Health Care Ethics Committees*** (Second Edition). Baltimore: Johns Hopkins University Press. There are many other useful sources:
    - Jonsen, A. R., Siegler, M., & Winslade, W. J. (2015). ***Clinical ethics: A practical approach to ethical decisions in clinical medicine.*** Mccullough, L. (2006). ***A Primer on Bioethics (Second Edition***, 77030(September), 1–60. American College of Physician Executives. http://doi.org/10.4103/0974-2700.76845. Chowning, J. T., & Fraser, P. (2007). An Ethics Primer, 1–12.
    - Chowning, J.T., and P. Fraser (2007). ***An Ethics Primer***. Seattle WA: Northwest Association of Biomedical Research. The Primer is available online at www.nwabr.org.
    - Thomasma, D. C. (1994). ***Education of Ethics Committees***. Bioethics Forum, 10(4), 12–18. Retrieved from <img src= http://library.mcmaster.ca/getit.gif> http://sfx.scholarsportal.info/mcmaster?sid=SilverPlatter:PHIL&isbn=&atitle=Educ ation of Ethics Committees&title=Bioethics-Forum&issn=1065 -7274&date=1994&volume=10&issue=4&spage=12&pid=%3CAN%3E027230

- Adam, M. B., Diekema, D. S., & Mercurio, M. R., eds(2011). ***American Academy of Pediatrics Bioethics Resident Curriculum: Case-Based Teaching Guides.*** Retrieved from http://www.aap.org/sections/bioethics/default.cfm
- Geppert, C. M. A., & Shelton, W. N. (2012). ***A Comparison of General Medical and Clinical Ethics Consultations: What Can We Learn From Each Other?*** Mayo Clinic Proceedings, 87(4), 381–389. http://doi.org/10.1016/j.mayocp.2011.10.010. This is a must-read article.
- Foglia, M. B., Fox, E., Chanko, B., & Bottrell, M. M. (2012). ***Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level***. Joint Commission Journal on Quality and Patient Safety, 38(3).

PAGE 13 (NOW IS THE RIGHT TIME)

13. American College of Healthcare Executives. (2015). ***Policy on Creating an Ethical Culture Within the Healthcare Organization***. Retrieved from https://www.ache.org/policy/environ.cfm

PAGE 14 (A BENEFIT TO EVERYONE)

14. Doran, E., Fleming, J., Kerridge, I. & Stewart C. (2014). ***Building Clinical Ethics Capacity***, Final Report of the Developing Clinical Ethics Capacity in NSW Partnership Project 2014, ISBN 978-0-646 90108-4 3
15. Berkowitz, K. A., Chanko, B. L., Foglia, M. B., Fox, E., & Powell, T. (2015.). ***Ethics Consultation: Responding to Ethics Questions in Health Care***. Also ***A Brief Business Case for Ethics***. Washington, D.C: National Center for Healthcare Ethics

PAGE 24 (CORE COMPETENCIES)

16. Hester, D. M., & Schonfeld, T. (2012). ***Guidance for healthcare ethics committees***. Cambridge: Cambridge University Press.

PAGE 28 (DEVELOPING AN ETHICS LENS)

17. Baird, C. (2016). ***Understanding the Ethical Lens Inventory***. Available: http://www.ethicsgame.com/Exec/Console/ELI%20Anaylsis.pdf. [Accessed: 12-Jul-2016].
18. Velasquez, M., C. Andre, T. E. Shanks, and M. J. Meyer. (1996). ***Thinking Ethically: A Framework for Moral Decision Making***, Markkula Centre for Applied Ethics, Santa Clara University, P. 19, 1996.d Woodstock Theological Center. (1990). ***Creating and Maintaining an Ethical Corporate Climate***: seminar in business ethics. Washington, D.C.: Georgetown University Press. (Out of print.)
19. Schweitzer, A. (1965). ***The Teaching of Reverence for Life.*** (New York: Holt, Rinehart and Winston, 9.
20. Shanks, T. (1997) . ***Everyday Ethics***. Issues in Ethics, V8 N1, Winter. Retrieved March 16, 2009 from http://www.scu.edu/ethics/publications/iie/v8n1/everydayethics.html. This article has been reprinted and referenced many times on the web. Example: JPL Ethics Briefs. 1998. Retrieved March 16, 2009 from http://ethics.jpl.nasa.gov/briefs/vol3is3/everyday.html.
21. At the 2016 Democratic Convention, actress Meryll Streep identified three characteristics all female pathbreakers had in common: "capacity of mind, fullness of heart, and a burning passion for their cause." Retrieved July 27, 2016 from http://www.bustle.com/articles/175088-transcript-of-meryl-streeps-dnc-speech-calls-for-the-grit-and-grace-that-hillary-clinton-embodies