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# BRIEFING NOTE

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| TOPIC |  |
| SUBMITTER NAME |  |
| SUBMITTED BY *(name of TBRHSC Program /Service or IMS Branch)* |  |
| APPROVED BY *(name of E/VP or IMS Section)* |  |
| PREPARED FOR | President & CEO  Board of Directors  IMT  SLC  Other: |
| DATE PREPARED |  |
| REVIEWED BY DECISION SUPPORT  (if required) | <Does this have financial impacts to the hospital’s budget? Has a Decision Support Analyst been consulted on this briefing note?>  YES  NO  N/A |
| CO-SPONSER  (if required) | <Does this impact another E/VP’s portfolio/program or Section Head’s IMT section? Have they been consulted on this briefing note?> |
| Our Hospital is committed to ensuring decisions and practices are ethically responsible and align with our Vision, Mission, and Values. Leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.  The reader considers the following questions to ensure each decision are ethically responsible by indicating with a √:   1. We put ‘**Patients First’** by responding respectfully to needs, values, & expectations of our patients, families, and communities? 2. We demonstrate ‘**Accountability**’ by advancing a quality patient experience that is socially and fiscally responsible? 3. We demonstrate ‘**Respect**’ by honouring the uniqueness of each individual and his or her culture? 4. Does the course of action demonstrate ‘**Excellence**’ by fostering an environment of innovation and learning to advance a quality patient experience?   For more detailed questions to use on difficult decisions, please refer to the Hospital’s Framework for Ethical Decision Making on the iNtranet under [Quality and Risk Management>Ethics](http://intranet.tbrhsc.net/Site_Published/i5/iic_doclist.aspx?nid=d30&hid=qrm_50a&DocList.QueryId.Categories=4429&DocList.XslFilePath=/resources/xsl/doclist_2.xsl). | |
| Purpose/Issue(s) | |
| The purpose / key issue / action/ proposed change(s) | |
| Background | |
| Contextualize the item being presented with an appropriate amount of background information; in doing so, assume limited familiarity with the particular issue. | |
| **Analysis/CURRENT Status** | |
| What are the implications for TBRHSC? What stage of development is this item/issue in? Is a full business case required, if so attach and cross reference key points. | |
| RECOMMENDATION / PROPOSED CHANGE(S) | |
| What is the new recommended course of action / proposed change(s). For revisions, can attach supporting documents highlighting edits using track changes. | |
| Next Steps | |
| What needs to occur next on this issue? OR If next step is approval/endorsement of briefing note proposal, select check box.  Approval/endorsement of briefing note proposal | |
| Consultation / Stakeholder Reaction | |
| List the names and titles of those who were consulted and indicate if they endorse the proposed changes. | |
| Communications | |
| What kind of targeted communication(s) is necessary? Who needs to be informed of the outcome? OR if yet to be determined, select check box  Consultation to occur with Communications upon approval of briefing note proposal as applicable | |
| Financial Impacts (where applicable) | |
| Is it resource neutral or is there a cost involved? Attach budget as reviewed by Decision Support. | |

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| APPENDIX SECTION |
| If there is related material, please provide here. |

***For Use by Section Head/at IMT/SLC***

Approved by Section Head  Approved by IMT  Approved by SLC

Approved with edits by Section Head  Approved with edits by IMT  Approved with edits by SLC

Not approved by Section Head  Not approved by IMT  Not approved by SLC

Summary of decision/feedback:

Date:

Signature Section Head/Incident Manager/EVP/CEO: