



IntegratedEthics In Action

Issue 30

Promising Practices — Emerging Champions

Release date: May 2014

Realizing a Vision of Ethics Quality in Health Care: An Interview with Dr. Ellen Fox Executive Director, NCEHC



Ellen Fox, MD, has led the National Center for Ethics in Health Care (NCEHC) since 1999. In this interview she discusses her vision for a systematic approach to health care ethics and its subsequent development into VA's innovative IntegratedEthics® program, a model that is now being adopted by other health care organizations throughout the world. Dr. Fox will be stepping down from her role in June 2014 to launch a consulting business.

How did you become interested in ethics?

I've been interested in ethics for a long time. In fact my first exposure was in a philosophy course I took during a summer program in high school. But I really became interested in *health care* ethics during my

organizational change and I was amazed by how this huge organization could make such a dramatic change in such a short period of time. I, too, wanted to help organizations change for the better, and I saw the potential to apply organizational change methods to transform ethics in the largest health care system in the country. So when the job was announced I was excited and applied.

What was your vision for ethics in VHA?

In my interviews for the position I described a grand vision about how principles of quality improvement and performance management should be applied to ethics just as they were being applied to other areas, like flu shots and patient safety. I suggested that ethics could be systematically man-

What did you accomplish in your first few years at VA?

One of the first things I did was to write a proposal to accomplish everything I had discussed in my interviews. For example, I thought that the Ethics Center needed an evaluation component to measure both its work and field practices as they related to ethics. So I needed staff to develop tools and measures. I wanted to establish network points of contact, individual staff responsibilities at the facility level, and standards for what ethics programs did in each facility. I wanted to develop systems for tracking our ethics consultation activities. And I wanted to change the way we educated staff. I proposed standardized curricula and distance learning to reach thousands of VA staff. At first people laughed at my proposal, but I kept at it. It took many years and a lot of strategizing and persistence, but eventually I accomplished everything that was in the original proposal and more.

So would you say your vision has become a reality?

I'd say the original vision has been accomplished—but now I have a new vision! A few years ago, when I was meeting with Under Secretary for Health Robert A. Petzel, MD, he told me I needed to change the Center's vision statement, which at the time was:

To be a national leader in health care ethics that provides an invaluable service to Veterans, the agency, and the public.

When we first developed this statement it had seemed ambitious, or almost "pie in the sky." But as Dr. Petzel pointed out about a decade later, we had already achieved it.

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residency when I encountered challenging situations like telling someone their loved one had died, or talking with patients about life-sustaining treatments. No one in my residency program was prepared to handle these situations because no one had ever taught us. I thought there had to be better ways (and worse ways) to handle these situations, and these things could be taught. So I proposed the idea of a practical, skills-based ethics training program for Yale residents.

What attracted you to VA?

When I was director of End-of-Life Care at the American Medical Association, I read about Kenneth W. Kizer, MD (VHA's Under Secretary for Health from 1994-99) and was intrigued with how he had transformed the organization by focusing on quality and measurement. I was very interested in or-

aged to achieve measurable results. In retrospect, it was a pretty audacious set of goals.

What were things like when you started at VA?

When I started the Center was very small—four people plus me, I think it was—and I was alone in Washington, DC. My office was right next to Dr. Kizer. But he left soon after I arrived. It was a steep learning curve. Learning about VA was like drinking from a fire hose.

Things have certainly changed a lot since then. How many people are working for NCEHC now?

We have 29 full-time staff positions, plus there are literally thousands of field staff who dedicate their time and efforts to IntegratedEthics (IE).

Improving the Ethical Environment and Culture: Salisbury Staff and Leadership Share Ideas Over Lunch



Susan Coburn, Preventive Ethics Coordinator, and Theodore Moretz, PhD, IE Program Officer, organize the lunches with the PE Committee.

Employees at the W.G. (Bill) Hefner VA Medical Center (Salisbury, NC) can now share concerns with the director and other quadrad members over lunch, thanks to a powerful “Lunch with the Director” program. All employees are invited to attend these lunches that provide an informal environment for staff to share ideas with leadership and learn the “why” behind decisions. By promoting two-way dialogue, the lunches intend to serve as a departure from the more traditional town hall meetings and e-mails used by previous leadership to communicate with front-line staff.

Improving communication between leaders and front line staff

The lunch program was developed by the Preventive Ethics (PE) Committee in response to two IntegratedEthics Staff Survey (IESS) findings that employees feared retaliation for reporting ethical concerns and believed managers could improve follow-up. With significant leadership turnover at the facility in the past five years, staff was unsure of the new leadership’s attitude toward reporting issues. The committee decided informal lunches would serve as a safe environment where employees could discuss concerns with top leadership.

“Communication has not always been effective at our facility and some stories had turned into ‘urban myths’ over the years,” said Theodore Moretz, PhD, IntegratedEthics (IE) Program Officer. “The lunches allow staff to get to know new quadrad members and provide a forum to explain that ethical concerns matter and are being addressed. They [the lunches] are also improving the communication between front-line staff and the executive team and enabling staff to share ideas on best serving the needs of Veterans and employees.”

Since fiscal year (FY) 13, seven lunches have been held. Each has been attended by two or more quadrad members and up

to 60 employees. Susan Coburn, Preventive Ethics Coordinator, and Dr. Moretz facilitate the discussions. Topics are generated by participants of previous lunches, PE Committee members, ethics consultants, and questions from the facility’s “Ask Ethel” e-mail group/newsletter column. Topics with the highest potential impact are selected for consideration and the IE Council approves the final topic. Occasionally the committee has changed the topic to address emerging concerns.

Marketing the lunch program

The PE Committee manages the logistics for the program, including reserving the room, publicizing the event, and scheduling V-tel so that outpatient clinic staff can par-

“By providing a forum for ethical concerns, the lunches have demonstrated that the new administration values ethics.”

—Dr. Theodore Moretz, IEPO

ticipate. To secure leadership attendance lunches are scheduled at least a month in advance. The events are publicized through all-employee e-mails, the Salisbury monthly bulletin, facility calendar, and colorful flyers. Leadership also asks supervisors to encourage staff to attend.

“We addressed staff fear of reprisal for attending the lunches by clearly communicating in the publicity flyers and during the lunches that this was a safe, non-punitive method to communicate with top leadership,” explained Ms. Coburn. “We also changed the attendance log so that staff recorded their service line but not their name, and developed ground rules that were displayed prominently on the tables.”

Assessing overall accomplishments and next steps

Even though some staff felt the presence of middle management hindered their ability to speak freely, the general reaction to the program has been very positive. The quadrad has also acknowledged its value by following up on several suggestions that arose during the lunches, including:

- Revamping the employee newsletter
- Developing an incentive program where employees present “I Made a Difference” ribbons to others who exemplify I CARE values
- Prioritizing the goals and objectives of the Organizational Health Council
- Improving the process for communication about major events
- Developing a director’s blog

A recent evaluation of the program indicated that 49 percent of the respondents believed the facility’s ethical climate had improved and 100 percent recommended that the lunches continue.

“The lunches have been successful, and we plan to continue them at least quarterly,” said Dr. Moretz. “They have addressed the improvement opportunities identified in the IESS survey.”

To maintain interest and increase attendance, the PE Committee will continue to prioritize topics based on staff concerns. For example, members recently learned that staff wanted to learn more about conflict management. As a result, one of the planned topics for FY14 is “How to handle difficult people and tricky situations.”

Summer Programs in Health Care Ethics...

University of Washington School of Medicine:

Summer Seminar in Health Care Ethics

August 4-8, 2014
Seattle, WA

Registration: www.uwcme.org

University of Pennsylvania:

Clinical Ethics Mediation

May 30-June 2, 2014
August 14-17, 2014
Philadelphia, PA

Registration: http://medicaethics.med.upenn.edu/uploads/media_items/take-a-course-form.original.pdf

Johns Hopkins Berman Institute of Bioethics:

Berman Institute Bioethics Intensives:

June 9-13, 2014
June 16-20, 2014
Baltimore, MD

Registration:

www.bioethicsinstitute.org/intensives

IntegratedEthics

Improving Ethics Quality in Health Care

Interview with Dr. Fox

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“Ethics is not optional. It’s essential to health care delivery and an essential component of health care quality.”

So at that point we developed a new vision statement:

Veterans, their loved ones, and staff experience the Veterans Health Administration as a highly ethical organization.

I see this as a cutting-edge departure from vision statements of other ethics programs because of its focus on practical organizational outcomes. It sets a high bar for ethics program performance in the 21st century.

How did IntegratedEthics fit into the original vision?

In some ways, IE was the vision that I brought to NCEHC. The original ideas became IE: the emphasis on systems thinking, and the concept that the goal of an ethics program is to improve practices, not just to think great thoughts. Also, the idea that ethics is not optional, it’s essential to health care delivery and an essential component of health care quality. That ethics can be measured, improved, and managed by applying principles of quality improvement to ethics practices. That ethics is good business and has positive impacts for the organization. All of these concepts are integral to IE, but they were also essential to the way I envisioned the Center as a whole.

When did you start using the term “IntegratedEthics”?

The term was introduced in 2000 at a national VA conference we held. At this event, we discussed that ethics should be managed as a program, not a committee. Other ideas included developing preventive ethics, applying quality improvement cycles to ethics practices, and taking a proactive systematic approach. We talked about the

need to establish standards and improve practice toward those standards. These ideas were crystalizing when I came to VA and we started to use the name IntegratedEthics early on. But it took several years to translate the concepts into reality.

That sounds like quite a challenge. How were you able to accomplish that?

It was a challenge. Although from the very beginning the concepts we were teaching really resonated with VA staff in the field, they found their enthusiasm was not enough once they had returned to their facilities. People were not equipped to implement what they had learned at the conference. So we spent several years operationalizing the IE concepts and developing a more detailed model, along with a huge toolkit that gave people everything they needed to implement it. So today IE is not just a set of concepts, but a model program for managing ethics in health care organizations, with a comprehensive set of tools and standards.

IntegratedEthics is gaining national and international recognition and has won a number of awards. Can you talk about that?

Being named one of the top 20 Innovations in American Government by the Harvard Ash Center was a tremendous honor. To have our program so recognized is a testament to the incredible work of IE field staff across VA and the IE development and deployment team in NCEHC.

What are you most proud of?

I think it’s fair to say that in the past decade NCEHC has become an international force in the field of bioethics. Bioethics has tradi-

tionally focused on microethics (issues at the level of individual patient cases) or macroethics (issues at the societal level). Through my work at VA, I have focused largely on what you might call mesoethics—that is, ethics at the level of health care organizations. In the grand scheme of things, that is probably what I am most proud of—essentially developing and advancing a new and important focus area for the field.

What else are you proud of?

I am also proud that so much of our work has had an influence far beyond VA. For example, many aspects of our ethics consultation guidelines have been adopted as a national standard by the American Society for Bioethics and Humanities (ASBH). Our work on disclosure of adverse events has been highly influential. Health systems like Kaiser Permanente are adopting IE concepts, and IE materials have been translated into several languages, including Japanese, Chinese, and French. When I go to national or international conferences, people thank me and VA for what we do and for making such high-quality tools and materials available on the Web.

Do you have anything else to add?

Just that everything that the NCEHC has accomplished could not have happened without its amazing staff and, even more importantly, without the countless ethics staff in VA facilities across the country. Ethics can be thankless work, and the dedication of those in VA is a joy and a privilege to watch. It is deeply moving to see their dedication to Veterans, and commitment to the mission and quality of care, including ethics quality, for Veterans.

Notes from the Field:

Shared Decision Making Tops List of Preventive Ethics ISSUES Cycles

Since 2009 Preventive Ethics (PE) teams at facilities have posted more than 1,300 storyboards on the VISN and Facility IntegratedEthics (IE) SharePoint site. By the end of fiscal year (FY) 2013, the Shared Decision Making domain led the way with 346 storyboards. The two most popular topics were Advance Care Planning (102 storyboards) and Decision Making Capacity (96 storyboards).

In the last three years facilities also have focused on the Everyday Workplace domain. In FY13, 157 storyboards were posted in this non-clinical domain.

Among the Advance Care Planning storyboards posted in 2013, some concerned state-authorized portable orders for patients. For example, Martinsburg (WV) VA Medical Cen-

ter (VAMC) established processes for offering and completing the state orders in all patient care areas. While initial data showed palliative care patients were completing the orders, the practice was not consistent across the facility. The project involved addressing the differences in order forms from the different states in the facility’s catchment area, adding a prompt in the pre-discharge note, training staff, developing policy, and marketing the requirements. As a result, all patients are now offered the orders, and they are completing them: At the beginning of the project no outpatient (including those at clinics) had completed an order. At the end of the assessment period, 24 percent had done so.

PE teams completed 37 storyboards related to Everyday Workplace. Several projects fo-

cused on staff and patient disruptive behaviors. Some facilities are now adopting comprehensive approaches that encompass a full communication enhancement plan. Sheridan (WY) VAMC included team building for all staff, Value of the Month discussions, and other strategies to foster a positive ethical climate. While another common strategy is to include an “Ethics” agenda item for all meetings, Columbia (MO) VAMC discovered that robust discussions were not occurring. To improve the process, the PE team helped the committees introduce the Value of the Month format.

The IE SharePoint site can be accessed at: <http://vaww.infoshare.va.gov/sites/IntegratedEthics/default.aspx>

ANNOUNCEMENTS



Kenneth A. Berkowitz, MD, Chief, Ethics Consultation

On March 12-13, ethics consultants from across VHA met at the VA Minneapolis Health Care System's Employee Education Resource Center to receive Ethics Consultation: Beyond the Basics training. This was the second face-to-face training since NCEHC revised the curriculum in early 2013.

The training was delivered by four NCEHC faculty: Kenneth A. Berkowitz, MD, Chief, Ethics Consultation; Barbara Chanko, RN, MBA, Health Care Ethicist; David Alfandre, MD, IE Manager for Ethics Consultation; and John Billig, PhD, VA Minneapolis HCS.

The NCEHC thanks all 45 training participants, including those featured here, for posing for photographs and sharing thoughts about this successful training.

Ethics Consultants Benefit from Beyond the Basics Training

"I thought it was a good suggestion to have others on the ethics consultation service do some of the research. It will help me keep engaged the ethics consultants who cannot always make meetings."

—**Delicia McLean**
(Central Texas HCS)

"It's a real challenge to teach 45 people from different professions and different backgrounds a coherent and complete method of ethics analysis. It was very well done."

—**Stefan Offenbach**
(Leavenworth VAMC)



Participants **Susan Turley** (Salt Lake City VAMC), **Elizabeth Holman** (Denver VAMC), and **Kirsten Dzialo** (Battle Creek VAMC)

"The best part was the standardization of how to do ethics consultation. It was very helpful in teaching us what we need to do and clarifying our role [as an ethics consultant]." —**Susan Kornegay** (Orlando VAMC)



Participants **Sharon Meschke** (St. Cloud VAMC) and **Ann Noce** (VA Western NY HCS)

It's That Time Again: 2014 IE Staff Survey to be Administered June 9-30

This June all VHA employees will be invited to take the 2014 Summer Voice of VA (VOVA) survey. This VOVA will include two surveys: the Integrated Ethics Staff Survey (IESS) and the Patient Safety Culture Survey (PSCS). All VACO and VISN employees will be asked to take the IESS, while facility staff will be randomly directed to one of the surveys; they will not be able to select which one they respond to. This design is intended to reduce survey burden for VA employees.

Integrated Ethics Program Officers should partner with Patient Safety Managers to coordinate and share marketing responsibilities. The National Center for Organizational Development (NCOD) will e-mail the initial survey announcement and link to facility public affairs officers, but will not provide additional marketing support.

Conducted biennially since 2008, the IESS identifies opportunities to improve ethical practices across the domains of health care ethics. It measures employees' perceptions of ethical practices in VHA

facilities and whether their VHA leaders and staff are engaging in practices consistent with high ethics quality. Results from these surveys have provided IE teams with a snapshot of an organization's systems, processes, environment, and culture, and have been used to inform IE quality improvement activities.

To obtain reliable data from the VOVA survey, facilities should aim to attain, at minimum, a 60 percent response rate. For 2014, NCEHC's goal is for each facility to improve its response rate by 10 percent over 2012. Individual facility response rates are listed in the 2012 IESS Facility Summary Reports [[http://vaww.infoshare.va.gov/sites/IntegratedEthics/IESS Individualized Facility Reports/Forms/AllItems.aspx](http://vaww.infoshare.va.gov/sites/IntegratedEthics/IESS%20Individualized%20Facility%20Reports/Forms/AllItems.aspx)].

If you have any questions, contact Basil Rowland, IE Manager, Field Operations, by e-mail basil.rowland@va.gov or phone (757) 809-1129.

IESS Support Materials

IE Staff Survey Web site: <http://vaww.ethics.va.gov/integratedethics/IESS.asp>

Contents include (place cursor over the title for access to the link):

- [2014 IntegratedEthics@Staff Survey](#)
- [IntegratedEthics@ Staff Survey: Cross-Comparison of Questions in 2012 and 2014 Versions](#)
- [Marketing Toolkit for 2014 IntegratedEthics@ Staff Survey/Summer Voice of VA](#): The toolkit includes special instructions, FAQs, posters, encouragement letters, a statement on the use of incentives, and a timeline to assist with marketing the surveys at facilities.

The transcript of the [April 14, 2014, IE Improvement Forum \(IF\)](#) call focusing on how to achieve a high facility response rate is now available.

An "IESS Open Q&A" IF call is scheduled for **Monday, May 12, at noon ET** (VANTS 800-767-1750 Access: 89506#).