

DEVELOPING THE REQUISITE STRUCTURES AND SUPPORTS FOR A ROBUST PREVENTIVE ETHICS PROGRAM

In order to successfully complete an ISSUES cycle, Preventive Ethics (PE) teams need knowledge of prevalent ethics issues within their institution, experience in quality improvement approaches (e.g., ISSUES), commitment from their members, and the cooperation of stakeholders, including leadership. Unfortunately, without careful planning, these resources may not always be available. For example, after an ethics quality gap is identified, how can team members with sufficient time, knowledge, and expertise be recruited to take the lead in executing the cycle? How can they ensure that their work will result in a systemic improvement in ethics quality in their facility or VISN?

In this issue of *IntegratedEthics in Action*, PE team members from VA Greater Los Angeles HCS, VAMC Augusta (GA), VISN 7, and VAMC Durham (NC) describe innovative approaches that they have developed to build effective PE programs.

At Greater Los Angeles, **Linda S. Surapruik** has been instrumental in assigning trainees from the high-profile Administrative Training Program to PE projects. In her article, she discusses how the trainees have applied their project-management and evaluation expertise to ISSUES cycles, which not only has facilitated their completion, but has also increased PE's visibility and value across the facility – and demonstrated the importance of considering ethics issues when making high-level decisions.

Storm Morgan and **Regina Carden** discuss the structure and work of VISN 7's PE Subcommittee that reports directly to the *IntegratedEthics* Advisory Board. They also share its accomplishments in addressing cross-cutting ethics issues, and providing oversight and guidance to facility-level PE efforts.

Led by **Jill Lowery, Psy.D.**, and **Sandy Cobo**, Durham's PE program has created a new process for recruiting and educating a diverse pool of PE Team members from across the facility. As a result, they were able to complete three ISSUES cycles within less than a year – and expect to complete four more this year. ❖

VA GREATER LOS ANGELES HCS'S ADMINISTRATIVE TRAINING PROGRAM: DEEPENING AN AWARENESS OF ETHICS THROUGH ACTIVE INVOLVEMENT WITH PREVENTIVE ETHICS

An interview with **Linda S. Surapruik, JD, MPH**, Chief Compliance Officer and *IntegratedEthics* Program Officer (IEPO), VA Greater Los Angeles Health Care System.

What is the Administrative Training Program?

This umbrella program oversees administrative fellowships, residencies, and internships at VA Greater Los Angeles Health Care System (GLA). Its goal is to recruit individuals who have completed Master's degree programs in administration-related disciplines (e.g., health administration, public health, and business administration) who are looking for practical experience in health care management. Trainees complete rotations throughout the health system and work on projects such as program evaluations, strategic planning, performance improvement, and policy development and implementation. They also participate in career development and leadership activities. Throughout their tenure, they receive formal mentoring from the Director.

FEATURED FACILITIES

- 1 VA GREATER LOS ANGELES HCS**
- 4 VISN 7**
- 6 DURHAM VAMC**

The program is intended to train administrators who will move into administrator officer or high-level analyst positions directly after their training either at VHA or private-sector health care organizations. Through this program they learn the frustrations of working in a large academic medical center, the intricacies of project management, and, hopefully, the satisfaction of making an impact on an organization. Many students eventually move on to department chief-level positions or similar higher positions, including Associate Director and Director positions.

How did the decision to involve Administrative Trainees with the facility's Preventive Ethics (PE) program come about?

During a planning meeting of the IE "quadrad" (consisting of the three IE function coordinators and IEPO) in early 2008, we discussed not only subject areas for PE but also how we could find that "spark" to champion our efforts. We always have so many great ideas but find ourselves limited in resources. While some of our staff are subject-matter experts or know what changes can feasibly be made, we generally were lacking people with the expertise and time to serve as project managers and analyze data.

As chair of the Fellowship Board (which oversees the Administrative Training Program), I help coordinate the trainees' projects. When discussing potential PE projects, I realized that these were the types of projects we assign to our trainees; they could potentially be just the catalysts we needed. Their disciplines already stressed project management skills, including evaluation, data analysis, and perhaps more importantly, communication and collaboration. Having just spent two years in didactic learning, they are also enthusiastic and ready to make a difference; they want to put their educations to work.



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How are trainees oriented to ethics and the PE program? What have they experienced?

Before starting a PE ISSUES cycle, I meet with the trainees and share information about the IE program (including the PE primer) and how the specific cycle was selected. I highlight the relevant ethical issues and how they created or contributed to the identified concerns.



We discuss methodology for the project and strategize about what stakeholders to include.

The trainees are expected to take their ISSUES cycle(s) to completion or until they can make a logical handoff. Similar to their non-PE projects, they receive supervision from the Fellowship Board regarding project methodology and activities. The Board meets with the trainees on a weekly basis to ensure that projects are moving forward, and it provides guidance on navigating obstacles.

Some trainees have stated that incorporating ethics into the program has given them added depth. They now consider the ethical impact of their work and decisions that they and others make. Last year, one trainee shared that one of the reasons he chose our fellowship was that he would receive good mentorship under the Chair because he was involved in the facility's ethics program. Other trainees have noted the added quality benefits in their work because they are taking ethics into consideration.

The trainees' biggest challenges have been in the areas of implementing changes and getting buy-in from stakeholders, who often feel threatened by change because it implies they were somehow failing to perform. They may also feel that the process suggests that they have not behaved ethically. When such issues arise, our strategy has been to focus on the process or system problem that has created the ethics gap (which staff are often aware of), rather than presenting it as an ethics failure.

In addition, the individuals who need to be involved are often busy. We instruct trainees to stress the systems approach in addressing the ethics aspects of their projects and to encourage staff to be part of the solution. We also instruct them to be persistent in their pursuit of stakeholder time and attention.

What lessons or strong practices have been learned in involving the trainees in the PE program?

We have definitely learned that operating PE through work groups composed of trainees has been much more effective than attempting to utilize a PE oversight committee. The trainees have been able to function as internal consultants, and work groups are disbanded and/or adjusted to meet project goals. The students also consider ethics when they are working on non-PE projects. For example, when conducting reviews to determine if a program should be downsized or changed, they are now more inclined to ask for an ethics opinion, rather than just considering the financial or operational impact.

We also learned that the type of student greatly impacted the success of the collaboration. We originally partnered with a local university to provide practical experience for students who were working on their Master's degrees in Bioethics. Our plan was to assign smaller PE projects to these students that could be completed in a few months. However, we discovered that these students did not have any project management experience and that they were looking for academic practical experience, i.e., an area that we could not accommodate.

What have the trainees accomplished, and how has their work improved ethics quality at GLA?

Since 2008, our trainees have played a significant role in implementing most ISSUES cycles. We started off the 2010 fiscal year with a large ISSUES cycle addressing

ineligible patients. Prior to the advent of PE, work teams would likely have focused on the economics of providing care to ineligible patients and developing processes to facilitate early identification of such patients – and not addressed the ethical questions. However, because we had incorporated ethics into our trainees' curriculum, the trainees developed policy to ensure that treatment is halted at an ethically appropriate time and that appropriate referrals could be provided to such patients. They also communicated to stakeholders that we had an ethical responsibility to utilize resources for their intended purpose – the care and treatment of Veterans.

Our newest group of trainees have now completed a draft for a pet visitation policy and started working on a process to evaluate and improve communication with families of patients. The latter project was initiated after an analysis of the Bereavement Family Survey results for GLA identified communication with families as an area that could be improved.

Involving the trainees was really an obvious choice and had two very big benefits. First, connecting our PE projects to the work of the trainees (who are known throughout the health system for their high-profile projects) has given PE more exposure and facilitated more rapid progress than if we just set up the usual work groups. Second, and possibly more importantly, it introduced ethics as a major component of the work that our trainees do. This early ethics exposure will hopefully give them a heightened awareness of the importance of “doing the right thing” that will be ingrained for the rest of their careers.

Further, the program provides a new set of PE contributors each year and the resources to focus on PE work. (For regular staff, PE represents a collateral duty on top of an already busy schedule.) The project-oriented nature of the program enables trainees to focus more intently on PE assignments. Also, trainees bring project management and data analysis skill sets that most regular staff do not possess.

Trainee participation in the PE program has served to improve ethics quality at GLA by getting PE projects off the ground and implementing changes. I would definitely recommend this approach to other facilities that can invest in and support an administrative train-

Trainees noted added quality benefits in their work because they are taking ethics into consideration.

ing program. By blending PE work into an already existing and successful structure, we are training the next generation of administrators to hopefully be ethical administrators. This, in turn, promotes our goal of developing ethical leadership from the ground up.

Looking Ahead

We plan to continue to include trainees on PE projects and are looking to launch the GLA Ethics Institute in 2011, which will target trainees who want structured exposure to ethics. The Ethics Institute will offer Ethics Consultation and Ethical Leadership rotations in addition to PE work. The target for this program will also include clinical trainees in addition to administrative trainees. In later years, we hope to eventually offer the program to all staff. ❖

SUPPORTING PREVENTIVE ETHICS FROM THE TOP: VISN 7'S PE SUBCOMMITTEE

Contributors:

Storm Morgan, RN, CRRN, MBA, Acting Office of Nursing Services Patient Aligned Care Team Program Manager, Veterans Integrated Service Network (VISN) 7 Preventive Ethics Coordinator (2009-2010), Charlie Norwood VA Medical Center, Augusta, GA.

Regina Carden, Business (Accounting), VISN 7 Health System Specialist, VISN 7 IEPOC (2010-present), VA Southeast Network, Duluth, GA.

Background and structure

Charged with the responsibility of launching the Preventive Ethics (PE) program across the VISN, the first VISN Point of Contact, Anita Willard, formed VISN 7's subcommittee for PE in February 2008. According to Ms. Willard, its initial purpose was to "support our collective and individual success, ensure engagement, facilitate progress with the performance measures (PMs), and help me be as knowledgeable as the facility PE Coordinators (PECs) about PE processes."

Facility PECs at the VISN's eight medical

centers are automatically members of the VISN PE Subcommittee, and bring different expertise, focus, and perspectives. Several facility PECs have voluntarily taken turns chairing the subcommittee, and they have usually been assisted by another PEC who acts as VISN Co-chair. Responsibilities of the Chair include serving as a PE subject matter expert/advisor; providing guidance, mentorship, and support to the VISN Co-chair and facility PECs; and disseminating information related to PE (including business ethics topics from IG Reports and other sources) to help facilities meet their PMs. The Co-chair usually starts in a mentee role and gradually assumes more responsibility. During times of transition, the departing Chair also provides advice and expertise.

Historically, attrition of PE Subcommittee members at the facilities has also resulted in changes in VISN Subcommittee membership since the same people fill both roles. Recently, however, in order to improve the VISN membership, VISN Subcommittee members decided to expand their membership beyond the facility PECs to consider people with general ethics experience or interest. When a new Co-chair is needed, the members describe the duties, expectations, available training, and the expected time commitment (of one year) during their monthly call, and ask for a volunteer from a facility that has not yet filled that role. So far, they have experienced no difficulties in filling the position.

How has the Subcommittee supported the VISN's PE work?

The subcommittee has enhanced communication between the VISN IE Advisory Board (IEAB) and facilities. For example, the IEAB provides the subcommittee with a report update after each monthly meeting. Deadlines are reviewed and members learn about IE actions on a broader scale, especially related to PE outside of their facilities. In addition, the subcommittee regularly monitors progress toward deadlines and reports findings to the IEAB. The subcommittee provides advice and assistance for meeting PMs, and serves as a forum for sharing documents, education, or processes to complete requirements. As needed, the IEAB provides guidance or commits resources to assist facilities while

problems and delays are still minor.

The subcommittee also addresses VISN cross-cutting ethics issues that affect all of the VISN's facilities. Ideas are generated and discussed during meetings and communicated to the IEAB. For example, after reviewing IE Staff Survey (IESS) results to identify and prioritize issues to discuss at the 2009 VISN 7 IE Conference, the subcommittee agreed to address end-of-life care. In 2010, it chose to address resource allocation, which had also been identified as a top gap in the IESS. After considering all such recommendations, the IEAB selects the topics for the VISN-level ISSUES cycles.

Finally, the subcommittee serves as a general source of knowledge, expertise, and assistance to individual facilities. For example, facilities receive ideas for ISSUES cycles and mentoring from the VISN PEC. Even if they cannot attend meetings, all members learn about the subcommittee's activity through the minutes.

What has the Subcommittee accomplished?

In 2009, the subcommittee addressed end-of-life care as a cross-cutting ethics issue. One facility had developed an educational program to address specific aspects of end-of-life care, which was then revised to meet the more comprehensive needs of all of the facilities in the VISN. This effort rendered the program more effective and reduced the time that would have been required to develop facility-specific materials.

The subcommittee also partnered with the VISN IEAB to plan and oversee the 2010 ISSUES cycle related to resource allocation. In an effort to include the facility fiscal officers, the VISN PEC and IEPO presented education about the VISN-level PE program, the IESS, and this cross-cutting ISSUES cycle at a VISN fiscal meeting and requested members' active facility-level involvement. For example, one facility determined that the greatest concern involved the hiring process. The Fiscal Officer and other senior managers worked with the local PE committee to revise the process and

then embarked upon a mass education campaign. They realized they needed to increase: 1) available resources to disseminate information to the facility, and 2) communication between upper management and staff. Facilities are still evaluating outcomes and endeavoring

to sustain the changes. The subcommittee continues to discuss the status of this collaboration so the members can stay informed and follow up when necessary.

In addition to addressing cross-cutting ethics concerns, the VISN PEC, along

with the VISN POC, also reviews facilities' progress on ISSUES cycles during each meeting and provides feedback regarding ways to more clearly articulate the ethics issue or strengthen cycle activities. This dialogue provides a forum where facilities can learn from and support each other.

The VISN PEC is now also focusing on mentoring new facility PECs to improve their effectiveness. As the experience and expertise of members increases, mentoring may also be offered on a more widespread basis.

What lessons/strong practices have you learned that could help other VISNs in their efforts to form similar subcommittees?

VISNs need to foster effective facility committees that are engaged, motivated, and able to fulfill goals despite time constraints. Subcommittee members must be able, for example, to attend the VISN meetings and also motivate others at their facility to get involved.

While the subcommittee has encountered several challenges, those challenges are not necessarily unique to the VISN PEC role or the VISN IE structure. Rather, they are primarily related to a lack of subcommittee members' PE expertise due to inexperience or limited time to dedicate to the responsibilities of the roles. Since PE work is collateral to other full-time responsibilities, facility PECs frequently struggle to attend conference calls or are unable to meet established timeframes. IE fund distributions are made by the VISN IEAB, of which the VISN PE Subcommittee Chair is a member. The Chair will advocate for additional resources by informing the IEAB of challenges in fulfilling role obligations, including the difficulty of meeting con-

The PE Subcommittee enhances communication between VISN IEAB and facilities.

fluctuating obligations when the PEC role is a collateral duty.

“I can’t stress enough the importance of eliciting leadership support to give both facility and VISN PECs dedicated time to complete the PE requirements,” said Storm Morgan. “This includes time for training and meetings as well as shadowing others who are experienced in the facility and VISN roles. When these roles are considered a collateral duty, members often do not have sufficient time to provide the quality that the program deserves.”

“Overall, however, I recommend forming a VISN-level subcommittee because it can provide a knowledgeable source for additional support, guidance, and coordination that facilities need,” she said.

Looking Ahead

While the PE Subcommittee had previously been the network’s only VISN-level ethics-related subcommittee, the IEAB has recently expanded this structure; a VISN Ethics Consultation (EC) Lead has been appointed and is in the process of developing a VISN EC Subcommittee. ❖

RECRUITING COMMITTED AND ENGAGED MEMBERS FOR THE PREVENTIVE ETHICS TEAM: DURHAM’S INNOVATIVE PROCESS

Contributors:

Jill Lowery, Psy.D., IntegratedEthics Program Officer (IEPO), and Sandy Cobo, Preventive Ethics Coordinator (PEC), Durham (NC) VA Medical Center.

In October of 2009, Jill Lowery, Psy.D., facility IEPO, and Sandy Cobo, the facility’s Compliance Officer and new Preventive Ethics (PE) Coordinator, set out to improve Durham’s PE Team. The team had been composed of seven busy employees who

had difficulty regularly attending meetings and completing tasks, largely due to their heavy workloads and multiple committee assignments. Moreover, only two people were performing the bulk of the work on the ISSUES cycles.

Believing there had to be a better way of completing the facility’s PE commitments, Ms. Cobo and Dr. Lowery first discussed how they could make the committee more exciting, vibrant, and active, and how to better distribute the workload. They knew they had to find “the doers, the shakers and the movers, the ones who could juggle two or three projects, and who loved a new challenge.” Dr. Lowery added that they wanted people “who were committed to improving the medical center but who were not overcommitted.” They were willing to bring on people who hadn’t ever done this kind of work as long as those new participants felt committed to improving processes and promoting the mission of the organization. They also decided to recruit enough people so that work groups could be created to focus on individual topics. That way, several ISSUES cycles could be completed simultaneously before the end of the fiscal year.

Dr. Lowery and Ms. Cobo reached out to their many contacts at the medical center to find interested people from a broad range of disciplines, including those in non-managerial positions who were known for their excellent work. They then met with these prospects individually to share information about PE, learn about their strengths, and gauge their level of interest. In order to join the team, each candidate had to commit to participate for one year, with the option to renew or opt out after that time, based on their interest and other commitments.

Twenty-one new members were recruited for the PE Team; approximately two-thirds had not previously been involved with PE activities or the IE program. They came from a diverse mix of clinical, business, management, and operations positions within the medical center: a Physician

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from the Emergency Department; a Physician Assistant from Cardiology; Nurse Practitioners from Cardiology and Hematology-Oncology; Social Workers from CLC, OEF/OIF, and Renal Clinics; a Neuropsychology Technician; a Medical Support Assistant from Cardiology; the Chief of Quality Management; the Assistant Chief of Fiscal Service; the Risk Manager; a Presidential Management Fellow; a Budget Analyst from Research; a Clerk from the PTSD Clinic; the Customer Service Coordinator; a Human Resources Assistant; a Patient Benefits Assistant; and a PTSD Research Assistant.

The new members attended a kick-off meeting and were asked to identify which of three ISSUES cycles previously chosen by the IE Council especially interested them. Based on their selections, the committee was then divided into three work groups, and each group was assigned an ISSUES cycle. The cycles addressed increasing transparency related to resource allocation decision making, establishing processes for employees to report serious ethics concerns without fear of retribution, and improving the mechanism for giving information about providers in the community to Veterans approved for fee-basis care.

According to Dr. Lowery, all but two members received the assignment they had selected – and these two were open to the one to which they were assigned. Once work groups were identified, each member was asked to note their work strengths and interests. For example, some people offered to make phone calls, others offered to coordinate meetings and/or take minutes, create PowerPoint presentations or fishbone diagrams, or present at meetings. Each group identified a leader and established meeting schedules; all groups decided to meet at least once every two weeks, which proved to be a key to maintaining momentum.

Dr. Lowery belonged to one group, and Ms. Cobo met every two weeks with the other two. In addition, both offered one-on-one oversight and recommendations. “We tried to give them the support they would need to accomplish the tasks of the ISSUES

cycle,” Ms. Cobo said. “In addition to education about the role of the PE team within the IE program, we provided training and materials about the ISSUES quality improvement process. By the time they arrived at the VISN 6 PE Conference, most had already accumulated some experience, so they were able to think through some of the roadblocks that they were encountering.”

All three PE work groups came together four times during the year: at the kickoff in January 2010, in April to present their progress, in June at the PE conference, and for final presentations to the IE Council at the end of September. Posters describing each work group’s completed ISSUES cycle were also displayed in the Medical Center during National Healthcare Quality Week in October. Some members also helped the Compliance Committee, the IE Council, and the Ethics Consultation Service staff a table in the main lobby of the Medical Center during Compliance and Ethics Week in May, where photos of team members and information about the ISSUES cycles were displayed. This outreach served to educate more people about the work of PE. “Now,” said Ms.

Cobo, “people are asking to join. We have a list of interested people for the next fiscal year, which is enough to form a fourth team.” Such enthusiasm even spreads to new employees, who regularly express interest after learning about the PE Team during new-employee orientations.

This method of selecting and running the PE Team has been an overwhelming success. After meeting for the first time in February, the three groups were each able to complete their ISSUES cycle by the end of the fiscal year – at least one more completed cycle than the previous PE structure would have been able to accomplish. In addition, many learned new skills, such as developing PowerPoint presentations, or creating fishbone diagrams in Visio. “They were so intent about it,” Ms. Cobo explained. “One group moved to weekly meetings when their task required more contact. People felt that they owned this process; they went into it with their eyes open. They knew success required shared effort, but that not too much work would be placed on any one member – and they are very invested in

New PE team members came from a diverse mix of clinical, business, management, and operations positions

making a difference.” They also spread the word about the committee’s work and PE in general to their colleagues – and kept a lookout for others who would make good members.

In October, Ms. Cobo interviewed the members to discuss their experiences with PE over the past year and whether they would be interested in continuing to participate. She found that the vast majority enjoyed their involvement on the PE Team and planned to stay on. In addition to beginning a new cycle, several have asked to conduct a follow-up to last year’s ISSUES cycle to make sure that their interventions continue to be effective. This illustrates the teams’ commitment to improving ethics quality and not just meeting a performance measure. And seven new people are waiting to be interviewed. “The more members we can bring on,” said Ms. Cobo, “the more

we can spread the word about PE. Including employees, trainees, and volunteers, there are 4,000 people at the facility that we can reach with information about what the PE Team can do, and the importance of improving the processes to make it easier for everyone to do the right thing.”

Looking Ahead

With input from the PE Team and PEC, the IE Council will be selecting ISSUES-cycle topics for the coming year at their December meeting, when they will have a chance to consider the recently released results of the IE Staff Survey and other sources of information. The PE Team has enjoyed the short break and is looking forward to a productive year in 2011. ❖



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