Facilities Improve Documentation for HIV Testing Consent Procedures

In VA, our goal is to ensure every Veteran is tested at least once for HIV and more frequently for those with on-going risk factors. Such universal testing promotes early detection and early treatment of HIV, which can greatly improve clinical outcomes for people living with HIV and prevent new HIV infections. In 2009, the standard for such consent was changed from signature consent to oral informed consent. Testing remains voluntary and Veterans must provide oral consent for HIV testing and that consent must be documented in the electronic health record (EHR) (See: VHA Handbook 1004.01, Informed Consent for Clinical Treatment and Procedures). However, External Peer Review Program (EPRP) data showed that VHA providers were not consistently following this required practice.

To address this concern, the 2014 IntegratedEthics program metrics required that most facilities complete a Preventive Ethics (PE) improvement cycle to address documentation of oral consent for HIV testing. To meet the documentation standard, the identified best ethics practice was to include a brief statement such as “patient consents to HIV testing” in 95% of EHRs when an HIV test was offered.

The results, based on PE storyboards, have been very encouraging. After revising processes and providing training, several facilities reported 100% adherence to the policy. The most common effective strategy was to change CPRS so that the only way to order the HIV test was via an HIV clinical reminder. Correctly completing the clinical reminder ensured documentation of verbal consent. Another strategy that resulted in improvement was to add oral consent documentation as part of the lab ordering process.

Providers were trained on new procedures and the HIV informed consent policy. In some facilities training was reinforced through e-mail reminders. One facility added a cognitive reminder in the dialogue box of the HIV lab order that read: “WARNING! HIV testing requires oral consent and MUST be DOCUMENTED.” In many facilities, providers who continued to order tests without documenting consent received follow-up phone calls to reinforce the education that was provided.

EPRP 2014 follow-up data revealed that over 70% of sampled records included documentation of consent for HIV screening tests, an improvement of over 20%. The most common methods used to document consent were implementation of the HIV clinical reminder (48%) and a progress note (48%). Projects will continue in 2015 at any facilities that have not yet achieved the 95% goal. Facilities that wish to discuss their progress, or for facilities that are close to and/or have local documentation of full achievement of the 95% goal, are encouraged to contact Robin Cook to discuss progress and opportunities for sharing their experiences with the broader IE community.

Health Equity for LGBT Veterans

The VHA commitment to ensuring a care environment that is informed, welcoming, positive and empowering for LGBT Veterans and their families is well described in a recent article authored by Dr. Virginia Ashby Sharpe, PhD, Chief, Ethics Policy, National Center for Ethics in Health Care (NCEHC) and Dr. Uchenna S. Uchendu, MD, Executive Director, Office of Health Equity. The article was selected for inclusion in a special report of the Hastings Center Report entitled LGBT Bioethics: Visibility, Disparities, and Dialogue (44, No.5) published in September. The special report is an attempt to encourage those who work in bioethics to add their voices to the pressing work of righting past wrongs in the ways that law, medicine and society have failed to support LGBT people as full citizens. Mary Beth Foglia, PhD, co-editor of the special report and a health care ethicist, NCEHC, notes that “LGBT individuals continue to face discrimination and institutional barriers to fair and equitable treatment in the United States. . . . As a community, ethicists have an obligation to focus attention on all forms of injustice and work toward eliminating it.” Thanks to the Hastings Center, every VA IntegratedEthics program will receive a copy of this important publication.
**IntegratedEthics Program Champion Jefferson O. Rogers**

**PsyD, Clinical Psychology, Ethics Consultation Coordinator, VA Gulf Coast Veterans Health Care System**

Dr. Rogers has served as the facility’s Ethics Consultation Coordinator since IE’s inception in 2007. Previously, he served as member and chair of the facility Ethics Committee.

**How did you first become interested in ethics?**

Working in Geriatrics at VA since 1992, I have faced many ethical challenges that arise in health care. In 1997 I was asked to join the facility Ethics Committee. At the time I had no idea that ethics would become such a large part of my practice. Showing special interest and motivation for the work, I was asked to chair the committee in 2000.

**How (and when) did you become involved with the IE program? Why did you become involved?**

Being chair of what was then called the Ethics Committee, I was the natural choice to be the Ethics Consultation Coordinator when IE was introduced. As ethics consultation was the only component of the facility’s ethics program at the time, facility leaders asked us to help implement the entire IE program. We were involved in locating the first IE Program Officer (IEPO) and Preventive Ethics team members and getting them involved. Then, when the director asked me who should lead the program, I said: “You should!” An ethical culture absolutely depends on leaders’ direct involvement.

**Regarding your facility’s IE program, what is your proudest moment?**

We have the opportunity to help Veterans, families, and staff navigate some of the most challenging moments in life, and help them understand when and why certain courses of action are ethically justifiable or not. Through the process of ethics consultation, they can hopefully come to peace with difficult decisions.

As a result of our work, I see that staff are developing more confidence to make difficult decisions and often are well on the way to resolving matters when an ethics consultation is requested. By translating technical terminology into everyday language, we help Veterans, families, and staff understand what medical providers are suggesting so we can try to agree on goals of care and how to best accomplish them. There used to be a large disparity in power where medical providers were “in charge.” Now, we have a much better appreciation of the patient’s role. We give them a voice in the process and support their rights, their values, and their preferences.

**What challenges have you faced in implementing IE at your facility? How did you overcome them?**

The main challenge has been getting devoted time to work on the different parts of the IE program. While the leaders are trying to get us some FTEs, it’s still a work in progress.

**What resources have you been able to devote to the IE program? How did you work with leadership to obtain them?**

Facility leaders are becoming increasingly involved with IE, and they are getting other leaders to do the same; this interest is starting to permeate VA. Employees are becoming more aware that ethics is not just isolated within IE; it’s something we all do every day. Everyone contributes to the ethical climate. Our IEPO sends out a Value of the Month that all departments discuss during monthly meetings. Ethics is becoming part of the everyday workplace.

**Overall, what has your program accomplished? How has it contributed to the improvement of ethics quality at your facility?**

As ethics consultants, we don’t just tell people what to do; we give recommendations, reasons, and literature to reflect on. And we see that they are applying what they have learned from us. Concern for ethical practices is a routine part of our work of caring for Veterans. The IE program continues to play a big part in developing that awareness.

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**Building Justice into Mass Casualty Response Planning**

In the October 2014 supplement of CHEST, the Task Force for Mass Critical Care of the American College of Chest Physicians published an unprecedented series of 14 papers suggesting standards for the care of the critically ill and injured during pandemics and disasters. (October 2014; Vol 146, No 4 Suppl.) The expert consensus statements cover surge capacity; logistics; the evacuation of the ICU; triage; system level planning, coordination, and communication; continuity of business operations; engagement and education; legal planning; and ethical considerations. Papers also look at these standards in resource poor settings. Kenneth Berkowitz, MD, FCCP, Acting Executive Director of NCEHC, was a member of the Task Force. “Ethics considerations are an important aspect of disaster response planning. The Task Force focused on aspects of pressing ethics issues that had not been fully addressed in previous reports, including those related to triage and allocation; ethical concerns of patients and families; ethical responsibilities to providers; conduct of research; and international concerns. Our ethics teams in VA should become familiar with these new standards because they will be seeing them applied in VA emergency response plans,” noted Dr. Berkowitz. “Also, much of the ethical thinking in these papers applies to a wide range of public health crises, such as planning to respond to an Ebola or pandemic flu outbreak.”
Window into Ethics Culture

IESS Results Indicate Improvements Still Needed

The national results from the 2014 IntegratedEthics Staff Survey (IESS) are in, and they indicate that employees are still not giving facilities and VISNs high marks on the quality of their ethical cultures. Led by Robert Pearlman, MD, Chief, Ethics Evaluation at NCEHC, NCEHC chiefs discussed key survey findings during a September 29 Improvement Forum teleconference.

“The IESS is important because it provides a window into ethics culture at a point in time,” said Melissa Bottrell, MPH, PhD, NCEHC’s Acting Deputy Director. During the call, Dr. Pearlman highlighted the variability in ethics cultures across VHA facilities and noted significant opportunities for improvement in the ethics culture based on the IESS results for tone at the top, comfort speaking up, and ethics accountability. Despite the predominance of less than positive perceptions of ethics culture across VHA, there were 18 facilities that scored above a 7, and up to 7.6 on an 11 point scale (0-10) for the question pertaining to overall ethics culture (D1), indicating both that there are positive perceptions of ethics cultures within VHA and that these levels are achievable.

“The pervasive and persistent negative perceptions of ethics culture across VA are not acceptable,” said Kenneth Berkowitz, MD, FCCP, NCEHC’s Acting Executive Director. He affirmed the important role IntegratedEthics (IE) field staff play in the mission of improving ethics culture at VA and expressed optimism that new VA leadership has stressed the importance of ethics and values to organizational health and the care of Veterans.

Dr. Bottrell discussed how these results could drive improvement in facilities’ IE programs. She recommended that IE Program Officers focus on particular themes to identify red flags, such as ethical tone at the top, comfort raising ethical concerns, and ethics accountability. IE program staff can use IESS results to prompt further inquiry, discussion with IE Councils, and follow-up efforts in collaboration with facility leadership and key stakeholders.

Enhanced Reporting Features

For 2014, NCEHC developed thematic VISN reports that present each facility’s results by overarching themes related to ethics culture. They were designed with input from the field to facilitate communication of facility results to leadership and provide actionable information for follow up. Since the reports only include selected results, they should be used in conjunction with the IESS 2014 dashboard. They are available at: http://vaww.ethics.va.gov/IntegratedEthics/.

The 2014 IESS also included a question with 21 response options regarding respondents’ specific service or area where they work. In the cross-tab reports IE field staff can look at service-specific survey results for their respective facilities.


NCEHC Evaluation Services staff and IE program staff are available to answer any questions regarding the IESS data or dashboard. IESS Questions can be sent to VHAIESSHELP@va.gov.

NCEHC Holds Advanced Preventive Ethics Training

A face-to-face Preventive Ethics: Beyond the Basics training took place in Minneapolis on September 16th and 17th. Each VISN nominated two participants to join the educational session, providing them with an opportunity to practice several of the ISSUES steps while receiving didactic instruction, coaching, and feedback. Using engaging instructional approaches like interactive Jeopardy themed games and group activities, participants gained advanced knowledge and skills in Preventive Ethics. In the program evaluations, participants gave the faculty high marks for effectively conveying subject matter knowledge and keeping them actively engaged in the material. In addition, one participant noted, “The binder will be such a great resource. I really appreciate the thought and organization that went into creating this binder with up-to-date examples (and) case studies.”

Left: Laura McDonald, Preventive Ethics Coordinator (PEC) at VA Boston Healthcare System; Peter Mills, PEC at White River Junction VAMC (also pictured at podium at Right ), and Suzanne Brungs, VISN 10 Point of Contact.
EC Volunteers Needed!

Expert ethics consultants from the field are needed to help the NCEHC develop virtual trainings from the content of Ethics Consultation Beyond the Basics. Field staff will work with NCEHC experts and contractors to translate module 3, Finding the Available Ethics Knowledge Relevant to an Ethics Question, and module 6, Getting Off to the Right Start in a Formal Ethics Consultation Meeting, into virtual education sessions. Total time commitment to the project should be about 10 – 15 hours over the next 10 months. Please contact Marilyn Mitchell, RN at 212-951-5477 or marilyn.mitchell@va.gov if you’re interested in this opportunity.

New IE Acting Chief

NCEHC welcomes Jorge Cortina, MD, as Acting Chief, IntegratedEthics (IE). Dr. Cortina, the VISN 6 Lead for Geriatrics, Extended Care, and Palliative Care, has served as the VISN 6 IE Senior Lead since 2008.

New Tools to Support the Practice of Ethical Leadership

Ethical Leadership Tools and Guides for Staff and Leaders

NCEHC introduces three new tools to help staff and leaders apply ethical leadership concepts. Tools for staff are easy-to-read materials that provide VA employees with practical suggestions for how they can support ethics and integrity in their workplace and identify ethical concerns. The tip sheet and poster identify resources that can help employees address each type of ethical concern: ethics quality gap, government ethics-related issue, uncertainties or conflicts about values, or ethics violations. The materials include fillable forms to allow facilities to add local ethics contact information.

The Tip Sheet is available at: http://www.ethics.va.gov/docs/integratedethics/100314_VAIntegratedEthics_TipSheet.pdf

The Poster is available at: http://www.ethics.va.gov/docs/integratedethics/100914_VAIntegratedEthics_TipPoster.pdf

The IntegratedEthics Ethical Leadership Tools Guide provides a comprehensive, easy-to-parse index of all the practical tools that NCEHC has developed to promote ethical leadership practice in VA. The guide is designed for busy executives and mid-level managers who want specific tools and tips to create an ethical environment and a positive culture informed by VA’s ICARE values.

The guide is divided into two sections: 1) tools for executives/managers and 2) tools for employees. It is formatted so that users can quickly scan the left column to locate the specific behavior they wish to promote and then read across the row for more details, including a description of the activity, its purpose, and a link to the materials. The tools in the guide have varying time commitments that range from a few minutes to several hours. They can be used in a variety of forums such as leadership and management meetings, trainings, committee discussions, e-mails, and personal use.

The guide is available at: http://vaww.ethics.va.gov/integratedethics/elc.asp

Improving Ethics Consultation with Virtual Coaching

Since 2013, the National Center for Ethics in Health Care (NCEHC) has offered virtual coaching sessions to ethics consultants in VA. The goal is to help improve adherence to the CASES approach and ensure high quality ethics consultations. Participants discuss a de-identified case from one of the facilities in the VISN. NCEHC faculty reinforce the CASES steps and relate these to the ASBH core competency requirements for ethics consultation. The coaching sessions have been consistently praised by consultants in the field. More than 90% of session participants agreed the sessions are helpful to the work they do in ethics consultation. In the words of one participant “…this call was very well received. I spoke to each of the Ethics Consultation Coordinators after the call and all of them found useful information in the call.”

Thus far, thirteen VISNs have participated in the coaching calls with more than 300 ethics consultants benefiting from the discussions. A range of topics has been covered on the calls. For example, topics included the ethical considerations in the following areas: care of disruptive patients, home oxygen and smoking, detention of patients with infectious diseases, and disclosing HIV status to a patient’s spouse. Coaching sessions will continue in FY2015. Priority will be given to VISNs that have not yet participated in coaching sessions. If you are interested, contact your IE VISN POC or David Alfandre, MD, Health Care Ethicist (212-951-3306, David.Alfandre@va.gov) in NCEHC to schedule your coaching session. All virtual sessions are held using VANTS and Lync.

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.