



IntegratedEthics In Action

Promising Practices – Emerging Champions

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Accountability in Action

Creating Culture Change at Sioux Falls VAHCS

In 2014, the IntegratedEthics® (IE) team at the Sioux Falls VA Health Care System (SFVAHCS) embarked on a project to change the culture at their facility, starting with the topic of accountability. They adopted a multifaceted strategy based on the dissemination of Accountability in Action statements. These statements give a real-life example of an accountability issue, and then explain expectations for staff behavior and the values underlying the rules in question. The statements are also a starting point for culture change. Leaders at all levels use the statements to raise and discuss difficult issues with staff in various venues at the facility. These open and frank conversations about real issues are intended to foster a culture in which staff feel psychologically safe and view raising and discussing ethical concerns with supervisors as routine.

The Sioux Falls IE team first identified employee accountability as an area to focus on in 2013, based on responses from the previous year's All Employee Survey. The team addressed the survey findings by working to raise awareness about accountability, with a licensed video titled *No Excuses: Foundation for Accountability, Ethics, and Values*, showing it to as many staff members as possible.

The goal for 2014, said Sioux Falls IE Program Officer Machel Kocer, was to "raise the awareness to a level that all staff would start to not only hold themselves accountable, but hold one another accountable as well, in a respectful manner."

"Disseminating the statements, discussing the statements in meetings and providing positive examples of accountability all brought discussions of accountability out in the open."

Examples of Accountability in Action Topics

- Combining breaks and lunch
- Ethics and smoke breaks
- Surfing the Internet at work
- Doing homework during slow times at work
- Personal phone calls at work
- Conducting private businesses and soliciting for private charities at work
- Completing private marketing or research surveys from external organizations
- Promoting private products or services on VA property
- Employee-patient boundaries

Topics for the Accountability in Action statements were identified from real situations brought to the attention of the ethics team or facility compliance officer. The ethics team chose topics that would highlight recurring themes in accountability, many of which were guided by government ethics standards as well as VA organizational values. Examples of topics are included in the box above.

Accountability in Action statements were then disseminated according to a specific plan. First, they were distributed via the facility's Daily Update email each Wednesday for a month, so that staff would see the same statement four times. In addition to emails, Facility Director Darwin Goodspeed asked service chiefs to discuss the statements with employees at their unit staff meetings.

(Continued on page 2)

Accountability in Action: Creating Culture Change at Sioux Falls VAHCS

(Continued from page 1)

He also provided positive examples of employees being personally accountable and shared them at town hall meetings. Disseminating the statements, discussing the statements in meetings and providing positive examples of accountability all brought discussions of accountability out in the open. This helped model and normalize discussions about what accountability is, how it should be discussed among colleagues and why accountability is important to the values of VA.

To evaluate their efforts, the ethics team distributed an online survey after the first five statements had been released. The survey revealed opportunities to strengthen and refine the intervention midway through the process, including creating more positive statements and re-emphasizing the importance of discussing statements at staff meetings.

SFVAHCS is continuing to disseminate Accountability in Action statements in 2015. The ethics team will revise the statements based on survey data, and will review staff meeting minutes to ensure that discussions of accountability are taking place. The facility's IE council supports the effort and is ready to facilitate discussions with staff on these important topics of personal accountability.

National Healthcare Decisions Day

Captain James A. Lovell Federal Health Care Center Provides Education on Advance Directives

By Romney Dodd, Compliance and Business Integrity Officer/Integrated Ethics Officer, and Helen Witt, MSW, LCSW, PACT Social Worker

Health care decisions are challenging even in the best of times. They become nearly impossible when you add the stress and worry of a crisis. Having your own or your loved one's health care wishes documented prior to a crisis is one of the best ways to help minimize those concerns. In an effort to support our mission of providing patient-centered care, the Captain James A. Lovell Federal Health Care Center (FHCC) in North Chicago, IL celebrated its third annual National Healthcare Decisions Day (NHDD) on April 16, 2015.

Sponsored by the FHCC IE program and conducted by the preventive ethics team, NHDD activities included an information table, a presentation on end-of-life planning from Hospice/Palliative Care Coordinator Anna Abraham, MSN, NP, and plenty of educational brochures and flyers. Patients, family members and staff were also able to complete advance care planning paperwork that they could review with their providers and have scanned into their medical records.

"As an active member of the preventive ethics committee, I feel we are very fortunate to be able to participate in National Healthcare Decisions Day," said Nursing Security Officer Lois Gault, RN, MSN. "I think one of the most difficult discussions a person has to make is sharing with their loved ones what they want done at end of life. If we can help even

one person decide what is best for them, and have them complete an advance directive so their family, friends and providers are aware of how they want to be cared for, we have done a great service. Being there to provide guidance and assistance with completing the forms may not seem like a huge accomplishment, but I think it is a great beginning."



Romney Dodd and Helen Witt, MSW, LCSW, are ready to answer questions about advance directives



NATIONAL HEALTHCARE DECISIONS DAY
★ your decisions matter ★

A Conversation with Jeffrey Gering

An Excerpt from the *Sound Ethics in Healthcare* Podcast

On the December 2014 Improvement Forum call, Jeffrey Gering, director of the VA San Diego Healthcare System and acting VISN 22 director, was interviewed by Dr. Melissa Bottrell, acting deputy director of the National Center for Ethics in Health Care. Excerpted here are a few questions and answers from a rich and productive discussion about ethical leadership. The entire interview is available in both transcript and audio at http://www.ethics.va.gov/Podcasts/ethical_leadership_and_culture_podcast.asp. The responses below have been edited to fit the *IE in Action* format.

Dr. Bottrell: How do you encourage ethical leadership behavior among all levels of leaders in VHA?

Mr. Gering: What you model and what you say as a leader is very important. All the directors are supposed to do listening sessions with their schedulers and others. When I met with our schedulers at San Diego, I deliberately talked to them about the need to schedule ethically, even if it makes the wait times look longer than they should. I also have regular meetings with supervisors. Front-line supervisors hear directly from me about the importance of ethical behavior and integrity. I think that having those kinds of conversations sends a very strong message that can start to create a culture that really embraces the principles of ethical leadership.

“When we say ‘ethics,’ many folks try to limit that to medical ethics. But ethics goes well beyond that. It goes into integrity and ethical behavior. It goes to leadership ethics and situational ethics.”

Dr. Bottrell: What can staff do to create a culture of integrity?

Mr. Gering: When we say “ethics,” many folks try to limit that to medical ethics. But ethics goes well beyond that. It goes into integrity and ethical behavior. It goes to leadership ethics and situational ethics. So how you schedule someone may not traditionally be considered an ethical issue, but that is the very core of being ethical. Employee performance ratings can be looked at



from the standpoint of integrity. I’ve had supervisors who rated everyone as outstanding because it was the easy thing to do. Is that acting with integrity when there are significant differences in performance? Probably not. So, I think that it’s important to have awareness across the organization about the importance of ethics, and talking about ethics. Speaking about ethics can do a lot to raise the level of ethical behavior across the organization by creating awareness, sensitivity and reinforcement. The tough part when you get into this is critical conversations, and providing staff with tools that they can use to have those critical conversations. “Carefrontations” is a way of using care to confront someone. So “carefrontations” is the word we’re starting to use in San Diego as a constructive way to have confrontations about ethical behavior.

Dr. Bottrell: Can you talk more about how we can demonstrate trust?

Mr. Gering: I was at a listening session at one of the facilities in VISN 22 recently and talked with the staff about this. One of the quickest ways to reduce the level of trust is to overpromise and under-deliver. To gain people’s trust, you have to keep to your word. You have to be open to criticism and input.

(Continued on page 4)

A Conversation with Jeffrey Gering

(Continued from page 3)

But you also have to be open to suggestions. I talked about these listening sessions that are occurring across VHA; you really need to do something with the input you get. If you just hear that input and nothing happens, then you've lost an opportunity to generate trust. Similarly, all the VHA facilities have gotten feedback on the All Employee Survey as well as the IntegratedEthics Staff Survey.

When staff fill out those surveys, their hope is that their feedback will make a difference. And if leadership doesn't do anything with that feedback, again, they've lost another opportunity to build trust with their employees. So we are strongly encouraging VHA leaders to do something with employee feedback, because that's a great tool to build trust. To me, trust is a foundational element of any organization. The greater the level of trust, the quicker things happen; the lower the level of trust, the more things slow down. Trust is a hugely important dynamic in any organization, particularly in the VA right now.

Policy and Ethics

A Look at Two Policies: Financial Relationships and iMedConsent

At the end of 2014, VA released two revised policies: VHA Handbook 1004.07, *Financial Relationships Between VHA Health Care Professionals and Industry* and VHA Handbook 1004.05, *iMedConsent™* (both available at <http://vaww.ethics.va.gov/activities/policy.asp>). *IE in Action* talked with members of the NCEHC Policy Service to examine the ethics behind these policies. Present at the conversation were Virginia Ashby Sharpe, PhD, chief, ethics policy; Paul Tompkins, program analyst; and Georgina Baumgartner, MA, MPS, ethics policy specialist.

How is policy development related to ethics?

Sharpe: Policy helps to ensure that everyone is aware of and accountable to the same standards, and understands appropriate exceptions to those standards. Our national VHA policies are informed by established ethics standards such as VA law, regulations, and I CARE values, as well as consensus literature in ethics and standards of professional ethics. In that way, our policies promote strong ethics practices. VHA policies are accessible to everyone and applied uniformly, so they are transparent and fair. They are developed through a broad stakeholder

process, so they are inclusive. They are revisable, so they can change as standards change. They are a mechanism for accountability, so they can be the basis for improving ethics practice. That being said, policy is just one way of communicating strong ethics practices. They can also be communicated by example and by stories. Ideally, people don't do the right thing just because policy requires it; they do it because they want to live up to the ethical values and principles that are the basis for the policy.

What is the ethical argument for a policy on financial relationships with industry?

Baumgartner: Pharmaceutical and medical device companies understandably spend a lot of money to promote their products, and a lot of that money is directed to clinicians in the hopes of influencing what they prescribe and use. The money might be in the form of meals, trips, honoraria or membership in a company's speakers bureau. VA health care professionals have ethical obligations both to put the interests of patients first, and, as public servants, to maintain the public trust. Because financial relationships with industry can obscure or undermine these ethical obligations, VHA has a policy in place to help VHA health care professionals manage, or avoid potentially biasing, financial relationships with industry.

What does best ethical practice look like with regard to financial relationships with industry?

Baumgartner: A best ethical practice related to financial relationships with industry starts with the ability to recognize a potential problem – when a pharmaceutical or device company offers you money, for example, to sit on its advisory board, or speak on behalf of one of its products.

(Continued on page 5)



NCEHC Policy Service members (from left): Virginia Ashby Sharpe, Paul Tompkins (on video call) and Georgina Baumgartner.

Policy and Ethics

(Continued from page 4)

If you recognize a problem, there are several things you can do: 1) bring your concern to your supervisor, chairperson of your decision-making group, or deputy ethics official in the Office of General Counsel; 2) seriously consider ending, or not entering into, the financial relationship with the company, or work with appropriate officials to manage it; and 3) make a real-time verbal disclosure about your financial relationship to relevant VHA decision-making bodies that you serve on, and recuse yourself from discussion and voting on issues that the group may be addressing related to the company.

What does best ethical practice look like in regard to iMedConsent?

Tompkins: A best ethical practice related to iMed-Consent is one where the practitioner uses software prompts to ensure that the patient has decision-making

capacity, identifies the VA authorized surrogate if the patient lacks decision-making capacity, and facilitates a good, clear shared decision-making process with the patient or surrogate. After the practitioner uses the software to cover all aspects of the recommended treatment or procedure, answers questions and ensures understanding, he or she offers a paper copy of the form for review and asks the patient or surrogate to sign using an electronic signature pad. The practitioner saves the form to the electronic health record, making it viewable almost instantaneously for all personnel who have a need to view it, and offers the patient or surrogate a copy of the signed form.

What should a facility do if it is having problems interpreting or implementing a national ethics policy?

Baumgartner: Staff can go to our website, <http://vaww.ethics.va.gov/activities/policy.asp>, to see if their question might have already been answered in an FAQ document or related materials. If it hasn't, they can contact the Policy Service at vhaethics@va.gov.

Around IntegratedEthics . . .

ANNOUNCEMENTS

Compliance and Ethics Week Follow-Up

Thanks to IE staff at VISNs and facilities around the country for another great National Compliance and Ethics Week (April 27 – May 1). Please send us photos and narratives of celebrations and activities at your office or facility, for an article that will appear in the next issue of *IE in Action*. Send your items to steve.tokar2@va.gov and sara.barker@va.gov.



Preventive Ethics Primer Revised

NCEHC is proud to announce the publication of the second edition of *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, a primer describing preventive ethics, one of the three core functions of IntegratedEthics. This revised edition includes substantial new material and refinements added since the first edition was released in 2007. It can be downloaded at http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/pe_primer_2_edition_042015.pdf.

National Center for
ETHICS
in Health Care

Developed by the IntegratedEthics team at the National Center for Ethics in Health Care, *IntegratedEthics in Action* is published on the IE website vaww.ethics.va.gov/integratedethics/IEaction.asp, listserv, and via other IE venues. Its purpose is to rapidly disseminate promising practices and feature emerging IE champions to help facilities and VISNs in implementing IE. We welcome your comments and suggestions for topics to: vhaethics@va.gov.

IntegratedEthics
Improving Ethics Quality in Health Care