Dear Colleagues,

The week of May 1 – 5 saw the conclusion of another successful Compliance and Ethics (C&E) Week, which the National Center for Ethics in Health Care (NCEHC) sponsors in collaboration with the Office of Compliance and Business Integrity and with support from the VHA Office of Integrity and Office of Organizational Excellence. This annual VA-wide event is a great opportunity for all of us in VA to reflect on, and renew, our commitment to creating a strong ethics culture.

C&E Week has special importance for us here at NCEHC. It represents an opportunity to shine a light on our IntegratedEthics® program and the critical importance of values-based health care ethics. It is a chance to work closely with our compliance colleagues on a mutual goal. During C&E Week, IntegratedEthics program officers and Compliance and Business Integrity officers at facilities and VISNs lead high-profile ethics and compliance activities such as informational sessions, ethical leadership exercises, compliance and ethics-themed contests, and speaker events. Throughout VA — including in VA Central Office — C&E Week is an occasion for reminding our colleagues at every level of the organization about the role of health care ethics and business compliance in achieving our organizational mission to deliver the best care and services to our Veterans. In my view, this is a message that cannot be repeated too often.

One of our C&E Week messages for 2017 was to encourage VA staff to speak up when they have an ethical concern. Speaking up is not always easy; in fact, it often requires courage. This is why one of the goals of our Moral Distress Initiative is to help VA leaders and employees better understand how to reduce moral distress by cultivating moral courage and creating an organizational culture that is psychologically safe and encourages speaking up. Be on the lookout for more details about our final Ethics and Professionalism Grand Rounds webinar in this series on June 5, when Dr. Cynda Rushton will discuss ways to cultivate moral resilience.

For some wonderful examples of integrity, ethical clarity, and moral resilience, I encourage you to listen to our Voices of Integrity series, which features new stories this year from our colleagues in VBA and NCA. You can read more about the collaborative nature of Voices of Integrity on page 3.

On a final note, I am pleased to announce that Dr. John Billig has assumed the role of Acting Chief of Integrated-Ethics for NCEHC. As Psychology Supervisor at Minneapolis VA Health Care System, John has been a strong ethics advocate and teacher for many years. As you might remember from our last issue of True North, he was also the 2016 recipient of the William A. Nelson Award for Excellence in Health Care Ethics. Please join me in welcoming Dr. Billig to the NCEHC family.

—Lisa S. Lehmann, MD, PhD
Advance Directives:
Improving Screening to Help and Inform Patients

Imagine that you’ve been in a life-threatening accident. Unconscious, you’re taken to the local emergency room for treatment. You were alone at the time of the accident. The treatment team looks in your health record and finds no documentation about what kind of life-sustaining treatment you would want when you can’t speak for yourself. After intensive treatment, including cardiopulmonary resuscitation, your breathing is being assisted by a mechanical ventilator. You’re still unconscious after six hours, and it’s unclear whether you’ll regain consciousness or return to your previous level of function. You’re moved to the intensive care unit. The team makes contact with the person they think might be appropriate to make decisions for you now that you’ve lost decision-making capacity. Her first response is, “I don’t know what he would want. We never talked about it!”

We’ve all seen stories of people who struggle to make decisions consistent with the values and preferences of their loved ones. None of us knows when or if something like this will happen to us, but each of us might ask ourselves, “Who will make decisions for me if I’m not able to — a stranger on a treatment team, or someone close to me? If it’s someone close, do they understand my values and what I would want?”

In VHA, an advance directive (AD) covers that situation, telling doctors and loved ones what the patient’s health care preferences are and giving them information to guide medical decisions in the event the patient loses decision-making capacity. But how can we ensure that Veterans are given a chance to understand what an AD is and how to create one? One answer is screening. VHA Handbook 1004.02, Advance Care Planning and Management of Advance Directives, requires that staff screen patients at all VHA inpatient facilities, asking them on admission if they have an AD and if they want more information about or assistance with completing one. This requirement honors VA’s commitment to providing patient-centered care and honors our patients’ right to accept or refuse proposed medical or mental health treatments or procedures. (Advance directives are not the same as goals of care conversations, which VA practitioners initiate with patients with serious life-limiting medical conditions or their surrogates. Visit the Life-Sustaining Treatment Decisions Initiative Home Page for more information.)

In its 2016 Combined Assessment Program review, the VA Office of Inspector General found that VHA was not meeting its advance care planning policy requirements, and asked NCEHC to help. In response, NCEHC established a voluntary Preventive Ethics National Cycle, with the goal of improving the national inpatient AD screening rate to 90 percent.

(Continued on page 3)
Voices of Integrity Celebrates Integrity Across VA

Voices of Integrity (VOI), an NCEHC podcast series, features personal stories from VA employees who describe what integrity means to them as they serve Veterans. VOI features voices from all branches of VA: Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration. The series speaks to the deep devotion that VA employees everywhere have to I CARE values, and to the value of integrity in particular.

Maggie Ayres, director of the San Joaquin Valley National Cemetery, is featured in a recent episode. She noted the importance of integrity throughout VA: “Integrity in the workplace is the foundation of a healthy working environment. It begins with honesty and trustworthiness. Staff members who demonstrate integrity are people who can be counted on to act honorably all the time, even when no one is looking. That’s how we earn the trust and respect of our Veterans, and it starts with every individual.”

Dr. Gerard Cox, Assistant Deputy Under Secretary for Health for Integrity, is another featured Voice of Integrity. “Our mission in the Office of Integrity—of which the Ethics Center is an integral part—is to strengthen trust and confidence in Veterans’ health care,” said Dr. Cox. “Voices of Integrity literally gives voice to dedicated employees from across VA who are eager to be held accountable for every aspect of their service to Veterans and their families. I am proud to be counted among those voices.”

During National Compliance and Ethics Week (May 1 – 5), VA employees were encouraged to listen to VOI as a way of celebrating this year’s theme, “Being Our Best for Veterans.”

To hear other VOI episodes that reach across VA, listen to Curtis Evans, Public Contact Manager (VBA) and Ron Hestdalen, Director, National Cemetery of the Alleghenies (NCA).

“Advance Directives

(Continued from page 2)

To help understand opportunities for improvement, NCEHC partnered with the VA External Peer Review Program (EPRP) to abstract national AD data for four inpatient settings — hospital, mental health, nursing home care unit (NHCU) or community living center (CLC), and domiciliary — at every VHA inpatient facility. The initial data, released in April 2017 and shown in figure 1 above, show many improvement opportunities.

For instance, hospital and mental health settings with results similar to this national aggregate will want to focus extra energy on making sure that Veterans receive the assistance that they request, since they are closer to the 90 percent goal for offering assistance, and farther behind on following up. Both metrics need to reach 90 percent, but the data can help facilities decide how to balance their efforts between the two.

To address these improvement opportunities, each facility is given their data for the four inpatient settings and encouraged, as needed, to initiate improvement activities before the next data collection in July. “We are not suggesting specific improvement strategies,” said Robin S. Cook, RN, MBA, Integrated Ethics Manager for Preventive Ethics at NCEHC. “Each facility needs to look at their current process with respect to their workflows to identify what changes could or should be made.”

The full report of baseline data can be found at the JE Preventive Ethics National Initiative intranet site. For questions about this initiative, contact Robin Cook at Robin.Cook@va.gov.
Ethical Healthcare Leadership Program Offered

The National Center for Ethics in Health Care is co-hosting the Second Annual Aspen Program for Ethical Healthcare Leadership. It will be held in Aspen, Colorado in September 2017. The program is produced by the University of Colorado's Center for Bioethics and Humanities and hosted by the Aspen Center for Social Values. Collaborating organizations for the 2017 program include the Law School at the University of Colorado Boulder and Centura Health System.

This program features a faculty of speakers and attendees with outstanding leadership experience, including CEOs of private and public hospitals and health systems, leaders from major pharmaceutical organizations, and nationally-known health care ethicists. The program was founded on the recognition that ethical leadership in health care requires both essential knowledge and practical skills, and that health care executives need a welcoming environment in which to acquire and practice using the knowledge and skills of ethical leadership.

“We are very excited to be working with the National Center for Ethics in Health Care on the program this year,” said Ira Bedzow, director of the Biomedical Ethics and Humanities program at New York Medical College and co-creator of the Aspen program. “The Aspen program uses proven methods to build ethical leadership both as a personal virtue and as an organizational goal. NCEHC brings a wealth of experience that is very applicable to people both in and outside of the VA system.”

Each day of the program covers a different set of critical ethical issues confronting health care leadership, with an introduction by a leader in the field and a panel discussion at the end of the day to review the topic and add actionable suggestions for attendees to bring back to their organizations.

Cost of the program covers tuition, course materials, and daily lunches in Aspen. There is a discounted rate available for government employees. For more information, please see the program website.

Around the Center . . .

Thanks For a Great Compliance and Ethics Week

Thanks to IE staff at VISNs and facilities around the country for another great National Compliance and Ethics Week (May 1 – 5). Please send us photos and stories of celebrations and activities at your office or facility for an article that will appear in the next issue of True North. Send your items to steve.tokar2@va.gov or ian.holk@va.gov and sara.barker@va.gov.