

**VHA Theater Presents ...**

*A Vision of  
Ethics Quality*

by

**The National Center for Ethics in Health Care**

*This is a fictitious dramatization designed for educational purposes.  
The characters and setting are not intended to represent specific people or places,  
but the ethical concerns described are similar to those faced by VA facilities.*

## CAST

### Members of the IntegratedEthics Council:

**Jack Peters**, MBA, FACHE  
IntegratedEthics Council Chair  
Ethical Leadership Coordinator  
Director of Prospect VAMC

**Tina Whitley**, MSW  
IntegratedEthics Council  
Executive Director  
IntegratedEthics Program Officer  
Chief, Social Work Service

**Michael Burrows**, MD  
Ethics Consultation Coordinator  
Chief, Cancer Center

**Alan Ntumba**, RN  
Preventive Ethics Coordinator  
Quality Management

**Ben Sanchez**, PhD  
ACOS for Research

**Melody Masterson**, RN, MS  
Patient Safety Officer

**Barbara Singh**, MPH  
Privacy Officer

**Ruth Ann Stumpf**  
Compliance & Business Integrity  
Officer

**Patrick Donnelly**, MEd  
ACOS for Education

**Harry Feinstein**, JD  
Regional Counsel

**Kyung Lee**, MBA  
Chief Fiscal Officer

**Felicia Jackson**, MA  
Director, Human Resources

### Guest of the IntegratedEthics Council:

**Kathy Rogers**, PhD  
PTSD Psychologist

## SETTING

IntegratedEthics Council Meeting  
Prospect VAMC  
August 2012

## PROSPECT VAMC

Prospect VAMC provides a continuum of primary and secondary medical, psychiatric, rehabilitation, and long-term care to veterans. Acute medical care includes 212 inpatient medical/surgical beds and ambulatory care. Rehabilitation care includes outpatient substance abuse treatment, physical medicine, and vocational rehabilitation. Long-term care is provided in the nursing home. The facility operates a domiciliary and three community-based outpatient clinics in the surrounding communities.

# DIRECTOR'S NOTES

## IntegratedEthics Program

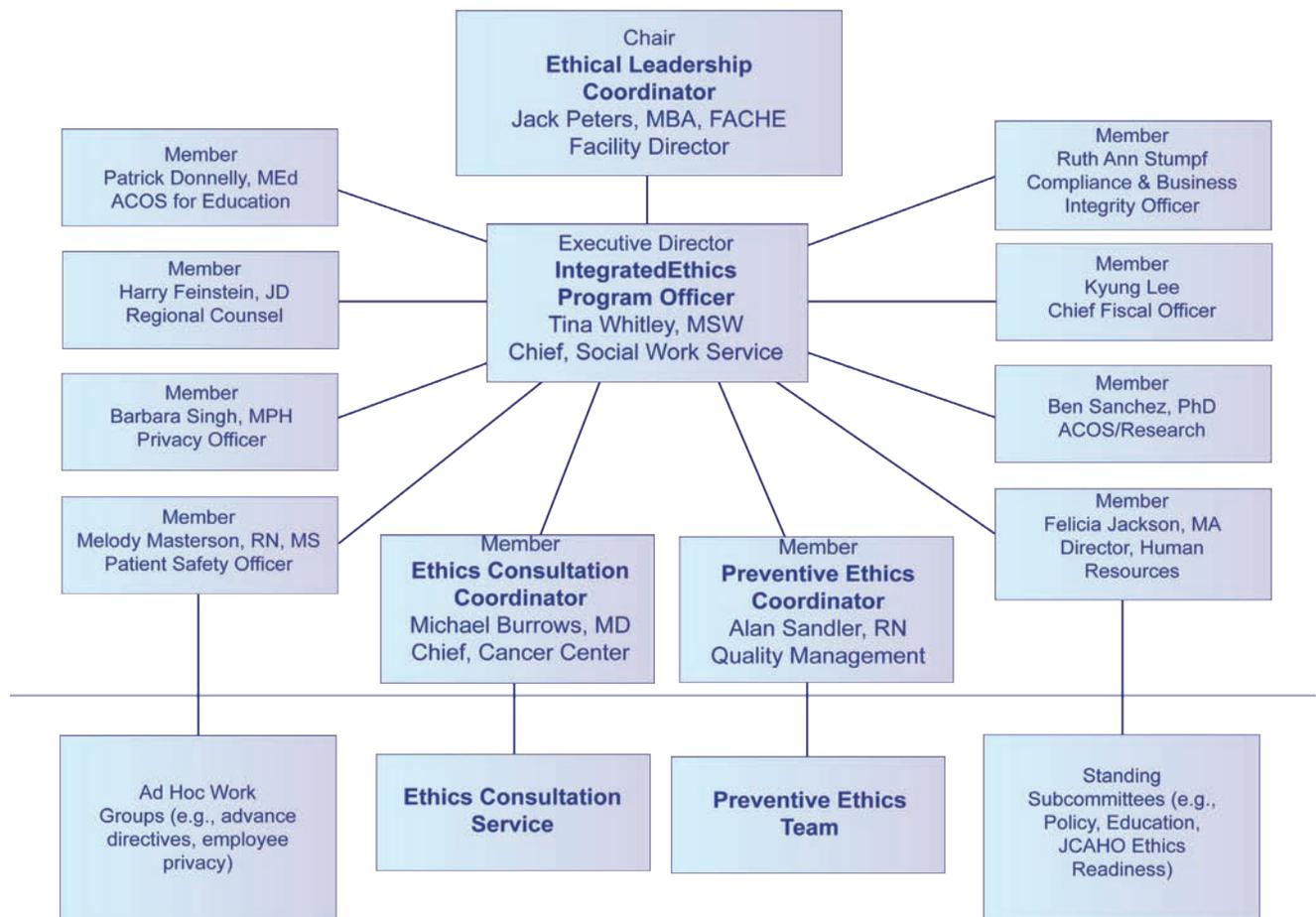
Prospect's IntegratedEthics program was established in 2007 to move ethics into the organizational mainstream and to coordinate ethics-related activities throughout the facility. Recognizing that these goals would require strong leadership support, involvement of multiple programs, and clear lines of accountability, Prospect adopted the IntegratedEthics Council model required in the IntegratedEthics program materials.

## IntegratedEthics Council

Prospect's IntegratedEthics Council:

- oversees the IntegratedEthics program
- oversees the development of ethics-related policy and education
- oversees the operation of IntegratedEthics functions
- ensures the coordination of ethics-related activities across the facility

## Prospect IntegratedEthics Council



## ***IntegratedEthics Core Functions***

Each of the three IntegratedEthics core functions—ethics consultation, preventive ethics and ethical leadership—is coordinated by a leader with significant expertise and authority:

***Ethics Consultation.*** The ethics consultation service is responsible for helping patients, families, and staff respond to ethics questions. Dr. Burrows, a skilled manager who directed Prospect’s ethics consultation service for over six years before the implementation of IntegratedEthics, serves as the coordinator of the ethics consultation function.

***Preventive Ethics.*** The preventive ethics team is responsible for producing measurable improvements in Prospect’s ethical practices by implementing systems-level changes to reduce gaps in ethics quality. Alan Ntumba, a nurse manager with a background in quality management, serves as Preventive Ethics Coordinator and directs the PE team in using a QI approach to identify and address systemic issues that create ethics quality gaps.

***Ethical Leadership.*** Senior management works to ensure that Prospect’s health care leaders foster an environment and culture that support ethical practices throughout the organization. Jack Peters, Prospect’s facility director, chairs the IE Council and serves as the Ethical Leadership Coordinator. He takes overall responsibility for the IntegratedEthics program’s success, and works closely with members who schedule ongoing ethical leadership training sessions for all managers and oversee the periodic completion of the IntegratedEthics Facility Workbook and the biannual IntegratedEthics Staff Survey.

The key to the success of the IntegratedEthics model is integration among the three functions as well as between the IntegratedEthics program and other programs within the facility. As the IntegratedEthics Program Officer, Social Work Service Chief Tina Whitley oversees the activities of the three functions and facilitates communication among them and other groups at Prospect. Ms. Whitley also serves as a liaison between the Prospect IntegratedEthics Council and the VISN IntegratedEthics Advisory Board.

## ***Prospect’s Ethical Environment and Culture***

When the IntegratedEthics program was launched, Prospect’s leadership set out to promote a healthy ethical environment and culture by taking on visible ethics issues and making changes that brought value to employees. As it became clear to staff members that ethics was a high priority, they began to take it more seriously and their comfort and engagement with it increased. Now practically everyone sees ethics as not just important, but essential to high quality health care.

Discussion of ethics is not limited to ethics consultation, preventive ethics, and leadership meetings, but is encouraged at all levels throughout the organization. Even staff members whose job descriptions don’t include a specific role in the facility’s IntegratedEthics program take it upon themselves to raise ethical concerns in meetings, and it’s common for staff to have informal discussions of ethics topics at lunch or in the hallway.

Staff members are held accountable for their ethical behavior. Expectations for ethical practice are clearly defined and are supported by formal and informal incentives

and rewards. The “Ethics in Health Care” online learning module is a component of the new employee orientation program, and staff members are encouraged to complete additional IntegratedEthics online learning modules. Aspects of ethical practice such as professionalism and confidentiality are a mandatory part of performance reviews. The IntegratedEthics program’s mission, “improving ethics quality in health care,” has become a mantra. Leaders are often heard saying, “If it’s the right thing to do, we’ll figure out a way to do it.”

***We join the action in the middle of Act I, Scene 2 ...***

*Nine men and women are seated around a large conference table. Jack Peters, the facility director, is speaking.*

**Jack:** The next item on our agenda is discussion of a recently issued policy on reporting patients with driving problems associated with recurrent PTSD-related symptoms, including dissociative episodes, startle reaction, and flashbacks. Kathy has asked us to discuss this in light of what she sees as an ethical concern. Kathy, why don't you take it from here.

**Kathy:** Sure, Jack. Some of you may be aware that a group of recent studies have shown a pattern of motor vehicle accidents associated with PTSD-related symptoms in OEF/OIF vets. In our own practice we've seen at least two Iraq war vets who have been involved in motor vehicle fatalities that were precipitated by such episodes. The new policy seeks to clarify clinicians' responsibilities for screening, assessing, and counseling patients who may be at risk for impaired driving due to their PTSD symptoms. But in my view the policy raises ethical concerns that we need to evaluate.

*General nodding of heads in agreement.*

**Michael:** I agree. We have an obligation to protect the community, but we also have an obligation to promote our patients' autonomy and well-being. These veterans have already suffered significant losses. If we are instrumental in the suspension or loss of their driving privileges, we'll be creating additional hurdles for them in finding stable employment and reintegrating with their communities. I also worry that by reporting them, we'll cause irreparable harm to the patient-provider relationship.

**Melody:** The policy cites a screening tool that can be used to assess cognitive deficits that have been linked to impaired driving.

**Barbara:** On the other hand, screening patients for risk factors based on diagnosis would raise a different set of questions around fairness, justice and privacy. Patients might feel that it's unfair if the tool isn't used for all patients, or if they feel "singled out" for screening. And even though they might recognize our need to protect the community, they'll want to know the implications for themselves if the tool indicates a problem or a potential problem. What steps will be in place to protect the patient's rights and the institution's responsibilities?

**Jack:** Obviously this is a complex issue that requires consideration of several ethical concerns. I'd like to use our values-based decision-making model to ensure a systematic process that considers all the right information, involves all the right people, and incorporates a thorough ethical analysis. Tina, can you set up a group to work on this and report back to me by next month? Be sure to include the OEF/OIF coordinator on the team.

**Tina:** Sure.

**Jack:** OK, then, the next item on our agenda is the IntegratedEthics program's quarterly report. Tina?

**Tina:** The program is functioning very well overall. I've asked our EC and PE coordinators to present a few highlights from the quarter. Let's begin with ethics consultation. Mike?

*Tina motions to Michael, seated on the side of the room.*

**Michael:** The ethics consultation service has had a particularly busy quarter, with 12 completed consults. Despite this high workload, we met or exceeded all of our performance targets. For example, we are doing very well at following the process standards described in our guidelines. You may recall that last year we identified a need to improve our reach in terms of who requests a consultation. It used to be that almost all of our consults came from physicians in medicine and surgery. But recently we've gotten more consults from nurses, and from various service lines including mental health and primary care. We've also had a number of requests that have come directly from a patient, presumably as a result of our new patient education brochure.

As you know, *ECWeb* is now used routinely by all our consultants to document, track, and trend our ethics consultation activities. At our last meeting we reviewed the *ECWeb* process report for the previous 12 months and we discovered some interesting trends. For example, there were a number of consults in which the attending wasn't notified that an ethics consultation had been called. I will be reminding our consultants of this important step and checking the report monthly for the next three months so I can be sure that we're addressing this problem. There was also one consultation regarding smoking and home oxygen that suggested some underlying systems problems. We're going to refer the issue to the preventive ethics team since it is clear from our lit review that we have an ethics quality gap that warrants further attention. On the positive side, our report data showed that we are now documenting the patient's decision making capacity in 100% of our case consults.

Finally, as most of you know, we have added two new members to the EC service in anticipation of the retirement of Eleni Dimitriou and Vincent Costa. Our new colleagues have each completed the Ethics Consultant Proficiency Assessment Tool and the results of that assessment are helping us develop individualized training and professional development plans to augment their knowledge and skills.

**Tina:** Thanks, Michael. That's impressive. While we're on the subject of training, I'm happy to report that as of this month 86% of facility staff members have completed the Ethics in Health Care online learning module. Getting all staff to understand the importance of ethics is a key piece of maintaining an ethical environment and culture. And of course it more than meets our goal for this year's monitor.

OK then, let's move to the preventive ethics team. The team has made good progress on both of the issues we discussed last time. On the issue of protecting patient privacy in waiting areas, they have completed their evaluation and adjustment phase and are initiating a second improvement cycle. On the advance directive issue, they're working with the IT office to finalize the new nursing admission template they developed for CPRS. The team has also begun to tackle several new issues that I think you'll be interested in. Alan, you're on.

*Tina motions to Alan.*

**Alan:** The first issue involves the Domiciliary. As you may recall, the preventive ethics team recently conducted a series of telephone interviews with a sample of staff members from our acute care units to proactively identify important ethics problems. Several people expressed concern about a new policy issued by Paul Perez, head of the Dom, denying admission to patients who require opioid analgesics. The rationale behind the policy was to prevent theft and diversion of controlled substances. But some people thought the

policy was ethically problematic in that veterans who require pain meds were being discriminated against.

The preventive ethics team saw this issue as a priority because fundamental institutional values were at stake. The issue also had resource allocation implications because denying these patients admission to the Dom meant that they would require longer lengths of stay in acute care.

When the team studied the issue they found that theft of controlled substances is common for two main reasons: patients may be disorganized or do not always recognize the need to keep their medications locked up, and the lockers that are assigned to patients are not tamper-proof. To inform their analysis, team members reviewed articles examining tradeoffs between individual rights and public safety concerns in institutional settings such as prisons and nursing homes, and talked to staff in the Dom about the problems they face. They concluded that there was a need for a solution other than denying access to the Dom to any patient who needs chronic pain treatment. The team is now working with representatives from the Dom to help select an appropriate strategy to test, and to develop a plan for how to evaluate whether the strategy works.

The next issue was identified by the Research and Development Committee. I think I'll let Ben present this one.

**Ben:** OK. We've recently been approached by a for-profit biotech firm that wants to have access to veterans' biological samples to aid in the development of a promising new gene therapy. There are obvious issues related to privacy and conflict of interest here, and it looks like we don't have any clear policy to guide us. I think the R & D Committee could use some help with the ethical issues here. What do you suggest?

**Tina:** Well, I'd say to start with we should get the EC Service involved to do an ethical analysis that can inform your response to this biotech outfit. Then, depending on what the analysis shows, we may also want to ask the PE team to work on a systems solution. We should also probably alert the VISN IEAB as this may be an issue they will want to address at the VISN level. Does that make sense?

**Ben:** Yeah, that sounds like a plan.

**Tina:** Great, then let me turn things over to our esteemed director, Jack, who is also responsible for ethical leadership function of our ethics program. Jack?

**Jack:** Thanks, Tina. Well, we've addressed several issues recently, but I want to focus on one with the council today. This is an issue that was identified through the report on our most recent IntegratedEthics Staff Survey. We found opportunities for improvement in several domains. In the domain of ethical practices in business and management, one issue concerned an unacceptably high percentage of employees who report that their managers are setting unrealistic expectations for work that extends beyond the normal workday.

**Felicia:** HR is convening an ad hoc Worklife Committee to look into this.

**Jack:** We've also asked our VISN POC to take this one to the VISN IEAB so that they can look into whether this is a common problem across several facilities.

**Tina:** Ruth Ann, did you want to say something?

**Ruth Ann:** Well, yes. I just wanted to raise an issue that came up for us in CBI. If we have a few minutes I'd like to present it to the council and get some feedback on how we should handle this.

**Jack:** Sure, go ahead.

**Ruth Ann:** OK, So we learned that a clinical coding clerk had become concerned about the accuracy of documentation for encounters where residents provided care. She brought the concern to the HIMS Chief who confirmed that "cut and paste" documentation practices were being used, and these masked the fact that the attending physician had not provided any supervision at all. Apparently, the attending has asked all her trainees to just routinely make a note in the record that she provided supervision. These encounters were coded and billed as if the attending had actually provided oversight. The HIMS Chief asked the CBI Officer for help, and after fact finding the revenue, HIMS, and compliance implications are being addressed with the appropriate department heads. The incident has also been flagged to the CBI Committee and the Chief of Staff.

The HIMS Chief and CBI Officer are, however, very concerned about the behavior of the attending and the message this is sending trainees about the importance of ethical conduct and business integrity. We'd like the IE Council to weigh in on what else we can do.

**Patrick:** I'm glad you brought this to the council, Ruth Ann. If there's a pattern of this kind of behavior that would suggest a real ethics quality gap.

**Jack:** I suggest we begin by taking a look at our policies and whether we need to do some refresher training on this issue and the importance of business integrity. Is this also an issue in other areas? Ruth Ann, can you set up a meeting with me and we can discuss the issue further? Let's make sure we report back again on this at the next council meeting, and the issue should also be flagged at the CBI Committee.

**Tina:** Before we close I just want to make sure that everyone is aware of the time for the next National IE TA call. It's going to be a walk-through of some of the latest features of the IntegratedEthics web page; I've included the announcement in your folders ...

*General shuffling of papers as people look for the announcement in their folders ...*

