

**Department of
Veterans Affairs**

Memorandum

Date: OCT 10 2012

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Fiscal Year (FY) 2013 IntegratedEthics™ Program Achievement: Goals and Reporting Requirements

To: Network Directors (10N1-23)
Facility Directors

Thru: Deputy Under Secretary for Health for Policy and Services (10P)

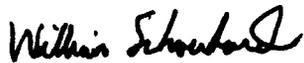
1. Department of Veterans Affairs (VA) Handbook 1004.06, IntegratedEthics, stipulates procedures and program requirements for IntegratedEthics (IE) in Veterans Health Administration (VHA) facilities and Veterans Integrated Service Networks (VISN).
2. In FY 2013, the National Center for Ethics in Health Care (NCEHC) will collect quarterly information regarding implementation of IntegratedEthics (IE) and achievement of program goals and requirements from each facility and VISN, as consistent with each of the past 5 years.
3. Data will be collected to monitor implementation of IntegratedEthics as required in Handbook 1004.06 and to obtain examples of strong practices in ethics consultation, preventive ethics, ethical leadership, facility IE Council, and VISN IE Advisory Boards. Strong practices will be shared with facilities and VISNs through NCEHC communication mechanisms including conference calls, IE in Action newsletters, the IE SharePoint site, and other NCEHC publications.
4. A document outlining the FY 2013 IE programmatic achievement goals, reporting requirements, and technical specifications is attached. A draft version of this document was shared with the IE VISN Points of Contact (POC) on May 23, 2012, and again on August 24, 2012. Revisions were made based on feedback received.
5. Quarterly, each VISN will report achievement using the questionnaire in the IE Program Reporting site:
(<http://vaww.infoshare.va.gov/sites/IEProgramReporting/default.aspx>). The NCEHC will provide the questionnaire to each IE VISN POC quarterly. Data should be uploaded to the SharePoint site by the following deadlines:

Page 2.

Subj: Fiscal Year (FY) 2013 IntegratedEthics™ Program Achievement: Goals and Reporting Requirements

NCEHC Quarterly VISN Reporting		
Quarter	Questionnaire Released	Reporting Deadline
Quarter 1	December 14, 2012	January 4, 2013
Quarter 2	March 15, 2013	April 5, 2013
Quarter 3	June 14, 2013	July 10, 2013
Quarter 4	September 13, 2013	October 4, 2013

6. If you have any questions, please do not hesitate to contact Melissa Bottrell, MPH, PhD, Chief, IntegratedEthics at melissa.bottrell@va.gov or (510) 525-0979.



William Schoenhard, FACHE

Attachment

**Fiscal Year 2013 IntegratedEthics™
Program Reporting Metrics and Technical Manual**

Ethics Consultation

EC1—Goal: The Ethics Consultation Coordinator (ECC) will develop and implement a quality improvement plan for the ethics consultation service (ECS) based on systematic evaluation of the service's use of the CASES approach.

Requirement: The ECC will collaborate with the IE Council to develop a plan to improve the ECS use of the CASES approach (Clarify the consultation request; Assemble the relevant information; Synthesize the information; Explain the synthesis; Support the consultation process), based on systematic evaluation of case consultation data in ECWeb.

EC2—Goal: The ECC will administer the Ethics Consultant Proficiency Assessment Tool (EC PAT) annually to all ethics consultants to assess the knowledge and skills of the ethics consultants and summarize the ECS results in the Ethics Consultation Service Proficiency Assessment Tool (ECS PAT).

Requirement: Every ethics consultant will complete the EC PAT, and each ECC will complete the ECS PAT and upload it to the electronic database by Q2 FY 2013. Facilities are encouraged to complete the ECS PAT by the close of Q1 to assist with current fiscal year planning.

EC3— Goal: The ECC will develop ethics consultation service proficiencies by identifying areas for improvement and collaborating with ethics consultants to create and implement annual development plans based on aggregated results from the ECS PAT.

Requirement: By the close of Q3, each Ethics Consultation Service (ECS), with input from its facility IE Council, will develop and implement an ECS improvement plan consistent with the technical manual and based on the results of the ECS PAT.

Preventive Ethics

PE1—Goal: Facilities and 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.

Requirement: Each facility, with input from the facility IE Council, will complete a minimum of two (2) PE ISSUES cycles. *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.*

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, SOARS, SHEP, Patient Advocate data).

Ethical Leadership:

EL1—Goal: The IE Council will develop local annual performance and quality improvement plans for ethical leadership based on results from approved NCEHC tools (e.g., the EL Self-Assessment Tool; the IE Staff Survey, particularly questions in the domains of ethical practices in the everyday workplace and ethical practices in business and management; the IE Facility Workbook) or other relevant systematic evaluations of the EL function.

Requirement: Develop and implement a local performance and quality improvement plan for ethical leadership.

IE Program

IEP1—Goal: The IE Council will oversee and support implementation of the facility IE program including establishing local performance and quality improvement goals for the facility IE program.

Requirement: The IE Council must strategically review local IE program achievement with respect to critical success factors (e.g., integration, leadership support, expertise, staff time, resources, access, accountability, organizational learning, evaluation, policy), identify one improvement goal for the facility IE program and implement plans to achieve meaningful improvement, enhancement or expansion in this area.

IEP2— Goal: The IE Council will oversee and support implementation of the facility IE program including establishing local performance and quality improvement goals for the facility IE program based on relevant IE data sources (e.g., the IE staff Survey)

Requirement: The IE Council will review the results of the 2012 IE Staff Survey (and prior year results as appropriate), identify action plans in response to one or more identified improvement opportunities, and brief leadership and management groups about the results of the survey and planned activities.

IEP3—Goal: 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 Q3, each facility will complete the IE Facility Workbook for FY 2012 according to the instructions provided and upload it to the national IE Web site.

IEP4 VISN—Goal: The VISN IE Advisory Board will facilitate strategic relationships among staff and leaders at facilities and the VISN regarding IE, coordinating ethics – related and IE program activities across facilities in the VISN and encouraging mutual support among facilities in the VISN.

Requirement: The VISN IE Advisory Board must demonstrate one or more intervention projects to facilitate and improve VISN-wide strategic relationships among IE staff and leaders to encourage mutual support among IE programs.

Draft Targets Summary Table—2013 Proposed Metrics

FY 2013 VISN Metrics

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, SOARS, SHEP, PAT data).	Documentation of completed cross-cutting ethics issue uploaded to the VISN and Facility IE SharePoint Site Statement of how the VISN supports sharing of information to achieve progress across the VISN.
IEP4-VISN	The VISN IE Advisory Board must demonstrate one or more intervention projects to facilitate and improve VISN-wide strategic relationships among IE staff and leaders to encourage mutual support among IE programs.	Upload to the IE program reporting SharePoint Site summary documentation of Ethical Leadership Improvement activity undertaken or documentation via quarterly questionnaire of activity undertaken.

FY 2013 Facility Metrics

Item #	FACILITY QUARTERLY REPORTING REQUIREMENT	TARGET ACHIEVEMENT
EC1	The ECC will collaborate with the IE Council to develop an improvement plan for the EC function based on systematic evaluation.	Quarterly reporting of plan initiation, progress and final achievement
EC2	Every ethics consultant will complete the Ethics Consultant Proficiency Assessment Tool and each Ethics Consultation Coordinator will complete the Ethics Consultation Service Proficiency Assessment Tool in Q1 FY 2013 and upload it to the electronic database.	Ethics Consultation Service Proficiency Assessment Tool uploaded to electronic database by close of Q2

EC3	By the close of Q3, each ethics consultation service, with input from its facility IE Council, will develop and implement an ethics consultation service improvement plan consistent with the technical manual and based on the results of the Ethics Consultation Service Proficiency Assessment Tool.	Complete an ethics consultation service improvement plan consistent with the technical manual
PE1	PE Cycle 1: Each facility, with input from the IE Council, will complete a minimum of two (2) PE ISSUES cycles.	Document completion of all ISSUES Steps plus IE Council Review for 2 PE Cycles
EL1	Develop and implement a local performance and quality improvement plan for ethical leadership.	Complete a plan and Upload summary documentation to the IE program reporting SharePoint site
IEP1	The IE Council must strategically review the local IE program achievement with respect to critical success factors (e.g., integration, leadership support, expertise, staff time, resources, and accountability), identify one improvement goal for the facility IE program and implement plans to achieve improvement, enhancement or expansion in this area.	<ul style="list-style-type: none"> • Identify one local performance and quality improvement goal and implement a plan to achieve this goal
IEP2	The IE Council will review the results of the 2012 IE Staff Survey (and prior year results as appropriate).	<ul style="list-style-type: none"> • Review Data • Brief leadership and management groups • Inform facility staff about action plans and outcomes via local communication mechanisms • Implement action plans for one (1) or more identified quality gaps; plans may be used to achieve EC1, PE1and/or EL1.

IEP3	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.	Complete IE Facility Workbook .
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FY 2013 IE Program Reporting Metrics—DRAFT Technical Manual

Ethics Consultation

EC1—Goal: The Ethics Consultation Coordinator (ECC) will develop and implement a quality improvement plan for the ethics consultation service (ECS) based on systematic evaluation of the service's use of the CASES approach.

Requirement: The ECC will collaborate with the IE Council to develop a plan to improve the ECS use of the CASES approach based on systematic evaluation of case consultation data in ECWeb. This will include at minimum:

- **Documentation:** Quarterly reporting on facility progress toward meeting the requirement and an implemented quality improvement plan for the ECS based on systematic evaluation of the ECS's use of the CASES approach.

- **Target:** To pass EC1, each facility ECS must complete the following tasks with the support of the IE Council by the end of Q4 FY2013:
 - Q1: Systematically assess performance of the ECS in adhering to the CASES approach based on an analysis of consults entered in ECWeb. Examples of how to perform this task will be available by October 1, 2012.
 - Q2: Present the to the IE Council a summary of achievement of key IE EC processes, based on an analysis of consults entered in ECWeb.
 - Q2: With the support of the council identify at least 1 significant needed improvement that will be addressed.
 - Q2: Develop and submit a plan to improve the CASES-related process that needs attention. Each improvement plan must reflect a goal and timeframe and should be presented in the following format:
“(increase/decrease) X from (baseline) to (target) by Q4 FY2013” where X is the element being improved and the baseline and target are objective measures of the element.
 - Q3: Report on achievement through Q3 using the above format and provide a brief statement reflecting achievement to date.
 - Q4: Report on achievement through Q4 using the above format and provide a brief statement reflecting final achievement.

EC2—Goal: The Ethics Consultation Coordinator (ECC) will administer the Ethics Consultant Proficiency Assessment Tool (EC PAT) annually to all ethics consultants to assess the knowledge and skills of the ethics consultants and summarize the ECS results in the Ethics Consultation Service Proficiency Assessment Tool (ECS PAT).

Requirement: Every ethics consultant will complete the EC PAT and each ECC will complete the ECS PAT and upload it to the electronic database by Q2 FY 2013. Facilities are encouraged to complete the ECS PAT by the close of Q1 to assist with current fiscal year planning.

- **Documentation:** Quarterly reporting on facility progress toward meeting the requirement and a completed ECS PAT.

- **Target:** To pass EC2, each facility must complete the following tasks by the close of Q2 FY 2013:
 - 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 PAT's 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 FY 2013. The link to the electronic database will be available in Q1 FY2013.

EC3— Goal: The Ethics Consultation Coordinator (ECC) will develop ethics consultation service (ECS) proficiencies by identifying areas for improvement and collaborating with ethics consultants to create and implement annual development plans based on aggregated results from the Ethics Consultation Service Proficiency Assessment Tool (ECS PAT).

Requirement: By the close of Q3, each ECS, with input from its facility IE Council, will develop and implement an ECS improvement plan consistent with the technical manual and based on the results of the ECS PAT.

- **Documentation:** Quarterly reporting on facility progress toward meeting the requirement and a copy of the improvement plan submitted to the NCEHC by the close of Q2 FY 2013.
- **Target:** Each facility must develop and implement an ECS improvement plan based on the service's summary of knowledge or skill gaps identified in the ECS PAT. Plans will be reviewed for the following:
 - At a minimum, the plan must address at least one identified knowledge or skill gap for the ECS.
 - The improvement plan must include at least four (4) separate and distinct training elements or activities to address the identified knowledge or skill gap(s) for the ECS.
 - The plan and proposed training should have the input of the facility IE Council.
- **NOTE:** To meet the minimum standard of four separate and distinct training elements or activities, a plan to address knowledge and skill gaps from the ECS PAT should include a combination (as appropriate and feasible) of self study, group learning, presentations, and mentoring. For example, a one-time lecture attended by all consultants, even if it addresses an identified knowledge or skill gap, is not consistent with four (4) separate training elements or activities. Sample plans are provided below.
- **NOTE:** The purpose of the plan is to improve consultant proficiency and help the ECS proceed toward its next level of development. For services that are still in an early stage of development, an improvement plan goal may include ensuring

that every consultant has at least a basic level of knowledge and skill in the core proficiencies and at least one person has advanced level knowledge or skill in each core proficiency, or that the ECS has access to such expertise when needed. For an advanced ECS with many years of experience, the improvement plan's goal may be to ensure that more consultants have an advanced skill or knowledge level, and that at least one person has advanced level knowledge or skill in each core proficiency.

- NOTE: Tools available for developing an ECS improvement plan include:
 - The resources page available on the NCEHC website (i.e., IE materials, NET Calls, Ethics Consultation Beyond the Basics Modules)
 - The ASBH Education Guide: Improving Competencies in Clinical Ethics Consultation (each facility received a copy of this publication from the NCEHC by mail in FY 2010).

- NOTE: Sample ECS improvement plans:

Example 1: Intended Plan Purpose	Training Elements FY 2012
ECS has a majority of consultants with novice or basic proficiency in "Facilitating formal and informal meetings." Plan intends to improve skills in this area.	1) Have the ECS review an appropriate TMS course on "meeting facilitation"
	2) Assign for reading and discussion of a high quality published literature review on running formal meetings.
	3) Arrange mentoring for junior consultants to assist them in facilitating formal meetings.
	4) Assign 2 consultants to attend training that builds skills in facilitating formal meetings.
Example 2: Intended Plan Purpose	Training Elements FY 2012
ECS with a majority of consultants with novice or beginner proficiency in "Ethical issues and concepts: End-of-life care". Plan intends to improve knowledge in this area.	1) Invite a palliative care specialist to speak to the ECS about the central importance of eliciting a patient's goals of care.
	2) Have each consultant use the ASBH Education Guide section on End-of-Life Decision Making to identify literature references or other activities to complete.
	3) Arrange for Regional Counsel to talk to the ECS about the legal aspects of end-of-life care.
	4) Plan for a 90-minute in-service teaching session with the ECS to discuss VHA Handbook 1004.02, <i>Advance Care Planning and Management of Advance Directives</i> .

	5) Review 2 modules from the EPEC for Veterans curriculum (Education in Palliative and End-of-life Care).
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Preventive Ethics

PE1—Goal: Facilities and 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.

Requirement: Each facility, with input from the facility IE Council, will complete a minimum of two (2) PE ISSUES cycles. *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.*

- **Documentation:** Quarterly reports by facilities on progress toward completion of the ISSUES steps for each of two (2) PE ISSUES cycles (i.e., quality improvement cycles) and upload of two (2) completed PE Storyboards to the NCEHC PE Storyboard and Improvement Documents library
 - The upload location (<http://vawww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx>) shall be used, unless information about an alternative online upload mechanism is distributed by July 1, 2013.
- **Target:** Steady progress throughout the year and completion of all steps and substeps for each of two (2) cycles within FY 2013, as evidenced by two completed PE Storyboards 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.
- **NOTE:** Both Preventive Ethics ISSUES cycles should be based on an ethics issue identified and prioritized by the PE team in consultation with the IntegratedEthics Facility Council. Options could include but are not limited to:
 - Addressing an ethics issue identified in the results of the FY 2012 IntegratedEthics Staff Survey (IESS) or by comparing FY 2010 and FY 2012 results
 - Addressing an ethics issue based on recurring ethics consultations identified through ECWeb reports
 - Addressing an ethics issue identified as a systems level factor that contributed to one or more consultation requests
 - Addressing an ethics issue identified through VA resources (e.g., accreditation reports, SOARS, SHEP, Patient Advocate Tracking data)

- Addressing a gap identified in the PE section of the Facility Workbook
- Addressing a gap between an ethics-related policy and actual practice (e.g., disclosure of adverse events)
- Addressing a gap in non-clinical ethics domains (e.g., business and management, everyday workplace)
- Addressing a gap through spreading of an improvement to another setting, program or service based on a PE Cycle that had measureable improvement.

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, SOARS, SHEP, PAT data).

- **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/ETHICS/docs/integratedethics/Q1_FY10_PE_Summary_of_VISN_Ethics_Cross-Cutting_Issue_Tool.doc.
- **Target:** At least one form uploaded to the IE PE Storyboard and Improvement Documents Library by the close of Q4. 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 by July 1, 2013.

Ethical Leadership:

EL1—Goal: The IE Council will develop local annual performance and quality improvement plans for ethical leadership based on results from approved NCEHC tools (e.g., the EL Self-Assessment Tool; the IE Staff Survey, particularly questions in the domains of ethical practices in the everyday workplace and ethical practices in business and management; the IE Facility Workbook) or other relevant systematic evaluations of the EL function.

Requirement: Develop and implement a local performance and quality improvement plan for ethical leadership. Plans will describe:

- specific data demonstrating need for improvement;

- involvement of leadership and staff in developing action plans;
 - intervention selected to address need;
 - rationale for interventions selected;
 - groups targeted for intervention;
 - implementation and follow-up; and
 - measurable and/or anecdotal evidence that the interventions were successful.
- **Documentation:** Quarterly reports by facilities on progress toward achieving this requirement (yes/no and limited narrative description) and submission of a final report to the NCEHC via the PE Storyboard and Improvement Documents Library. A summary form (final report) is available at: http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/FY11_EL1_Improvement_Plan_Summary_20110705.doc . Upload the completed summary form (final report) to the PE 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:
 - Quarter 1-2: Identify one (1) Ethical Leadership improvement opportunity (Yes/No).
 - Quarter 2: Develop action plan and communicate plan to staff (Yes/No).
 - Quarter 3: Provide brief progress report (1-2 sentence summary of progress to date).
 - Quarter 4: Provide written summary description of EL project including evidence that interventions were successful.
- **NOTE:** All plans will be reviewed for:
 - specific data demonstrating need for improvement;
 - involvement of leadership and staff in developing action plans;
 - intervention selected to address need;
 - rationale for interventions selected;
 - groups targeted for intervention;
 - implementation and follow-up; and
 - measurable and/or anecdotal evidence that the interventions were successful.
- **NOTE:** See below for a listing of items from the IESS that may suggest improvement activities relating to ethical leadership and that would lend themselves to improving the ethical environment and culture by targeting specific ethical leadership practices.

IESS Item Number	Question Text
W2	At this facility, managers follow up on ethical concerns that are reported by employees.
W3	<i>(Question abbreviated due to Ethics Resource Center copyright)</i> Trust managers to keep their promises and commitments

W4	At this facility, I am reluctant to raise ethical concerns.
M1	At this facility, employees can talk with supervisors about ethical concerns without fear of having their comments held against them.
M2	<i>(Question abbreviated due to Ethics Resource Center copyright)</i> Management does not tolerate retaliation for reporting a potential violation.
M3	At this facility, senior managers communicate that ethics is a priority.
M4	At this facility, during the past 12 months, I received "mixed messages" (i.e., conflicting messages) from managers that created ethical uncertainty or ethical concerns.
M5	At this facility, managers raise and discuss ethical issues.

- **NOTE:** Improvement opportunities related to ethical leadership may also be identified through other sources. However, to count toward meeting this measure, such 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](http://www.ethics.va.gov/docs/integratedethics/Ethical_Leadership_Fostering_an_Ethical_Environment_and_Culture_20070808.pdf).
- **NOTE:** Examples of strong projects include projects that:
 - Implement education and performance requirements to encourage leaders to regularly discuss ethical concerns
 - Establish regular leadership forums to enable staff to discuss ethical issues with leadership
 - Take leadership actions to publicize mechanisms for staff to report ethical concerns
 - Standardize consideration of ethics as a routine part of leadership decision making (e.g., ethics as a standing item on leadership agendas or executive decision memos) and leadership forums (e.g., resource management committee, executive leadership board)
 - Provide leaders with skill-building opportunities to practice ethical decision making
 - Publicize the local ethics and integrity programs (e.g., ethics and integrity series of fairs and events), and provide clear leadership commitment of resources to support these programs

IE Program

IEP1—Goal: The IE Council will oversee and support implementation of the facility IE program including establishing local performance and quality improvement goals for the facility IE program.

Requirement: The IE Council must strategically review local IE program achievement with respect to critical success factors (e.g., integration, leadership support, expertise, staff time, resources, access, accountability, organizational learning, evaluation, policy), identify one improvement goal for the facility IE program and implement plans to achieve meaningful improvement, enhancement or expansion in this area.

- **Documentation:** Quarterly reporting on facility progress toward meeting the requirement and implemented improvement plans to achieve improvement, enhancement or expansion in this area.
- **Targets:** Facilities must meet the following quarterly targets:
 - Quarter 1-2: Identify one (1) IE program improvement opportunity (Yes/No).
 - Quarter 2: Develop action plan and communicate that plan to facility leadership (Yes/No).
 - Quarter 3: Provide brief progress report (1-2 sentence summary of progress to date).
 - Quarter 4: Provide written summary description of project including evidence that interventions were successful.
- **NOTE:** All plans will be reviewed for:
 - specific data demonstrating need for improvement;
 - intervention selected to address need;
 - rationale for interventions selected;
 - implementation and follow-up; and
 - evidence that the interventions were successful.
- **NOTE:** Examples of strong projects include projects that:
 - Calculate staff time needed for effective IE program management and performance and implement a plan to reduce gaps between current staffing and target levels;
 - Critically review the effectiveness of linkages/integration between the IE Council and other facility organizational structures and devise a plan to make these linkages more effective;
 - Conduct a needs assessment of the current IE Council structure and develop a plan to revise membership to more effectively meet IE Council goals;
 - Devise and implement a new process to address succession planning for key IE staff positions;
 - Develop and implement an outreach plan to educate facility staff about ethics.

IEP2— Goal: The IE Council will oversee and support implementation of the facility IE program including establishing local performance and quality improvement goals for the facility IE program based on relevant IE data sources (e.g., the IE staff Survey)

Requirement: The IE Council will review the results of the 2012 IE Staff Survey (and prior year results as appropriate), identify action plans in response to one or more identified improvement opportunities, and brief leadership and management groups about the results of the survey and planned activities.

- Documentation: Quarterly reporting on facility progress toward meeting the requirement, identification of one action plan, and briefing of leadership and management groups about the results of the survey and planned activities.
- Targets:
 - Q1-2: IE Council will review the results of the 2012 IE Staff Survey
 - Q2: IE Council will identify one (1) or more improvement opportunities and develop an action plan to address these improvement opportunities. Note: only one improvement opportunity must be addressed to meet the target requirement. Facilities will be asked to report (yes/no) if more than one improvement opportunity was addressed via IE process.
 - Q2: IE Council will ensure leadership and management groups (including front line supervisors) are briefed on the results of the survey and that local communication mechanisms are used to ensure all facility staff know about the results of the survey, identified improvement opportunities, and action plans (e.g., newsletters, facility information email)
 - Q3-4: The IE Council will brief facility leadership and management groups about the results of the improvement activities undertaken.
- NOTE: The improvement opportunity may be addressed through IE processes and be used to achieve FY2013 IE Program metrics including a Preventive Ethics ISSUES cycle (performance item PE1), Ethical Leadership quality improvement (EL1), and/or IE Program Improvement (IEP1).

IEP3—Goal: 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 2013 according to the instructions provided and upload it to the national IE Web site.

- Documentation: Yes/no reporting and electronic completion of the IE Facility Workbook via the national IE website at:
<http://htm.va.gov/IntegratedEthics/questions/>.
- Target: Facilities are encouraged to complete the IE Facility Workbook by the close of Q3 to assist with following year planning. To pass IEP3, the IE Facility Workbook must be completed by the close of Q4 FY 2013.
- NOTE: The NCEHC will make the electronic IE Facility Workbook and notes of any updates available by February 28, 2013.

IEP4 VISN—Goal: The VISN IE Advisory Board will facilitate strategic relationships among staff and leaders at facilities and the VISN regarding IE, coordinating ethics – related and IE program activities across facilities in the VISN and encouraging mutual support among facilities in the VISN.

Requirement: The VISN IE Advisory Board must demonstrate one or more intervention projects to facilitate and improve VISN-wide strategic relationships among IE staff and leaders to encourage mutual support among IE programs.

- **Documentation:** Quarterly reporting on VISN progress to facilitate and improve strategic relationships among IE staff and leaders to encourage mutual support among IE programs and documentation that at least one project is related to ethical leadership.

- **Targets:** VISN must meet the following quarterly targets:
 - Quarter 1-2: Identify one (1) or more interventions to facilitate and improve strategic relationships among IE staff and leaders (Yes/No). Note: only one improvement opportunity must be addressed to meet the target requirement. VISN will be asked to document whether any project is related to Ethical Leadership (Yes/No).
 - Quarter 2: Develop action plans and communicate plan to facility IE Councils and facility leadership (Yes/No).
 - Quarter 3: Provide brief progress report (1-2 sentence summary of progress to date) for each project.
 - Quarter 4: Provide final description of achievement and evidence (measurable or anecdotal) of project effectiveness.

- **NOTE:** Examples of strong projects include:
 - Based on needs assessment, conduct VISN-wide training for Ethics Consultants, Preventive Ethics team members, IE Program Officers and/or Ethical leadership Coordinators;
 - Develop a mentorship process to train and support staff new to designated IE staff roles;
 - Plan a VISN-wide approach to train leaders in ethical leadership concepts.