



# IntegratedEthics In Action

Issue 22

Promising Practices — Emerging Champions

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## Using Focus Groups to Gain a Deeper Perspective on Survey Data: **A Story of Three Facilities**

**W**ith the release of the IntegratedEthics Staff Survey (IESS) survey results, IE program staffs have begun to consider how to use the survey's data to improve ethics quality. Findings might inspire an Ethical Leadership (EL) improvement activity or Preventive Ethics (PE) ISSUES cycle. Before starting an improvement project, the staff may need more insight into why people responded negatively to the survey question, which services or sub-groups are most impacted, and how they think the problem can be addressed. To attain this information, facilities can hold focus groups with staff and managers. This article discusses how three facilities have used focus groups to expand their EL or PE activities.

### Hands-on Experience from the Field

**Shuja Haque, M.D., IE Program Officer, Detroit VA Medical Center**, led the planning and administration of a focus group about resource allocation (RA) after the IESS results revealed a knowledge gap in this area. The idea originated with the facility Director, Pamela Reeves, M.D., during a meeting of the IE Council. The purpose was to learn what employees already knew about the VA's RA process, and to determine how they could become better informed.

The **Jesse Brown (Chicago) VA Medical Center**, led by **Yakov Gertsberg, M.D., Ethics Consultation Coordinator**, held focus groups to understand IESS questions: "At this facility, there is more emphasis on following 'the rules' than doing what is best for patients," and, "At this facility, managers place more emphasis on staff meeting performance goals (i.e., 'getting to green') than doing the right thing." In the groups, they gathered examples and concrete suggestions for change.

The PE Committee at **Spokane VA Medical Center** held focus groups to explore Psychological Safety questions on the VA All Employee Survey (AES). "We wanted

to find out what staff were really thinking and realized that it needed to be in an environment where they would feel safe to say what was on their minds," said **PE Chairperson Barbara Carrara, R.N., M.S.N.**

### Development and Recruitment

At each of these facilities, IE team members received leadership support to reserve space and convene the groups. Because the planners' purposes for holding the groups differed, each site employed its own criteria for developing the questions and choosing participants.

leadership has very little leeway in how to distribute funds."

Participants in Ms. Carrara's focus groups were recruited from hospital departments, which had given the facility especially low scores on Psychological Safety. With leadership and union support, the PE Committee e-mailed invitations to targeted staff. In addition to communicating the purpose of the focus groups, the invitations stated that managers would not be allowed to attend, and that participants' responses would be confidential.

*"As a result of participating in the focus groups, employees told us that they were feeling more engaged. We heard suggestions on how to improve policies at our VA, the importance of getting input from Veterans and frontline staff, and of communicating changes throughout the system."*

—Yakov Gertsberg, M.D., EC Coordinator,  
Jesse Brown (Chicago) VA Medical Center

In Detroit, Dr. Haque worked with the Chief of Facility Education, who had previous experience with focus groups. They invited clinicians from various services, and asked Chief of Staff Scott Gruber, M.D., to help select people from a variety of services and clinical backgrounds. "Dr. Gruber took a personal interest in getting this focus group off the ground," said Dr. Haque.

To prepare questions, Dr. Haque noted, "Before I could lead the focus group, I had to educate myself about resource allocation." Questions covered participants' general understanding of the RA process and preferences for receiving information.

"The Chief Financial Officer opened the discussion with a summary of the RA process," said Dr. Haque. "Without her grounding, the focus group would have been random and unfocused. Instead, you could tell by their questions that participants were learning important information, such as that

Ms. Carrara and the PE Committee received guidance on conducting the groups from experienced Committee members. To ensure consistency, one Committee member attended all sessions. They developed their questions by rewording actual AES questions. "And we also asked them what they would change if they were in charge for a day," she said. They kept the questions simple and asked about one topic at a time.

In Chicago, two ethics consultants and a PE team member — one of whom had had prior experience with focus groups — led the groups. Together, they developed the groups' structure and scripts, and they sent invitations to a randomly selected sample of employees from the entire facility. Supervisors and managers were excluded.

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# Focus Groups

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***“Leadership is firmly behind our efforts to make ethical quality improvements in part because of our success with this project.”***

—Barbara Carrara, R.N., M.S.N., PE Chairperson, Spokane VAMC

## Focus Group Contributions to Ethics Quality Improvements

The IE teams in all three facilities used the focus group data to improve transparency and spread knowledge of ethics and the IE program. Detroit expanded RA education efforts through the Director’s daily e-mail and monthly meeting, and a new presentation, Ethics Topic of the Month. The Council’s EL committee distributed talking points to help supervisors discuss RA with their staffs. “From the focus groups we realized we needed to spread an understanding of how VA allocates funds. In doing so, we also talk about transparency and education — that’s the ethics part of it. We needed to convey that RA is not mysterious,” said Dr. Haque.

The end result? “Now people recognize the ethics committee members more easily,” said Dr. Haque. “They ask about ethics concerns, and whether we can help them find solutions to their questions. There is also more awareness of the IE program, which was reflected in the 2012 IESS response rates. After receiving a substandard response in 2010, our 2012 rates were among the highest in our VISN. This all came out of the focus group.”

Dr. Gertsberg reported that he has seen a shift in how managers and top leaders in Chicago are focusing on the details between the performance measures, rather than just “getting to green.” For example, they are having discussions about doing what is best for the patient, as opposed to just following the policies.

Ms. Carrara reported that the number of requests to join the Spokane PE Committee grew exponentially, and that more staff were aware of the presence of IE within the facility. Most importantly, by initiating interventions based on the knowledge gained from the focus groups, the facility experienced a 13 percent improvement in Psychological Safety in one year. “That was huge,” she said. “Leadership is firmly behind our efforts to make ethical quality improvements in part because of our success with this project.”

## Participant Feedback and Lessons Learned

While noting that some groups were more

“gregarious” than others, Ms. Carrara reported that “this is, by far, the best manner in which to gather employee input.” She continued, “We heard over and over how much the staff appreciated that someone was really interested in what they had to say.”

“We also learned that our staff is hungry for information on a wide range of subjects,” she said. “They want to understand why certain decisions are made, not just that they were made. And they not only want to know what affects them directly but what is affecting the hospital, the VISN, etc. Their thinking is more global than they were being given credit for.”

Dr. Gertsberg in Chicago had a similar experience. “Focus groups are a great tool for learning information; you just need to be ready to deal with all the feedback,” he said. “As a result of participating in the focus groups, employees told us that they were feeling more engaged. We heard suggestions on how to improve policies at our VA, the importance of getting input from Veterans and frontline staff, and of communicating changes throughout the system.” The main challenge he encountered was in eliciting participation; only 10 percent of those invited responded to the invitations.

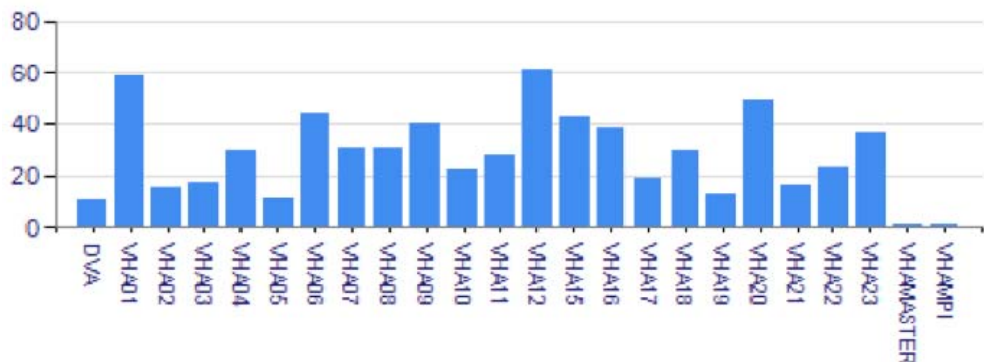
In Detroit, while most of Dr. Haque’s invited group was willing to participate, he had difficulty scheduling the meeting. “Trying to get so many people together is not an easy task. Also, questions need to

be fine-tuned. Process notes are important to get the ‘tone of the group.’” Dr. Haque’s experiences underline some difficulties in focus group administration. Having multiple focus groups can be important to test questions and adequately gather useful data. And to ensure that the focus groups yield quality data, a note taker is essential.

Focus groups do have some drawbacks (see Module 4 of Preventive Ethics: Beyond the Basics training). They require extensive planning, staff time, and a skilled facilitator to prevent the discussion from getting off track. The group setting may inhibit participants from talking openly and honestly about some topics, especially when the mix of participants includes supervisors. And those who volunteer to participate may not fully represent the population the groups’ organizers are targeting.

Focus groups can be an efficient way to gather information from multiple people in one session. Asking people’s opinion helps them feel more engaged in data gathering and the decision-making process. Synergies can emerge from the group process as participants build on each other’s ideas. As demonstrated by the Detroit, Spokane, and Chicago facilities, focus groups can be important resources for identifying exactly why members gave particular survey answers and how the facility can tailor responsive improvement projects.

## IESS Dashboard Unique Users (by VISN)



Since October 1, 2012, the IESS Dashboard has received 3,352 hits/visits from 666 unique VA users. If you need assistance with the dashboard, please contact [VHAIES-Shelp@va.gov](mailto:VHAIES-Shelp@va.gov).

# NCEHC Recognizes Top IESS Marketing Achievements with Marketing Awards

Just days before the IE Staff Survey (IESS) closed, the National Center for Ethics in Health Care (NCEHC) field support team notified all IE Program Officers (IEPOs) that it would reward the three IEPOs whose facilities received the overall highest response rates, and the three IEPOs whose facilities showed the largest increase in survey participation from the time of the notification until the close of the survey. The purpose of the awards was to encourage IEPOs to sustain — and intensify — their marketing efforts for the final days of the survey period. Purchased with private

funds, the awards were translucent five-inch stars inscribed with the title of the award. The winners were as follows:

## Top Marketing Award

Highest overall response rates

### Syracuse VAMC

80.1% participation  
Chris Kissel, IEPO

### Tampa VAMC

75.8% participation  
Gloria L. Hilton, IEPO

### Canandaigua VAMC

74.4% participation  
Judith Zabko, IEPO

## Marketing Achievement Award

Most improved response rates between August 16-20

### Dublin VAMC

38.0% improvement  
Diane Sullivan, IEPO

### Roseburg HCS

26.0% improvement  
Michael Gillespie, IEPO

### Bath VAMC

18.3% improvement  
James Jenkins, IEPO

The winners reported using several methods that contributed to their success. At the beginning of the survey, Mr. Kissel asked all Syracuse Care/Service Line Managers to personalize and send out the following message to their employees, making sure that recipients could access the link:



**Christopher P. Kissel, Esq., IEPO.**  
Syracuse VAMC

“I am encouraging you to take this ethics survey. It only takes a few minutes. We hope to use the results of this survey to understand how we have improved our ethics practices and where we have additional opportunities for improvement at our facility. To complete this Internet-based survey, click on the link below (no work-group codes required!): [www.VoiceOfVA.org](http://www.VoiceOfVA.org).”

“The main factor in our success,” said Ms. Hilton, “was that we worked together as a team. Compliance and IE staff collaborated, and the IE Council and others took our lead. I made personal calls to supervisors and shared some of the promising practices that we were doing.”



From left to right: Gladys Worlds, PEC Coordinator; Gloria Hilton, IEPO; Aimee Tapia, PEC Member; Sarita Stone; and Rafael Aponte, PEC Member. Tampa VAMC

## IEPOs Speak: Tips for Promoting Participation in the IESS

### Demonstrate the Convenience of Taking the Survey

- Emphasize the BRIEF completion time.
- Set up a common area with computer terminals for employees to take the survey.
- If your facility has training days, place the survey on the “to do” list for the next training day.

### Inspire Drive and Competition

- Share participation rates for your facility and VISN; use a horse race or thermometer image to show progress.
- Craft incentives for reaching the target participation rate such as jeans at work day, free pizza day, or Director in a dunk tank.

### Create Value

- Publish survey outcomes to demonstrate importance; include examples of improvements initiated from prior results.
- Share results with staff and leaders.
- Send out “why I took the survey” messages to employees in waves: first from the

union, then senior leadership, then employees.

- Send union support messages.
- Use daily ethics quotes and teasers in newsletters and bulletins.

### Online Promotion

- Have the Director, senior leaders, or line leaders send personal messages to all employees to encourage participation.
- As IEPO, provide each leader and supervisor in the facility with custom e-mails to send out to their respective staff, and ensure that all employees receive regular reminder e-mails.
- Include survey link on facility Web site.
- Place a link to the survey on SharePoint.
- Create pop-ups with a direct survey link that appears when employees log into their computers.

### Visible Communications

- Place posters and flyers throughout your facility.

- Use facility digital signage (e.g., plasma monitors).
- Include survey information in bulletins, newsletters, and announcements.
- Create a fun video with a “no excuses” theme.
- Create an inspirational video featuring senior leadership and employees to market the IESS.
- Share videos, include video link in employee e-mails, and post on the TMS or facility Web site.

### Word of Mouth

- Mention the survey in all leadership meetings, staff meetings, and town halls.
- Ask senior leadership to talk about IESS to staff during their leadership rounds.
- Ask everyone you see to complete the survey.
- Hand out business cards with information about the survey.
- Wear an “IntegratedEthics Staff Survey” sign around the facility!!!

# “Ethics Is Part of Our Job”: IE Program Champion Peter Mills



*In February 2013, Integrated Ethics will officially celebrate its fifth year of implementation across VHA. To acknowledge this milestone, IntegratedEthics in Action will publish profiles of field members who have contributed to the success of the program throughout this period. These features will share accomplishments and the insights of the IE Program Champions. We hope their experiences will inspire the IE community.*

**Peter Mills, Ph.D., M.S.**, of White River Junction VA Medical Center, chairs the facility’s Clinical Ethics and Preventive Ethics committees, and co-chairs the IE Council with the facility Director. Beyond the facility, Dr. Mills serves as the VISN 1 Point of Contact and was a faculty member for the Preventive Ethics: Beyond the Basics trainings held August 2011 and September 2012.

## How did you first become interested in ethics?

In college, I earned a degree in philosophy and took courses in ethics. My first philosophy course was in modern ethics, where we discussed issues like abortion, euthanasia, and personal choice. I was so fascinated by these topics that I changed my major.

## How did you become involved with IE?

Since 2002 I had served as the chair of our clinical ethics committee. When our facility was invited to join the IntegratedEthics Demonstration Group (that piloted the program), I accepted. Being interested in organizational ethics, I had wanted our ethics program to grow beyond doing clinical ethics consults.

## Regarding your facility IE program, what is your proudest moment?

I truly appreciated that we were selected to be part of the Demonstration Group. Also, I am very pleased that we have been able to convince our facility leadership to really buy in and become a part of ethics, which has translated into improving the

way we treat our patients. At White River Junction, we really think about ethics and what is the right thing to do.

## What challenges have you faced in implementing IE?

Because we have had a great deal of turnover in our leadership in the past three years, we have been challenged to get new leaders involved in the program. I meet with new leaders as soon as I can to get them interested and involved in the program.

## What resources have you been able to devote to IE?

At this small facility we tend to wear a lot of hats. I think that we all think that ethics is part of our jobs and part of what we do here. We do not have dedicated positions in ethics at this time.

## How has IE contributed to the improvement of ethics quality at your facility?

Our program has improved the ethical treatment of our patients and staff in White River Junction in a number of ways, from making sure that DNR (do not resuscitate) orders are correctly entered into the system to helping staff understand the resource allocation decisions of our facility. We have also helped the VISN by providing education to other facilities and “leaders in training” at a yearly educational conference.

I also sit on the ethics committee at our affiliate and see how other ethics systems work. I think the VA system, while not perfect, is far ahead of the way ethics is done in the private sector.

**Editor’s Note:** *With so many to choose from, we regret that we cannot profile all of our long-time IE colleagues in this occasional series.*

## National Healthcare Decisions Day

**April 16** is National Healthcare Decisions Day! For more information related to advance care planning in VHA, please visit <http://vaww.ethics.va.gov>. Sign up for free at <http://www.nhdd.org> to find VHA materials related to advance care planning.

The Improvement Forum Call on **February 5, 2013** will share ideas for how to get started.

Center for Clinical and Translational Science and Training presents:  
**Empirical Bioethics: Emerging Trends for the 21st Century**  
February 21-22, 2013  
Kingsgate Marriott Conference Hotel, Cincinnati, OH

### Featured Presentations:

**Ethics and Evidence: What Data Can and Cannot Do for Bioethics**  
Daniel P. Sulmasy, M.D., Ph.D., University of Chicago

**Is Human Nature Ready for Autonomy: What Behavioral Science Teaches Us About the Limits of Shared Decision Making in Medicine**  
Peter Ubel, M.D., Duke University

**Ethics Companion Studies: Strategies, Successes and Setbacks**  
Rebecca D. Pentz, Ph.D., Emory School of Medicine

For more information and to enroll, contact: Bettie Durant, [bettie.durant@cchmc.org](mailto:bettie.durant@cchmc.org).

**Note:** *Financial assistance from NCEHC is not available for this course.*

Compliance  
and Ethics  
Week 2013



The Compliance and Ethics Week Planning Committee is busy preparing for C&E Week. Members are deciding on dates, determining a theme, and planning special materials for use during the week. Check future issues of *IntegratedEthics in Action* for more information!

**IntegratedEthics**  
Improving Ethics Quality in Health Care

# ANNOUNCEMENTS

## Call for Applications:

### 2013-2014 VA/University of Chicago Fellowship in Health Care Ethics Consultation

The NCEHC is now accepting applications for a one-year, intensive training opportunity for current VHA employees. The goal of the program is to develop a cohort of highly trained health care ethics consultation leaders across VHA. Up to three fellowships will be awarded for the 2013- 2014 program year. Applications are due February 15, 2013.

This fellowship is designed for VA physicians and other experienced health care professionals who wish to enhance their ability to serve as leaders in health care ethics consultation within VHA. Fellows are required to devote 50 percent time to the program during the fellowship year. The majority of the fellowship costs, including training and travel costs, and 50 percent of the fellow's salary (up to \$100,000) will be

paid by the University of Chicago and the NCEHC. Training and travel costs associated with participation in the program will not count against the facility or VISN travel reduction targets.

The fellow's home facility must commit to provide release time for the fellow to complete the program and salary support to enable the fellow to spend at least 50 percent time on paid IntegratedEthics-related activities for a minimum of three years beyond the fellowship year.

For more details about the fellowship, including a brochure and application, visit <http://vaww.ethics.va.gov/fellowship>. For further information, contact Barbara Chanko, R.N., M.B.A., at [Barbara.Chanko@VA.gov](mailto:Barbara.Chanko@VA.gov).

## Just Released:

### EL Improvement Project Checklist

A checklist for guiding IE Program Officers/ VISN Senior Leads or Ethical Leadership Coordinators in the design and implementation of their Ethical Leadership (EL) improvement projects is now available at:

[http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/201314\\_el\\_imprv\\_prjct\\_chklist\\_tool\\_v4.pdf](http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/201314_el_imprv_prjct_chklist_tool_v4.pdf)

Based on an analysis of projects submitted in previous years, this rapid assessment offers questions that are key to meeting the NCEHC's EL performance metric (EL1).

Use of the checklist is optional, but it can help ensure that:

- Resources are devoted to EL activities that will prove meaningful to the facility or VISN.
- The project improvement opportunity, goal, and strategy are aligned.
- Improvement will demonstrate measurable project impact and value.
- The project team has considered the resources that will be required to sustain and spread project activities.

Areas covered include project selection and planning, implementation, evaluation, and sustainability.

For questions, contact Basil Rowland at [Basil.Rowland@va.gov](mailto:Basil.Rowland@va.gov)

## News from the NCEHC Ethics Consultation Team. . .

### Guidance for Ethics Consultation Performance Reporting Requirements

To support achievement of Fiscal Year 2013 Ethics Consultation (EC) program metrics, the NCEHC has provided additional guidance in a supplement entitled, "Supplement to the FY 2013 IntegratedEthics Program Achievement: Goals and Reporting Requirements EC1 Program Met-

ric — Improving Use of the CASES Approach": [http://vaww.ethics.va.gov/docs/integratedethics/20121113\\_ie\\_ec1\\_tech\\_guide.pdf](http://vaww.ethics.va.gov/docs/integratedethics/20121113_ie_ec1_tech_guide.pdf). The supplement includes four examples of improvement plans that your facility can use to fulfill this year's program metrics.

Information about IE program reporting requirements is available (see links at right).

### Ethics Consultation Brochure for Patients and Families

The NCEHC announces the release of a new Ethics Consultation brochure. Developed with input from IE field staff, the brochure is designed to educate patients about ethics consultations. It shows users how an ethics consultation can help patients, families, and staffs make good health care decisions.

Local contact information can be added to the brochure. *(Note: If you are using Adobe Reader, you will not be able to save changes. Changes made using the Adobe Professional application can be saved.)* We encourage you to distribute the brochure as part of ethics consultation outreach. It is available here: <http://vaww.ethics.va.gov/integratedethics/communication.asp>. For questions, contact David Alfandre, M.D., IE Manager for Ethics Consultation, at [david.alfandre@va.gov](mailto:david.alfandre@va.gov).

1. FY 2013 IE Program Reporting Metrics and Technical Manual: <http://vaww.ethics.va.gov/integratedethics/ieprogrpt.asp>

2. Electronic EC PAT available here: <http://vaww.infoshare.va.gov/sites/IntegratedEthics/layouts/xlviewer.aspx?id=/sites/IntegratedEthics/Ethics%20Consultation%20Information/Electronic%20Version.EC%20PAT.xlsx>

3. Upload a summary of the ECS PAT data to the Survey Monkey site by the end of Q2. The Survey Monkey site is available here: [https://www.surveymonkey.com/s/FY2013\\_ECS\\_PAT](https://www.surveymonkey.com/s/FY2013_ECS_PAT)

If you choose to collect data for EC2 on paper, the EC PAT and ECS PAT paper forms are available here: <http://vaww.ethics.va.gov/integratedethics/ECCtools.asp>

For questions, contact David Alfandre, M.D., IE Manager for Ethics Consultation, at [david.alfandre@va.gov](mailto:david.alfandre@va.gov)