

PROGRAM ACHIEVEMENT GOALS AND TECHNICAL MANUAL

FACILITY SUMMARY

IE PROGRAM (IEP)

IEP1—Goal: IntegratedEthics (IE) programs support Strategy 4 of the VHA [Blueprint for Excellence](#) to “Grow an organizational culture, rooted in VA’s core values and mission.” To achieve strategy 4, facilities and VISNs will annually assess the structure and functions of their IE programs, as outlined in VHA Handbook 1004.06, to identify strengths and opportunities for improvement.

Requirement: By the close of Q4, each facility will complete the IE Facility Workbook for FY 2016 according to the instructions provided, and upload it to the national IE website.

ETHICS CONSULTATION (EC)

EC1—Goal: The ethics consultation coordinator (ECC) will assess the performance of the facility’s ethics consultation service (ECS) annually to identify opportunities for improvement by systematically reviewing the service’s consultation records in ECWeb and assessing the knowledge and skills of the service’s ethics consultants as outlined in VHA Handbook 1004.06.

Requirement: Every ethics consultant will complete the Ethics Consultant Proficiency Assessment Tool, and each ECC will complete the Ethics Consultation Service Proficiency Assessment Tool (ECS PAT). Facilities are encouraged to complete the ECS PAT by the close of Q1 to assist with current fiscal year planning. Facilities will upload their data to an electronic database designated for the ECS PAT no later than the close of second quarter of FY 2016.

EC2—Goal: Promote VA I CARE values including Integrity and Respect, and enhance and develop trusted partnerships (“trust equity”) with important stakeholders in alignment with Strategies 4 and 9 of the VHA Blueprint for Excellence and VHA Handbook 1004.06. To achieve this goal, facilities will ensure that patients, community living center residents, families and staff have access to the ECS, know how to request an ethics consultation and are likely to contact the ECS if there is an ethics concern or an ethics conflict.

Requirement: The ECC will assess access to and utilization of the facility's ECS annually. The ECC, in collaboration the IE council, will create and implement a plan to address identified barriers in access to and/or utilization of the ECS.

PREVENTIVE ETHICS (PE)

PE1—Goal: Facilities and Veterans Integrated Service Networks (VISNs) will ensure that each facility has an active preventive ethics (PE) team that addresses ethics quality gaps on a systems level, as outlined in VHA Handbook 1004.06. *Note: Completion of two PE ISSUES cycles is required for a minimally active team. Facilities should generally expect to complete more than two cycles each year.*

Requirement: Each facility, with input from the facility IE council, will complete a minimum of two PE ISSUES cycles.

ETHICAL LEADERSHIP (EL)

EL1—Goal: In alignment with VHA Handbook 1004.06 and Strategy 4 of the VHA Blueprint for Excellence to “grow an organizational culture, rooted in VA’s core values,” the IE council will develop local annual performance and quality improvement plans for ethical leadership based on results from approved NCEHC tools (e.g., IE Staff Survey, IE Facility Workbook) or other relevant systematic evaluations of the facility’s ethics and integrity culture.

Requirement: The facility will select one improvement opportunity relating to ethical leadership within the facility and, with input from the IE council, demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.

VISN SUMMARY

PE2-VISN—Goal: The VISN IE advisory board (IEAB) will support the oversight of IE deployment and integration throughout all facilities in the VISN as outlined in VHA Handbook 1004.06.

Requirement: The VISN IEAB will address at least one network-wide cross-cutting ethics issue identified through IE tools (e.g., Facility Workbooks, IE Staff Survey, ISSUES logs, ECWeb reports) or other resources (e.g., accreditation reports, SHEP, patient advocate data).

Note: The VISN IEAB may consider supporting facilities within the VISN in improving ethical practices related to improving signature consent for long-term opioid therapy as their cross-cutting ethics issue, provided that they are involved in supporting improvement activities (e.g., sharing best practices, helping sites overcome barriers, offering network solutions) beyond what is undertaken at each facility.

EL1-VISN—Goal: In alignment with VHA Handbook 1004.06 and Strategy 4 of the VHA Blueprint for Excellence to “grow an organizational culture, rooted in VA’s core values,” the IEAB will promote ethical leadership practices to create and sustain a strong ethical environment and culture across the VISN.

Requirement: The VISN will select one improvement opportunity relating to ethical leadership within the VISN and, with input from the VISN IEAB, demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.

FACILITY PROGRAM ACHIEVEMENT TARGETS SUMMARY– FY16

Item #	FACILITY QUARTERLY REPORTING REQUIREMENT	TARGET ACHIEVEMENT
IEP1	By the close of Q4, each facility will complete the IE Facility Workbook for FY 2016 according to the instructions provided, and upload it to the national IE website.	Complete IE Facility Workbook
EC1	Every ethics consultant will complete the Ethics Consultant Proficiency Assessment Tool, and each ECC will complete the Ethics Consultation Service Proficiency Assessment Tool (ECS PAT). Facilities are encouraged to complete the ECS PAT by the close of Q1 to assist with current fiscal year planning. Facilities will upload their data to an electronic database designated for the ECS PAT no later than the close of second quarter of FY 2016.	Every facility will upload their ECS PAT to the designated electronic database by the close of Q2 FY16.
EC2	<u>Requirement:</u> The ECC will assess access to and utilization of the facility’s ECS annually. The ECC, in collaboration the IE council, will create and implement a plan to address identified barriers in access to and/or utilization of the ECS.	Quarterly reporting of plan initiation, progress, and upload of summary documentation of final achievement.

PE1	Each facility, with input from the facility IE council, will complete a minimum of two PE ISSUES cycles.	Quarterly reporting of plan initiation, progress, and upload of summary documentation of final achievement.
EL1	The VISN will select one improvement opportunity relating to ethical leadership within the VISN and, with input from the VISN IEAB, will demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.	Quarterly reporting of plan initiation, progress, and upload of summary documentation of final achievement.

VISN PROGRAM ACHIEVEMENT TARGETS SUMMARY – FY16

Item #	VISN QUARTERLY REPORTING REQUIREMENT	TARGET ACHIEVEMENT
PE2-VISN	The VISN IEAB will address at least one network-wide cross-cutting ethics issue identified through IE tools (e.g., Facility Workbooks, IE Staff Survey, ISSUES logs, ECWeb reports) or other resources (e.g., accreditation reports, SHEP, patient advocate data).	Quarterly reporting of plan initiation, progress, and upload of summary documentation of final achievement.
EL1-VISN	The VISN will select one improvement opportunity relating to ethical leadership within the VISN and, with input from the VISN IEAB, demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.	Quarterly reporting of plan initiation, progress, and upload of summary documentation of final achievement.

FY 2016 IE PROGRAM ACHIEVEMENT TECHNICAL MANUAL

FACILITY ACHIEVEMENT

IE PROGRAM (IEP)

Goal: Integrated Ethics (IE) programs support Strategy 4 of the VHA [Blueprint for Excellence](#) to “Grow an organizational culture, rooted in VA’s core values and mission.” To achieve strategy 4, facilities and VISNs will annually assess the structure and functions of their IE programs, as outlined in VHA Handbook 1004.06, to identify strengths and opportunities for improvement.

Requirement: By the close of Q4, each facility will complete the IE Facility Workbook for FY 2016 according to the instructions provided, and upload it to the national IE website.

- **Documentation:** The facility IEPO must complete electronic entry of the IE Facility Workbook via the national IE website at <http://vaww.ethics.va.gov/integratedethics/workbook.asp>

NCEHC will provide data for this item based on completed entries on the website. *No documentation will be required in quarterly reporting.*

- **Target:** Facilities are encouraged to complete the IE Facility Workbook by the close of Q3 to assist with following year planning. To pass, the IE Facility Workbook must be completed by the close of Q4.

ETHICS CONSULTATION (EC)

To meet the program reporting metrics for ethics consultation, each IE program is required to meet EC1 and EC2. The goals and requirements are listed below.

EC1—Goal: The ethics consultation coordinator (ECC) will assess the performance of the facility’s ethics consultation service (ECS) annually to identify opportunities for improvement by systematically reviewing the service’s consultation records in ECWeb and assessing the knowledge and skills of the service’s ethics consultants as outlined in VHA Handbook 1004.06.

Requirement: Every ethics consultant will complete the Ethics Consultant Proficiency Assessment Tool (EC PAT), and each ECC will complete the Ethics Consultation Service Proficiency Assessment Tool (ECS PAT). Facilities are encouraged to complete the ECS PAT by the close of Q1 to assist with current fiscal year planning. Facilities will

upload their data to an electronic database designated for the ECS PAT no later than the close of second quarter of FY 2016.

- **Documentation:** A completed ECS PAT uploaded to the electronic database.
- **Target:** To pass EC1, each facility must complete the following tasks by the close of Q2:
 - Each ethics consultant must complete the EC PAT (see <http://vaww.ethics.va.gov/integratedethics/ecc.asp>)
 - The facility ECC must summarize the data from individual EC PATs into the ECS PAT (see <http://vaww.ethics.va.gov/integratedethics/ecc.asp>)
 - The facility ECC must upload data from the ECS PAT to the electronic database by Q2. The link to the electronic database will be available in Q1.

EC2—Goal: Promote VA I CARE values including Integrity and Respect, and enhance and develop trusted partnerships (“trust equity”) with important stakeholders in alignment with Strategies 4 and 9 of the VHA Blueprint for Excellence and VHA Handbook 1004.06. To achieve this goal, facilities will ensure that patients, community living center residents, families and staff have access to the ECS, know how to request an ethics consultation and are likely to contact the ECS if there is an ethics concern or an ethics conflict.

Requirement: The ECC will assess access to and utilization of the facility’s ECS annually. The ECC, in collaboration the IE council, will create and implement a plan to address identified barriers in access to and/or utilization of the ECS.

- **Documentation:** Quarterly reports on progress toward achieving this requirement (Yes/No and limited narrative description) and submission of a final report to the NCEHC.
- **Targets:** ECS must meet the following quarterly targets:
 - Q1: Assess barriers related to access to and utilization of ECS.
 - Q2: Develop action plan with IE council input to address identified barriers.
 - Q3: Provide brief progress report (one to two sentence summary of progress to date).
 - Q4: Upload a final written summary, including a description of interventions and impact, to the VISN and facility SharePoint site. A link for upload and a template will be available in Q1.

PREVENTIVE ETHICS (PE)

PE1—Goal: Facilities and Veterans Integrated Service Networks (VISNs) will ensure that each facility has an active preventive ethics (PE) team that addresses ethics quality

gaps on a systems level, as outlined in VHA Handbook 1004.06. *Note: Completion of two PE ISSUES cycles is required for a minimally active team. Facilities should generally expect to complete more than two cycles each year.*

Requirement: Each facility, with input from the facility IE council, will complete a minimum of two PE ISSUES cycles.

Options for cycles include:

1. A topic of the facility's choosing that is appropriate for a PE Issues cycle (see [Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level](#) (Second Edition) for information about choosing topics appropriate for preventive ethics). Potential topics can be gathered from:
 - An ethics issue based on recurring ethics consultations identified through ECWeb reports
 - An ethics issue identified as a systems level factor that contributed to one or more consultation requests
 - A gap between an ethics-related policy and actual practice (e.g., disclosure of adverse events)
 - An ethics issue identified by facility or ethics leadership
 - An ethics issue identified through VA resources (e.g., accreditation reports, SOARS, SHEP, patient advocate tracking data)
 - A gap identified in the PE section of the Facility Workbook
 - An ethics issue identified in the results of the FY 2014 Integrated Ethics Staff Survey, FY 2015 All Employee Survey or other employee perception data with ethics-related content
 - A gap through spreading of an improvement to another setting, program or service based on a PE cycle that had measureable improvement

2. Improving informed consent for patients using long term opioid therapy.
 - [VHA Directive 1005](#), *Informed Consent for Long-Term Opioid Therapy for Pain*, was issued May 6, 2014 and requires full implementation within one year of issuance. One of the directive's key requirements is that prior to prescribing long-term opioids for pain, VHA practitioners must obtain the signature informed consent of the patient (or surrogate) on the nationally-standardized VHA informed consent form titled "Consent for Long-Term Opioid Therapy for Pain." The requirements do not apply to patients receiving short-term opioids, patients enrolled in hospice, or patients receiving long-term opioids for cancer pain.
 - If facility data show that signature informed consent (using the standardized form "Consent for Long-Term Opioid Therapy for Pain") is not completed for patients on long-term opioid therapy for pain (excluding patients who are receiving hospice care or receiving opioids for cancer pain), the facility could initiate or continue one or more ISSUES cycle to increase the level of documentation to at least 95 percent. To support this option, data is available at the National Center for Patient Safety's Opioid Therapy Guideline Adherence Report (<http://go.va.gov/lwwh>), which tracks

facility-level signature informed consent rates for non-hospice patients on long-term opioid therapy for non-cancer pain.

3. Improving informed consent for HIV screening tests.

- If the facility's data show that oral consent for HIV screening tests was documented for less than 95 percent of those consents, the facility may initiate or continue one ISSUES cycle to increase the level of documentation to at least 95 percent.
- If the facility's data show that one or more HIV screening tests were obtained after a documented refusal of the test by either the patient or the patient's surrogate, the facility may initiate or continue one ISSUES cycle to reduce the subsequent number of such tests to zero.
- Note: To support these options, NCEHC will provide each facility with data on its current ethics practice with respect to documentation of oral consent for HIV screening tests and obtaining HIV screening tests after documented refusals. Data will be available in early Q1.

Documentation of PE ISSUES Cycles: Quarterly reports by facilities on progress toward completion of the ISSUES steps for each of two PE ISSUES cycles and upload of two completed PE ISSUES Summaries to the NCEHC PE Storyboard and Improvement Documents library.

- Summary form (final report):
http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/PE_ISSUES_Summary_Expanded_20130813.pdf
- Upload location:
(<http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx>)
- Target: Steady progress throughout the year and completion of all steps and sub-steps for each of two cycles within FY 2015, concluding with two completed PE ISSUES Summaries uploaded to the IE PE Storyboard and Improvement Documents library.
- NOTE: PE ISSUES cycles may be performed as part of ongoing systems redesign or other improvement projects or collaborative efforts, provided that the PE team specifically addresses an ethics quality gap within the broader project. If a PE team is uncertain about whether the project includes an ethics quality gap, they should consult with the IE manager for preventive ethics before starting the project.

ETHICAL LEADERSHIP (EL)

EL1—Goal: In alignment with VHA Handbook 1004.06 and Strategy 4 of the VHA Blueprint for Excellence to “grow an organizational culture, rooted in VA’s core values,”

the IE council will develop local annual performance and quality improvement plans for ethical leadership based on results from approved NCEHC tools (e.g., IE Staff Survey, IE Facility Workbook) or other relevant systematic evaluations of the facility's ethics and integrity culture.

Requirement: The facility will select one improvement opportunity relating to ethical leadership within the facility and, with input from the IE council, demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.

Documentation: Quarterly reports by facilities on progress toward achieving this requirement (yes/no and limited narrative description) and submission of a final report to NCEHC.

- A reporting summary form will be available in Q1.
- Tools to guide the design and implementation of strong EL improvement projects to include the EL improvement plan summary report are available at <http://vaww.ethics.va.gov/integratedethics/elc.asp>.
- Upload the completed summary form (final report) by Q4 to the Storyboard and Improvement Documents library at <http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx>.
- **Targets:** Facilities must meet the following quarterly targets:
 - Q1: Identify one ethical leadership improvement opportunity.
 - Q2: Develop action plan with input and approval from the IE council and ethical leadership coordinator (ELC) and/or facility director.
 - Q3: Provide brief progress report (one to two sentence summary of progress to date).
 - Q4: ELC/facility director communicates improvement plan achievement and results to staff (e.g., through Town Hall meetings, newsletters, or facility emails). Provide written summary description of EL project, including evidence that interventions were successful.
- **NOTE:** Improvement opportunities related to ethical leadership may be identified through a variety of sources, including the IE Facility Workbook and IE Staff Survey, as well as other VA sources. However, to count toward meeting this goal, improvement opportunities must have a clear link to ethical leadership practices that influence the ethical environment and culture. For a description of ethical leadership practices, see http://www.ethics.va.gov/docs/integratedethics/Ethical_Leadership_Fostering_an_Ethical_Environment_and_Culture_20070808.pdf.

VISN ACHIEVEMENT

PE2-VISN—Goal: The VISN IE advisory board (IEAB) will support the oversight of IE deployment and integration throughout all facilities in the VISN as outlined in VHA Handbook 1004.06.

Requirement: The VISN IEAB will address at least one network-wide cross-cutting ethics issue identified through IE tools (e.g., Facility Workbooks, IE Staff Survey, ISSUES logs, ECWeb reports) or other resources (e.g., accreditation reports, SHEP, patient advocate data).

Note: The VISN IEAB may consider supporting facilities within the VISN in improving ethical practices related to improving signature consent for long-term opioid therapy as their cross-cutting ethics issue, provided that they are involved in supporting improvement activities (e.g., sharing best practices, helping sites overcome barriers, offering network solutions) beyond what is undertaken at each facility.

- **Documentation:** Quarterly reports by VISNs on progress toward completion of a network-wide cross-cutting ethics issue and submission of a completed Preventive Ethics Summary of VISN Cross-Cutting Ethics Issues form uploaded to the PE Storyboard and Improvement Documents library by Q4. Networks will be asked to report how they support VISN-wide sharing of information to achieve progress across the VISN on solutions to the identified ethics quality gap (e.g., monthly informational meetings, observational site visits, document sharing). The reporting form is available at <http://vaww.ethics.va.gov/integratedethics/pec.asp>.
- **Targets:** VISN IEAB must meet the following quarterly targets:
 - Q1: Identify one network-wide cross-cutting ethics issue and establish a goal for improvement.
 - Q2: Develop action plan to achieve the improvement goal with network director input and approval.
 - Q3: Provide brief progress report (one or two sentence summary of progress to date).
 - Q4: Provide a written summary, including a description of interventions and impact.
- At least one VISN Cross-Cutting Improvement Summary form uploaded to the IE PE Storyboard and Improvement Documents Library by the close of Q4.
 - A summary form (final report) is available at http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/20130319_cross_cutting_rev.docx
 - The upload location (<http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx>) shall be used, unless information about an alternative online upload mechanism is distributed.

EL1-VISN—Goal: In alignment with VHA Handbook 1004.06 and Strategy 4 of the VHA Blueprint for Excellence to “grow an organizational culture, rooted in VA’s core values,”

the IEAB will promote ethical leadership practices to create and sustain a strong ethical environment and culture across the VISN.

Requirement: The VISN will select one improvement opportunity relating to ethical leadership within the VISN and, with input from the VISN IEAB, demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.

- **Documentation:** Quarterly reports by VISNs on progress toward achieving this requirement (Yes/No and limited narrative description) and submission of a final report to the NCEHC.
 - Summary form (final report) will be available in Q1.
 - Upload location:
<http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx>

- **Targets:** VISN IEAB must meet the following quarterly targets:
 - Q1: Identify one ethical leadership improvement opportunity and establish the improvement goal.
 - Q2: Develop action plan with VISN IEAB input and approval.
 - Q3: Provide brief progress report (one to two sentence summary of progress to date).
 - Q4: Provide a written summary, including a description of interventions and impact.