

HS450 - Unit 8 Assignment

Ethics and Decision-Making in the VA Healthcare System

Course Outcome

HS450-5: Evaluate the impact of ethical decision-making on healthcare leadership to maximize strategic planning

Unit Outcomes

- Discuss the principles of ethics and medical professionalism in strategic planning.
- Examine the role of leaders in ethical decision-making and problem solving strategies in the U.S. health system.

GEL-7.7: Analyze the effects of ethical decision making on the field of study.

Unit 8 Assignment

Case Study: Problems at the VA Health System

In 2009, President Barack Obama appointed Eric Shinseki as the secretary of Veterans Affairs (VA), the U.S. department responsible for providing healthcare and federal benefits to U.S. veterans and dependents. Secretary Shinseki was charged with 16 initiatives to bring the VA into the 21st Century. One of the 16 initiatives was to enhance veterans' experience with and access to healthcare.

In 2013, CNN was among the news outlets reporting that veterans were experiencing delayed care at the Williams Jennings Bryan Dorn Veterans Medical Center in Columbia SC. In fact, the delays were so serious that six veterans died while waiting for months to receive necessary diagnostic procedures. The VA launched an investigation into the GO clinic at Dorn and found several issues, including low staff census; leadership turnover that resulted in a lack of understanding of roles, responsibilities and system processes; and program coordination. Allegations of long wait times also emerged about VA facilities in Arizona, Pittsburgh, and Phoenix VA Health Care Systems. Delays, however, were not the only issues in the VA facilities. In the Phoenix VA Health Care System, for instance, there were claims of manipulated patient wait times, bad scheduling practices, and patient deaths.

In 2014, the Office of Inspector General (OIG) launched an investigation into these allegations. Two questions were addressed in this review:

1. Did the facility's electronic wait list (EWL purposely omit the names of veterans waiting for care and, if so, at whose direction?
2. Were the deaths of any of these veterans related to delays in care?

The investigators confirmed "inappropriate scheduling issues throughout the VA and health care system. The OIG report concluded as follows (VA 2014, iii).

In Phoenix VA, specifically, investigators found that 1,400 veterans did not have a primary care appointment but were listed on the EWL and that 1,700 veterans were waiting for a primary care appoint but were not listed on the EWL. Because veterans were not on the EWLS, the Phoenix leadership significantly understated the time new patients waited for the appointments. The investigators found that the average wait time was 115 days for the first primary care appointment and about 84 percent of these patients waited more than 14 days.

OIG reviewed have identified multiple types of scheduling practices that are not in compliance with VHA policy. Since the multiple lists we found were something other than the official EWL, the additional lists may be the basis for allegations of creating "secret" wait lists.

Secretary Shinseki called the find "reprehensible" and resigned from his post on May 30, 2014.

Harrison, J. (2016). *Essentials of strategic planning in healthcare*. Health Administration Press: Chicago, IL.

Case Study Questions

1. From a leadership perspective, analyze the problems at the VA relative to ethical decision making practices.
2. Discuss the ethical issue of having 1,700 veterans, who were not listed on the EWL, wait for a primary care appointment at the Phoenix VA. Create at least two (2) policies/standards to assure ethical leadership practices for veterans on the EWL.
3. Explain why Secretary Eric Shinseki resigned his position. Identify at least two (2) alternative options for Mr. Shinseki to help resolve the unethical decision-making practices in this case study.
4. Apply the American College of Healthcare Executives (ACHE) Code of Ethics to the VA Health System case study.

Requirements:

- Please complete Assignment in a Microsoft Word document.
- The body of your document should be at least 1500 words in length.

- Quoting should be less than 10% of the entire paper. Paraphrasing is necessary.
- Students must cite and reference at least 4 credible sources.
- APA format is required.
- For support access Kaplan Writing Center or Resources Documents found in Doc Sharing.

Submit Assignment

Submit as: Microsoft® Word® document to the appropriate Dropbox.