

# Leamington Mennonite Home

## IPAC Ethical Framework

The **Leamington Mennonite Home IPAC Ethical Framework** for decision-making in infection prevention and control (IPAC) was created using the [Sunnybrook IPAC-LTCH Ethical Framework](#) which was adapted from the [Trillium Health Partners: IDEA - Ethical Decision-Making Framework \(2013\)](#).

## Introduction

Ethical issues in IPAC may arise frequently in Long-Term Care Homes (LTCHs). Ethical principles and values should be considered in decision-making. Ethical frameworks help to guide this decision-making and answer the question of “What should we do and why?” Ethical frameworks can be particularly helpful in circumstances where values conflict or moral tension exists, where you have to choose the least bad option, where there is uncertainty in what to do or how to proceed, or where options exist that could pose a risk of harm to residents, their family or staff. The purpose of this IPAC ethical framework is to provide an easy to use, step-by-step, transparent, and fair process to help guide LMH in making these decisions.

### Using the IDEA Ethical Decision-Making Framework

The purpose of the IDEA Ethical Decision-Making Framework (see Figure 1) is to provide a step-by-step, fair process to help guide the IPAC Lead to work through IPAC-specific ethical issues encountered in the Home. The framework addresses specific IPAC issues that impact residents, families and staff. This framework is not intended to apply to clinical/medical decision-making at the patient level.

#### The composition of the IDEA Ethical Decision-Making Framework includes:

- The four steps (they spell IDEA)
- The eight IPAC-specific ethical principles to consider
- The five ‘conditions’ to help ensure good process

The **four steps** help make sense of what might be a lot of information that is relevant and important to remember.

The **eight IPAC-specific ethical principles** are identified in *section 2.10 of the Ontario Ministry of Health and Long-Term Care Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes – April 2022*. Many of the eight IPAC principles involve more general ethical principles and values. These can be added as deemed necessary to highlight what is most important in the reasons given for decisions.

The **five process conditions** come from the Accountability for Reasonableness (A4R) framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin, and Singer (2005). By applying these conditions to the way decisions are made, the process can be made more transparent, inclusive and fair.

The **diagram** (Figure 1) that follows aims to help show the decision-making steps and the good process conditions in one view. The **lightbulb** at the centre holds the kinds of questions that suggest there is an ethical issue involved, and in which situations a decision-making framework might be helpful. The **arrows** are a reminder that the process continues, with new information included in as it arises.

The **IPAC LTC principles** are defined in Appendix A.

# The IPAC LTC Ethical Framework: IDEA decision-making tool

## The four steps are:

1. **I**dentify the facts.
2. **D**etermine the relevant IPAC and ethical principles.
3. **E**xplore the options.
4. **A**ct.

## The eight IPAC LTC ethical principles (refer to Appendix A for definitions) include:

1. Fairness
2. Equity
3. Transparency
4. Consideration of available evidence
5. Consideration of impacts of decisions on residents and staff
6. Resident quality of life as a primary driver
7. Risk relative to reward of key decisions
8. Safety

The 'process conditions' included in the framework are meant to help ensure the process of decision-making is one that is reasonable and as fair and transparent as possible. It is important to try to apply the 'good process' conditions as well as possible as decisions are made and implemented.

The five 'process conditions' for ethical decision-making include:

1. **Empowerment:** Include all those affected as much as possible. There should be efforts to minimize power differences in the decision-making context and to optimize effective opportunities for participation (Gibson et al., 2005).
2. **Publicity:** Transparency is already included as a key principle. Ensure the process is be transparent and accessible to the relevant public/stakeholders (Daniels & Sabin, 2002).
3. **Relevance:** Decisions should be made based on reasons (i.e., evidence, principles and arguments) that "fair-minded" people can agree are relevant under the circumstances (Daniels & Sabin, 2002).
4. **Revisions and Appeals:** Rethink a decision when appropriate. There should be opportunities to revisit and revise decisions in light of further evidence or arguments. There should be a mechanism for challenge and dispute resolution (Daniels & Sabin, 2002).
5. **Compliance:** Be accountable. Ensure the four other process conditions are met (Daniels & Sabin, 2002).

## **The IPAC Ethical Framework Worksheet**

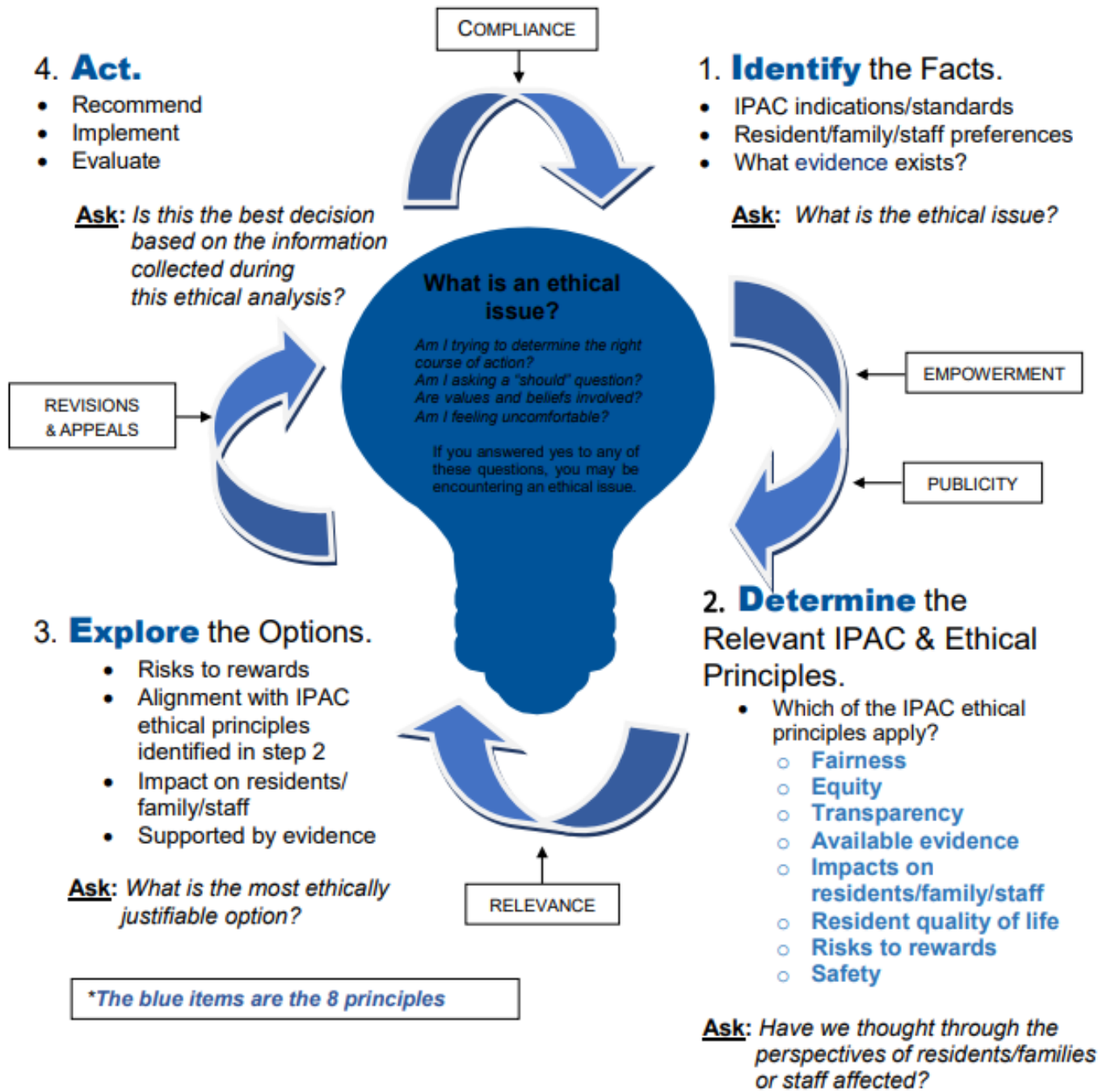
The framework *diagram* (figure 1) below is a prompt to help the IPAC Lead to follow the IDEA steps in thinking through a decision. For many day-to-day decisions, it will be enough to help make a decision, which can be documented as usual. The worksheet (Appendix B) is for those situations that are more complex in which documenting reasoning and the options very clearly – if others will need to see it or review is required. Indicators for using the worksheet to document the application of the ethical framework include, but are not limited to:

1. There is no IPAC standard or policy or a deviation from standard/policy for the situation and there is a need to document decision making.
2. The decision has significant impact on one or more of the ethical principles e.g., quality of life, equity, safety, etc.
3. There is no evidence/insufficient evidence to make a decision and the precautionary principle should be the driver.
4. The decision involves a level of complexity that would best be captured in a structured format.
5. The decision-making process generated a number of options that may need to be considered in future, along with the original reasoning.
6. The decision is likely or will need to be reviewed by others not involved in the original deliberation.
7. A completed decision-making worksheet (subsequently anonymized/de-identified) can be a useful teaching/learning tool for others.

Figure 1:






# IPAC LTC








## IDEA Ethical Framework



## Step by Step Guidance

For each step in the framework, there are several guiding questions and/or considerations. This helps decide **what** to do, **why** it should be done, and **how** to do it. In the guidance below, each step of the framework is described, the relevant questions or considerations are suggested, and the corresponding process conditions are presented. We also present a case example to help the user with the guidance.

| <b>Step 1: Identify the Facts</b>   |  |
|---|--|
| <br><b>Description</b>                   | <p>The first step in the IPAC IDEA ethical decision-making process is <b>identification of the issue and facts</b>. By identifying the facts, we can flag the ethical tensions. This will help answer the first important question: <b>“What is the ethical issue that has been identified?”</b></p>   |
| <br><b>Questions or considerations</b>   | <ul style="list-style-type: none"> <li>• What are the relevant IPAC indications?</li> <li>• What are the preferences of the resident, family and/or staff?</li> <li>• What is the evidence?</li> <li>• What is the ethical issue?</li> </ul>   |
| <br><b>Process conditions</b>            | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Empowerment</b> – Think about how to make it possible for all those affected to have their concerns heard and understood. From the start, try to create opportunities for participation by residents, visitors and staff, which should continue throughout the process. (Gibson et al, 2005).</li> <li><input type="checkbox"/> <b>Publicity</b> – Engage in regular dialogue with the above stakeholders and discuss the decision-making process in an open and transparent manner; be inviting and accessible to questions and discussion</li> </ul>  |
| <b>Step 2: Determine the ethical principles</b>   |  |
| <br><b>Description</b>                 | <p>Step 2 looks at the relevant IPAC ethical principles. Additional relevant ethical principles may apply too. <b>Fairness, Equity, Transparency, Available evidence, Impacts on residents and staff, Quality of life, Risks and rewards, and Safety</b>. Common ethical principles not captured explicitly in the eight IPAC principles, listed above and in Appendix A, include <b>Autonomy</b> (individual self-determination), <b>Reciprocity</b> (if we decide to take away a right or something of value to a resident, make that burden as light as possible), and <b>Proportionality</b> (imposing the fewest restrictions required to achieve an IPAC objective).</p> <p>Weighing the potentially conflicting principles helps supply the “why” reasoning for our decision.</p> |
| <br><b>Questions or considerations</b> | <ul style="list-style-type: none"> <li>• What are the most relevant IPAC ethical principles for this issue?</li> <li>• Have the IPAC ethical principles been considered from the viewpoint of all relevant people (residents, families, staff, visitors, etc.)?</li> <li>• Do those involved agree on what is most important?</li> <li>• Are there any additional factors that should be considered?</li> </ul>  |

|   |   |
|---|---|
| <br><b>Process conditions</b>            | <input type="checkbox"/> <b>Relevance</b> – Step 2 of the process helps to ensure relevance – decisions should be made based on what is seen by all as important given the current context.   |
| <b>Step 3: Explore the options</b>  |   |
| <br><b>Description</b>                   | <p>Step 3 requires identification of potential options, with the IPAC ethical principles in mind from Step 2. Try and identify several options to address the ethical issue. The risks and rewards of the options should be considered, including their potential impacts.</p> <p>The principles from Step 2 should be reviewed with each option. At the end, the most ethically justifiable option(s) should be identified for implementation – this is “<b>what</b>” will be done to address the ethical issue.</p> |
| <br><b>Questions or considerations</b>   | <ul style="list-style-type: none"> <li>• What can be done? Think as broadly as possible.</li> <li>• What is the risk/reward balance in each?</li> <li>• How do they align with the IPAC ethical principles?</li> <li>• How will they affect residents, families/visitors and staff?</li> <li>• Are they are supported by the evidence?</li> </ul>   |
| <br><b>Process conditions</b>            | <input type="checkbox"/> <b>Revisions and appeals</b> – There should be a process to revisit and revise decisions made in light of further evidence or additional arguments. This might include unforeseen impacts on residents – and strong ethical reasons to rethink. There may also be new options that arise over time.  |
| <b>Step 4: Act</b>  |   |
| <br><b>Description</b>                 | <p>Lastly, Step 4 focuses on the <b>action</b>. The most ethically justifiable option as identified in Step 3 is recommended for implementation. The decision and the process used to arrive at the decision can be documented. A plan is set and implemented. This step outlines the “<b>how</b>” of addressing the ethical issue. The action plan should be reviewed and evaluated to confirm it is doing ‘what’ was decided as best in a manner that is also ethical.</p>  |
| <br><b>Questions or considerations</b> | <p>Following a review of the potential options, select the best option based on the available information. Maintain transparency in how the decision was made, and share the decision and process with stakeholders (e.g., resident, family, staff, and LTCH leadership, resident and family councils). Implement the decision and evaluate its impacts.</p>  |
| <br><b>Process conditions</b>          | <input type="checkbox"/> <b>Compliance</b> – To satisfy the condition of “compliance”, the decision-making process should be reviewed to ensure that all of the conditions have been satisfactorily met. Although this review can be carried out by those directly involved in the decision-making process, having it done by an independent individual or group is likely to be perceived as less biased.  |

## Bibliography

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## Appendix A: Key Principles for IPAC LTC Program Ethical Framework

**FAIRNESS:** Interrelated to equity, fairness supports a fair/impartial/just decision-making process that is free of bias and discrimination. Practically, this means that similar cases should be treated similarly and dissimilar cases should be treated in a way that reflects the dissimilarities. Fairness is closely related to the ethical principle of justice.

**EQUITY:** Promoting positive actions to improve health and minimize negative ones that would worsen existing harmful disparities. Apply a fair and consistent decision-making process, empower individuals to participate in the process, and fairly distribute benefits and burdens.

**TRANSPARENCY:** Communicate and make available decisions and their rationales. Provide information needed to make an informed decision including information about potential harms. Examples relevant to IPAC include providing accessible information and guidance for patients, staff and families that is easy to understand.

**CONSIDERATION OF AVAILABLE EVIDENCE:** What does existing literature say about this topic? Is there available data or evidence, including real world evidence? If there is uncertainty or insufficient data or evidence, apply the precautionary principle. The precautionary principle provides guidance for situations of uncertainty. When evidence is uncertain (i.e., it is insufficient to demonstrate a cause and effect relationship), proceed slowly or incrementally until additional evidence exists to guide more decisive action.

**CONSIDERATION OF IMPACTS OF DECISION ON RESIDENTS AND STAFF:** Decisions should prevent or minimize harm, promote well-being and maximize good. Considerations include, but are not limited to, infection prevention (will it prevent cases?), infection control (will it control spread?), health vulnerabilities, resident care needs, mental health and quality of life.

**RESIDENT QUALITY OF LIFE AS A PRIMARY DRIVER:** Recognize and promote the inherent dignity and autonomy of residents by exploring with the resident or their Substitute Decision-Maker what is most important to them. Determination of quality of life in LTCH often includes considerations of security, comfort, meaningful activity, relationships, enjoyment, dignity, autonomy, privacy, individuality, spiritual well-being and maximizing functional competence.

**RISK RELATIVE TO REWARD OF KEY DECISIONS:** The potential harm of an action should be compared to the potential benefit from that action. Whenever possible, promote the greatest amount of benefit and the least amount of harm.

**SAFETY:** Promote a just culture that reports safety incidents and near misses, learns from past incidents, and continually strives to improve the environment of the LTCH to eliminate avoidable harm

## Appendix B: IPAC LTC Ethics – IDEA Worksheet

Date used: \_\_\_\_\_

### **Step 1: Identify the Facts.**

*What is the IPAC evidence?*

*What are the relevant infection prevention and control indications?*

*What are the resident/staff/families preferences?*

*What is the presenting ethical issue?*

**Step 2: Determine the Relevant Ethical Principles.**

*Who is affected by this issue (relevant parties)?*

*Of the IPAC principles below what are the 3-5 most relevant ones for this situation (see Appendix A for definitions)  
Fairness, Equity, Transparency, Evidence, Impact, Quality of Life, Risk to Reward, and Safety.*

*Identify any additional relevant ethical principles:*

*Notes:*

*Are there any other factors that need to be considered?*



**Step 4: Act.**

*Documentation of Decision:*

*Implementation Plan:*

*Evaluation Plan:*

*Reviewed by:*

*Date:*

*Time:*