



IntegratedEthics In Action

Issue 32

Promising Practices — Emerging Champions

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Cultivating Effective Communication for Promoting Transparency and Sharing Ethical Concerns

“Resource Allocation Is an Ethical Issue”: Tampa’s Multi-level Program Offers Comprehensive View of Budgeting Processes

After 70% of non-supervisory respondents reported on the IntegratedEthics Staff Survey that management did not often communicate the reasoning behind resource allocation (RA) decisions, leadership encouraged the IntegratedEthics (IE) program at the James A. Haley Veterans Hospital (Tampa) to improve communication to frontline staff on RA topics.

With the support of the IntegratedEthics Council (IEC), Preventive Ethics Coordinator Gladys M. Worlds,

MSM, CCP, and her team formulated several strategies to communicate budgeting decisions and facilitate service chiefs’ more active involvement in the RA process.

Informed by VISN 8 focus group findings that communication needs to be “transparent, clear, timely, easily accessible, and complete with the rationale regarding the decision,” and by a VISN process flow chart revealing that proposed budgets were not communicated to Service Chiefs until the

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When employees understand the broader context in which decisions are made, and can provide input into processes that affect them, they tend to be happier and more productive, and the overall ethical environment and culture are enhanced. To achieve this positive outcome, transparency needs to be embraced as an organizational value and supported through established channels of communication. These articles describe how two facilities successfully instituted new practices to support improved communication of resource allocation decisions (Tampa, FL) and to encourage discussion at meetings of ethical concerns (Kansas City, MO).

Kansas City Introduces “PLUS Model” to Facilitate Ethics Discussions

LeAnne Weakley, IntegratedEthics Program Officer at Kansas City VA Medical Center, remembers what used to happen when staff were asked at the end of meetings if they had any ethical concerns with decisions being discussed.

“No one would respond. We were not getting the input we needed.”

Instead of ceasing the practice, Ms. Weakley did some research and presented several ideas to the IE Council (IEC), where leadership is well represented. The one that received the most interest was the “PLUS Model,” a practice developed by the Ethics Resource Center to facilitate ethical decision making in group settings. The model asks participants to evaluate ideas or prospective decisions through the lens of several “ethics filters.” The filter topics form the acronym PLUS, and their accompanying questions are:

- **P** = Policies: Is it consistent with my organization’s policies, procedures, and guidelines?
- **L** = Legal: Is it acceptable under applicable laws and regulations?
- **U** = Universal: Does it conform to the universal principles/values my organization has adopted? In VA, these are the core values of “I CARE” (Integrity, Commitment, Advocacy, Respect, Excellence).
- **S** = Self: Does it satisfy my personal definition of right, good, and fair? Can I sleep at night with the decision? Can I defend this decision to my family?

“The Council chose this idea because they thought it would be easily understood and encourage people to think: ‘Do I have a problem

with any of this?’ Because the questions provide a structure and clear context, people are more apt to raise ethical or other concerns that might be on their minds,” said Ms. Weakley.

The PLUS Model is now regularly used at meetings of the Director’s Advisory Board, IEC, Compliance Committee, and some Service Chief meetings, including Performance and Patient Care Improvement and Clinical Support Services.

Feedback from meeting participants and Ms. Weakley’s own observations suggest that the practice is working well. “People are bringing up more ethical issues and feeling comfortable talking about them in front of others, not just their supervisors. We are now looking for trends that need to be addressed by the Council or through an ISSUES cycle.”

For more information on the PLUS Model, visit <http://www.ethics.org/resource/ethics-filters>

New Acting Ethics Consultation Chief

The National Center for Ethics in Health Care (NCEHC) welcomes Cynthia Geppert, MD, PhD, as acting chief of ethics consultation. Dr. Geppert, chief of consultation psychiatry and ethics at New Mexico VA Health Care System, also serves as the director of the VISN 18 Center of Ethical Care.

Tampa's Multi-level Program for Sharing RA Practices

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end of the budget process, the action plan included:

- Seeking staff input on the meaning of "resource allocation"
- Conducting Nuts & Bolts training on budget and fiscal content for non-fiscal supervisors and service representatives. A key concept of the training, presented by Janna M. Belote, FACHE, assistant financial officer, is "resource allocation is everyone's business."
- Presenting RA and budget information at staff meetings and including RA as a standing agenda item

The plan was implemented in the Human Resource Service, Cardiology Section, and Health Administration Services. Meeting discussion topics included: "What are resources?" "What does RA mean to you as an employee?" "How are budget decisions made?" "What rules need to be followed?"

As part of the process, the following resources were developed and made available to staff:

- The Budget Reports & Reference Document Repository (on SharePoint) containing resource-related information, such as status of monthly funding and the Nuts & Bolts training materials
- A one-page Q&A sheet that addresses questions, such as what resources are available to employees
- Resource Allocation newsletters (see graphic) that describe how the facility and services are funded, expected funding and expenses, and special initiatives that provide additional funding

Sustaining and Spreading the Practice

The strategies were executed as planned and a post-test revealed that participants felt they understood the facility's process for allocating resources—and that it was fair. But when Ms. Worlds' team reached out to other services, it received limited response. "We realized it was hard to reach services, but we had good training for service chiefs. So we decided to evolve our mechanisms to reach out in other ways," Ms. Belote explained.

While the above materials are still accessible to all staff, the IEC elected to focus on delivering the Nuts & Bolts training at leadership and supervisory development programs and involving services more directly in budgeting processes. To give chiefs, administrative officers, and other service representatives a comprehensive understanding of the budget cycle, the Fiscal Service expanded service budget calls. Services learn historical information, including what they have spent, forecasts for the current year, and how their service's budget aligns with the goals of the facility's strategic plan. In addition, Fiscal Service held a training on how to complete a budget request.

"These calls enable us to improve transparency regarding development of budgets and reporting," said Robert Konkol, chief financial officer. "And we learn about service needs more directly, such as for space and staff. The net result is the services know what questions to ask, and the budget process becomes more comprehensive."

Through discussions with service chiefs and town hall meetings, this information is also reaching staff. "By making this process more transparent, service chiefs can better

James A. Haley Veterans' Hospital and Clinics
November 2013

Resource Allocation

This is the third in a series of informational newsletters designed to educate staff on how JAHVH makes resource allocation decisions.

JAHVH is proud to end fiscal year 2013 with a balanced budget, achieving the "Get to Zero" requirement. Our expenditures totaled \$76 million for the year (see the breakdown on page 3). Cumulative Full-Time Employee Equivalents (FTE) increased from 4,091 in FY12 to 4,127 in FY13 – about a two percent increase. Looking at end-of-year on board FTE, we increased from 3,971 in FY12 to 4,286 in FY13 – an 8 percent increase. Employee salaries and related costs make up nearly 55 percent of our expenses.

Strategic Capital Investment Planning
The Strategic Capital Investment Process (SCIP) allows for the VA and VHA to effectively plan infrastructure related projects that eliminate gaps in access to services, space, the condition of existing facilities, workload, and safety. SCIP includes all construction projects such as major and minor construction, non-recurring maintenance (NRM), and leases.

How do Services get funded?

Once JAHVH receives its budget allocation, we have a well developed process in place to roll the funding out to each Service as detailed below. This describes how the Services' Fiscal Control Points are funded.

- Each Service submits its Budget Call to Fiscal for every Fiscal Control Point (FCP) that is managed by the Service. In the budget call, Services ask for the funding they think they will need in the coming year. For 2013 we allowed a standard 2.5% inflation factor.
- The Service's submission is reviewed by Fiscal Service and together Fiscal and the Service develop the final budget request. This takes into account changes that are predicted through the year for the services, such as staffing a new program, a contract that might come due, or changes to operations.
- Based on the total amount requested by the Service, Services are divided into Tier 1 and Tier 2 categories. Tier 1 are Services that need a total of \$1.5M or more in funding. Tier 2 are Services that need less than \$1.5M in funding.
- A budget hearing is held with the Service Chief, Executive Leader, Deputy Director, and Chief of Field where the Service discusses their budget request.
- The Service and Fiscal Budget Analyst work together to refine the requested amount.

educate their staff," added Ms. Belote. At the town hall meetings, the Fiscal Service presents the strategic goals of the organization and how budgets enable the facility to use its limited resources to meet the ultimate goal of caring for Veterans. The meetings, scheduled to reach all staff on early, day, and evening shifts, also provide an opportunity to ask questions. "Through all these efforts, people have a clearer understanding of the budgeting process."

"Resource allocation is not just a financial issue—it's also an ethical issue. At the station level, we develop our budget from the bottom up. We work with services to make the best decisions regarding how our appropriated funds can best serve Veterans," said Mr. Konkol.

For more information on how Tampa fosters transparency in the RA process, contact Ms. Worlds at Gladys.Worlds@va.gov.

I,500 VA Staff Benefit from Advance Care Planning Training

After attending the NCEHC-sponsored training on advance care planning and advance directives (ADs), over 1,500 VA staff members are now better equipped to assist Veterans with discussing and documenting their future treatment preferences.

The center worked with the VHA Social Work office and Employee Education System (EES) to develop and deliver the curriculum in three national training calls during the summer of 2014. The objective of the training, which offered continuing education units (CEUs) from the Association of Social Work

Boards (ASWB), was to educate VHA staff, particularly social workers, on how to provide patients with AD information and assistance.

According to participants, the training informed them how to more effectively use available resources to facilitate AD discussions with Veterans, including Veterans who have a diagnosis of mental illness, who may be hospitalized, or who have no immediate family members.

To encourage VHA staff to provide AD trainings at their own facilities, NCEHC has made the training materials available on its Web

site at: <http://vaww.ethics.va.gov/Policy/ADTraining.asp>. Materials include a Trainer's Guide with suggestions for tailoring the training to match local processes, PowerPoint presentation, script, post-test and answer key, certificate of completion, advance directive handouts/forms, and more.

Based on the overwhelming popularity of the AD training, NCEHC intends to offer it again. Check upcoming issues of *IntegratedEthics in Action* and the NCEHC Web site for upcoming dates. For additional information, contact vhaethics@va.gov.

“Staff at all levels know how to ask the necessary ethics questions”:

IntegratedEthics Program Champion Leah Finch

How did you first become interested in ethics?

While completing my bachelor's degree in Health Care Administration I learned that ethics is very subjective, i.e., not black and white. I liked the challenge of needing to think about all aspects before making an ethics-based decision.

In 2007, when the role of Compliance and Business Integrity Officer and IntegratedEthics Program Officer (IEPO) opened up, I jumped in. Because the IE program was relatively new nationwide, and not fully implemented in Tomah, I had to hit the ground running to get myself and my facility up to speed.

What is your current IE role?

While I have always been the IEPO, I have actively participated in all aspects of the IE program. I also serve as the Compliance and Business Integrity Officer and Alternate Privacy and Freedom of Information Officer, both of which have strong ties to IE.

Regarding your facility's IE program, what is your proudest moment?

My proudest accomplishment was finding strong, dedicated personnel to take on the roles of Preventive Ethics Coordinator and Ethics Consultation Coordinator. For many years, these roles turned over frequently, causing major stress to the program and my position. Finding dedicated individuals who were willing to own these roles was a huge asset to the facility.

What challenges have you faced in implementing IE at your VISN? How did you overcome them?

Besides the initial difficulties in staffing the program coordinator positions, the second biggest challenge was motivating and empowering all staff to speak up about ethical concerns in a timely, efficient, and accurate way.

We addressed this concern by educating staff on the IE program and how it could be used. Key channels for communicating to all staff have included the new employee orientation, the intranet site, committees, and town halls. In addition, in 2010 our facility held its first Ethics Fair, which enabled staff to engage with members of the IE program directly and learn more about how ethics applies to their jobs. The fairs have since been held annually.

Fully implemented in fiscal year 2014, the facility's "Speak Up" tool provides another way for staff to share ethical concerns. This online tool allows staff to pose direct anonymous questions to facility leaders on several different topics, such as resource allocation, ethics, compliance, and privacy. Also, to follow up on findings from the 2012 IE Staff Survey and Virtual Learning Tour, Tomah invited all staff to participate in three focus groups to discuss the ethical culture of the organization.

What resources have you been able to devote to the IE program?

Leadership has demonstrated their support of the program by allowing individuals to dedicate time to IE activities, even though IE is technically a collateral duty.

Overall, what has your program accomplished? How has it contributed to the improvement of ethics quality at your medical center?

Since the advent of IE, our facility's program has grown tremendously. Because leadership and IE program staff have done such a good job engaging staff and sharing information, staff at all levels know how to contact the IE program and are willing to ask the necessary questions.



Leah Finch, IEPO, Tomah (WI) VA Medical Center

NCEHC Wins Two VHA Office of Communications Awards

NCEHC was recently honored with two 2014 VHA Communications Awards. The **2014 National Compliance and Ethics Week** materials earned second place in the Program Office/Facility Branding category and **Sound Ethics in Health Care Podcasts** earned second place in Innovation. Steve Tokar, NCEHC's writer-editor, submitted both entries, the former with Johnathan Ludwig, program specialist with the Office of Compliance and Business Integrity.

The materials for National Compliance and Ethics Week included a planning guide and suggestions for activities that highlight the essential roles business integrity and ethics quality play in excellent health care. They are still available at <http://vaww.cbi.va.gov/ceweek.asp>. The podcast topics are "Ethical Considerations in Prescribing Home Oxygen for Patients Who Smoke" and "Obtaining and Documenting Informed Consent for HIV Testing." They can be downloaded from http://www.ethics.va.gov/soundethics_podcasts.asp.

The VHA Office of Communications awards 15 prizes in five categories to recognize excellence in public affairs and communications in VHA. The competition, which drew nearly 100 entries in 2014, is open to all VHA public affairs officers, public affairs specialists, communicators, program specialists, and others who conduct public affairs or communications work within and for VHA. This year's eligible submissions were substantially completed or implemented between April 1, 2013, and April 1, 2014. Experienced VHA communications professionals evaluated the entries for quality of materials, research, planning, execution, and demonstrated results.



Jonathan E. Ludwig (left), program specialist, Office of Compliance and Business Integrity, and Steve Tokar, writer-editor, NCEHC, pose with their awards.

ANNOUNCEMENTS

IESS Results Available Beginning October 1

Beginning October 1, 2014, facilities will be able to access results from the 2014 IntegratedEthics Staff Survey (IESS) via an online dashboard. Developed in 2012, the dashboard is intended for use by IE Program Officers (IEPOs), Preventive Ethics Coordinators, VISN IE Points of Contact, VHACO Offices, and VHA leadership to identify potential ethics quality gaps to support quality improvement activities. Robert Pearlman, MD, chief, ethics evaluation, will present national results and provide an overview of the dashboard on the September 29 Improvement Forum call.

Additional IESS reports are scheduled for release on November 1:

- **Drill-down briefing books** will be accessible through the cross-tab button on the dashboard.
- **Individualized VISN reports** will enable VISN leaders to compare results of facilities within their respective VISNs and provide messaging around improving ethics culture. With input from the field, NCEHC designed these reports so they can also be used as presentations to facility and VISN leadership.

- **National and VHACO reports**

Links to all results will be available on the IESS/NCEHC intranet site.

NCEHC Congratulates Facilities for High IESS Participation Rates

The following facilities achieved the highest facility participation rates on the IntegratedEthics Staff Survey (IESS):

1. Tampa = 70.4%
2. Sioux Falls = 69.7%
3. St. Cloud = 65.5%
4. Bath = 64.8%

The following facilities achieved the most improved response rates during the last 10 days of the survey:

1. Mountain Home = 46.5%
2. Walla Walla = 37.6%
3. Sioux Falls = 33.9%
3. Alaska = 33.2%

NCEHC also extends special appreciation to the Manila (Philippines) Outpatient Clinic for achieving a 55% participation rate.

Marketing responsibilities for the 2014 Voice of VA survey (which administered the IESS) were shared between IEPOs and Patient Safety Managers.

New and Revised Tools Support the Practice of Ethical Leadership

The following tools to support ethical leadership behaviors and guide activities for IntegratedEthics (IE) leaders and council members are now available on NCEHC's Web site.

Ethical Leadership Interview Questions Tool: Originally developed by the VISN 1 IntegratedEthics Advisory Board (IEAB), this tool is composed of behavioral-based interview questions that correspond to each of the Four Compass Points of Ethical Leadership. Designed to be used when interviewing candidates for VHA leadership positions, it sends a strong message that VHA considers ethical thinking and practice to be a vital part of leadership, and affirms VHA's commitment to hire facility, network, and central office leaders who are aligned with this approach. This tool helps identify ethical leaders at the outset, before they have joined the organization: http://www.ethics.va.gov/docs/integratedethics/ethical_leadership_interview_questions_081314.docx

Ethical Leadership Tips: These tip sheets provide leaders with quick and practical information about the Four Compass Points of Ethical Leadership. Included are examples, model phrases, and discussion starters that leaders may incorporate into their daily work to enhance the ethical environment and culture in their facility or program office. The document has been formatted to allow for double-sided printing: http://www.ethics.va.gov/docs/integratedethics/ethical_leadership_tips_073014.pdf

IE Council Self Assessment Tool: This simple two-step tool is designed to assist IE Councils with assessing their performance and identifying strengths and areas that need improvement, based on

the requirements outlined in VHA Handbook 1004.06 for IE. It was revised in 2014 to reflect the most recent version of the Handbook: http://www.ethics.va.gov/docs/integratedethics/ie_council_self_assessment_tool_rev_0814.docx

VISN Reflection Questions: This tool provides a series of questions about the IE program for VISN IEABs, VISN Directors, IE Senior Leads, and IE Points of Contact to reflect on their current work, identify barriers, and help envision how IE should evolve at the network and facility levels. It was revised in 2014 to reflect the most recent version of the VHA Handbook: http://www.ethics.va.gov/docs/integratedethics/visn_ieab_reflection_questions_071514.docx

Ethical Leadership Articles from IE in Action Now Available As Tear Sheets:

Articles about ethical leadership in VHA that have appeared in *IntegratedEthics in Action* (IEIA) are now available as stand-alone tear sheets. These articles highlight decisions, processes, and activities to help leaders of health care organizations foster an ethical environment and culture.

The tear sheets can be used in a variety of ways, including as educational e-mails to facility leaders and staff, reprints in local or facility newsletters, or discussion topics for meetings.

Eight tear sheets will soon be available on the NCEHC websites at www.ethics.va.gov/integratedethics/elc.asp and vawww.ethics.va.gov/integratedethics/elc.asp. Additional tear sheets will be created as new editions of IEIA are released.