



Integrated Ethics In Action

Promising Practices — Emerging Champions

Issue 18

VISN 17 Hosts Integrated Ethics Symposium, Includes Army and Non-Government Hospitals

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In response to requests from the VISN's physicians and nurses for ethics training, VISN 17 held its first network-wide ethics symposium on May 4. The conference drew nearly 200 participants over V-Tel from VHA facilities in San Antonio, Dallas, Coastal Valley Bend, Austin, and Brownwood, as well as the Carl R. Darnall Army Medical Center at Fort Hood, and several other non-government facilities.

The event featured three presentations. The first, on "Organizational Ethics," was given by Thomas C. Smith, III, FACHE; Director, Central Texas Veterans Health Care System. After providing definitions of "clinical ethics" and "corporate/business ethics" and discussing how their application can benefit an organization, Mr. Smith emphasized how leaders must play a key role in creating an ethical culture through philosophy (the leader's vision for ethics and integrity), structure (a formal method of ethical oversight, such as that provided by the IE program), and modeling ("living the culture we want"). "Senior management must talk ethical, act ethical, and provide resources for an ethics program," he said.

Among his suggestions for modeling ethics were to engage in constant communication and training on values that included "publication of failures and successes as a learning tool" and special training for front-line supervisors.

He also suggested leaders create an expectation for reporting issues that included a clear policy on non-retaliation, respect for everyone, constant measurement, and publication of the outcomes of investigations. "Make clear that every activity, even in crisis, must be done within the values of the organization," he said.



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Closing Ethics Quality Gaps:

Obtaining and Documenting Informed Consent for HIV Testing

June 27, 2012, is National HIV Testing Day. The National Center for Ethics in Health Care (NCEHC) is encouraging facilities to use this opportunity to review their local processes for obtaining informed consent for HIV testing, and to make any necessary improvements.

In 2009, VA removed requirements for obtaining the patient's signature consent for HIV testing. However, practitioners are still required to:

- Provide patients with written educational materials that contain specific information about HIV and HIV testing to enable them to make informed decisions;
- Obtain the patient's oral consent; and

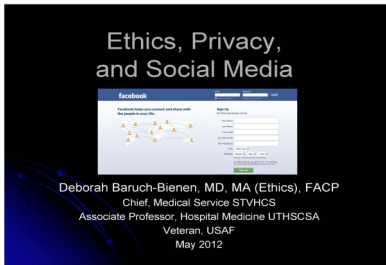
- Document that consent in the health record.

Based on preliminary data from limited chart reviews, we are concerned that practitioners may be obtaining the patient's oral consent for HIV testing but not routinely documenting it in the health record. To facilitate the documentation requirement, over 80 VA medical facilities have either developed their own clinical reminder or are using the HIV Screening Clinical Reminder tool at <http://vaww.hiv.va.gov/HIV/ppt/PACT-screening-clinical-reminder-dialogue.ppt>.

Electronic versions of nationally standardized HIV testing educational materials that meet policy requirements are readily available in the iMedConsent™ library.

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Veterans Health Care System, addressed “Ethics, Privacy, and Social Media.” She discussed how breaches of patient privacy and confidentiality can easily occur via social media, i.e., e-mail, instant messaging, blogs, and social networking—a problem that may grow more prevalent as technology evolves and younger people join the workforce. Particular risks include social media’s broader reach, the durability of its posted



content, and contributors’ temptation to share sensitive content because they feel invisible. She also shared the American Medical Association’s ethics recommendations for online behavior.

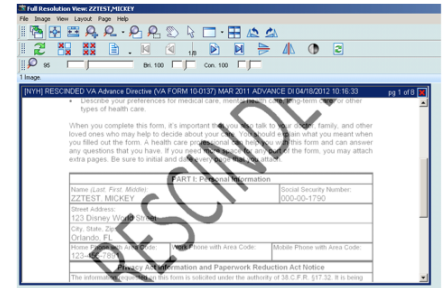
Chaplain Jon P. Tidball, M.Div., S.T.M., Lt. Col., U.S. Army (Ret.), Central Texas Veterans Health Care System, presented on “The Impact of Religion, Culture, and Race on Informed Consent.” His presentation highlighted differences in attitudes toward informed consent among African Americans, Euro Americans, Mexican Americans, and Korean

Americans. For example, in traditional Korean culture that continues to influence the values held by some Korean Americans, the head of the household expects to be informed of a family member’s terminal illness before the patient. The discussion focused on issues of obtaining informed consent from people of different cultures, and issues relating to religion and culture that arise during hospitalizations.

Although results from the formal evaluations have not yet been released, planning committee member Helene R. Harris, M.S.N., R.N., reported that participants found the symposium very informative—and leadership was enthusiastic. “Although we are in our third year of



ethics programming, this is the first time we have established a V-Tel connection with other VAs,” she said. “What’s nice is that this enables local community participation so that we can highlight what [facilities across our VISN] have done.”



Rescinded Advance Directive: New Watermark at All Facilities

The Office of Information and Technology and the Office of Health Information have released a software patch to add a watermarking function to the application that processes rescinded advance directives at each facility. Once installed, the patch automatically places the watermark, “RESCINDED,” on the image of an advance directive when a patient revokes his or her advance directive and an authorized user changes the progress note title from “Advance Directive” to “Rescinded Advance Directive.” This entire process takes only one step.

This function is not retroactive: advance directives that were rescinded prior to implementation of this software change will not contain the watermark. Also, advance directives can still only be rescinded at the local level. For example, if a patient has advance directives at sites A and B, and rescinds the advance directive only at site A, the advance directive at site B will remain in place (and will not bear the watermark). Accordingly, patients who receive care from more than one VA facility should be reminded to review their advance directives with their providers at each facility to ensure the most current version is in place so that the providers understand the patients’ health care preferences.

In addition, once a watermark is placed on an advance directive image, it cannot be removed. Even if it was accidentally rescinded, an advance directive cannot be reinstated; the patient must complete a new advance directive for entry into the electronic health record.

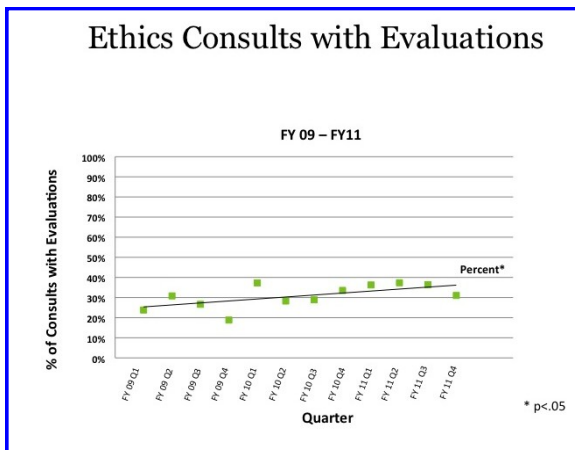
For questions regarding this new patch, contact Paul Tompkins, NCEHC Program Analyst, at paul.tompkins@va.gov.



Recent Presentation by IE Field Staff to Local Communities. . .

Donna Jane Montmeny, “IntegratedEthics: Improving Ethics Quality in Health Care,” Colorado Health Ethics Forum, April 26, 2012

Data Point: Evaluations of Ethics Consultations Increase



This graph demonstrates that the percentage of all ethics consultations with evaluations by requesters and other participating staff reflects a significantly increasing trend between 2009 and 2011. VA Ethics Consultation Services are commended for their continuing efforts to identify opportunities to improve their ethics consultation services.

ANNOUNCEMENTS

NCEHC Seeking Nominations for the 2012 William A. Nelson Award

The National Center for Ethics in Health Care (NCEHC) is currently accepting nominations for the 2012 William A. Nelson Award for Excellence in Health Care Ethics. The deadline is July 2.

Each year, the award recognizes an individual who has demonstrated a long-term commitment to promoting ethical health care practice in VHA (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. The award recipient receives a plaque and a cash award of \$2,500.

For further information and a nomination form, go to <http://www.ethics.va.gov/activities/Nelson.asp> or contact Steven Spickler at 202-461-4102 or at steven.spickler@va.gov.

New ECWeb Guidance Posted to NCEHC Web site

A new frequently asked questions (FAQ) document for ECWeb is now available for download: http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/ECWeb_FAQ_20100908.doc

Designed as a handy reference for ethics consultants, the document describes how to change passwords, add users, add user roles, etc. It also includes dozens of helpful screenshots to guide consultants through each question.

Please direct questions about use of ECWeb or suggestions for information to include in this FAQ to David Alfandre at David.Alfandre@va.gov.

Pocket Cards Now Available to Advertise the Ethics Consultation Service

Thanks to the efforts of Althea Blackwood, Ethics Consultant at VA New York Harbor Health Care System, more people — including Veterans and families — now know about the ethics consultation service at her facility. As part of Compliance and Ethics Week activities, she conceived the idea to hand out pocket cards to advertise the service. Recipients included all VHA employees, Veterans, and family members.

"We wanted each recipient to know who to contact should they have an ethical concern. The cards can be placed on a desk or tacked to a bulletin board for easy access," she said.

The cards were well-received. "Staff and Veterans were delighted to know that our facility had an ethics consultation service that they could contact if they have any ethical concerns," Ms. Blackwood explained.

For facilities interested in making their own cards, blank templates are available on NCEHC's Website on the page with IntegratedEthics Local Support Materials, <http://vaww.ethics.va.gov/integratedethics/communication.asp>.



New Ethical Leadership Activity: Value Discussion of the Month

NCEHC recently released a new Ethical Leadership activity, "Value Discussion of the Month." This series of brief exercises is designed to promote discussion of VA Core Values (ICARE) and other organizational values, and is adapted from an activity created and conducted at VA Providence Medical Center. Leaders at all levels, including committee chairs, can use these discussions to help employees articulate their individual values, respect the different values of other people in their workgroup, and improve mutual understanding of how individual values impact the work of the group.

To download a copy of this activity for local use, please visit <http://vaww.ethics.va.gov/integratedethics/ELCtools.asp>.

Field Feedback on Reasonable Timelines for Policy Revisions

NCEHC routinely seeks feedback from field members on various issues. For example, as part of its process for revising numerous national policy handbooks, the VISN IE Points of Contact and IE Field Feedback Group were recently polled on how much time they would need to modify local policies or procedures after receiving notification that national policy had changed.

Most respondents reported that six months was "reasonable and realistic." Several others stated that timeframes could vary from three to 12 months, depending on the complexity of the revisions and related processes. As one respondent put it, "It depends on how much change is required at the facility level. If little to no change is required, then we would need three months. If more change (such as staffing) is required, six months or longer may be necessary."

"The NCEHC Policy group will use this input to establish policy timelines for when revisions need to be implemented by the field," explained Karen M. Rasmussen, M.D., NCEHC's Chief for Ethics Policy.

If you are interested in joining IE's Field Feedback Group, contact Basil Rowland at Basil.Rowland@va.gov.