IntegratedEthics in Action

Issue 11

The Patient Advocacy Program's Invaluable Role in Linking Veterans to IntegratedEthics

In every facility, the Patient Advocate is uniquely positioned to learn about the ethics issues of Veterans, family members, and friends. Because they are not members of any bed section, treatment team, or leadership body, Advocates can be an unbiased resource for listening and responding to concerns that patients have not been able to resolve, or have not felt comfortable resolving through normal channels. Some of these concerns are conflicts related to values that could most effectively be addressed by the ethics consultation (EC) service or even through a Preventive Ethics (PE) ISSUES cycle. Partnering with the Patient Advocate can expose ethics consultants to more cases that relate directly to patient care, and give PE team members differing perspectives on facility issues that the team may need to address. In addition, the IntegratedEthics (IE) Council can provide a venue through which the Advocate can address process improvements and other ethics concerns with leadership in a supportive environment.

In this article, ***Judith A. Harris, RN, Patient Advocate and Member, Ethics Consultation Committee at the Bath (NY) VA Medical Center****, discusses how she triages patient problems for ethics concerns and works closely with IE committees to educate their members and handle ethics issues. Although she has served as a member of Bath's EC service for over 15 years, Ms. Harris offers suggestions for how IE teams at other facilities can partner with their Patient Advocacy programs in the absence of such a long history of collaboration. In addition, she shares how Advocates can reach out to their facility's IE programs and give patients more ways to communicate their sensitive issues, such as by installing a Communication Box (see sidebar).*

Featured Facilities

1 Bath (NY) VAMC

5 Washington, DC VAMC

Overall, how can the IE program help Patient Advocates in their work with patients and families?

When looking at difficult issues, it is always helpful to hear the opinions and recommendations of other staff who have different skill sets. The ethics consultation service can consult and review issues brought to them by the Patient Advocate to determine if those issues include ethics concerns that might justify a consult. The Preventive Ethics team can review trends from patient contacts to identify if any of the concerns should or could become topics of ISSUES cycles.

What first steps should IE function coordinators take to build a closer collaboration with the Patient Advocate office?

First, the IE Program Officer (IEPO), Ethics Consultation Coordinator (ECC), and Preventive Ethics Coordinator (PEC) should get to know their Patient Advocate and invite that person to join the IE committees. The IEPO should probably make the initial contact and explain the IE program and why collaboration could prove beneficial for both programs. However, I do not believe that mandating membership or attendance is the way to go because you want only willing and interested team members. Showing an interest in Patient Advocacy and inviting the Patient Advocate to participate and share information would be a good start. If a facility has more than one Patient Advocate, the people sharing that role could also share responsibilities and alternate attendance.

National Center for ETHICS in Health Care

My immediate suggestions for how IE team members can begin collaborating more directly with the Patient Advocate office are as follows:

1. Sit down with your Patient Advocate and review data and reports to identify trends that may include ethics components.
2. Involve your Patient Advocate in the IE program as a member of Consultation and/or the IE Committee.
3. Make sure your IEPO develops a good working relationship with your Patient Advocate.

How do you currently serve the IE program at your facility?

I sit on both the Ethics Consultation and IE Committees. As the Consultation Case Evaluator, I provide consultation reports to the IE Committee and monitor performance improvement initiatives. I first became involved in ethics work at the facility as a representative from Quality Management to our local Ethics Advisory Board in 1994. We basically did consults. As our team developed, we asked the Patient Advocate to join. By the time I accepted the role of Patient Advocate over 6 years ago, I had become chair of the advisory board. Consequently, when the IE program was established, I was already very knowledgeable about ethics, as well as the skill sets that were required in this area.

This year, I also began presenting ethics cases monthly to the IE Committee as part of its educational program. Examples of items I have discussed include a nurse who provided care for her father-in-law at one of our CBOCs, a next of kin who refused input for consent for a procedure, and a home care patient on oxygen who also smoked.

The Consultation Committee initiated this idea as a way to increase members' knowledge related to handling ethics concerns. This topic is now a standing agenda item and the Medical Center director (who chairs the IE Committee) continues to be very supportive of the presentations because he can use the information in a variety of ways. For example, he may present the information at meetings of leadership or staff to heighten awareness of concerns as they relate to specific areas of the facility, or refer issues for further examination to the Preventive Ethics team. He has also shared content from the presentations in our weekly electronic staff bulletin.

Contributors to this issue

Bath (NY) VA Medical Center

- ***Judith A. Harris, RN***, Patient Advocate and Member, Ethics Consultation Committee

Washington, DC VA Medical Center

- ***Daniel J. Day, LICSW,*** IE Program Officer
- ***J. Steuart Richards, M.D.,*** Ethics Consultation Coordinator
- ***Ramona Griffin, RN,*** Preventive Ethics Coordinator
- ***Martin G. Wiseman,*** Director, DCVAMC Business Office

How do your dual roles as Patient Advocate and member of the IE team enhance your work in both areas?

Owing to my hands-on and consistent exposure to patients from across the facility, I have gained a broader perspective that enables me to understand and address issues in a more confident manner. The education I provide to the IE Committee has given members an enhanced insight into the day-to-day work of both programs and how they can work together to identify and resolve ethics concerns.

How do you, as the Patient Advocate, specifically work with the ethics consultation service at your facility?

Approximately 20% of the total ethics consultations and most cases involving outpatients come through my office. Since the advent of the IE program, we have seen an increase of about 5% per year.

When I suspect a problem presented to the Patient Advocate contains an ethics concern, I research the medical record; interview the patient, staff, and family; and send a secure e-mail to the consultation group that describes the issue and presents the case. For guidance in this process, I routinely utilize the infor-

mation and scenarios published in the IE program's EC primer. I collaborate with the EC chair and/or key team members to discuss the issue and findings. We either meet immediately (if the situation is an emergency), or discuss it at our next monthly meeting. Together we determine whether we have a case or non-case. The team will also determine if the matter fits a pattern of similar cases that could be referred to Preventive Ethics.

When a patient presents a concern that may include an ethics issue, the Patient Advocate should not hesitate to request assistance from trusted colleagues. I never assume that the patient is always truthful or correct, but rather believe in looking at both sides and talking with all parties involved.

Identify ethical components with your Patient Advocate

Involve your Patient Advocate in the IE program

Your IEPO and Patient Advocate should have a good working relationship

Can you provide a specific (de-identified) example of how a patient's ethics concern was successfully addressed through the collaboration between the Patient Advocate office and the EC service?

We had a young Veteran with behavioral health and substance abuse issues that were not being addressed due to his non-compliance with care and treatment. This Veteran did not have an assigned provider; he was accessing all care through the Emergency Department. The patient would receive medications for comfort and then leave Against Medical Advice before behavioral interventions or possible long-term medical issues could be addressed through Primary Care or Behavioral Health. He was exhibiting escalating behaviors that required both internal and external law enforcement interventions, and his living situation was becoming unstable. Staff initiated Disruptive, Threatening, Violent Behavior reports and the case was referred to our Behavioral Emergency Administrative Committee, of which I am an active member.

In the meantime, this patient also contacted the Patient Advocate office and requested that we transport him to another facility that did not view him as an alcoholic. I offered him services through our site, but he refused. At this point I referred his case for ethics consultation.

The ethical dilemma that concerned our staff was the cycle that allowed this patient to continue self-destructive behavior that was also disruptive and sometimes threatening both at our facility and in the community. Staff did not believe it was ethical to continue to provide systematic relief without treating the underlying causes of his needs.

After determining that we did have an ethical responsibility to help the patient, the EC service recommended that clinical staff meet with him. I took the recommendation to the standing Patient Interventional Team (of which I am a member) and invited additional staff from ER, Substance Abuse, and Behavioral Health. Even though the patient declined to meet with the team, the team developed a plan of care that would allow him to access much-needed services in a non-threatening venue.

Although the Veteran refused to participate in the treatment plan, I continued to monitor his medical record and hold phone conversations with him. Approximately two weeks later, after he had lost his housing, he agreed to come into the facility. We were then able to detoxify him without incident, transition him into the substance abuse program, and provide much-needed intense substance abuse treatment. Currently, he is still receiving treatment at our facility. As a result of this collaboration between the Patient Advocate office, the EC service, and the Patient Interventional Team, this Veteran's health issues are being treated, and he is gaining control of his life.

Have any ISSUES cycles been initiated as a result of patient concerns that were communicated to the Patient Advocate office?

Not yet. However, since adding a member from the EC Committee, the PE Committee is working more closely with the Patient Advocate to determine if any patient concerns should/could be addressed in an ISSUES cycle. Also, a member of the PE Committee now sits on the EC Committee. We are hoping these new committee memberships will serve to improve communications and processes between the two committees. I have also learned about the PE Committee's process for initiating an ISSUES cycle and am looking more closely at my data to identify trends. With this heightened awareness, I feel more prepared to work together going forward.

What can Patient Advocates who are not educated in ethics do today to reach out to their IE programs?

- At a minimum, Patient Advocates should be active members of the Ethics Consultation team.
- They should review the Joint Commission Standards to learn about the Ethical Standards and how we meet the standards.
- Patient Advocates should review the national, VISN, and local IE Program policies.
- Patient Advocates should receive an orientation to the IE program from their local IEPO.
- After doing all of the above, Patient Advocates should review their data to determine whether they can identify a link between their contacts and ethical issues that may need to be referred to the EC or PE teams.

The Patient Advocate Communication Box:
A Non—Threatening Way for Veterans and Families to Request Help

By Judith A. Harris, RN

Approximately three years ago, I mounted a Communication Box outside my office, and I check it at least twice per day. This is a private, secure, non-threatening venue where patients and family members can express concerns and requests for assistance. It is used frequently: approximately 5% of the Patient Advocate contacts come from the box, and many of these express ethical concerns.

The idea for the box arose as a facility-wide Customer Service Improvement Initiative to provide a non-threatening way for patients to communicate with facility staff. However, when the Patient Advocate Office was relocated approximately three years ago, I received leadership approval to install a box for the same purpose outside my door. An active campaign throughout the facility (including an IE brochure and an ethics consultation poster) urges patients and family to use the box or otherwise contact the Patient Advocate with their concerns.

We believe the Communication Box serves the following purposes:

- A non-threatening way to request help
- A place to initiate communication about patients' and family members' concerns
- An alternate means to communicate when staff are not available

Patients have frequently expressed gratitude that their concerns were addressed; some have even remarked that they were just blowing off steam and didn't expect any follow-up to their note!

We believe that, through the Box, we have received ethical questions that may not have otherwise come to our attention. The facility and staff benefit when we provide multiple ways for patients and families to express concerns, which then become our opportunities to improve care and services. The Box and the Patient Advocate are accessible to all patients across the facility.

Off to a Good Start: Introducing IntegratedEthics At the DCVAMC New Patient Orientation

> ***"Our goal is to empower Veterans with the information they need to utilize the entire range of VHA resources and, ultimately, to maximize their well being."***

Washington DC VA Medical Center is now providing information about its IntegratedEthics (IE) program to Veterans at the New Patient Orientation. That means new enrollees to VA get a good (and early) start at understanding the principles of IE.

Daniel J. Day, LICSW, IE Program Officer, J. Steuart Richards, M.D., Ethics Consultation Coordinator, and Ramona Griffin, RN, Preventive Ethics Coordinator, teamed up to adapt slides that were originally developed by the National Center for Ethics in Health Care. These slides describe the basics of IE that have been incorporated into the New Patient Orientation. The slides (which can be accessed at http://vaww.infoshare.va.gov/sites/IntegratedEthics/Local%20Ethics%20Education%20Documents/IntergratedEthics_orientation.ppt) explain the three functions of IE and provide names and contact numbers to facilitate patient access to IE leaders. Another slide outlines the domains of ethics specified in the IE program.

"Our goal is to empower Veterans with the information they need to utilize the entire range of VHA resources and, ultimately, to maximize their well being," explained Mr. Day. "This brief explanation of the IE consultation, preventive, and leadership functions is essential to understanding the IE model. In addition, listing the ethics domains provides education and helps Veterans identify the range of issues addressed in IE."

The idea emerged from discussions with ***Martin G. Wiseman, Director, DCVAMC Business Office.*** Mr. Wiseman, co-chair of the Patient Orientation program, also serves on the IE Leadership Council. "During Patient Orientation we always talk about our Core Values but never really expressed how our IE program supports those values, both administratively and clinically." Mr. Wiseman explained. "We want Veterans to understand the role of our multidisciplinary team in assisting Veterans with ethics concerns as they relate to patient rights and treatment." ***Medical Center Director and IE Leader Fernando O. Rivera*** wholeheartedly supports the idea.

Mr. Wiseman first presented this material in September 2010, and reported that it was well-received. In addition to showing the slides, he also described how considering ethics in treatment planning can help resolve difficult decisions.

"I mentioned a dilemma we faced with a ventilator-dependent Veteran who required long term placement. Unfortunately, DCVAMC does not have a ward for long-term vent care and it was not possible for the family to provide the care needed in the home setting. The Veteran's family would not cooperate with the Veteran's transfer to the VA long-term care facility in the VISN. We needed the services of IntegratedEthics and VA Regional Counsel to help the family through this difficult transition of the Veteran to the facility."

Mr. Wiseman shared this story with the new patients to impress upon them that even in the most difficult of situations, we have processes and procedures in place to ensure that Veterans obtain the care they need – from both medical and ethical perspectives. "If Veterans or their family members have questions or concerns, the IE program provides an avenue," said Mr. Wiseman. "And I always highlight that Dan Day is the person to call."

According to Mr. Day, the presentation conveys the following important messages for Veterans:

- VHA and the VAMC leadership are com-

mitted to fostering an ethical culture and environment throughout the whole organization.

- Any questions concerning ethics are welcome, and consultation is readily available to Veterans and families.
- VHA and DCVAMC are interested in being proactive regarding ethics issues and are open to working on systems to prevent ethics problems.
- VHA and DCVAMC are committed to ethics excellence in all domains: clinical, interpersonal, management, and business operations.

Going forward, Mr. Wiseman will work with the DCVAMC Office of Public Affairs to create a three-minute video presentation featuring the IE coordinators describing the program and their roles.

What was the IE team's ultimate objective for offering this patient education?

"We want to call attention to the centrality of ethics to good health care, educate patients on ethics in health care, and inform them that IE is an appropriate forum for resolving ethics conflicts," remarked Mr. Day. "When needed, Veterans should know that DCVAMC IE services are there for them."

Looking for . . .

IntegratedEthics Technical Assistance?
http://vaww.ethics.va.gov/integratedethics/TA.asp

National Ethics Teleconference call summaries?
http://vaww.ethics.va.gov/pubs/netsum.asp

National Ethics Teleconference call schedule?
http://vaww.ethics.va.gov/activities/net.asp

National Ethics Committee reports?
http://vaww.ethics.va.gov/pubs/necreports.asp

Ethics-related pandemic influenza material?
http://vaww.ethics.va.gov/activities/pandemic_influenza_preparedness.asp

IntegratedEthics Reference materials?
http://vaww.ethics.va.gov/integratedethics/ieresources.asp

Developed by the IntegratedEthics team at the National Center for Ethics in Health Care, 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: integratedethics@va.gov.