Sound Ethics in Health Care In Depth: Speak Up! Listen Up!

May 14, 2018

Dr. John Billig: Hello, and thank you for joining today's IntegratedEthics Improvement Forum Call. I'm John Billig, Chief of IntegratedEthics. As you probably know, today marks the beginning of National Compliance and Ethics Week in VA. This year's theme is Speak up! Listen up! And today's call will celebrate that theme. It promises to be an interesting and enlightening discussion.

And now to kick things off, it's my great pleasure today to introduce our first speaker, Dr. Gerard Cox. Dr. Cox is Acting Deputy Under Secretary for Health for Organizational Excellence while continuing to serve as Assistant Deputy Under Secretary for Health for Integrity. Prior to his current role, he served as Assistant Deputy Under Secretary for Health for Policy and Services, Interim Medical Inspector, and Assistant Deputy Under Secretary for Health for Integrity. Before joining VA in 2014, Dr. Cox spent more than 30 years in military medicine. As a U.S. Navy medical officer, he served in a series of hospital leadership roles with increasingly complex management responsibilities, including service chief, service line leader, chief operating officer, and chief executive officer. He also held executive positions with the Navy Surgeon General, the commandant of the Marine Corps, the commander of U.S. Navy forces in the Middle East, and the Naval Inspector General. In addition, Dr. Cox served as a White House physician for Presidents William J. Clinton and George W. Bush. Dr. Cox, thank you for joining us today.

Dr. Gerard Cox: Well, thank you, John, and it's a great pleasure to be part of today's call and to welcome everybody to the Improvement Forum Call, which is the first of our series of events to kick off National Compliance and Ethics Week 2018 here at the VA.

I'm really pleased with all the work that you and the National Center for Ethics and Health Care, along with our Office of Compliance Business Integrity, have put into preparing for this week and facilitating events here at Central Office. But I know it's only part of a much broader array of activities going on across the entire VHA system and at all of our facilities in the field. So thank you and welcome to everybody.

Each year we celebrate Compliance and Ethics Week to highlight the importance of these concepts of organizational integrity, of business compliance, and ethics quality so that we can provide the best service and care to our nation's Veterans.

And one of my roles, as John said, is the Assistant Deputy Under Secretary for Integrity. I'm especially pleased to have had this long-standing partnership between the two offices within the Office of Integrity, the cosponsor of this annual event, again, the National Center for Ethics and Health Care and CBI or the Office of Compliance and Business Integrity. Each year these two sets of teams help facilities around the country observe this weeklong event and also bring it closer to VA staff in the field through a variety of tools and activities, including the one we're embarking on now.

This year's theme is Speak Up! Listen Up! And that theme to me resonates on many different levels within VA and with other department-wide initiatives which I'll speak to in just a moment. But first I want to focus on the core concept that's fundamental to this week, and that is building a culture of integrity within VA.

So what does that mean about to build a culture of integrity? Well, first of all, you're all familiar with our core values, right? Our I CARE values. And so it's not lost on me that the very first of those, the "I," stands for "integrity," in addition to commitment, advocacy, respect and excellence. So being that they're our core values, they define our culture and how we care for Veterans and also for eligible beneficiaries.

These core values should be more than just words to us. They should strengthen our dedication and affect outcomes in our daily interactions with those we serve, as well as with each other. So in addition to having integrity as one of our core values, VA has demonstrated its commitment to integrity in other significant ways. First by establishing this Office of Integrity that I've led for the last two plus years and strategically aligning it within the Office of Organizational Excellence, or 10E, here at the VHA Central Office.

And then in addition to having an office called Integrity, we are embarking on a first of its kind effort, a document called the VHA Code of Integrity. This Code of Integrity outlines how we as VA employees, and as an integral part of our mission to serve Veterans, should conduct ourselves; how we should treat others; and how we can perform our work with integrity at VHA. It also shows everybody's responsibility for maintaining integrity in the workplace, integrity in the care of Veterans, in the conduct of research, and in financial matters in protection of government assets.

So this brings to mind a couple of questions. How can we as leaders cultivate a culture of integrity within our organization, and how could our teams? How can our VA staff members promote a culture of integrity? I think the answers to these questions are suggested by our Compliance and Ethics Week theme for this year which is, again, Speak Up! Listen Up!

In a culture that has integrity, leaders don't rush to judge or punish employees who are involved in or who bring attention to errors or flaws in the system, whether it's on the compliance end of things or in dealing with issues of health care ethics. Instead, leaders first seek to examine the system as a whole in order to find the hidden problems and vulnerabilities. We know, after many decades of experience now, that the vast majority of errors in health care and problems in our system are not because we have employees who are willfully attempting to do something wrong or to harm Veterans. On the contrary, the vast majority of errors occur because of flaws in the systems and processes that we have built and in the way that sometimes those flaws align to lead to an unintended outcome.

So as leaders, in order to locate and examine those problems and those vulnerabilities, we need information. And that information has to come from our employees: employees at facilities and in our program offices, people that are on the ground, up on the front line doing their job and serving Veterans directly.

So when an employee sees or hears something that doesn't seem right or that doesn't work or that just feels wrong to them, that employee has to have confidence and trust that if they speak to their boss or to their boss's boss or to their director, that that individual will listen and respond appropriately and fairly and that any information conveyed will ultimately be used to improve the care of Veterans.

It's a system like this that's based on mutual trust and respect. Leaders trust their employees to function as their ethical eyes and ears on behalf of Veterans and fellow employees, and in turn employees trust their leaders not to misuse or misconstrue what they're told by the staff. So ideally that's how the concept of Speak Up! Listen Up! contributes to building a culture of integrity.

And today we have the privilege of hearing just how that system works directly from two individuals who have carried it out successfully. I'd also like to note that the Speak Up! Listen Up! theme is closely tied to another VHA-wide initiative that I'm a part of and that you'll be hearing more about, and that is a concept of having multiple levels of oversight or multiple layers of defense to ensure that our programs and systems are operating effectively. The model that we have modified and adopted from the private sector is sometimes referred to as the Three Lines of Defense model.

So it's an industry standard that we've adopted into the Veterans Health Administration to more clearly identify organizational roles and responsibilities, to strengthen our oversight to something that the Government Accountability Office, the GAO, has criticized VA very roundly for, and to promote higher levels of accountability. Not specifically by individuals but accountability on the part of our organization.

So again, I want to thank CBI and the National Center for Ethics for joining together to develop a robust set of resources and activities for this week to mark Compliance and Ethics Week this year. And my thanks also to all of you in the field, everybody on the call, all of you who serve our Veterans with integrity each and every day.

So with that, John, thanks again for the kind welcome and for allowing me to participate and I'm going to turn the program over now to Dr. Toby Schonfeld.

Dr. Toby Schonfeld: Thanks, Dr. Cox, I appreciate your sharing your thoughts with us this morning.

As John mentioned at the start of this call, the focus of Compliance and Ethics Week this year is Speak Up! Listen Up! and today we're fortunate to have two guests who successfully put that slogan into action. Now it's my great pleasure to introduce Dr. Ginny Creasman, who's currently the director of VA Ann Arbor Health Care System in Michigan and Michelle Sorie, Chief of Care, Integration, and Community Care at Aleda E. Lutz VA Medical Center in Saginaw, Michigan.

Dr. Creasman was previously the director of the Saginaw VA. When she was there, Michelle spoke up about a concern reported to her by another VA employee. Ginny listened up, and an issue that could potentially have become a bigger problem instead became an opportunity for improvement. I'll let Ginny and Michelle take up the narrative from there. And stay tuned. After their conversation I'll be joining them for a follow-up discussion. Now, take it away, Ginny and Michelle.

Dr. Ginny Creasman: Thank you, Toby. My name is Ginny Creasman. As indicated, I was the director at Aleda E. Lutz VA Medical Center. And I want to talk about a time when it was brought to my attention the secret list. And I'm going to kind of say that context out there, the secret list, because if anybody who's worked in the VA for the last four or five years, when the dialogue of our conversation comes to a medical center director's position that says we have a secret list or we might have a secret list, as you can imagine that it first of all brings forward a challenge, and if you put it into the context, what might I be feeling when I heard that.

So it was brought to my attention that we have a concern with regards to a secret list one morning after returning from travel. I have to tell you in the initial conversation and the dialogue, just so you understand, actually the year prior to this conversation we had that week, we had gone through a whole year of Just Culture training, which is a dialogue of sharing information and being responsive and how you might approach in resolving the situation without, say, tamping it down or maybe preventing people from feeling like their voice can be heard.

But I will tell you is when you're a director and you hear the words "secret list," you usually have two or three gut reactions. First of all you're fearful. What has happened? What's going on? How come I didn't know about it? You may be looking internally on how you could have approached things.

The second thing is you want to know more information and how this came to be and what's moving forward and how can I create change. And then the third thing is you worry about those things that you might not have control about, which is what I call spin. These are things that are out there that had this come forward, what's this going to look like when we move through the process, how are we going to address this situation and how are we going to manage it appropriately without getting, say, a negative spin to it.

So I'm just kind of opening up the context of where I was and the mind-set, what the issue was, which was a secret list, and I'm going to turn it over to Michelle to kind of give us some insight as to how it came to be.

Ms. Michelle Sorie: Certainly. As Dr. Creasman said, this happened during one of the rounds to one of our clinics. I was up doing training on different staff, actually. I didn't know who this person was. She knew who I was just by name. And as I was doing training on one consult model, this person turned around and asked what this training was going to do for the secret wait list.

So what I did with this individual is I asked her to pull up what she was talking about. I explained that we do have approved wait lists within the VA and how that process is utilized. She thought that that process wasn't followed and did indeed bring up a list of patients for care in the home.

And we went through some scenarios and I asked for a copy of the list, and I contacted one of my colleagues on the way home and asked them to do a drill-down just to verify the information was indeed accurate and that they weren't being put on the approved list, the EWL list. And after that was completed, we verified that, in fact, we had some concerns that we needed to address.

And Dr. Creasman happened to be in travel in D.C. at the time, and so I talked to my supervisor who is the Chief of Staff. Went through the situation and she contacted Dr. Creasman when she was on travel in Washington to fill her in. This happened on a Friday.

That following Monday morning we sat down and went through the facts we knew and started developing a process for improvement and what we were going to do to rectify the situation. And Dr. Creasman, do you want to talk a little bit about how we were proactive on doing an issue brief and such?

Dr. Creasman: Yes. So just right off the bat, so I want to just point out that in this process evidently somebody knew there was something not quite awry. They might have felt comfortable to speak up to Michelle, but often our executive leadership team is out there rounding and they just didn't feel comfortable at that point. And Michelle, I could be incorrect, but it wasn't necessarily a comfortable situation for you, too?

Ms. Sorie: Oh, absolutely not. It was not comfortable.

Dr. Creasman: And essentially I tell folks … So I knew this was coming in, and we sat down on Monday morning to have a dialogue about this and what happened. And just so folks know, if you know me, I'm actually a pharmacist by training. And my dialogue is, is there's a reason I don't wear open-toed shoes and that's because then you can't see me curling my toes when something happens.

So this is brought to my attention. And really the dialogue was, Yes, we had a secret list. I don't know if it was secret, but it was a list of patients waiting for care that wasn't in the usual or proper process. Second, we might have had patients out there that had been harmed or could have not gone through the proper process. So you know, there's a couple of ways for an executive leader to approach this.

As I told you, I had fear – and you'll be wondering about the spin. But really I think my first dialogue and my first conversation with Michelle was, What are the facts and what do we know and what we don't know.

Second, were the Veterans impacted? And this is very key to me. When we went forward the key thing, the initial thing I wanted to know is did we have Veterans impacted and if we did, how were we going to create some resolution immediately? The second thing was actually I wanted them to look at our transparency. So as you can imagine, when you're going to pull forward and you're going to talk about a secret list in our current culture and our climate, that can be a bit of a struggle. It could be a career-ending move.

But however, my perspective was the biggest conversation is when did you know and who did you tell? So my perspective was, is I immediately reached out to my boss and I let him know about the situation. I reached out to the Quality Manager and got some insight from her at the VISN level. I reached out and did an issue brief that went to the VISN level and then subsequently to Central Office.

And then I also reached out to the OIG. My point being, it's better to ask them how to approach than to have them come and ask me, and really kind of opened this up with transparency. The third thing was to look at the resolution. How were we going to move this forward and create change.

As I told you, my number one concern with looking at the list was had any Veterans been harmed and if not, are any Veterans in immediate need of care. And then what was the process and what does it look like going forward.

In addition to doing the issue brief where we shared about what had happened and how we'd come to know about it, we also went back and we said, Okay. You know, how do people get on this list? You know, what's the history of this? We asked questions essentially using the Lean management or A-3 style of trying to find out where were all the possible opportunities where there were gaps in the process and how could we fix it. So in addition to being transparent, resolving the issues right now and getting them corrected, we started looking at what, you know, does this look going forward. How can we create change.

I bring this forward because when we got down into the processes, this is a situation of communication that had gone wrong, that had gone awry from history. But more importantly, this was a group of folks trying to do the right thing, trying to maintain and manage their patients. But they had this initial kind of awry-ness, but the second thing is they were working with the scheduling system that didn't meet their needs and expectations. So they were having to create work-arounds. And quite frankly, from a leadership perspective, we own that. When we have a system that is too hard to utilize, that results in people doing work-arounds, then that's a struggle. And it keeps them from necessarily – good intentions or bad intentions, from moving forward in a positive light.

So as I said, we worked on the Veterans, how were the Veterans impacted, now and in the future – and that was a lot of work and I'll turn that over to Michelle to kind of give you some insight. We were transparent and I have to tell you, being transparent sometimes can be difficult when you're moving forward because it takes a lot of work. You have to have a lot of different conversations. But I would offer that at least you're having the conversations; the conversations aren't happening to you.

And the third was, What does the resolution look like, not just for today, but how are we going to keep this from moving forward. And that was my approach in managing this situation. And it didn't mean that there wasn't emotion at the stakes. Didn't mean there wasn't dialogue or conversations about the secret list and its impact. But you have to be upfront and honest, and people have to feel comfortable coming to see you and talk to you. So I'm going to turn it over to Michelle to kind of share her insights when she came forward and we moved on.

Ms. Sorie: So the first thing we did is we had a hundred percent drill-down of all the patients that were identified on this list, in addition to any other patients that potentially could go on this list. And there was two different processes that we took. We did an administrative review to see if some of the patients had already been scheduled and were currently receiving care. We then looked at patients who haven't been scheduled yet and still needed care. And those patients were all offered

community care. Some of them took them, some of them chose to wait for care to be received in their home through the VA.

The third thing that we did is we took a list of all the patients who were deceased, and the Chief of Staff reviewed those a hundred percent to determine if any of the delays in care led to patient harm. None of that did. All patients did receive the care that they needed in the time that they desired. Then we looked at processes like Dr. Creasman said of how we can prevent the staff going to this work-around of creating lists because of our consult process being so archaic with the computer system that we have.

So with the one consult model we did some retraining to make sure staff understood the need. We reached out to other sites and found that we weren't the only ones who were struggling with this. Every site was doing something a little bit different, and there are no consistent processes for this cohort of patients in the one consult model too.

There is like a gray area of patients that weren't upgraded in 90 days so they didn't go on the EWL and patients that couldn't get care within 30 days. So with a regular consult what would happen is if the care couldn't be completed within 30 days or scheduled within 30 days and the patient chose to go into the community for care, that was just forwarded and we were okay.

But in this case, if we couldn't complete care within 30 days, the patient wanted to use VA when it was available, but in the interim wanted to use the community. There was no good way to forward that current consult to community care and keep a placeholder for that patient. So we had to rework the whole consult process again and reorder care.

We worked through those processes, put some best practices from other sites in place and developed a process that we could use here in the interim and work with our current scheduling system and our business office staff to assist. One of the things we had found that triggered some of the list creation was the mandated scheduling training for all staff who had scheduling keys. And that wasn't completed by this group of staff.

So there was nobody who had the keys anymore to add these patients to the EWL if care was scheduling out greater than 90 days. So now the business office staff are adding them to EWL if the patients choose to wait for VA care rather than going to the community.

And I also – this person who brought this forward was not one of my employees, and I did thank her for bringing it forward and trusting me not knowing me at all other than just my name, to bring this issue forward so that we could correct it. And I also had a conversation with my staff, just an overview of the situation and how important it is to really speak up and show them that leadership does listen and we do take non-punitive corrective actions to help the patient, and we keep the Veteran in the center of everything that we're doing to try to correct the processes that fail us.

Dr. Creasman: So Michelle, but when you brought it to my attention were you very comfortable?

Ms. Sorie: I was comfortable bringing it to you. I wasn't comfortable with the situation in whole. My biggest discomfort was any effects, ill effects to our patient population.

Now, leadership here, we're very blessed to have a very, very good leadership team who I feel very comfortable talking with, even with situations that maybe aren't in the best of situations. So in this case obviously it was one of the worst-case situations to bring forward. It was unfortunate that I had to say it, but I felt comfortable bringing it forward. There was no fear of retaliation or any fear of blame or judgment bringing it forward, which did help the situation in this case for myself being the one that the issue was brought forward to, for me to bring it forward to leadership. I was not uncomfortable. It was just a situation that I had concerns about for potential patient harm. But our leadership is very, very supportive in that the Just Culture and the My Voice Matters training that we've had and the Do No Harm focus on patients, for me there was no fear on myself. The employee was fearful.

Dr. Creasman: And I would say that it wasn't that I was not happy, either. You know, we were going to work through it, but it didn't make me happy about the situation. But as we further got along in the process, I mean, so this was going to be, you know – when this came to my attention it's like, you know, Darn, how did we get to this point?

But as I learned more and more about what our folks were having to go through in this process, I got a better appreciation of the work that they were going through. As a leader, at no time was I upset with the individuals. I was more upset at the individuals being put into this position. So I would like to just follow up with just what Michelle did.

She actually did reach out, and for the longest time I did not have knowledge of who this individual was. But we'd done the follow-up. I'd made the call to the OIG, and I think as a result of reaching out to them and not waiting for them to reach out to me, I was able to manage that and keep them in the loop.

I was able to work with our folks at the VISN level and provide them with the information they need, including the action plans. I was able to communicate our actions and how we were moving forward and working on improving the process. And as you saw or as Michelle indicated, there were other key places and we weren't the only folks that were struggling with this issue.

And I think that's important because when you're trying to create some change, you need some critical mass of folks that are struggling so that they can come together and push this what folks might consider a small issue to a bigger level and hopefully create change.

But the other thing is you have to say thank you. You know, as we were going through that, we were meeting on a fairly regular basis after morning report, watching through the process. And you have to say thank you because I asked for folks to put in a lot of overtime to really make sure the initial resolution had no negative impacts on our Veterans.

I asked for folks to review our clinical evaluation to make sure there were no concerns there. You know, meanwhile we're addressing how we move forward and how we create change. But you have to say thank you to those folks that are creating change and what they're learning and also give them some

leeway to look about how they can work it into move it a better process. But then, you know, it came a point where I wanted to say thank you to the employee. So Michelle, could you tell them what you did at that point?

Ms. Sorie: Yeah. So Dr. Creasman was taking a trip to one of our clinics and I let her know who the employee was and where her desk was located. And she went in with one of her director's coins and secretly thanked her and give her a coin and let her know that her voice did matter and was speaking up and that we did take corrective action on it and thanked her for that.

Dr. Creasman: Yeah. And I think I had Michelle reach out first to her –

Ms. Sorie: I did, yes.

Dr. Creasman: So that she would be comfortable and that it was all right for me to do this. But I did. I gave her one of the coins. And if anybody knows anything about a director's coin, you give those to the folks that really step up to the plate and make a difference.

And my perspective was the work that was done by this initial employee just by saying, you know, Can I tell you about this secret waiting list, and then where we came along the way was stepping up to the plate and made a big difference. And, you know, Michelle bringing it forward made a big difference.

So me making that trip out to that CBOC, you know, I would have loved to have met the person but unfortunately they were out doing their job. But I did leave them my coin. And I wanted to say thank you and appreciate the work. You know, just being able to speak up.

I would also say that, you know, one of the things when I'm looking through these processes, initially my reaction isn't going to be too negative because I usually don't know what I don't know. But the second thing I usually do is that if it looks like I'm going to be down to some type of potentially where's the accountability versus the integrity and bringing things forward, I have a document that's called The Just Cultural Algorithm. And it really kind of helps me in making a decision so that, you know, when there's an opportunity for improvement and creating change, that I'm using that. And when there might be an accountability piece I'm using that.

Just so you know, too, from my perspective, this was a test of my integrity and my ability to meet the needs of my employees and my Veterans, but also in light of, you know, how my boss is going to see me and how I did my work. And so my perspective has always been as a medical center director, I can't always control what might happen to me as I move forward. But I will be transparent.

I will demonstrate the integrity and the I CARE values, and you know, I often find that sometimes you need to speak up because there are others in the room that aren't comfortable and you need to create that dialogue. So Michelle, unless you have something else, we'll turn it back over to Toby. But this is our Speak Up! and Listen Up! and how it can make a difference.

Ms. Sorie: No. I think we're good.

Dr. Schonfeld: Thank you, both. That was an extremely powerful conversation for me, and I'm sure for many others on the call. In some ways what it describes is almost an ideal situation of how it's supposed to work. But because of that, some of the questions I want to ask you guys to reflect on are what happens when the situation isn't quite as ideal.

So first, Michelle, let me ask you how did you decide that this was an issue that was important enough to bring to your boss, to bring to the chief of staff? Because you know, we all as leaders get – encounter every day multiple issues. So what was it for you that took this over the level that said that this is something I really need to pay attention to?

Ms. Sorie: This is something I preach to my staff all the time, and it's to keep the Veteran at the center of all we do, which is what all of us are here to do. And the first thing that came to mind is when I looked at the spreadsheet and actually seen some of the data on it, was my concern for patient harm, especially some of them that needed care a little more urgently than others, or at least appeared to be based on what was listed on that spreadsheet.

So when you keep the Veteran in the center of everything you do, you make decisions accordingly. And for me to decide that this was urgent enough to speak up was my number one concern, is the Veteran. And number two, thinking back of what really brought VA into the most recent last four years' limelights of poor consult management and patient deaths, that obviously came to the forefront of my mind was, Oh, no. What are we doing? To know that we had to speak up, because we all know that we can't keep lists of patients for consults that can't be completed accordingly, unless it's on the approved electronic wait list format that we're all familiar with.

So those two things – I didn't hesitate, to be honest with you. It was just a quick instinct. And luckily I had a three-and-a-half-hour drive home to make some phone calls. I had asked for information to be available to me by the time I got home that evening so that I could look at it and really make that determination, and my boss was the first one I called after I got that and had the conversation with her.

Dr. Schonfeld: That makes sense, and is one benefit of a long commute, for sure. So Ginny, let me ask you. I was struck by when you said you heard the words "secret list" and, you know, three things flashed across your mind. One was that your emotion of being fearful and another was worrying about spin and yet you described a situation where you immediately not only reached out to other sites to say, Hey, are you all having this problem, which made you vulnerable, right? Because suppose they came back and said, Oh, no. We're not. You guys must be doing something weird there. And you raise the issue with your boss and which got sent up to VACO. And so there was lots of visibility about this. What was it that enabled you to overcome your own fear to take those actions, to really be as transparent as you described that you were?

Dr. Creasman: So I think maybe there's two or three things that allowed me to be transparent. So first of all this was coming from our employees that were bringing forward a very Veteran-centered approach of taking care of patients and letting us know. And so right off the bat you know this could have been handled many ways.

It could have gone to the media and they could have taken charge of the message or I could take charge of the message. So my perspective initially was I needed to take charge of the message and take charge of the actions that we move forward. And that meant getting information and sharing information.

So right off the bat that was my initial feeling. The second thing is, you know, I've worked with many issues with my boss and in different roles. And it's been my perspective that if I keep him in the loop, I let him know what's going on and give him the opportunity to share with me some things I might know, might not understand or might not know from, you know, the optics on a situation or something, that it helps to make a stronger plan moving forward.

The third thing is, is you know, even calling the OIG, which probably was, to me, maybe the – you know, was a recommendation I'd got from our Quality Officer and from our VISN director was probably the hardest part because I knew that even the outcomes I could still be held responsible. But in the long run sharing the information, demonstrating that we had it under control and that we were moving forward and creating some action was going to have a more benefit outcome for myself and my employees and my Veterans in the long run.

My point being is if this situation had gone through the, say, the media route with the negative, I would have spent a lot of time and a lot of effort addressing consequences of that approach. But since this came from my employees to me and I was able to gather information and gather folks around to create change, I was able to manage a positive turn as opposed to managing, say, a negative media event or several events following there.

And remember, it's all about the trust in our Veterans. So I always tell my folks at new employee orientation that, you know, my number one key that I bring to the conversation is my integrity. This is Michigan. You need to trust that you can come here when the weather's bad that I'm going to take care. You need to trust that when you bring me something, I'm going to help us move through the right direction. And I think that it is a sense of vulnerability.

But I think if you can gather some folks together at the site and at the VISN level to help you create the positive change, it's going to have a better outcome by far than if you're working with maybe a hostile work environment. And sometimes that's usually caused due to lack of knowledge, lack of communication or lack of trust.

Dr. Schonfeld: That makes good sense to me. And also thinking about sort of, you know, the connection between transparency and resolution. You both described that, you know, this happened on a Friday, because of course it always happens on a Friday afternoon. But that you all got together back on Monday, and you sat down and you asked a series of questions and tried to figure out what the information was and what a plan needed to be to move forward both for this individual situation but also more broadly. How did you decide who should be part of that solution? How did you decide who came to the table that day and who would be involved more broadly?

Dr. Creasman: So I'll take the first part, Michelle. So mine would be at a higher level, right? So when she brought this conversation together, remember Michelle had indicated she did some initial

work so she was fairly confident. She had built a relationship with the executive leadership team so she was bringing this to the table. It was time to pay attention and listen. And then so essentially, when she brought it to my level, I managed maybe the top things. You know, my expectations for how we were going to approach this from the Veteran. It's all about the Veteran first and that's important.

Because if it's all about you, people lose confidence in you. So first it's all about the Veteran and let's see where we're at. Then I think it's all about the transparency and then it's all about the resolution. So what's it look like going forward? And why the transparency is that kind of key piece, that's the communication.

That's drawing information together that allows you to create the resolution. So when we initially sat down it was more about, All right. I hear what you're saying. Michelle, this is what we need to do to work on. You know, this is my priority when it comes to the Veteran, and her and the chief of staff and a couple of key people working to create that change.

Mine was how to manage the outside world, how to manage the conversation with, you know, my boss, the Quality Manager, at the national level, the OIG, and how to get feedback back and forth. And then third was to really kind of – and I'll leave it to Michelle, but the actual meat of the resolution once I'd been able to manage and get insight from the other communication was the work that Michelle and her team, a few folks she brought together – to look at the aspects. So Michelle?

Ms. Sorie: So what we did is myself, the chief of staff, the assistants, the director and the ADPCS sat down to identify key players. We brought in the group practice management team to look at consults from an administrative standpoint. We brought in some nurses from Quality Management to do a clinical review of all patients.

And we had meetings frequently, initially a couple times a week with the service chief over the area and the nurse manager and assistant nurse manager in that area and the staff that manage consults with them, to brainstorm some ideas, gather some information from the other sites and bring it back to the table.

And like Dr. Creasman said, we discussed this many times after morning report until we got to a point in time where we felt we had a good process in place, and we were ensuring that patients were not getting delayed in care and we didn't have to keep a secret list in the employees' mind in order to manage this consult workload. So having those key players, having the staff that are integral in the involvement of the day-to-day consult management and care of these patients was key.

And me being outside of that service, I could help from, you know, a global picture. But having the day-to-day work flow adjustments that were necessary, it really came from the staff that were involved with that day-to-day patient care and consult management.

Dr. Creasman: I will say that there had to be a sense of urgency and people had to understand that perspective, too. And I would tell you in Saginaw, the folks there are very committed to our Veterans.

So that initial sense of urgency and the need to resolve this effectively and quickly, you know, came forward from Michelle with working with the different leads in those areas. I would say, too, my teachable point of view has always been that – actually, I learned it from a network director that said the farther away you are from the question, for lack of a better way of saying it, the stupider the response.

So my teachable point of view really is to use some of our tools to tell us, you know, what our current state is, what our future state is, what are the gaps and how we're going to resolve it, but also bringing together those folks from the front line because they're closest to the issue and they have some insight on what's going to work and what's not to work. And you know, all through my time there that has always been my teachable point of view and how we're going to approach things so it seemed to follow fairly natural.

Dr. Schonfeld: That makes good sense. I'm actually going to take that with me in particular. Thank you for that because I think that that is a useful heuristic to keep in mind. I'm wondering. You spoke about how important it was to get back to the employee and let this person know that their concerns were valued, that their willingness to speak up was extremely important and that it did result in process change. At what point along the process did you do that? Right? Because I could see a number of different entryways where that might have happened. And so where did you do that and how did you decide how and when to do that?

Ms. Sorie: So I can speak initially that I gave feedback back to the employee immediately before I left her side that I would bring this back and we'd have some resolution and some solutions to her concerns.

And the employee that I was actually there doing training with, another employee assured her that I would do that, that when I say something I follow through with it. And that's important. And I called her a couple of times after the initial event, and she also knew because being in that service line seen some changes comes from her leadership that it was taking place.

And I touched base with her a couple times just to assure her that it was being addressed and let her know that there wasn't any negative impact to her. She was worried she was going to get in trouble. And then as Dr. Creasman said, she delivered a coin up to her workstation, as well.

Dr. Creasman: In this situation, because the employee did have some fear and Michelle was keeping her essentially updated as to where we're going – I and of course that employee was part of the work group so she would have been part of the process for resolution.

So I came in after the fact and really just, you know – being after the fact, when we had kind of gone through the process, the urgency and addressed the initial issues, you know, we've done the gap and we've started to put things in play, and about towards that end there is when I kind of asked Michelle if the employee, you know – if it was all right to have that name and, you know, reached out because I really wanted that employee to know that this type of behavior is valued and it helped us make a difference going forward.

And like I said, I probably have only given out, I'd say, 10 coins in my whole time there and so getting my coin was a very – it really makes a statement. And everybody in the facility knows that. So once we'd gone to that point where we'd had some resolution and I was able to reach out to her and we were moving forward and it was really, you know – the OIG had closed the case, the VISN folks had stepped out, we pretty much managed our last approach, then I was able to bring that full circle.

So, you know, because the dialogue was probably out there, but this coin was just a kind of visual to say, This is how we approach things and this is how we look to resolve them and this is the statement it means. This is a powerful impact on our Veterans.

Dr. Schonfeld: And it's useful to have something like that that people know is special, that isn't just something that is given out sort of every day for general good work. Both of you, both Michelle and Ginny talked about general discomfort, right? That Michelle, you said you did not feel discomfort bringing concerns to Ginny, but you were uncomfortable with the situation, right?

Ms. Sorie: Correct.

Dr. Schonfeld: And Ginny, you were also obviously uncomfortable that this was happening and, you know, you didn't know what you didn't know, all that sort of thing.

I'd like to hear from both of you but maybe start with Michelle, what advice do you have for employees like the one who brought up something to you who didn't know you, who you could tell was also uncomfortable with the information and the situation, but had gotten to the point where she felt like she had to tell someone?

And I'm reading into this situation, but I'm guessing there was a reason why she told you and she didn't tell, for example, her direct supervisor or maybe she had and nothing had changed. So what do you do with people who feel this discomfort, who don't know exactly what to do with it and who haven't had this sort of validating experience like the two of you have had?

Ms. Sorie: It's important for the organization to express to their staff the Just Culture and the My Voice Matters. And if they don't feel comfortable rising their concerns through their chain of command, that it is okay to speak up to somebody who they do trust and feel will be able to look into the situation and rectify it. And like I said, I did not know this person. I'd never met her before. She just knew of me and what I do and trusted that I would be able to help her.

Dr. Schonfeld: Sure. Ginny, do you have any thoughts on that?

Dr. Creasman: First of all, directors are human, too, and sometimes that doesn't always come out. And you know, we have our own fears and our own concerns and we, too, want to be successful. But how we react to people is very key, even if our distress is there. Folks are looking to us for leadership so, you know, I would say that, you know, as you're moving forward in this type of thing, you will have some discomfort. And there will, you know, be some concerns. But you know, continue, you know, steady calm lead, but also, you know, in yourself, know when to bring in folks who can help you manage how you're approaching things. And you know, especially in stressful situations.

You know, it had been my experience that when you didn't come in and you weren't part of this process, this would become a negative story that would work into a situation where it would be very hard to resolve it. So you've got to lead. You've got to manage your own discomfort, and when you need to pull in your own mentors and coaches to help you in working through that process. You never know when you might be on the other side and having to share that information.

I think kind of second to in managing our approaches, I know that just based on my position that not a lot of folks might feel comfortable to come to me. In Saginaw there are many that felt comfortable but that I needed to broaden my circle. So my chief of staff had to be approachable and evidently she was for Michelle. And my leadership that came to my morning meeting needed to be approachable because through one of these avenues, they might bring me something that somebody's not comfortable with.

And I can't know everything. So you know, it's like rings around – you know, when you throw a pebble out into the water and it makes rings. You have to have kind of a level of influence and trust built and integrity so that people, if they're not comfortable moving through you, that they're comfortable moving through others or they know that there can be a dialogue and it can get shared with you, and conversation and dialogue can go back and forth.

And I really do try to work through that. I recognize I cannot be everything. I recognize that even if I was approachable and my executive leadership team and/or my, you know, executive assistants were not approachable, then that could have a negative impact on how we're going to move forward.

So I really think it's key that as you're trying to manage this dialogue and your discomfort, that you need to utilize your resources and the different perspectives in order to get some insight on how you're going to move forward. But a lot of it's, too, just managing the behavior. You know, demonstrating the behavior you want to see and having that expectation with those folks around you. Does that help?

Dr. Schonfeld: Yes. It helps a lot. Michelle, I wonder, since you are still at the Saginaw facility, right, and Ginny no longer is, have you seen differences in the culture because of this? Because someone brought an issue to the fore, and it really changed process on a global scale? Have you seen people more willing to bring things up, more engaged in the process, taking more ownership in resolutions?

Ms. Sorie: I couldn't say that I've seen more only because I haven't been involved in another situation similar to this and I'm not aware that there is one. But we do have frequent meetings on consult management in a couple different venues that we do talk about our struggles and opportunities for improvement. So I would have to say that in general the culture is very trusting to bring up those issues and have discussions on them.

Dr. Schonfeld: And that's useful, even given leadership changes, correct?

Ms. Sorie: Correct. We have leadership change, executive leadership change every couple of years.

Dr. Schonfeld: Sure. Ginny, anything specifically you've done in your new facility to ensure the kind of open culture that it sounds like you tried to ensure in Saginaw?

Dr. Creasman: It's all about how you lay your first impression and how you move your dialogue forward. So one of the best approaches I've found that is helpful and I utilize in my new facility which is twice the size of Saginaw – not in square footage, which has its own challenge, but in, you know, patient population and employees – is to, you know, really you gotta listen.

Listening, getting to know your employees, being approachable and setting an expectation with your executive leadership team and your executive assistants and service chiefs. And I always come in, I look at the situation for the first 90 days and I tell people what my goals are going to be for the first 90 days. And one of them is clearly to get to know the people, the places, the spaces and then just better understand the culture before creating any change.

And I've done the same thing here and I just find that it's very helpful if you get out there and speak with people, listen to people, become approachable and set the same expectation for your leadership team that quite frankly, initially might be a little rough because it's asking for maybe a different approach. You might find out things you weren't ready to know right now. And you have to tackle them. And then you have to have some transparency on what you did and what you resolved.

So for example, here, I've been here for my first 90 days. I've done all those things. I've assessed the situation. I've gone out to meet people. I learned about where we're at and what are some of the concerns and issues. I set the expectation for my leadership team and now it's time for me to say, This is how I see the situation.

And I started that, again, you know, with those concentric circles and I started with first my small group and then I'm going to a bigger group and then a bigger group just to get validation and to see if I heard what they had to say. And that's just how I approach it.

And from there I would say, you know, one thing that Michelle brought up is, you know, often it's about your follow-up. If you want to develop integrity and trust, you know, you say what you're going to do. You be honest when you can't meet that expectation and you do what you say you're going to do.

And you have that dialogue and you make the connections to folks with you. So I find that that's helpful and that I find that also when you get hit with things, that maybe you're uncomfortable with or you've not seen this one before, there's a lot of folks that want to have you be successful and want to provide service to Veterans, and you can reach out to them to help you, support you along the way.

Dr. Schonfeld: Thank you for that. And thank you both for a really stimulating and powerful conversation. John, I am going to turn it back over to you.

Dr. Billig: Well, thank you, Dr. Toby Schonfeld, and especially thank you, Dr. Ginny Creasman and Ms. Michelle Sorie. And so on behalf of the VA National Center for Ethics and Health Care, I'm John Billig. Goodbye, everyone.