



IntegratedEthics In Action

Issue 34

Promising Practices – Emerging Champions

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Iron Mountain Spreads Awareness of Ethics

Several years after IntegratedEthics® (IE) was launched, many employees at the Oscar G. Johnson VA Medical Center (Iron Mountain, MI) still thought ethics did not concern them. They did not realize they could—and should—raise ethical concerns. “We felt we could do better in communicating about ethics,” said Rosemary Romick, CCP, the facility’s IE Program Officer. “So the IE Board [IE Council] tasked the members to work with the service chiefs in their areas to devise a process that would promote ethics and stimulate employees to start talking about ethics in their daily work.”



During the 2014 National Compliance and Ethics Week, Cheryl Griggs, DC, (left) and Deb Skoglund-White, RN, (right) were awarded the IntegratedEthics Expert and Compliance Awards respectively for their participation in educational activities and demonstration of their knowledge in these areas. IE Program Officer Rosemary Romick, CCP, is at far left. Medical Center Director James W. Rice (pictured) presented the awards.

The board called this initiative “Focus on Ethics.” Its aims were to increase general awareness of ethics and the IE program and inform employees of how to report ethical concerns. Examples of activities were:

- Recognizing an employee as the designated “IntegratedEthics Expert,” and presenting her with an award during Compliance and Ethics Week
- Expanding ethics consultants’ knowledge of ECWeb and the specific components of an ethics consultation
- Adding IE members to facility rounds to discuss ethics
- Drafting a brochure for Logistics employees that focused on ethical decision-making
- Developing training for service chiefs on ethical-decision making
- Including ethical reviews of all initiatives being considered by the Customer Service Board

“Probably the most successful initiative was ‘What If’ scenarios implemented by Finance,” said Ms. Romick. “This activity initially presented hypothetical finance-related scenarios that employees could face.” One example was: “What should you do if . . . You are processing a bill as a claims clerk in Non-VA Care from a Veteran who has checked that he does not have insurance coverage. However, you recognize that this person is your cousin whom you know has insurance coverage through his work.”

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Get Ready for National Compliance and Ethics Week 2015!

The theme for National Compliance and Ethics Week in 2015 is “**Integrity + Excellence = MyVA.**” In VA, the event will be held from **April 27 - May 1, 2015**. Compliance and Ethics Week is an opportunity for staff to reflect on the essential contributions made by ethics and business integrity in providing high quality care and services to our nation’s Veterans. As in past years, local Office of Compliance and Business Integrity (CBI) Officers and IE Program Officers are encouraged to lead efforts to hold local celebrations and activities during the week. The 2015 toolkits are under development: the communications toolkit will be released in January 2015, and the IE and CBI resource toolkits will be released in February 2015. For more information, contact Steve Tokar, Writer/Editor, Special Projects, NCEHC: steve.tokar2@va.gov.



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After the finance representative reported back to the IE Board on the success of this activity in eliciting rich ethics discussions, other members began implementing the “What If” scenarios in their services. This, in turn, encouraged broader discussions among employees about situations that raised ethical concerns and increased questions to the IE program. “After each session at least one employee asked an ethics-related question,” said Ms. Romick. “The most frequently asked question was ‘How do I support ethics and still be patient-centered?’ Concerns raised included how to assist Veterans without violating boundaries, such as whether to access their medical record to answer questions, or pick up medications. Employees learned that the best intentions are not always the right ones.”

As an indicator of leadership support for this “Focus on Ethics,” the IE Board instituted a new ethics initiative in fiscal year 2014, the “Fresh Eyes Approach.” Each IE Board member was asked to choose an ethics domain outside their area of expertise (from [NCEHC’s list of Ethics Domains and Topics](#)) and conduct a program review of their facility’s performance related to that domain. These volunteers reviewed VHA publications, VISN and local medical center policies, or standard operating procedures relevant to the domain; interviewed employees from that area on specifics of their practices; and reported back to the IE Board on how well they felt the area was addressing ethical concerns related to that domain.

For example, Education Coordinator Tammy Schill-Pavlat signed up to do a fresh-eyes review of how patient privacy/confidentiality was being practiced in a clinical area. In addition to reviewing relevant documents, she spoke with the Privacy Officer, inpatient staff, and

other employees on how well they felt the facility addressed patient privacy requirements and related concerns. Her presentation to the IE Board also included a recent personal experience that provided a real-world example of the effectiveness of the hospital’s privacy practices: “I ran into my ex-husband’s family at a local shopping mall. When catching up, I learned they were out buying clothes for a funeral. As it turned out, my ex-husband had been an inpatient at our facility for several weeks before passing away. His family was amazed that no one, not one of my co-workers, had told me that my ex-husband was an inpatient and had passed away. This demonstrates how well we respect privacy and believe in a patient’s right to have their health care information protected . . .”

Reflecting on this effort, Medical Center Director James W. Rice noted how Ethical Leadership decisions have supported employees in doing the right thing and achieving the facility’s vision, *Focused on Excellence—Putting Veterans First*. “Ethical Leadership is a key factor in successfully assimilating VA’s five ICARE core values into our everyday work,” Mr. Rice said. “We stress to our employees to always do the right thing for the Veterans and everything else will take care of itself.”

“As a result of these initiatives, employees are asking more ethics-related questions and management is eliciting open discussions and sharing their expectations for ethical practice,” said Ms. Romick. “We have focused on informing every employee how ethics affects everything they do in the service of Veterans. We want to continue to expand and bring ethics into more trainings and give all employees the opportunity to ask questions and approach their duties from an ethics perspective.”

Secretary McDonald Presents ICARE Award to IE Committee in VISN 1

In acknowledgement of its tangible accomplishments in improving ethics quality across the network, VA Secretary Robert McDonald presented the VISN 1 IE Committee with the Network Director’s ICARE Award in October 2014. The award citation noted that employees gave VISN 1 the highest “Overall rating as an ethical organization” on the 2014 IntegratedEthics Staff Survey. It also praised the VISN’s IE program for “showing continuous improvement three years in a row,” and “maintaining the favorable trend of improving ethics quality in health care . . . that has helped increase employee morale, patient satisfaction, and productivity and efficiency across the network.”

Secretary McDonald has asked each employee to “reaffirm our commitment to our mission and values,” and embrace ICARE (Integrity, Commitment, Advocacy, Respect, and Excellence) as a means to define a positive culture in VA and strengthen services to Veterans.

In accepting the award, VISN 1 IE Committee Chair Tammy A. Krueger said, “I am proud to be part of a VA New England Health Care System team that has supported improvements visible by all. The IE Committee work has contributed to an enhanced ethical environment from leadership throughout the organization and inclusive of all stakeholders, one that is transparent and mirrors the ICARE values and characteristics.”



From left to right: Laura McDonald, Co-IE Program Officer, VA Boston Health Care System; Song Yi, former VISN 1 IE Program Officer, VA Central Western Mass Health Care System; VA Secretary Robert A. McDonald; Tammy Krueger, Chair, VISN 1 IE Committee and Facility Director, Manchester VA Medical Center; Michael Mayo-Smith, VISN 1 Network Director; and Lynne Cannavo, Co-IE Program Officer, VA Boston Health Care System.

IE Field Staff Honored with Appreciation Awards

In November 2014, NCEHC recognized the long-term commitment of over 700 field staff with Certificates of Appreciation for having served for five or more years with IE. The awards were given in recognition of their exceptional contributions to IE and their dedication to enhancing ethics quality in VA. IE would not exist without the long-term efforts of these Ethics Consultants, Preventive Ethics (PE) team members, IE Program Officers, and other key staff. The leadership and staff of NCEHC are deeply appreciative of the work done by IE staff across the country.

IE in Action asked a group of recipients to reflect on their time with IE.

IEIA: What has participation in IE meant to you?

“Participation in IE brought me the opportunity to serve our Veterans far beyond my abilities as a dentist. As a dentist, I am procedure-driven and my services are focused on a specific group of Veterans. Being part of IE allows me to serve more Veterans at greater levels. I am very honored to be part of the IE team.”

— Tracey Tajima, DDS, Program Director for General Practice Residency, Hospital Dentist and PE Coordinator, VA Greater Los Angeles Health Care System

“As Chair of the Preventive Ethics Committee, I have had a key role in ensuring that we are doing the right things for the right reasons. Processes have been revised to ensure they are ethical for the Veterans we serve.”

— Kevin Krout, Quality Management Program Analyst and Preventive Ethics Chair (PE Coordinator), VA Illiana Health Care System

IEIA: What has participation meant to your facility?

“Our facility is a large and complex medical center which is also a major training site for medical residencies, colleges, and vocational schools. When we were given the task to develop strategies to meet the national mandate for HIV informed consent, the IE and PE teams knew we’d have to take into consideration all of the complexities of our facility. With strong support from our leadership, we were able to develop a system that fulfilled the national mandate. It was a truly satisfying experience.”

— Tracey Tajima, DDS

“Identifying and responding to ethics concerns should not just be the purview of a small number of individuals with assigned roles within the ethics program. In our organization, we have tried to be very inclusive and invite individuals from all disciplines and services to accept roles in our core functions and other ethics workgroups that align with their interests and availability. As we enfold more interested and passionate individuals into our ‘circle,’ a more ethically-minded workplace can unfold through their contacts and influence.”

— Cheryl Padgett, BSN, RN, CPHQ, Patient Safety Manager and Co-coordinator of Ethics Consultation, South Texas Veterans Health Care System

“It has been great to get our administration involved in leading the IE program rather than just having an ethics committee. Using the structure of the program we have been able to address organizational ethical issues head on.”

— Peter Mills, PhD, MS, IE Program Officer and EC Coordinator, White River Junction VA Medical Center



Chaplain Karen Reed, DMin, BCC, (left) former IE Program Officer for South Texas Veterans Health Care System, receives her certificate from Sharon M. Millican, RN, Associate Director of Patient Care Services.

IEIA: What makes you proud when you think of your participation in IE and its impact at your facility?

“I feel very proud when an employee trusts me (as the IEPO and EC Coordinator) with an institutional issue that they are concerned about. The opportunity to brainstorm and work on solutions with the employee, and possibly others concerned, is a very fulfilling part of my position.”

— Denise K. Wishner, RN, MSN, IE Program Officer and EC Coordinator, VA Long Beach Health Care System

“I am most proud of all those individuals within my organization who commit themselves to the IE program and selflessly offer their time and talent to advance the organization in our relentless pursuit of becoming ‘the best that we can be’ for the benefit of the Veterans we serve.”

— Cheryl Padgett, BSN, RN, CPHQ

“I’m proud of our program because it has helped facility staff to feel safer giving input to top management.”

— Peter Mills, PhD, MS



Measuring Ethics Consultation Quality

During the October 2014 annual meeting of the American Society for Bioethics and Humanities (ASBH), VA established an integrated vision for ethics consultation quality and how it should be assessed. NCEHC Acting Executive Director Kenneth Berkowitz, MD, FCCP co-hosted a panel discussion on the importance of assessing quality at the level of the ethics consultation service (ECS). NCEHC Chief of Ethics Evaluation Robert Pearlman, MD, MPH led a workshop that introduced an ethics consultation quality (ECQ) tool for evaluating the quality of completed documentation of ethics consultations.

At the meeting, Dr. Berkowitz participated in a panel discussion that stressed the importance of structures, policies, processes, and accountability for a properly functioning ECS. The panel also looked at the role of service-level assessment for promoting continuity and bringing ECS into an organization's mainstream. "A high-quality ECS requires more than just well-trained and competent individuals. The service has to run well, be supported by the institution, and meet the needs of those it serves," said Dr. Berkowitz. "ECS-level assessment would be consistent with the trend towards service-level accreditation in health care settings such as the accreditation we have seen for Institutional Review Boards, Home Care Programs, Rehab Programs, and Surgical Specialty Services, to name a few examples." In his presentation, Dr. Berkowitz made the point that ECS level assessment can be either in addition to or instead of direct credentialing of ethics consultants.

Another approach to improving EC quality is to evaluate the content

of the case consultation itself. Dr. Pearlman's presentation highlighted VA's accomplishments in this area by introducing the ECQ tool and engaging participants in testing the tool to assess the quality of EC records. "Ensuring ethics consultation quality requires a reliable and valid method of assessment," said Dr. Pearlman. "The tool focuses on four essential elements: the ethics question, consultation-specific information, ethical analysis, and the conclusions and recommendations." To develop the tool, Dr. Pearlman and his NCEHC team used an iterative process involving a diverse sample of ethics consultants and repeated reviews of ethics consultations. National experts in ethics consultation identified a lack of consistency in judging quality, further supporting the need for this EC quality initiative. "Our session was well attended and we received very valuable and affirming feedback on the tool from a broad range of ethics consultants," reported Dr. Pearlman. Further evaluation of the ECQ tool will take place in VA over the next year as it is used within NCEHC with ethics consultations and as a coaching aid. In addition, the ECQ tool will be packaged with companion materials and disseminated to ethics consultants in VA facilities for discussion by ethics consultation services about the quality of their consultations.

By developing these standards, and collaborating with external bodies like ASBH to adopt national quality standards, NCEHC has been in the forefront of improving ethics quality in health care. As the field of bioethics moves toward formalized assessments and certifications of ethics consultants, VA is well positioned to meet that responsibility—a valuable message EC teams can share with leadership.

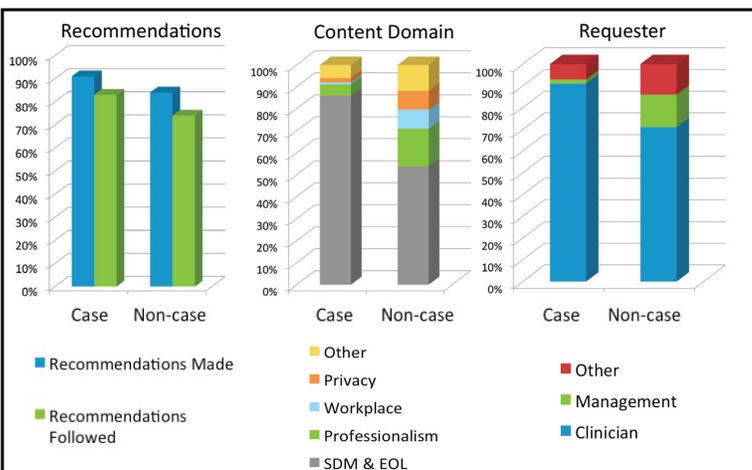
Establishing Quality Standards for EC

For more than a decade, VA has played a leading role in moving ethics consultation toward defined quality standards. Quality can be examined at the level of the individual consultant: Do they have the knowledge and skill to be effective? Quality can be assessed at the organizational level: Is the service well managed, does it meet the existing needs, and are requesters satisfied with the process and outcomes? Finally, quality can be examined at the output level by asking if the consult record reflects a standardized process and contains an effective synthesis of information and ethical analysis.

In VA, NCEHC has focused attention on all three aspects of consultation quality. The introduction of the CASES approach established a process standard for ethics consultation in VA while the ASBH guide, [Core Competencies in Health Care Ethics Consultation](#), set standards for the knowledge and skills required of consultants. [The Ethics Consultation Proficiency Assessment Tool](#) reinforces the ASBH standards.

Recently, NCEHC has worked on quality standards for management of a consultation service. These standards are articulated in the [IE Policy \(VHA Handbook 1004.06\)](#) and in the primer, [Ethics Consultation: Responding to Ethics Questions in Health Care](#). Tools and materials provided by NCEHC, such as the [Facility Workbook](#), [Improvement Forum Calls](#), [ECWeb](#), and the [ECS PAT](#), support implementation or assessment of these organizational standards. One key aspect of ensuring that a consult service meets the needs of its customers is to obtain feedback from requesters. The [Ethics Consultation Feedback Tool](#) gathers feedback on such questions as whether the service was timely enough, provided knowledgeable consultants, made recommendations that were followed, and provided an overall positive experience.

With the anticipated release of the ECQ Tool, Ethics Consultation Coordinators will have another quality improvement tool to ensure the provision of effective, high-quality consultations.



Management Insights: Case vs Non-Case Ethics Consultation

During the 2014 ASBH annual meeting, NCEHC Health Care Ethicist David Alfandre, MSPH, MD and colleagues presented data comparing case and non-case ethics consultations completed in VA between October 2011 and September 2013. Characterizing the similarities and differences between case and non-case consultations can help an ethics consultation service better understand and meet the needs of these different types of consultation requests. The analysis showed that non-case consultations are requested by groups with different professional backgrounds that may hold different expectations and tend to emphasize different content areas.

ANNOUNCEMENTS

New Organizational Health Toolkit

In November 2014, VHA Organizational Health Workgroup released the *Toolkit for VHA Executive Leadership*. The Toolkit draws on the work of many VHA program offices to create a resource that covers five areas of organizational health: leadership team effectiveness; instilling ethical behavior; fostering psychological safety; building high functioning teams; and building organizational support, confidence, and trust in leadership. The toolkit is available at <http://organizationalhealth.vssc.med.va.gov/Resource%20Library/Forms/AllItems.aspx>.

NCEHC Releases Ethics Guidance for Management of Ebola

New guidance released by NCEHC examines the ethical issues that are likely to arise during response planning for the management of Ebola Virus Disease (EVD or Ebola). The new guidance will help VA medical facilities as they prepare their internal response plans. Issues discussed in the guidance include approaches to health care decision making for patients with Ebola, ethically justifiable limits to treatments for patients with Ebola, the duty to care for patients even at some personal risk to caregivers, possible exceptions to that duty, and the reciprocal responsibility of health care organizations to care for and protect their own employees. The guidance document is available at http://www.ethics.va.gov/policy/ebola_response.asp

A New Tool to Support Collaborations between IEPOs and Public Affairs Officers

NCEHC is pleased to announce the publication of [Promoting and Distributing Stories about Ethics in VA: Suggestions on how to work with your local Public Affairs Officer](#). This is a “how-to” guide for working collaboratively with your local Public Affairs Officer to promote IE to new audiences at facilities and VISNs. It includes links to template articles about basic concepts in [IE](#), [Ethics Consultation](#), [Preventive Ethics](#), and [Ethical Leadership](#) that can be adapted for local use. Using these tools can be an excellent way to draw attention to your successes and reinforce the organizational change being driven by IE.

Two New Podcasts from *Sound Ethics in Health Care*

Produced by NCEHC, *Sound Ethics in Health Care* offers ethics education on VHA policy and health care practices through brief, five-to-eight minute long podcasts. Here are the latest productions:

Signature Informed Consent for Long-Term Opioid Therapy. VHA Directive 1005, Informed Consent for Long-Term Opioid Therapy for Pain, requires opioid prescribers to offer patient education and obtain signature informed consent prior to prescribing long-term opioid therapy. This podcast discusses the details of the process, the ethical basis behind it, the personal and public health risks associated with long-term opioid therapy, and strategies for introducing the signature informed consent process for long-term opioid therapy in VA facilities. [Listen here.](#)

Urine Drug Testing in the Context of Long-Term Opioid Therapy for Pain. VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, requires that providers obtain and document oral informed consent for tests that are “particularly sensitive and may have consequences that the patient might reasonably want to avoid,” including tests used to identify illicit drug use. This podcast discusses the informed consent requirements for urine drug testing in the context of long-term opioid therapy for pain. [Listen here.](#)

[Listen to and download all podcasts from NCEHC](#)— topics include Ethical Considerations in Prescribing Home Oxygen, Obtaining and Documenting Oral Informed Consent for HIV Testing, and more.