

Decision Exercise: Triage Tool for Ethics-Related Leadership Decisions

Exercise Goal:

To practice using the Triage Tool for Ethics-Related Leadership Decisions

Time:

10 -15 minutes

Activity Format:

- Work in groups or complete individually
- Read examples
- Use Triage Tool for Ethics-Related Leadership Decisions
- Determine the type of decision that must be made and the individual, mechanism, or service best suited to assist with the ethics-related decision
- Check answers and discuss

Materials Needed:

- Triage Tool for Ethics-Related Leadership Decisions
- Pen/pencil
- Answer key

Note:

Use this exercise during a leadership meeting in conjunction with the Triage Tool

Directions:

As a group, read and discuss each of the examples below and do the following:

1. Determine what type of decision must be made in each example and fill in the corresponding letter below. Types include:
 - A. Decision relates to an ethical concern
 - B. Decision relates to a systems-level ethics quality gap
 - C. Decision relates to Government Ethics
 - D. Decision relates to an ethics violation
2. For all A responses use the Triage Tool for Ethics-Related Leadership Decisions, including the Ethical Leadership Quality Check embedded within the tool, to determine an appropriately systematic decision making process, then determine the individual, mechanism, or service best suited to assist with the ethics-related decision.
3. For all B, C, and D responses use the Triage Tool for Ethics-Related Leadership Decisions to determine the individual, mechanism, or service best suited to assist with the ethics-related decision.
4. Check answers using the answer key and discuss.

Disclaimer – Each of the examples below has to do with ethics in different ways. This exercise and the answers are intended for practice only and do not constitute a legal decision or legal advice. Please seek assistance from the appropriate office and/or the Ethics Consultation Service if you have questions concerning an ethics-related decision.

Scenarios

A leader needs to decide:

1. _____ What to do if Regional Counsel has said an employee can legally do something, but the employee still feels uneasy about it and is unsure how to proceed.
2. _____ Whether to accept an offer from a patient to purchase and install blinds for the telemetry unit. The blinds are relatively cheap, yet would yield significant impact on patient privacy. The patient who has offered to purchase and install the blinds does not use telemetry services.
3. _____ What to do about a researcher who is accused of falsifying clinical data for a study. This researcher has had the same position for many years and is nearing retirement. There have been no previous accusations against the researcher.
4. _____ How to handle complaints received by the ICU nurse manager from families that had been approached for possible organ donation after the patients had expressed a preference against organ donation.
5. _____ What to do about a complaint of “favoritism” in the hiring of a new leader. The complaint was made by a member of the hiring panel. The new leader has not started yet but is expected to begin work within the next week.
6. _____ How to respond to an employee who is marketing a book that closely relates to his/her VA job. The book has been published by a major publisher and is available for purchase online. The employee is only marketing the book during lunch time and on breaks. A colleague of the employee reported it to the employee’s supervisor, who needs to decide what to do.
7. _____ What to do in a situation where the patient has decision making capacity and wants to return home, but the family and clinical staff are making arrangements for nursing home placement because they do not believe the patient will be safe at home. The clinical staff has asked the Chief Medical Officer what they should do.
8. _____ What to do if recent chart review findings reveal only 10% of requests for assistance with completing advance directives are followed up on by clinic staff. Ideally this number should be 100%. It is unclear from the audit how long this has been going on. The situation has been brought to the attention of the nurse manager of the clinic.
9. _____ How to handle a situation where a surgeon is accused of being verbally abusive toward staff. This particular surgeon has had numerous complaints from various staff members; however there have been no complaints from patients or family members.



10. _____ How to handle a complaint that a staff member from the billing office was observed using the office copy machine to copy flyers for a neighborhood barbeque. This complaint was reported by a colleague of the employee to the billing office team leader.

11. _____ What to do about a nurse who refuses to treat a patient in the ICU for reasons of “conscience.” The nurse has talked to her supervisor and the director of the ICU. The facility has a policy that gives the supervisor discretion to determine whether the refusal is appropriate, but the supervisor is still not sure what the right thing to do is.

12. _____ What to do about an employee who is allegedly selling VA hospital equipment that is no longer in use, to non-VA organizations. The equipment being sold is in working condition, but due to recent upgrades at the facility, it has all been moved to a storage room until it can be decommissioned. This allegation has been reported to the Associate Director who is unsure what to do.

13. _____ Which patients will get a pharmaceutical product that is in short supply. None of the patients requiring the product are considered more ill than others. The pharmacy is not sure when more of the product will arrive, or even if they will receive more.

14. _____ What to do if the quality manager for surgical services reports that adverse events that should have been disclosed to patients or surrogate decision makers were not disclosed consistently. The facility has a policy in place but despite training, clinical staff still seem confused about the disclosure policy and how best to implement it.

15. _____ What to do upon learning that the Dental Service Chief who is overseeing the development of fee services is also providing consultation to a practice that may bid on those services.

16. _____ How to respond to a report that Veterans’ pre-payments are being posted to the general fund instead of being returned to Veterans. A revenue cycle manager noted that at least three veterans had asked about missing refunds and whether they could be applied to future care.

17. _____ How to respond to survey findings that 40% of nursing home staff perceives that computers in nursing stations are “almost always” left unattended with personal health information visible on the screen. The ISO and Privacy Officer are aware that this is a problem but their attempts at resolution have not been successful.

18. _____ What to do if nursing students are using a non-VA approved web-based software package to share patient information in order to facilitate their learning and ensure quality handoffs from student to student. The software package requires a login and students have offered to allow preceptors to monitor the posted information.



Decision Exercise: Triage Tool for Ethics-Related Leadership Decisions Answer Sheet

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3. For all B, C, and D responses use the Triage Tool for Ethics-Related Leadership Decisions to determine the individual, mechanism, or service best suited to assist with the ethics-related decision.
4. Check answers using the answer key and discuss.

Disclaimer – Each of the examples below has to do with ethics in different ways. This exercise and the answers are intended for practice only and do not constitute a legal decision or legal advice. Please seek assistance from the appropriate office and/or the Ethics Consultation Service if you have questions concerning an ethics-related decision.

Scenarios with Answers

1. **A** What to do if Regional Counsel has said an employee can legally do something, but the employee still feels uneasy about it and is unsure how to proceed.

A, This decision pertains to uncertainty or conflict about values when the “right thing to do” is unclear. After determining the decision requires additional ethical analysis, it would be appropriate to request an ethics consultation.

2. **C** Whether to accept an offer from a patient to purchase and install blinds for the telemetry unit. The blinds are relatively cheap, yet would yield significant impact on patient privacy. The patient who has offered to purchase and install the blinds does not use telemetry services.

C, This decision relates to a legal question about standards of ethical conduct for employees of the executive branch – in this case, the rules on accepting gifts. Legal advice on Government Ethics rules must be obtained from the Designated Agency Ethics Official (DAEO) or Regional Counsel. If a Deputy Ethics Official determines that accepting the gift would be legally permissible, there might still be uncertainty or conflict about whether accepting a gift is the “right thing to do,” in which case it would be appropriate to request an ethics consultation.

3. **D** What to do about a researcher who is accused of falsifying clinical data for a study. This researcher has had the same position for many years and is nearing retirement. There have been no previous accusations against the researcher.

D, Specific allegations related to fabrication, falsification, or plagiarism (“Research Misconduct”) should be referred to the Research Integrity Officer (RIO) at the VA Medical Center conducting the research and/or the Office of Research Oversight (ORO) in VA Central Office.

4. **B** How to handle complaints received by the ICU nurse manager from families that had been approached for possible organ donation after the patients had expressed a preference against organ donation.

B, This decision relates to a disparity between best ethics practice (ideal established on the basis of ethical standards, norms, or expectations for the conduct of an organization and its staff) and current ethics practice resulting from system or process failures. It would be appropriate to refer this issue to the IE PE Team or other quality improvement mechanism.

5. **D** What to do about a complaint of “favoritism” in the hiring of a new leader. The complaint was made by a member of the hiring panel. The new leader has not started yet but is expected to begin work within the next week.

D, This decision relates to allegations of administrative misconduct—specifically there is an allegation of prohibited personnel practices. As a general rule, this type of allegation is best handled within the supervisory chain of command (for example, by the Facility Director). Sometimes a leader may convene an administrative investigation board to determine the facts of the case. If for some reason the problem cannot be effectively handled within the facility (e.g., because the individual reporting the allegation fears repercussions), it would be appropriate to contact the U.S. Office of Special Counsel.

6. **C** How to respond to an employee who is marketing a book that closely relates to his/her VA job. The book has been published by a major publisher and is available for purchase online. The employee is only marketing the book during lunch time and on breaks. A colleague of the employee reported it to the employee's supervisor, who needs to decide what to do.

C, This decision relates to a legal question about standards of ethical conduct for employees of the executive branch – in this case potential misuse of official position, time, and resources. Legal advice on Government Ethics rules must be obtained from the Designated Agency Ethics Official (DAEO) or Regional Counsel or Professional Staff Group III (PSG) at governmentethics@va.gov.

7. **A** What to do in a situation where the patient has decision making capacity and wants to return home, but the family and clinical staff are making arrangements for nursing home placement because they do not believe the patient will be safe at home. The clinical staff has asked the Chief Medical Officer what they should do.

A, This decision pertains to uncertainty or conflict about values when the "right thing to do" is unclear. After determining that the decision requires additional ethical analysis, it would be appropriate to request an ethics consultation.

8. **B** What to do if recent chart review findings reveal only 10% of requests for assistance with completing advance directives are followed up on by clinic staff. Ideally this number should be 100%. It is unclear from the audit how long this has been going on. The situation has been brought to the attention of the nurse manager of the clinic.

B, Decisions that relate to a disparity between best ethics practice (ideal established on the basis of ethical standards, norms, or expectations for the conduct of an organization and its staff) and current ethics practice resulting from system or process failures should be referred to the IE PE Team or other quality improvement mechanism.

9. **D** How to handle a situation where a surgeon is accused of being verbally abusive toward staff. This particular surgeon has had numerous complaints from various staff members; however there have been no complaints from patients or family members.

D, This decision relates to a report or evidence of a violation of an ethical standard – specifically, there is an allegation of unprofessional behavior, which is a type of administrative misconduct. As a general rule, this type of allegation is best handled within the supervisory chain of command (for example, by the Chief of Staff). If you are the leader responsible (or the supervisor with leadership authority) over the service/area for which this question is arising, it is your responsibility to investigate the situation and identify an appropriate course of action. Sometimes a leader may convene an administrative investigation board to determine the facts of the case. In contrast, allegations of serious waste, fraud, or abuse as well as allegations of criminal activity should be referred to the Inspector General or law enforcement authorities. Concerns about unprofessional behavior may also be referred to an appropriate state licensing board. If you need information about professional ethics standards you can request assistance from the ethics consultation service.



10. ^C How to handle a complaint that a staff member from the billing office was observed using the office copy machine to copy flyers for a neighborhood barbeque. This complaint was reported by a colleague of the employee to the billing office team leader.

C, VA has specific policies pertaining to the use of government equipment for personal use. Legal questions about standards of ethical conduct for employees of the executive branch—in this case a question about potential misuse of official position, time, and/or resources – should be referred to a Designated Agency Ethics Official (DAEO) or Regional Counsel or Professional Staff Group III (PSG) at governmentethics@va.gov.

11. ^A What to do about a nurse who refuses to treat a patient in the ICU for reasons of “conscience.” The nurse has talked to her supervisor and the director of the ICU. The facility has a policy that gives the supervisor discretion to determine whether the refusal is appropriate, but the supervisor is still not sure what the right thing to do is.

A, This decision relates to uncertainty or conflict about values when the “right thing to do” is unclear. Because the supervisor is unsure how to apply the policy within her allowed discretion, it would be appropriate to request an ethics consultation to discuss the range of ethically justifiable options.

12. ^D What to do about an employee who is allegedly selling VA hospital equipment that is no longer in use, to non-VA organizations. The equipment being sold is in working condition, but due to recent upgrades at the facility, it has all been moved to a storage room until it can be decommissioned. This allegation has been reported to the Associate Director who is unsure what to do.

D, Allegations or evidence of criminal conduct, such as selling hospital equipment illegally, should be referred to management officials, VA Police, and the VA Office of the Inspector General. If you have questions about whether the alleged behavior is illegal, seek assistance from Regional Counsel or the Office of General Counsel.

13. ^A Which patients will get a pharmaceutical product that is in short supply. None of the patients requiring the product are considered more ill than others. The pharmacy is not sure when more of the product will arrive, or even if they will receive more.

A, This decision pertains to uncertainty or conflict about values when the “right thing to do” is unclear. After determining the decision requires additional ethical analysis, it would be appropriate to request an ethics consultation.

14. ^B What to do if the quality manager for surgical services reports that adverse events that should have been disclosed to patients or surrogate decision makers were not disclosed consistently. The facility has a policy in place but despite training, clinical staff still seem confused about the disclosure policy and how best to implement it.

B, Decisions that relate to a disparity between best ethics practice (ideal established on the basis of ethical standards, norms, or expectations for the conduct of an organization and its staff) and current ethics practice resulting from system or process failures should be referred to the IE PE Team or other quality improvement mechanism.

15. **C** What to do upon learning that the Dental Service Chief who is overseeing the development of fee services is also providing consultation to a practice that may bid on those services.

C, Legal questions about standards of ethical conduct for employees of the executive branch – in this case conflicts of interest that would have a direct and predictable effect on the employee’s own financial interests – should be referred to a Designated Agency Ethics Official (DAEO) or Regional Counsel or Professional Staff Group III (PSG) at governmentethics@va.gov. It may also be appropriate to contact the facility’s Compliance and Business Integrity Officer or the National CBI Helpline.

16. **D** How to respond to a report that Veterans’ pre-payments are being posted to the general fund instead of being returned to Veterans. A revenue cycle manager noted that at least three veterans had asked about missing refunds and whether they could be applied to future care.

D, Allegations of noncompliance with legal or regulatory standards related to revenue program oversight should be referred to the facility’s Compliance and Business Integrity Officer or the National Compliance and Business Integrity Helpline.

17. **B** How to respond to survey findings that 40% of nursing home staff perceives that computers in nursing stations are “almost always” left unattended with personal health information visible on the screen. The ISO and Privacy Officer are aware that this is a problem but their attempts at resolution have not been successful.

B, Decisions that relate to a disparity between current practices and ideal practices from an ethical perspective should be referred to the IE PE Team or other quality improvement mechanism.

18. **D** What to do if nursing students are using a non-VA approved web-based software package to share patient information in order to facilitate their learning and ensure quality handoffs from student to student. The software package requires a login and students have offered to allow preceptors to monitor the posted information.

D, Allegations of non-compliance with VA Privacy rules should be referred to both the Privacy Officer as well as the Information Security Officer (ISO). If the students are conducting research, the problem involves regulatory noncompliance and should be referred to the facility’s Institutional Review Board (IRB) or directly to the Office of Research Oversight (ORO) in VA Central Office.