



Tear Sheet Topic: Ethics Analysis of Issues Raised at Meetings

Leaders of health care organizations strongly influence the ethical environment and culture, which in turn influence employee behavior. Without proactive ethical leadership, ethical culture problems prevail despite the best intentions.

Ethical Leadership is one of the three core functions, along with Preventive Ethics and Ethics Consultation, of IntegratedEthics®. Together, these functions provide health care leaders with the practical tools and training they need to foster an ethical environment and culture that will make it easier for employees to “do the right thing.”

The IntegratedEthics model of Ethical Leadership is organized around four compass points that are strongly associated with ethical culture:

1. Demonstrate that ethics is a priority.
2. Communicate clear expectations for ethical practice.
3. Practice ethical decision making.
4. Support your local ethics program.

Houston VAMC: Ethics Analysis Performed on Issues Raised at Directors’ Meetings

James Scheurich, MD, Deputy Chief of Staff
(Lead Consultant, Ethics Consultation;
Former Chairman, Ethics Committee)

Over 10 years ago, Houston leadership began focusing on broad-ranging ethics concerns. Associate Director Adam Walmus (now facility Director) authorized a seminar on “Administrative Ethics” for the Quadrad and key support staff. He conceived the idea when he realized that non-clinical administrators were often not including ethics considerations in broad health care decisions affecting staff and patients.

The program included didactic information on ethics principles as well as discussions on specific questions such as resource allocation, conflicts of interest, moral fiduciary obligations, and the like. The intent of the series was to provide senior administrative staff with principles that would help them make the “hard decisions” when funds are not sufficient to meet all needs.

“I believe it was this activity that changed the culture to promote an open and consistent discussion of ethics issues at the senior leadership level,” explained Dr. James Scheurich, Deputy Chief of Staff, Lead Consultant for Ethics Consultation, and former Chair of the Ethics Committee.

After the seminar, leaders began recognizing that they needed to identify decisions that raised ethical concerns (Compass Point 3). “As Chairperson of the Ethics Committee as well as Associate Chief of Staff for Quality Management, I was always able to raise and comment on issues at the Director’s Morning Meeting. However, over time, I noticed that the other attendees began raising appropriate questions,” he said. “Now I seldom have to raise an issue because the other members do it for me, and I believe this practice will be sustained even if I or other champions are no longer present. Because CBOC clinic directors as well as senior clinical leaders are included in the meeting, communication about these issues has further improved, and investigation and follow-up can be efficiently initiated and tracked. Larger projects that cannot be resolved at the meeting are delegated to existing committees or ad hoc groups.”

Specific examples of how raising ethics concerns in this forum resulted in quality improvements for Veterans and staff alike include:

- **Protecting patient/staff confidentiality:** A conscious decision was made to identify patients only by their surname initial and last four digits of the SSN, and staff by their department, in the Director’s Morning Report. This practice has now been fully integrated into daily operations.

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- **Transforming police practices:** *An analysis of VA Police reports indicated Veterans were sometimes treated as lawbreakers, rather than patients. For example, police might escort a Veteran who appeared to be mildly intoxicated and had no scheduled appointment off facility grounds. However, lacking a medical examination, police could be mistaking “intoxication” for a stroke, hypoglycemia, or systemic infection. Now, police strongly encourage an apprehended Veteran to first undergo a medical evaluation. Administrative actions are considered only after the Veteran has been medically cleared.*

Police reports concerning patients who steal food from the canteen now prompt questions regarding their social status (e.g., homelessness). If issues

are identified, a social work referral will be generated to examine the underlying reason for the theft.

Clinical staff members used to call police when patients refused to adhere to clinical treatment. They have since received training to use Code Green (behavioral disturbance) when faced with such an event. Police only become directly involved if patients pose a threat to themselves or others.

- **Reducing use of restraints:** The Chief Nurse Executive spearheaded efforts to reduce the number of behavioral and non-behavioral restraints that were being used in the facility. Now, on some days, no patients (including those who are post-op or on mechanical ventilators) are restrained.



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