

Developing the Structures and Supports for a Robust Preventive Ethics Program

Using the [Preventive Ethics storyboard](#), and following the [ISSUES quality improvement](#) process, IntegratedEthics™ (IE) Preventive Ethics (PE) teams identify and intervene in aspects of an organization's systems and processes that contribute to ethics quality gaps. To successfully complete an ISSUES cycle, PE teams need knowledge of prevalent ethics issues within their institution, experience in quality improvement approaches (e.g., ISSUES), commitment from their members, and the cooperation of stakeholders, including leadership. Unfortunately, without careful planning, these resources may not always be available. For example, after an ethics quality gap is identified, how can team members with sufficient time, knowledge, and expertise be recruited to take the lead in executing the cycle? How can they ensure that their work will result in a systemic improvement in ethics quality in their facility or region?

In this article piece from our newsletter *IntegratedEthics in Action* (Issue 12, December 2010), PE team members from VA Greater Los Angeles Health Care System and Durham, NC, VA Medical Center describe innovative approaches that they developed to build effective PE programs. The content reflects excerpts from interviews with the PE coordinators at each site.

At the Greater Los Angeles Health Care System, trainees from the high-profile Administrative Training Program are assigned to PE projects. The trainees have applied their project-management and evaluation expertise to ISSUES cycles, which not only has facilitated their completion, but also has increased PE's visibility and value across the facility—and demonstrated the importance of considering ethics issues when making high-level decisions.

The Durham VA Medical Center has a novel process for recruiting and educating a diverse pool of PE team members from across the facility. As a result, they completed three ISSUES cycles in under a year, and completed more cycles in the subsequent year.

Increasing Administrative Trainee Awareness of Ethics Through Preventive Ethics Participation

The Administrative Training Program oversees administrative fellowships, residencies, and internships at VA Greater Los Angeles Health Care System. Its goal is to recruit individuals who have completed Master's degree programs in administration-related disciplines (e.g., health administration, public health, and business administration) who are looking for practical experience in health care management. Trainees complete rotations throughout the health system and work on projects such as program evaluations, strategic planning, performance improvement, and policy development and implementation. They also participate in career development and leadership activities. Throughout their tenure, they receive formal mentoring from the director.

The program is intended to train administrators who will move into administrator officer or high-level analyst positions directly after their training either at VHA or private-sector health care organizations. Through this program, they learn the frustrations of working in a large academic medical center, the intricacies of project management, and, hopefully, the satisfaction of making an impact on an organization. Many students eventually move on to department chief-level positions or similar higher positions, including associate director and director positions.

How did the decision to involve Administrative Trainees with the facility's PE program come about?

During a planning meeting of the IE "quadrad" (consisting of the three IE function coordinators and IE program officer) in early 2008 we discussed not only subject areas for PE, but also how we could find that "spark" to champion our efforts. We always have so many great ideas, but find ourselves limited in resources. While some of our staff are subject-matter experts or know what changes can feasibly be made, we were lacking people with the expertise and time to serve as project managers and analyze data.

PE projects are the type that we assign to our trainees. Their disciplines already stress project management skills, including evaluation, data analysis, and perhaps more importantly, communication and collaboration. Having just spent two years in didactic learning, they are also enthusiastic and ready to make a difference. They want to put their educations to work.

How are trainees oriented to ethics and the PE program?

Before starting a PE ISSUES cycle, IE quadrad members meet with the trainees and share information about the IE program (including the [PE primer](#)) and how the specific cycle was selected. We highlight the relevant ethical issues and how they created or contributed to the identified concerns. We discuss methodology for the project and strategize about what stakeholders to include.

The trainees are expected to take their ISSUES cycle(s) to completion or until they can make a logical handoff. Similar to their non-PE projects, they receive supervision from the fellowship board (which oversees the training program) regarding project methodology and activities. The board meets with the trainees on a weekly basis to ensure that projects are moving forward, and it provides guidance on navigating obstacles.

Some trainees have stated that incorporating ethics into the program has given them added depth. They now consider the ethical impact of their work and decisions that they and others make. One trainee shared that one of the reasons he chose our fellowship was that he would receive good mentorship under the chair because he was involved in the facility's ethics program. Other trainees have noted the added quality benefits in their work because they are taking ethics into consideration.

The trainees' biggest challenges have been in the areas of implementing changes and getting buy-in from stakeholders, who often feel threatened by change because it implies they were somehow failing to perform. They may also feel that the process suggests that they have not behaved ethically. When such issues arise, our strategy has been to focus on the process or system problem that has created the ethics gap (which staff are often aware of), rather than presenting it as an ethics failure. In addition, the individuals who need to be involved are often

busy. We instruct trainees to stress the systems approach in addressing the ethics aspects of their projects and to encourage staff to be part of the solution. We also instruct them to be persistent in their pursuit of stakeholder time and attention.

What strong practices have been learned in involving the trainees in the PE program?

We have definitely learned that operating PE through work groups composed of trainees has been much more effective than attempting to utilize a PE oversight committee. The trainees have been able to function as internal consultants, and work groups are disbanded or adjusted to meet project goals. The students also consider ethics when they are working on non-PE projects. For example, they are now more inclined to ask for an ethics opinion, rather than just considering the financial or operational impact.

We also learned that the type of student greatly impacted the success of the collaboration. We originally partnered with a local university to provide practical experience for students who were working on their Master's degrees in Bioethics. Our plan was to assign smaller PE projects to these students that could be completed in a few months. However, we discovered that these students did not have any project management experience and that they were looking for academic practical experience, which is an area that we could not accommodate.

How has the trainees' work improved ethics quality?

Our trainees have played a significant role in implementing most ISSUES cycles. We started off the 2010 fiscal year with a large ISSUES cycle addressing ineligible patients. Prior to the advent of PE, work teams would likely have focused on the economics of providing care to ineligible patients and developing processes to facilitate early identification of such patients—and not addressed the ethical questions. However, because we had incorporated ethics into our trainees' curriculum, the trainees developed policy to ensure that treatment is halted at an ethically appropriate time and that appropriate referrals could be provided to such patients. They also communicated to stakeholders that we had an ethical responsibility to utilize resources for their intended purpose—the care and treatment of Veterans.

Our trainees have also completed a draft for a pet visitation policy and started working on a process to evaluate and improve communication with families of patients. The latter project was initiated after an analysis of the Bereavement Family Survey results for VA Greater Los Angeles Health Care System identified communication with families as an area that could be improved.

Involving the trainees was really an obvious choice and had two very big benefits. First, connecting our PE projects to the work of the trainees (who are known throughout the health system for their high-profile projects) has given PE more exposure and facilitated more rapid progress than if we just set up the usual work groups. Second, and possibly more importantly, it introduced ethics as a major component of the work that our trainees do. This early ethics exposure will hopefully give them a heightened awareness of the importance of “doing the right thing” that will be ingrained for the rest of their careers.

Further, the program provides a new set of PE contributors each year and the resources to focus on PE work. (For regular staff, PE represents a collateral duty on top of an already busy schedule.) The project-oriented nature of the program enables trainees to focus more intently on PE assignments. Also, trainees bring project management and data analysis skill sets that most regular staff do not possess.

Trainee participation in the PE program has served to improve ethics quality at VA Greater Los Angeles Health Care System by getting PE projects off the ground and implementing changes. By blending PE work into an already existing and successful structure, we are training the next generation of administrators to be ethical administrators. This, in turn, promotes our goal of developing ethical leadership from the ground up.

Recruiting Committed and Engaged Members for the Preventive Ethics Team

In October of 2009 the PE coordinator and the IE program officer at the Durham VA Medical Center set out to improve the PE team. The team had been composed of seven busy employees who had difficulty regularly attending meetings and completing tasks, largely due to their heavy workloads and multiple committee assignments. Moreover,

only two people were performing the bulk of the work on the ISSUES cycles.

Believing there had to be a better way of completing the facility’s PE commitments, the PE coordinator and IE program officer looked to make the committee more exciting, vibrant, and active, and how to better distribute the workload. They had to find “the doers, the shakers and the movers, the ones who could juggle two or three projects, and who loved a new challenge.” They wanted people “who were committed to improving the medical center, but who were not overcommitted.” They were willing to bring on people who hadn’t ever done this kind of work as long as those new participants felt committed to improving processes and promoting the mission of the organization. They also decided to recruit enough people so that work groups could be created to focus on individual topics. That way, several ISSUES cycles could be completed simultaneously before the end of the fiscal year.

The PE coordinator and IE program officer reached out to their medical center contacts to find interested people from a broad range of disciplines, including those in non-managerial positions who were known for their excellent work. They then met with these prospects individually to share information about PE, learn about their strengths, and gauge their level of interest. In order to join the team, each candidate had to commit to participate for one year, with the option to renew or opt out after that time, based on their interest and other commitments.

Twenty-one new members were recruited for the PE team. Approximately two-thirds had not previously been involved with PE activities or the IE program. The new members came from a diverse mix of clinical, business, management, and operations positions within the medical center. They included a physician from the emergency department; a physician assistant from cardiology; nurse practitioners from cardiology and hematology-oncology; social workers from the extended care facility, Iraq/Afghanistan Veterans Clinic, and the renal clinic; a neuropsychology technician; a medical support assistant from cardiology; the chief of quality management; the assistant chief of fiscal service; the risk manager; a presidential management fellow; a budget analyst from research; a clerk from the posttraumatic stress disorder clinic; the customer service coordinator; a human resources assistant; a patient benefits assistant; and a research assistant.

The new members attended a kick-off meeting and were asked to identify which of three ISSUES cycles previously chosen by the IE council especially interested them. Based on their selections, the committee was then divided into three work groups, and each group was assigned an ISSUES cycle. The cycles addressed increasing transparency related to resource allocation decision making, establishing processes for employees to report serious ethics concerns without fear of retribution, and improving the mechanism for giving information about providers in the community to Veterans approved for fee-basis care.

All but two members received the assignment they had selected—and these two were open to the one to which they were assigned. Once work groups were identified, each member was asked to note their work strengths and interests. For example, some people offered to make phone calls, others offered to coordinate meetings or take minutes, create PowerPoint presentations or fishbone diagrams, or present at meetings. Each group identified a leader and established meeting schedules; all groups decided to meet at least once every two weeks, which proved to be a key to maintaining momentum.

The PE coordinator and IE program officer met with each group regularly, and provided oversight, recommendations and support to help accomplish the tasks of the ISSUES cycle. In addition to education about the role of the PE team within the IE program, they provided training and materials about the ISSUES quality improvement process.

In addition to their regular meetings, all three PE work groups came together four times during the year: at a kickoff in January, again in April to present their progress, in June at a regional PE conference, and for final presentations to the IE Council at the end of September. Posters describing each work group's completed ISSUES cycle were displayed in the medical center during National Healthcare Quality Week in October. Some members helped the Compliance Committee, the IE Council, and the Ethics Consultation Service staff a table in the main lobby of the Medical Center during National Compliance and Ethics Week, where photos of team members and information about the ISSUES cycles were displayed. This outreach served to educate more people about the work of PE. Durham's PE coordinator said, "Now people are asking to join. We have a list of interested people for the next fiscal year,

which is enough to form a fourth team." Such enthusiasm spreads to new employees, who regularly express interest after learning about the PE team during new-employee orientations.

This method of selecting and running the PE team has been an overwhelming success. After meeting for the first time, the three groups were each able to complete their ISSUES cycle by the end of the fiscal year—at least one more completed cycle than the previous PE structure would have been able to accomplish. In addition, many learned new skills, such as developing PowerPoint presentations and creating fishbone diagrams in Visio. Durham's PE coordinator noted:

They were so intent about it. One group moved to weekly meetings when their task required more contact. People felt that they owned this process; they went into it with their eyes open. They knew success required shared effort, but that not too much work would be placed on any one member – and they are very invested in making a difference.

They also spread the word about the committee's work and PE in general to their colleagues—and kept a lookout for others who would make good members.

After the experience, most participants indicated they had enjoyed their involvement on the PE team and planned to stay on. In addition to beginning a new cycle, several asked to conduct a follow-up to last year's ISSUES cycle to make sure that their interventions continue to be effective. This illustrates the teams' commitment to improving ethics quality and not just meeting a performance measure. In addition, seven new potential members are waiting to be interviewed. According to the Durham VA PE coordinator:

The more members we can bring on, the more we can spread the word about PE. Including employees, trainees, and volunteers, there are 4,000 people at the facility who we can reach with information about what the PE team can do, and the importance of improving the processes to make it easier for everyone to do the right thing.

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