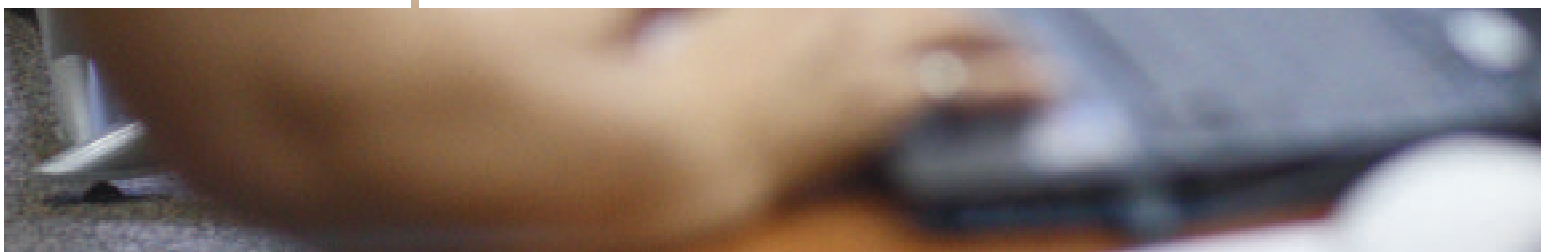
Assessment Tool

for STRIVING FOR EXCELLENCE IN ETHICS



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Completing the Assessment Tool

NOTE: ***Because the standards below are summarized, those completing the Assessment Tool should refer to the full statement of the Recommended Standards in the publication, "Striving for Excellence in Ethics."*** The Recommended Standards are more complete and provide further explanation. Having a copy of them on hand will be helpful.

Scoring: Complete the following assessment by rating the extent to which each standard of a particular component of a robust ethics service is present.

- If the standard is ***fully present and functional***, then it should be given a rating of "**5**".
- If the standard is ***not present at all***, then it should be rated a "**1**". A "**1**" response merits an explanation *(written or verbal)*.
- Ratings of "**2**" through "**4**" indicate that the standard is ***partially present and functional***. Ratings of "**2**" through "**4**" represent the degree to which the standard may be ***partially present and functional***, with a "**2**" representing less present and functional and a rating of "**4**" representing a greater degree to which the standard is present and functional. While the ratings of "**1**" and "**5**" are objective insofar as either the standard is not present at all or it is fully present, the ratings of "**2**," "**3**," and "**4**" allow for some prudential subjectivity in determining the degree to which the assessor(s) believe the standard to be present and functional. It is important to identify either verbally or in written form what is met, what is not, and why. This will help feed into "Opportunities for Improvement."

A discrepancy among assessors in scoring a particular standard should lead to a conversation about the reasons why and an attempt to reach consensus.

After rating the standards for each component *(or sub-section of a component)*, record the areas of strength, opportunities for improvement and any comments or notes for further consideration and discussion.

Follow-up to Completing the Assessment Tool: Once completed, this assessment should be used in conjunction with the Quality Improvement Planning Tool contained in the back cover pocket of the publication, *Striving for Excellence in Ethics*.

Ethics Expertise

1. ETHICS EXPERTISE	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
1.a. ***As a large system or medium-sized system,*** we have a Ph.D.-trained ethicist who meets the recommended CHA qualifications and competencies for system ethicists. **OR** As a ***smaller system***, we have ***either*** a Ph.D.-trained ethicist who meets the recommended CHA qualifications and competencies for system ethicists ***or*** a designated individual with at least an M.A. in ethics and who meets most of the CHA recommended qualifications and competencies for system ethicists, as appropriate to the organizational complexity of the system and the degree of acuity the ethicist will be engaging. Organizational complexity and level of acuity may entail the necessity of retaining a Ph.D. ethicist even at a small system. **OR** As a ***facility***, we have a designated individual who is a Ph.D.-or M.A.-trained ethicist, or some other individual with education in ethics suitable to the size and needs of the facility and with ready access to a Ph.D.-trained ethicist.	5	4 3 2	1
1.b. Mentoring is provided to the individual with ethics expertise when that individual is 1) new to health care, 2) new to Catholic health care, or 3) new to the role.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

Ethics Committees

2. ETHICS COMMITTEES	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
2.a. **Structure**			
2.a.i. **Policy.** ***The organization has a policy*** that spells out the purpose as well as the overall functions and operations of the ethics committee as well as who may access the committee and how that is done. The policy is implemented, and periodically reviewed and revised as appropriate.	5	4 3 2	1
2.a.i.(a) **Bylaws.** ***The ethics committee has a set of bylaws*** that spell out its purpose, functions, structure, and operations. The bylaws are followed and periodically reviewed and revised as appropriate.	5	4 3 2	1
2.a.ii. **Functions.** The ethics committee broadens its responsibilities beyond education, consultation, and policy review and development to include:			
2.a.ii.(a) Quality improvement in both the clinical and organizational arenas (see 3.a.iv and 3.j).	5	4 3 2	1
2.a.ii.(b) Organizational integration (see #7).	5	4 3 2	1
2.a.ii.(c) Community outreach (see #6).	5	4 3 2	1
2.a.iii. **Accountability.** The ethics committee regularly reports to either the administration, the medical staff or the board of trustees regarding its activities, including the results of its various assessments and efforts toward ongoing improvement.	5	4 3 2	1

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
2.a.iv. **Membership.** Members of the ethics committee reflect a variety of disciplines, each of which contributes to the overall functioning of the committee.	5	4 3 2	1
2.a.v. **Appointment to the Committee.** The committee has a process for selecting and appointing members to the committee. That process is employed and is periodically reviewed and revised as appropriate.	5	4 3 2	1
2.a.vi. **Committee Leadership.** The chair of the committee possesses leadership skills in addition to respect from colleagues, integration in the organization and an ability to facilitate.	5	4 3 2	1
2.a.vii. **Term of Membership.** The ethics committee has some mechanism in place to provide for turnover of members while maintaining continuity. This mechanism is regularly employed and is periodically reviewed and revised as appropriate.	5	4 3 2	1
2.a.viii. **Frequency and Length of Meetings.** Meetings of the ethics committee are held monthly for at least one hour to the degree that this is feasible.	5	4 3 2	1
2.a.ix. **Attendance at Meetings.** Members of the ethics committee are expected to attend at least 75% of meetings annually.	5	4 3 2	1
2.a.x. **Subcommittees.** The ethics committee makes use of subcommittees to accomplish its work and to include other staff in its work.	5	4 3 2	1

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
2.a.xi. **Support.** The ethics committee receives support.	5	4 3 2	1
2.a.xi.(a) The ethics committee receives *financial* support from the organization.	5	4 3 2	1
2.a.xi.(b) The ethics committee receives *secretarial* support.	5	4 3 2	1
2.a.xi.(c) The ethics committee receives support from relevant departments within the organization.	5	4 3 2	1
2.a.xii. **Meeting Agenda.** While meeting agendas will vary, the following elements are considered: 1) case consultation review; 2) ethics education; 3) ethics updates; 4) open forum; 5) reports from subcommittees; and 6) addressing quality improvement issues at the organizational level (see 3.a.iv and 3.j); 7) reviewing organizational integration and community outreach; 8) monitoring of annual goals.	5	4 3 2	1
2.a.xiii. **Records.** The committee keeps accurate and sufficiently detailed minutes of its meetings.	5	4 3 2	1
2.a.xiv. **Authority of the Committee.** Committee recommendations identify ethical dimensions of a situation and ethically acceptable ways to address it.	5	4 3 2	1
2.a.xv. **Meeting Evaluation.** In the interest of ongoing quality improvement, committee meetings are evaluated on a regular basis with particular attention to what worked well and areas that could be improved.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

		FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
2.b.	**Competencies**			
2.b.i.	**Ethics Committee *Member* Competencies.** Members of the committee have basic knowledge in several core areas: the nature, role and function of ethics committees (clinical and organizational); the basics of ethical theory; a moral framework for decision making that is appropriate for a Catholic health care organization; and an understanding of the *Ethical and Religious Directives* and the basic theological tradition that informs them.	5	4 3 2	1
2.b.ii.	**Ethics Committee *Chair* Competencies.** The chair of the ethics committee possesses the competencies delineated above and, in addition, has a knowledge of key issues and concepts in clinical and *organizational ethics* as well as meeting facilitation skills.	5	4 3 2	1
2.b.iii.	**Core Curriculum.** The committee has established a core curriculum.	5	4 3 2	1
2.b.iii.(a)	The ethics committee has developed or made available the resources necessary for implementing the curriculum.	5	4 3 2	1
2.b.iii.(b)	The ethics committee has developed a set of expectations, including ongoing self-education for all committee members.	5	4 3 2	1
2.b.iii.(c)	The committee has established a plan for implementing the curriculum, assessing mastery of content, and for ongoing self-education beyond the curriculum.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
2.c. **Procedures**			
2.c.i. **Client Needs Assessment.** The ethics committee conducts a yearly needs assessment of those it serves within the organization.	5	4 3 2	1
2.c.i.(a) Based partly on this needs assessment, the committee sets goals for the coming year.	5	4 3 2	1
2.c.ii. **Self-Evaluation and Development Plan.** The ethics committee evaluates itself annually.	5	4 3 2	1
2.c.ii.(a) The ethics committee formulates a plan annually for self-development in light of the results of the evaluation.	5	4 3 2	1
2.c.iii. **Annual Goal-Setting and Review.** The committee sets annual goals to guide its initiatives within and outside of the organization.	5	4 3 2	1
2.c.iii.(a) The ethics committee assesses the degree of success in achieving its goals.	5	4 3 2	1
2.c.iv. **Individual Member Self-Evaluation.** Each member of the ethics committee annually assesses the level of his/her knowledge.	5	4 3 2	1
2.c.iv.(a) Each member of the committee annually develops a personal plan for addressing knowledge gaps in light of the results of his/her self-evaluation.	5	4 3 2	1
2.c.v. **Committee Self-Education.** The ethics committee has established a curriculum for self-education in order to achieve knowledge competencies within the committee.	5	4 3 2	1
2.c.vi. **Awareness of and Access to the Committee.** The ethics committee takes measures to ensure that its existence is known and that staff, patients, families and surrogates know how to access it.	5	4 3 2	1
2.c.vii. **Resources.** The committee provides ethics resources for the entire organization.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

Consultation & Advisement

3.	CONSULTATION & ADVISEMENT	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
3.a.	**Consultation & Advisement.** The ethics consultation service provides, at minimum, the following:			
3.a.i.	**Advisement.** This consists in the service's offering an opinion or recommendation on some ethical matter.	5	4 3 2	1
3.a.ii.	**Prospective Consultation.** Resulting in a recommendation to be included in the patient's record.	5	4 3 2	1
3.a.iii.	**Retrospective Case Analysis.** For education, process improvement, and systemic quality improvement purposes.	5	4 3 2	1
3.a.iv.	**Proactive-Preventive Ethics.** Identifying areas that might impede the best patient care.	5	4 3 2	1
3.b.	**A Defined Mechanism for an Ethics Consultation Service.** The organization has a defined mechanism for conducting ethics consultations, i.e., a single consultant, a team, or the entire ethics committee.	5	4 3 2	1
3.c.	**Access to Ethics Consultation/Advisement Services.** The ethics consultation service is accessible to patients, family members and surrogates, and direct care givers.	5	4 3 2	1

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
3.d. **Guidelines for Ethics Consultation.** The ethics consultation service operates according to established committee guidelines regarding:			
3.d.i. The structure and organization of the ethics consultation service, including disciplines to be represented.	5	4 3 2	1
3.d.ii. The scope and authority of the ethics consultation service.	5	4 3 2	1
3.d.iii. Desired characteristics and minimal qualifications of consultants.	5	4 3 2	1
3.d.iv. Methodology for ethics consultation.	5	4 3 2	1
3.d.v. Documentation processes and standards.	5	4 3 2	1
3.d.vi. Evaluation of the consultation.	5	4 3 2	1
3.d.vii. Identifying systemic issues that gave rise to the consultation.	5	4 3 2	1
3.d.viii. A defined process for follow-up.	5	4 3 2	1
3.d.ix. Periodic review of the process itself.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

	Fully Present & Functional	Partially Present & Functional			Not Present at All
3.e. **Composition of an Ethics Consultation Team.** If the organization makes use of an ethics consultation team, the team, for any given consult, consists of individuals:					
3.e.i. Who possess the competencies needed to address the issue in question.	5	4	3	2	1
3.e.ii. With specialties and expertise relevant to the particular ethical issue.	5	4	3	2	1
3.e.iii. With appropriate levels of consultation experience.	5	4	3	2	1
3.e.iv. With appropriate cultural competencies.	5	4	3	2	1
3.f. **Basic Competencies of the Ethics Consultation Service Consultant or Members.** The ethics consultation service, whether an individual, a team, or the full ethics committee, has proficiency or has ready access to an expert in the following areas of competency:					
3.f.i. Knowledge of the *Ethical and Religious Directives for Catholic Health Care Services* and the theological tradition that informs them.	5	4	3	2	1
3.f.ii. Moral reasoning, ethical theory and key ethical principles.	5	4	3	2	1
3.f.iii. Ability to evaluate and weigh competing moral claims and values.	5	4	3	2	1
3.f.iv. Mediation skills; pastoral and facilitation skills.	5	4	3	2	1
3.g. **Education of the Ethics Consultation Service.**					
3.g.i. The ethics consultation service has set core competencies necessary to be part of the service.	5	4	3	2	1
3.g.ii. The ethics consultation service has a defined curriculum for ongoing self-education.	5	4	3	2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
3.h. **Evaluation and Quality Improvement of the Service.**			
3.h.i. The ethics consultation service has an established process for evaluating and assessing effectiveness of structures, processes and quality of outcomes.	5	4 3 2	1
3.h.ii. The ethics consultation service has an established process for identifying systemic factors that may have contributed to the ethical issue.	5	4 3 2	1
3.h.iii. The ethics consultation service has an established process for reporting contributing systemic factors back to the ethics committee for follow-up.	5	4 3 2	1
3.i. **Information Management.**			
3.i.i. The ethics consultation service has an established method for keeping track of consultations.	5	4 3 2	1
3.i.ii. The ethics consultation service has an established method for analyzing aggregated data quantitatively and qualitatively.	5	4 3 2	1
3.j. **Quality Improvement/Preventive Ethics.** The ethics consultation service and the ethics committee have an established process for addressing quality improvement issues and systemic change based on individual ethics consultations and aggregated data from a range of consultations.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

Education & Formation

	4. EDUCATION & FORMATION	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
4.a.	**Ongoing Ethics Education.** There is ongoing ethics education within the organization which includes education about the *Ethical and Religious Directives*.	5	4 3 2	1
4.b.	**Infrastructure for Ethics Education.** The individual or group responsible for ethics education:			
4.b.i.	Identifies audiences.	5	4 3 2	1
4.b.ii.	Conducts a needs assessment in order to determine priorities and possible integration and collaboration.	5	4 3 2	1
4.b.iii.	Develops a program, a series of programs, or a curriculum based on the needs assessment.	5	4 3 2	1
4.b.iv.	Implements the program.	5	4 3 2	1
4.b.v.	Evaluates the program and makes changes, if necessary, for future programs.	5	4 3 2	1
4.b.vi.	Integrates ethics education into existing programs that deal with the mission and values of the organization.	5	4 3 2	1

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
4.c. **Resources.** Providing resources for educational activities is an investment in the culture of the organization and in ethical practice. This requires:			
4.c.i. Adequate resources are provided for educational initiatives across the organization, including financial resources.	5	4 3 2	1
4.c.ii. Resources are available for journal subscriptions, books, and other media related to health care ethics.	5	4 3 2	1
4.c.iii. A designated area is established as a health care ethics resource center/area.	5	4 3 2	1
4.c.iv. The resources to advertise and deliver high quality programs (such as time, room, equipment, the assistance of other departments, monetary resources).	5	4 3 2	1
4.d. **Integration.** Institutional practices support ethics education, e.g., support for ongoing professional development, availability of continuing education credit, link to performance goals and review, inclusion of ethics-related material in mission formation opportunities and orientation programs.	5	4 3 2	1
4.e. **Instrumental Support.** In developing and sustaining a strong ethics education program, the ethics committee or person or persons responsible for ethics education make use of the following:			
4.e.i. Needs assessment tools.	5	4 3 2	1
4.e.ii. Evaluation tools.	5	4 3 2	1
4.e.iii. Curriculum templates.	5	4 3 2	1
4.e.iv. Competency development tracking form(s) for ethics committee members, consultants, and team members.	5	4 3 2	1
4.e.v. Program management database for activities, i.e., registration, evaluations, curriculum mapping, etc.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

Policy Review & Development

5.	POLICY REVIEW & DEVELOPMENT	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
5.a.	**Ethics Point Person Develops and Reviews Policies.** The individual with responsibility for ethics and/or the ethics committee develops and reviews institutional policies and processes in key ethics areas.	5	4 3 2	1
5.b.	**Ethics Committee Develops and Reviews Policies.** Ethics committee members engage in policy review and development in the functional areas of:			
5.b.i.	Care of the poor	5	4 3 2	1
5.b.ii.	Charity care	5	4 3 2	1
5.b.iii.	Corporate responsibility	5	4 3 2	1
5.b.iv.	Community benefit	5	4 3 2	1
5.b.v.	Finance	5	4 3 2	1
5.b.vi.	Fundraising/development	5	4 3 2	1
5.b.vii.	Human resources	5	4 3 2	1
5.b.viii.	Legal	5	4 3 2	1
5.b.ix.	Mission	5	4 3 2	1
5.b.x.	Quality	5	4 3 2	1
5.b.xi.	Research	5	4 3 2	1
5.b.xii.	Safety	5	4 3 2	1
5.b.xiii.	Environmental stewardship	5	4 3 2	1

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
5.c. **Policy Review and Development in Key Areas.** Ethics committee members engage in policy review and development regarding:			
5.c.i. Care at the beginning of life.	5	4 3 2	1
5.c.ii. Care at the end of life.	5	4 3 2	1
5.c.iii. Provider-patient relationship issues.	5	4 3 2	1
5.c.iv. Partnerships, joint ventures and vendor relations.	5	4 3 2	1
5.c.v. Elements of a just workplace (wages, benefits, promotions, etc.).	5	4 3 2	1
5.c.vi. Other topics that are aligned with the functional areas.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

Community Outreach

6. COMMUNITY OUTREACH	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
6.a. **Church Relations.** The individual with responsibility for ethics ***supports the CEO in fulfilling his or her responsibility for Church relations*** through:			
6.a.i. Participation in regular meetings with the local bishop or his representative.	5	4 3 2	1
6.a.ii. Participation in ad hoc meetings with the local bishop or his representative to address issues of concern.	5	4 3 2	1
6.a.iii. Participation in and support of State Catholic Conferences and diocesan entities dealing with health care.	5	4 3 2	1
6.a.iv. Support of parish outreach programs or parish education initiatives.	5	4 3 2	1
6.b. **Collaboration with Government Agencies.** The individual with responsibility for ethics ***provides assistance as appropriate to individuals within the organization in collaborating with state and local government agencies*** regarding health policy by:			
6.b.i. Directly or indirectly participating in or supporting local and state initiatives for expanding access for persons living in poverty and other vulnerable populations.	5	4 3 2	1
6.b.ii. Directly or indirectly participating in or supporting local and state government initiatives in the area of public health.	5	4 3 2	1

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
6.c. **Collaboration with Educational Institutions.** The individual with responsibility for ethics ***supports individuals in collaborating with secondary and post-secondary education institutions*** through:			
6.c.i. Directly or indirectly supporting joint or cooperative teaching arrangements with local academic institutions.	5	4 3 2	1
6.c.ii. Directly or indirectly supporting academic conferences and colloquia, particularly regarding Catholic moral theology, moral philosophy, medical ethics, and research ethics.	5	4 3 2	1
6.c.iii. Directly or indirectly supporting internships and externships with key academic departments in local higher learning institutions.	5	4 3 2	1
6.c.iv. Recruiting, training, and organizing student volunteers and volunteer programs.	5	4 3 2	1
6.c.v. Directly or indirectly supporting academic interfaith relationship initiatives and events.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

Organizational Integration

7. ORGANIZATIONAL INTEGRATION	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
7.a. **Connection to Key Committees.** Ethics committee members ***maintain an active presence on or link with key committees throughout the institution***, including:			
7.a.i. Charity care	5	4 3 2	1
7.a.ii. Compliance	5	4 3 2	1
7.a.iii. Formation	5	4 3 2	1
7.a.iv. Human resources	5	4 3 2	1
7.a.v. IRB	5	4 3 2	1
7.a.vi. Medical executive board	5	4 3 2	1
7.a.vii. Mission	5	4 3 2	1
7.a.viii. Mortality & morbidity	5	4 3 2	1
7.a.vix. Organizational development	5	4 3 2	1
7.a.x. Quality	5	4 3 2	1
7.a.xi. Safety	5	4 3 2	1
7.a.xii. Patient relations	5	4 3 2	1
7.a.xiii. Public relations	5	4 3 2	1
7.a.xiv. Nursing forum	5	4 3 2	1
7.a.xv. Operations	5	4 3 2	1
7.a.xvi. Facilities	5	4 3 2	1
7.a.xvii. Strategy	5	4 3 2	1

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
7.b. **Decision-Making Tools.** The health care organization ***makes regular use of one or more decision-making tools***, especially an organizational ethics discernment process or another values-based decision-making process:			
7.b.i. A decision-making/discernment tool is generally employed by executive leadership and management when making significant decisions.	5	4 3 2	1
7.b.ii. The organization's decision-making tool incorporates attention to the organization's mission and values, as well as the *Ethical and Religious Directives*.	5	4 3 2	1
7.b.iii. Executive leaders, department leaders and other appropriate staff are trained in using such tools.	5	4 3 2	1
7.b.iv. The health ministry maintains someone as a trained facilitator in the use of such tools.	5	4 3 2	1
7.c. **In-House Networking Program.** The individual responsible for ethics ***maintains a vibrant in-house networking program that is focused on relationship building*** through:			
7.c.i. Education events.	5	4 3 2	1
7.c.ii. Periodic inter-departmental meetings, discussions, or needs-sharing sessions.	5	4 3 2	1
7.c.iii. Ad hoc collaborative initiatives.	5	4 3 2	1
7.d. **Coordinating Council.** Where appropriate, the individual responsible for ethics ***maintains a coordinating council with responsibility for developing and overseeing ethics services across facilities*** within a multi-facility system.	5	4 3 2	1
7.e. **Assess Systemic Ethics Integration.** The individual responsible for ethics has an ***established process which he or she regularly employs for evaluating and assessing systemic ethics integration***.	5	4 3 2	1

	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
7.f. **Expansion of Ethics Services.** Appropriate ***ethics services are integrated into other than acute care and long-term care settings*** such as physician offices, clinics, surgery centers, home health, rehabilitation centers and the like.	5	4 3 2	1
7.g. **Effectiveness Evaluation.** A process is in place and is employed to ***evaluate the effectiveness*** of ethics services in other than acute care and long-term care settings.	5	4 3 2	1
7.h. **Quality Improvement.** A process is in place and is employed to ***improve the quality*** of ethics services in other than acute care and long-term care settings.	5	4 3 2	1
7.i. **Ethical Culture.** The integration of ethics services throughout the organization ***contributes to a strong ethical culture*** as demonstrated in part by employees/staff:			
7.i.i. Consistently acting in a manner that is in accord with the value commitments of the organization.	5	4 3 2	1
7.i.ii. Being aware of and acting in a manner consistent with the policies and procedures of the organization that have to do with ethical matters, including the *Ethical and Religious Directives*.	5	4 3 2	1
7.i.iii. Feeling free to raise and discuss ethical concerns.	5	4 3 2	1
7.i.iv. Regularly seeking assistance with ethical matters when needed.	5	4 3 2	1
7.i.v. Feeling supported in acting ethically.	5	4 3 2	1
7.i.vi. Recognizing that many if not most decisions have an ethical dimension.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

Leadership Support

8. LEADERSHIP SUPPORT	FULLY PRESENT & FUNCTIONAL	PARTIALLY PRESENT & FUNCTIONAL	NOT PRESENT AT ALL
8.a. **Ethics as Priority.** Leadership ***demonstrates that ethics is a priority in and for the organization***.	5	4 3 2	1
8.b. **Fostering Ethical Culture.** Leadership ***actively fosters an ethical environment and culture***.	5	4 3 2	1
8.c. **Support for Ethics Services.** Leadership ***actively supports the range of ethics services*** within the organization.	5	4 3 2	1
8.d. **Part of Performance Management.** Leadership support and fostering of ethics is ***part of the organization's performance management system***.	5	4 3 2	1
8.e. **Presence of Ethics Champion.** The organization ***has an ethics champion from among senior leadership***.	5	4 3 2	1
8.f. **Mentoring of Ethics Point Person.** Leadership ***ensures that mentoring is provided to the individual with ethics responsibility*** when that individual is 1) new to health care, 2) new to Catholic health care, 3) new to the role.	5	4 3 2	1

RESULTS

Areas of Strength:

Opportunities for Improvement:

Comments/Notes:

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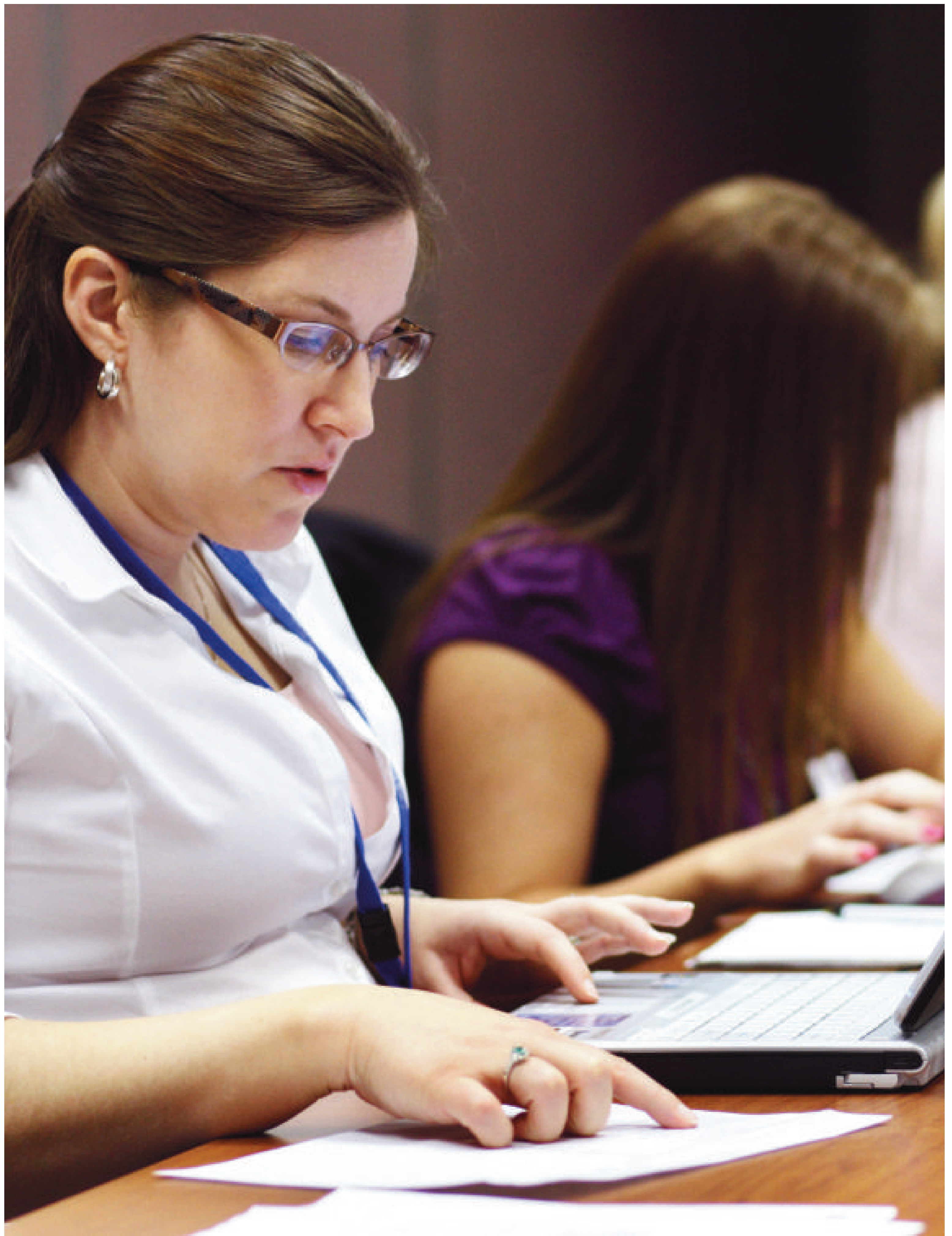

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