IntegratedEthics in Action
Issue 13

Meeting the Objectives of Ethics Consultation Through Dedication, Process, and Leadership Support: Four Facilities Share Promising Practices

Over time, as part of the IntegratedEthics (IE) initiative, ethics consultation (EC) in VHA has evolved into a strong program with clear professional standards. This evolution was due in part to the use of CASES, the step-by-step approach to ensuring that ethics consultation is of high quality. The CASES approach was developed by the National Center for Ethics in Health Care (NCEHC) to establish a systematic methodology for ethics consultation. ECWeb, a secure, Web-based tool, reinforces the CASES approach, helps ethics consultants manage consultation records, and supports quality improvement efforts.

The objectives of VHA's EC services are to promote health care practices consistent with high ethical standards; to foster consensus and resolve conflicts in an atmosphere of respect; to honor participants' authority and values in the decision-making process; and to educate participants to handle current and future ethical concerns. To operate effectively, however, the EC services must have leadership support, expertise, staff time, and resources, and they must be integrated into the organization. How can these critical components be consistently maintained in the real world of VHA health care, where leaders, practitioners, and staff face competing demands for their time, attention, and resources?

This issue of IntegratedEthics in Action describes the current ethics consultation services of four facilities: Minneapolis VA Medical Center (VAMC), Chicago VAMC, Amarillo (TX) VA Health Care System (HCS), and Western New York VA HCS. These facilities have all succeeded in attracting dedicated, diverse EC teams and leveraging administrative support to provide high quality ethics consultation to all of their constituents – staff, patients, and families. In separate articles, the Ethics Consultation Coordinators (ECCs) at these facilities share how they recruit and train their ethics consultants, conduct consultations, and work collaboratively to provide a consistent, responsive service. They also provide insight into how the nature of their work has changed in response to health care practice and expertise. Finally, they discuss how they have worked with leaders to procure the necessary resources and demonstrate the valuable role their services play in improving ethics quality across their facilities. ❖

Featured Facilities

Embracing the IntegratedEthics' Model from the Context of Deep Experience: The Ethics Consultation Service at Minneapolis VAMC

By Melissa West, M.D., Ethics Consultation Coordinator, Minneapolis VAMC.

The Minneapolis VA was one of the first hospitals in Minnesota to form a Biomedical Ethics Committee; it did so in the mid-1980s, when some facilities viewed medical ethics with skepticism. There was initial concern that ethics consultants might undermine physicians by recommending actions with which the attending physician, or the institution itself, did not agree. The term "ethics police" echoed in the hallways of some hospitals. Fortunately, the Minneapolis VA had a core group of leaders who believed in the model of ethics consulting and our Ethics Consultation (EC) Committee has enjoyed the enthusiastic support of the administration ever since.

The current members of the EC Committee are beneficiaries of this history. Because we have operated for a long time and tried several different approaches to ethics consulting, we were ready to adopt the new paradigm of IntegratedEthics (IE). In order to implement the program we read the EC primer and toolkit, watched the video multiple times, and did the exercises in the video as a group. Then we started practicing the new model.

I think IE has helped us improve our service. Although we were already performing about 85% of the processes outlined in CASES (e.g., state the ethical principles, attain the necessary medical knowledge, and visit the patient), we have been helped by the CASES structure and by the fact that the steps were presented in a logical progression that helped us to not overlook anything. For us, the most helpful component of CASES was the requirement to state the ethics question. That is hard to do, and it makes you think about the crux of the case so that you do not chase too many ideas. Stating the ethics question (or the two or three ethics questions) forces us to isolate the issue.

How does your EC Committee operate?

The EC Committee meets the second and fourth Monday of every month except in the summer, when we meet once per month. Even though consults are performed by a small team, we review every consult in full committee. We have always done this, and plan to continue the practice, which we consider our quality assurance step to ensure that the small team identified the pertinent ethical principles and solutions. We also work on self-education. With the help of a member who is a facility librarian, we conduct literature reviews and also try to select a book each year. This year we're reading *The Immortal Life of Henrietta Lacks* by Rebecca Skloot, which explores the ethical issues in the case of a woman whose cancer cells were removed and used, without her knowledge, in medical research.

The committee chair is appointed by our Chief of Staff (COS). Our 18 members have diverse knowledge and experience. In addition to the librarian, members include front-line nurses and doctors (including two psychiatrists, a radiologist, an internist, and a geriatrician), a psychologist, a clergy member, legal counsel, and a research compliance officer. We believe strongly that diversity – of opinion, background, outlook, and philosophy – is the only way to provide good ethics consultation. When we discuss cases, we have found that the biggest red flag is if we all agree on an approach. If we have no dissenters, we feel we are likely missing some aspect of the case.

How do you recruit and train your members?

EC is a very popular committee in the hospital and, as such, nobody wants to leave! In fact, we have a wait list of people who would like to join. As much as we appreciate continuity and experience, we need all our members to participate actively in our work, and we want fresh energy and ideas. Right now we feel we have achieved a good balance between the old and the new: a third of our members are "old hands" (including one member of the original committee), a third are new members, and the other third have served several years. We choose new members by consensus; in the process, we look for diverse occupations, religions, races, and genders. Individuals also need to be trustworthy (because we talk about sensitive issues), good thinkers, and willing to work.

New members join as a small group, and we provide a six- to seven-month orientation. They attend one to two training sessions each month, led by different committee members on topics including confidentiality, futility, Do Not Resuscitate (DNR) policies, informed consent, advance directives, and legal issues. We also give them the EC primer, show them the National Center for Ethics in Health Care's EC video, and assign various readings. Our library has an excellent collection of ethics texts and journals.

We all learned how to enter consults into ECWeb from the very helpful **online learning module**.

National Center for ETHICS in Health Care

CASES is a practical, systematic approach to ethics consultation. It involves five steps:

C

CLARIFY the Consultation Request

Characterize the type of consultation request
Obtain preliminary information from the requester
Establish realistic expectations about the consultation process
Formulate the ethics question

A

ASSEMBLE the Relevant Information

Consider the types of information needed
Identify the appropriate sources of information
Gather information systematically from each source
Summarize the case and the ethics question

S

SYNTHESIZE the Information

Determine whether a formal meeting is needed
Engage in ethical analysis
Identify the ethically appropriate decision maker
Facilitate moral deliberation about ethically justifiable options

E

EXPLAIN the Synthesis

Communicate the synthesis to key participants
Provide additional resources
Document the consultation in the health record
Document the consultation in consultation service records

S

SUPPORT the Consultation Process

Follow up with participants
Evaluate the consultation
Adjust the consultation process
Identify underlying systems issues

How do you manage your consults?

Patients receive flyers and the new employee orientation includes information about the EC service. Most often, the person who wants an ethics consult calls one of the committee members. We are just starting to use an ethics on-call beeper that will be answered 24/7. We will rotate the beeper among the members of the EC Committee who have enough experience to facilitate a consult. Another option is for staff to enter the consult request into CPRS, which our "ethics secretary" (the COS secretary) retrieves. She then calls whoever is facilitating consults that week. Family members and patients can submit requests through the Patient Advocate office as well.

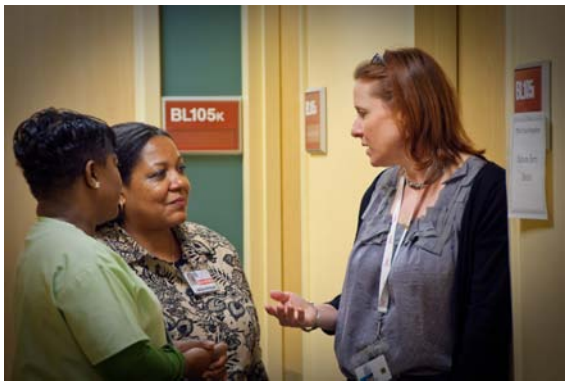
After we have finished a consult, we send the EC Feedback Tool from ECWeb to the people who asked for the consult. We have found

that tool helpful to determine what people liked and didn't like about our service.

Admittedly, finding the time to do consults can be difficult. Although committee members do not have completely protected time for ethics work, those who have administrative time can incorporate ethics responsibilities into that. Regardless of their other responsibilities, however, I have found that people at this facility really want to do the ethically appropriate thing. They will go the extra mile to learn about a new issue, and will stand up for something when they think it's the right thing to do.

What trends or challenges have you recently noted?

Ten years ago many of our consults concerned futility and the frustration of nursing and medical staff who felt patient suffering was being prolonged unnecessarily. Now we are seeing fewer consults of this type, possibly because our Intensive Care Units are now staffed by specialists who are well trained in end-of-life issues, and because we have a newer hospice and palliative care program. Over the past two years, the consult trend has been in the area of informed consent: should patients be allowed to make their own life decisions when they are making risky or bad decisions about their health? Even though health care providers are buying into the concept of shared decision making, such situations introduce a tension between professional integrity and patient autonomy.



We also work on policies such as DNR and organ donation, and we try to give ethics grand rounds several times per year on these issues. We frequently share issues that are raised in our consults with our Preventive Ethics Committee, as well as with the Compliance and Ethics Council (which also serves as our IE Council). Because our facility Director and COS belong to the Council, that body can back us up when we need the extra support. ❖

Collaborating Successfully with Facility Leadership: The Ethics Consultation Service at Chicago VAMC

By Yakov Gertsberg, M.D., Ethics Consultation Coordinator, Chicago VAMC

The Chicago VAMC's Ethics Consultation Service (ECS) meets monthly, as well as on an *ad hoc* basis, to review consults. Besides case consultations, the ECS also receives requests from leadership or others to review medical center policies, such as the Tobacco Free, Respite, and Do Not Resuscitate policies. Currently, the ECS is composed of a multidisciplinary group of 13 members: nurses, social workers, the Chaplain, a representative from the Regional Counsel, the Patient Advocate, a psychologist, physician, a Performance Improvement representative, and the Clinical Application Coordinator. On average, one member leaves each year, and replacements are recruited either through advertisements or specific requests to the same discipline of the departing member.

ECS members are trained on EC and ECWeb primarily through the National Center for Ethics in Health Care's (NCEHC) online modules and hands-on mentoring with more experienced members. In addition, members read materials that relate specifically to their cases.

What impact has the IntegratedEthics (IE) program had on the ECS?

IE has enabled Chicago's ECS to take a more organized and systematic approach to ethics consults. For example, ECWeb and the CASES approach have demonstrated the importance of clearly defining the conflict in terms of values and the importance of ethics knowledge, resulting in improved ethics consultations. In addition, the IE Council reviews meeting minutes, assists with disseminating information about the ECS, and provides feedback on specific consults. This feedback generally concerns systemic changes, and sometimes

includes specific suggestions for the EC or Preventive Ethics services. The ISSUES cycles completed by the facility's Preventive Ethics function have also heightened staff awareness of ethics concerns. As a result, employees across the facility have been able to raise ethical concerns more frequently, and to bring them to the attention of the EC team.

IE has also facilitated more regular communication with leadership about systemic concerns. Although Chicago's leaders (some of whom have experience in bioethics) have always been extremely supportive of the ECS' work, IE has increased its visibility and allowed us to successfully perform high-profile ethics consultations involving such issues as treatment of transgender patients, use of smokeless tobacco at our medical facility, and treatment of erectile dysfunction in patients who have a history of sex offenses. The favorable outcomes of such consultations further enhanced leadership support of the ECS as a whole, which led to the approval of 0.8 FTEE of dedicated time for the Ethics Consultation Coordinator (ECC) to handle EC-related responsibilities. In addition, leadership now regularly calls on the ECS to perform non-case consults.

The ISSUES Approach

Identify an issue
Study the issue
Select a strategy
Undertake a plan
Evaluate and adjust
Sustain and spread

How are cases initiated and managed?

The facility community is informed about the ECS through flyers that are e-mailed or posted online and across the facility, and can request a consult via phone, pager, or the online reporting tool available on the facility intranet. When a new request comes in, the coordinator or designee sends out an e-mail or calls other team members to see who is available to work on the consult.

Once they are notified, team members are responsible for informing their supervisors of the request. Occasionally, the ECC will negotiate directly with the member's supervisor to secure the necessary time to perform this work. Now that the ECS has obtained dedicated time, the quality of ethics consults and the follow-through on systemic issues have improved. To measure satisfaction, the team utilizes the EC Feedback Tool available in ECWeb and on the NCEHC Web site. The ECS makes at least three separate attempts to obtain participant feedback on every consult.

What challenges has the ECS faced, and how has it contributed to improving overall ethics quality?

In the past year, the ECS has worked on more non-cases, as well as more consults from non-physicians such as social workers, nurses, and clerical staff. The ethics domain that has recently been the most challenging for the consultation team has concerned issues relating to the everyday workplace. Resolving these cases has involved ongoing discussions with leadership in IE Council meetings and other forums.

The EC team has contributed to improving the overall ethics quality at Chicago by helping people identify value conflicts, suggesting possible solutions, and encouraging transparency. Our diverse team can now handle a wide array of complicated cases and provide quality ethics consultations to Veterans, families, and staff. ❖

"A Cohesive, Dedicated Group": The Ethics Consultation Service at Amarillo (TX) VA Health Care System

By Katharine Thomas, Social Work Executive, Ethics Consultation Coordinator, Amarillo (TX) VA Health Care System.

Before the IntegratedEthics (IE) program was established at our facility, all of Amarillo's ethics concerns were handled by the Ethics Team. However, IE has helped educate more people about ethics in all areas of health care. Consequently, our Ethics Consultation Service (ECS) has grown, and people are now more aware of what an ethics consultation is. We continue to receive referrals primarily from nurses, but we're trying to expand that base by educating our health care staff and patient populations.

Our ECS meets monthly. We go over the consults that have come in, look at gaps in service, and talk about the literature. When an issue comes up, the consultation team researches what has been done in the past (including in non-VHA settings) and gathers guidelines and best practices for that particular situation.

We experience little turnover; our service is a cohesive, dedicated group that generally has no difficulty in finding time for consultations because supervisors are supportive. While our team is primarily composed of nurses, it also includes the Patient Advocate, the Chaplain, two social workers, and a physician. Eight of us perform the consult interviews and others serve as experts in their areas. However, in efforts to expand our service, we have been distributing posters and networking with people who have interviewing skills. A psychologist and a Patient Advocate from Mental Health Services have recently joined the service.

When we discuss cases . . . if we have no dissenters, we feel we are likely missing some aspect of the case.

How do you manage your ECS and train your members?

Using a sign-up calendar, we designate two team members per month to handle requests and consults. Committee members are generally on call for two non-consecutive months out of the year. Nurses or medical staff can also request a consult through CPRS. Regardless of how the on-call EC team is contacted, they respond either immediately or by the next business day. The two designated members work on consults together. If somebody is not able to commit the time, we can call on any other member.

All members are in the process of completing the ECWeb training module to refresh their skills. Previously, only one person would enter the information; now we want all team members to know how to access and use ECWeb. I also participate on all of the NCEHC technical assistance calls. (Calls are usually held on the third Monday of the month at 12:00 p.m. Eastern. The call schedule can be accessed here: **http://vaww.ethics.va.gov/integratedethics/TA.asp**.) The calls give me the big picture, so I know how to respond to requests for information. Hearing what folks from other facilities are doing is very helpful.

We report our consults and their general topics to the IE Council. Our facility Director is very supportive and complimentary. If we are not able to resolve a concern or need greater understanding, we ask the Unit Manager, Service Chief, or higher level leader for help. At any time, our team can approach the Chief of Staff, who is willing to listen to our recommendations, and talk with the medical team and family to assist with the consultation.

Right now we're developing an algorithm for how to escalate ethics concerns. We want to formalize the process for how to access the team, how to address concerns that cannot be resolved at lower levels, and how to educate the facility on ethics. When systemic issues appear, we call in the Preventive Ethics Team. We all work together.

What recent trends have you noticed in consults?

In the past year, most of our consults have concerned end-of-life issues, such as when family members and patients are still looking for treatment options after the medical team feels they have been exhausted. For example, we have looked at cases where patients can no longer absorb nourishment through tube feedings yet want to continue living. Because we offer Veteran-centered care, the EC team has advocated for the patient's right to continue treatment even though the medical team did not concur. Realizing that Veterans and families need to have all the available information before they can make an informed decision, we look for strengths in our patients, and we advocate for that. It's the consultant's

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.

job to bring together all parties, validate the unique strengths of each patient or family, and get to the heart of each individual case.

Some of our consults, in fact, have revealed the need to review current policy and to re-educate staff that we must listen to family and explain what treatment options are available, especially in end-of-life situations. When staff and the Veteran and/or family disagree, we can seek leadership guidance to resolve these differences, often by helping to validate and mediate among all stakeholders' unique points of view.

How has the IE program – and EC team – contributed to improving overall ethics quality in your facility?

As a social worker who is trained in system theory, I have never experienced this level of integration. I also appreciate that these efforts are being coordinated by one Council, so that we can share responsibility and information from all areas of the facility, thereby creating the transparency that may not have been evident before. Our team also operates together, and members support one another. If someone can't make the call, others fill in readily. Overall, I believe our team has done a good job of emphasizing health care ethics concerns. ❖

"Engaged, Invested, and Enthusiastic": The Ethics Consultation Service at VA Western New York HCS

By Ann Noce, ACSW, LMSW, Ethics Consultation Service Coordinator, VA Western New York Health Care System.

VA Western New York's entire Ethics Consultation service (ECS) meets monthly to review cases and pertinent policy, and to educate members. Each meeting begins with a member's presentation on an ethics article, policy, or law. These presentations enable the individual consultant to more deeply explore a topic that especially interests them. Besides providing an additional educational opportunity for the team, the presentations also inform the team about that consultant's particular strengths and passions. While many of these resources may already be posted on the National Center for Ethics in Health Care's IntegratedEthics (IE) Web site, we also add them to the ethics knowledge resources folder on our local SharePoint site.

Members also participate in Compliance and Ethics Week activities, which include representing the ECS at an onsite fair. Two of our members are active in a subgroup of the IE Council, the Forced Administration of Psychotropic Medication and Non-Pharmacological Psychiatric Therapy. One of these members, in fact, chairs that subgroup.

As part of orientation, new members of the ECS are asked to complete the ECWeb online learning module. In this past year, I have noted that consultants have continued to learn from their use of ECWeb because it guides them in applying the CASES model. The section where consultants are asked to identify the ethics knowledge resources they have utilized in the case has been especially valuable. Citing these resources gives merit to the service and authority to the consultants' work. Owing to their value as learning tools, ECWeb and the CASES approach have increased our ability to define the ethics question and identify sources of information. This, in turn, has enabled us to take a more consistent and systematic approach to addressing consults.

What are your procedures for eliciting and assigning consults? What type of cases are you seeing?

Our facility policy states that assistance from the ECS may be requested in writing or verbally by staff, patients, or family at any time of day. Requests may be submitted either in person or by phone to any ECS member, or electronically through CPRS.

I assign the consults to members on a ro-

tating basis unless a consultant wishes to work on a particular case. In most cases, the consultant partners with our IE Program Officer and facility ethicist, Stephen Wear, PhD, who helps increase the consultant's knowledge and comfort level in addressing concerns.

Finding the time to perform ethics consultations can be difficult. On the rare occasions when a consultant lacks the time, the case will be assigned to another individual. The busy consultant is then put back into the rotation. While turnover in the ECS has been minimal, we confer with Dr. Wear and our facility Director when we have openings. Overall, our team members are truly engaged in being a part of our facility's ECS, and its success is dependent upon their continued enthusiasm.

On par with national trends, most of our cases are related to issues of shared decision making. However, although many consults may require the application of common principles and ethics knowledge resources, we address each consult based on the pertinent, unique-to-the-case information that we have assembled.

What are you most proud of?

After we successfully completed the EC performance measures in FY10, the facility leaders on our IE Council invited the ECS to present its work to our Local Leadership Council, which commended our accomplishments. On a recent non-case consult, leadership assisted by providing guidance on next steps, where to take ethical concerns, and how to document those concerns. ❖

Looking for . . .

Direct links to all IntegratedEthics web pages?
http://vaww.ethics.va.gov/integratedethics/iesitemap.asp

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

IntegratedEthics TA Call summaries?
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Ethics-related pandemic influenza material?
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