“Excellence Through Integrity” is this year’s theme for National Compliance and Ethics Week, which will be held April 29 through May 3. As in past years, the event is co-sponsored by VHA’s Office of Compliance and Business Integrity (CBI) and the National Center for Ethics in Health Care (NCEHC). Activities across VHA during this week will highlight the essential roles business integrity and ethics quality play in ensuring that excellent care is provided to our nation’s Veterans.

IntegratedEthics Program Officers (IEPOs), IE staff, and Compliance Officers are coordinating celebrations and activities that will be held during the week at facilities and VISNs, and in VACO. To assist in planning, an Activity Guide can be found on the Compliance and Ethics Week Intranet page. (Click on the “IntegratedEthics Resources” tab at the top of the page: http://vaww.cbi.va.gov/ceweek_3.asp.) The Guide includes a tool to help increase ethics consultation awareness among patients and families, Leader and Participant Guides for the Journal Club Activity, “Psychology of Fraud,” and guides for multiple ways to use the Talk About Ethics activity, and the Value of the Day activity.

In our next issue of IntegratedEthics in Action, we plan to feature Compliance and Ethics Week photos, stories, quotes, and activities from across VHA. To be considered for inclusion, please send your materials to beth.ritter@va.gov.
“Our Ethics Committee Does Not Sit in a Silo”:
IE Program Champion Candace F. Wright

Candace F. Wright, RN, currently serves as the Ethics Consultation Coordinator at Central Arkansas Veterans Healthcare System (CAVHS).

How did you first become interested in ethics?
In 2002 a nurse colleague serving on our Ethics Committee was retiring and recommended me as her replacement. Although I had no formal ethics background, experience, or academic study, I took a deep breath and agreed to give it a try. We already had a robust Ethics Committee in place, and right away the members began involving me in consultations and other activities. The support was inspiring and I got hooked.

How (and when) did you become involved in the IE program?
When our facility was asked to be part of the IE Demonstration Group, I attended the training in Washington, DC. Because our Ethics Committee was already structured similarly to IE, the initial transition went relatively smoothly. Later I was asked to chair the Ethics Consultation (EC) service. I attended NCEHC’s Ethics Consultation: Beyond the Basics workshop and several other local and national ethics seminars. I was also fortunate to be mentored by our very experienced and knowledgeable IE Program Officer (IEPO), who has since retired.

What is your current IE role? What other, if any, roles have you had?
I am the chair of the Ethics Consultation group. Prior to leading EC, I had performed a variety of functions, basically filling in wherever needed. My primary role at CAVHS is Nurse Manager of Dialysis, which I have held for the past 28 years.

Regarding your facility IE program, what is your proudest moment?
During our first annual Ethics Fair, I was proud to see frontline staff view the presentations and realize that our Ethics Committee does not sit in a silo. Rather, it represents a body of knowledge, skill, and experience developed over time and involving every member contributing in their areas of practice.

What challenges have you faced in implementing IE at your facility? How did you overcome them?
Retirements and other attrition can quickly deplete a pool of skilled consultants. Mentoring new members requires an investment of time, which is a scarce commodity. I use our monthly EC meetings to show how consultation outcomes are linked to ethics knowledge. When a consultation comes in, I try to involve new members as well as seasoned consultants. There is no substitute for actual experience.

What resources have you been able to devote to the IE program?
Unfortunately, funding for external ethics education is limited. However, NCEHC is bridging this gap by providing online resources, including role responsibilities, ethics-related publications, journal club presentations, and conference calls/live meetings. The weekly Improvement Forum calls are like classroom instruction; they give us what we need to carry out the IE functions (EC, Preventive Ethics [PE], and Ethical Leadership) by sharing how other facilities are meeting challenges. NCEHC staff are also available when we encounter a challenging ethics question or consultation.

Overall, what has your program accomplished? How has it contributed to the improvement of ethics quality in your facility?
IE provided the charter for our IE Board (Council), which is chaired by our Director and attended by other top leaders. Under the governance structure outlined in the charter, our Ethics Committee now reports to this Board. The IEPO, EC Coordinator, and PE Coordinator discuss activities and issues with leadership during the meetings, a process that expedites approvals or requests for more information. Significant outcomes have included improvements in the Do Not Attempt Resuscitation (DNR) and State Authorized Portable Orders (SAPO) order process, accuracy of surrogate contact information in the medical record, and disclosure documentation.

Do you have any other thoughts to share with the readers?
My involvement with IE and EC has been the most rewarding experience of my VA career. With the evolution of IE here and across VHA, I know our Ethics Committee’s active efforts and dedication to patient-centered care have improved our care to Veterans.
Based on a True Story:

How Can Patients Access Your Ethics Consultation Service?

A patient recently contacted the NCEHC needing assistance with an ethics question. Our staff tried to refer the patient to their facility’s Ethics Consultation Service (ECS) by doing the following:

- Contacting the facility operator. However, the operator did not know how to connect the caller to the ECS, saying, “I think that’s run out of the Social Work service or maybe the Patient Advocate’s office.”
- Contacting the EC Coordinator listed in our directory. (For a listing of IE Key Staff by VISN and facility, see [http://www.ethics.va.gov/docs/integratedethics/IE_Key_Staff_List_by_VISN_20130220.xls](http://www.ethics.va.gov/docs/integratedethics/IE_Key_Staff_List_by_VISN_20130220.xls).) Instead, we reached a voicemail message that listed the person’s clinical roles (e.g., physician in X service, chief of X service, etc.) but did not mention their role as an ethics consultant.
- Contacting the facility Director’s office, only to be told that the staff did not know whom to contact because the information was not easily at their fingertips.
- Reviewing the facility’s patient information Web page. Although the site contained lots of details on how to access medical records, the Freedom of Information Act, and the like, it did not list the ECS.
- Reviewing the patient handbook, which also did not list the local ECS.

When NCEHC finally found the right person and spoke to the patient, the patient said, “Oh, the main facility would help me? I had no idea I could get this help from the main facility. I’m in the outpatient clinic.”

We tell this story to highlight the potential ways that a patient might try (unsuccessfully!) to reach the consultation service. IE programs and the ECS should consider that publicity is not just about disseminating brochures and posters, but also making sure that those in the facility who might be contacted have up-to-date information at their fingertips about how to access the ECS.

We hope that this story helps you to think about ways to make your ECS more accessible to patients and families in your facilities.

To Help Patients and Staff Contact the Ethics Consultation Service...

- Place EC brochures and flyers advertising the ECS in patient and staff areas. These may be downloaded from [http://www.ethics.va.gov/docs/integratedethics/ieposters.asp](http://www.ethics.va.gov/docs/integratedethics/ieposters.asp).
- List ECS contact information on the facility and patient Web pages.
- Inform the operator and staff in the following offices about how to contact the ECS at the main facility:
  - Social Work
  - Patient Advocate
- Director
- Administrative Officer in Primary Care
- Community Based Outpatient Clinics (CBOCs)
- Include information about the ECS in the EC Coordinator’s voicemail and e-mail signature.
- Ask the other services in the facility to remind all staff about the availability of (and how to contact) the ECS.

Understanding Government Ethics: Updates and Information

To help readers better understand Government ethics, a supplemental article by the Office of General Counsel (OGC) entitled “Understanding Government Ethics” ([http://www.ethics.va.gov/ethics/docs/integratedethics/IEIA_24_Supp_20130425.pdf](http://www.ethics.va.gov/ethics/docs/integratedethics/IEIA_24_Supp_20130425.pdf)) is available in tandem with this edition of IntegratedEthics in Action. The article is an updated version of a piece originally released in the Winter 2001 VHA Ethics Newsletter. The updated supplement includes new information on how the OGC is organized and how to contact the agency. Additionally, the U.S. Office of Government Ethics (OGE) published a newly updated “Compilation of Federal Ethics Laws” that includes all provisions signed into law through January 13, 2013. The compilation includes not only the laws within the jurisdiction of government ethics programs, but also related statutes of interest to the Executive Branch ethics programs, such as the Hatch Act. The Compilation may be found on OGE’s website at: [http://www.oge.gov/Laws-and-Regulations/Statutes/Compilation-of-Federal-Ethics-Laws/](http://www.oge.gov/Laws-and-Regulations/Statutes/Compilation-of-Federal-Ethics-Laws/).

Just Released:

NCEHC Chiefs Contribute to Lead Article on Health Care Ethics Consultation in the American Journal of Bioethics

Ellen Fox, MD, Chief Ethics in Health Care Officer, and Kenneth A. Berkowitz, MD, FCCP, Chief Ethics Consultation, were among the authors of the lead article in the recently published edition of The American Journal of Bioethics (AJOB). The article, “Health Care Ethics Consultation: An Update on Core Competencies and Emerging Standards from the American Society for Bioethics and Humanities’ (ASBH) Core Competencies Update Task Force,” summarizes the second edition of ASBH’S Core Competencies for Health Care Ethics Consultation that was released in 2011. Dr. Fox and Dr. Berkowitz were members of the ASBH Core Competencies Task Force.

The revised Core Competencies reflect thinking that has evolved since the initial publication. Noteworthy changes include a clarification of the scope of health care ethics consultation (HCEC) to include ethics domains other than those most typically associated with health care ethics (e.g., shared decision making and end-of-life care), such as ethical practices in resource allocation, professionalism, privacy and confidentiality, business and management, and research. Similar to the VA IntegratedEthics model, the second edition also recognizes a distinction between “case” and “non-case” consultations. The AJOB article summarizes the core skills and knowledge areas for conducting effective HCEC and discusses other requirements for an effective HCEC service, such as establishing standards and evaluating the quality, access, and efficiency of HCEC services. An appendix outlines substantial changes between the first and second editions of the Core Competencies report.

“Resources from the NCEHC are prominently featured in this version of the Core Competencies,” the report states. “In many instances no other published resources were located that were as comprehensive as the VA’s. Of note, the staff at NCEHC conducted a rigorous consensus development process that included systematic reviews and extensive input.”


The new “Triage Tool for Ethics-Related Leadership Decisions” is now available. The tool is designed to help leaders determine whom to contact and how to take advantage of their facility resources when making ethics-related leadership decisions.

Because many leadership decisions relate to ethics, a leader must first determine the type of decision that needs to be made. For example, only a subset of decisions presents true ethical dilemmas—where there is uncertainty or conflict about values and the right thing to do is unclear. Other leadership decisions relate to systems-level ethics quality gaps (a disparity between current practices and ideal practices from an ethical perspective), Government ethics (legal standards of ethical conduct for employees of the Federal Government), or reports or evidence of an ethics violation involving a serious risk to patients or administrative misconduct, or noncompliance with legal or regulatory standards.

Each type of ethics-related decision should be handled differently by different organizational structures. But VA has so many ethics-related services that it may be unclear who should be contacted in particular situations. Using the triage tool, you can easily narrow your choices and quickly receive the right assistance and expertise.

The triage tool can be downloaded from the NCEHC intranet site: http://vaww.ethics.va.gov/docs/integratedethics/EL_Triage_Tool_Ethics_Related_Leadership_Decisions_20130329.pdf. NCEHC is also developing an exercise to help users become better acquainted with the triage tool. Watch upcoming issues of IE in Action for more information.

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

Announcements

NCEHC Accepting Nominations for the 2013 William A. Nelson Award

NCEHC is currently inviting nominations for the 2013 William A. Nelson Award for Excellence in Health Care Ethics. This award honors the career-long legacy of William A. Nelson, PhD, former NCEHC Chief of the Ethics Education Service, who retired after 30 years’ service to VHA in November 2003.

Each year, the award recognizes an individual who has demonstrated a long-term commitment to promoting ethical health care practice in VHA, through excellence, dedication, and accomplishment in the field of health care ethics (including clinical, organizational, and research ethics). The nominee’s contributions to health care ethics may be in the area of ethics education, consultation, policy development, scholarship, and/or leadership.

Nominations will be reviewed by a committee appointed by the Chief Ethics in Health Care Officer. The deadline for nominations is May 24, 2013. Download the Nomination Form and checklist from http://www.ethics.va.gov/activities/Nelson.asp.

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NCEHC Selects 2 Facilities for Learning Tours

After completing a rigorous application process, West Texas Veterans Health Care System (Big Spring) and South Texas Veterans Health Care System (San Antonio) have been selected to receive IntegratedEthics (IE) Learning Tours during this fiscal year.

Developed to help facilities improve the effectiveness of their IE programs, the Learning Tours involve a two-day visit by IE subject matter experts from NCEHC and the field. Participating sites receive hands-on coaching, education, and real-time feedback to assist them in furthering their programs’ development. In addition, the tours give facilities an opportunity to share their bright spots. As a result, NCEHC gains more insight into the achievements and challenges of strong IE programs. Network and Facility Directors were invited to apply for the program in January.

NCEHC congratulates these two facilities for the fine work they submitted. Stay tuned for highlights of the visits, which are planned for June. For further information, contact Basil Rowland at Basil.Rowland@va.gov.

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