

**Department of  
Veterans Affairs**

# Memorandum

Date: **JUN 20 2013**

From: Deputy Under Secretary for Health for Operations and Management (1ON)

subj: Revised Fiscal Year (FY) 2013 Program Reporting Calculation for IntegratedEthics

ro Network Directors (1ON1-23)  
Facility Directors

1. Veterans Health Administration (VHA) Handbook 1004.06, IntegratedEthics describes the standards for IntegratedEthics® (IE) in VHA facilities and Veterans Integrated Service Networks (VISN).
2. Each year since 2007, facility success in meeting these established standards has been assessed through quarterly reports. Requirements established for FY 2013 can be found in a Memorandum dated October 10, 2012, available at: [http://vaww.ethics.va.gov/docs/integratedethics/FY13 IE Program Achievement Memo Tech-Manual 20121012.pdf](http://vaww.ethics.va.gov/docs/integratedethics/FY13_IE_Program_Achievement_Memo_Tech-Manual_20121012.pdf).
3. As of Quarter 2, FY 2013, facilities continue to make strong progress toward achievement of this year's program goals (See Attachment 2). At the same time, IE VISN Points of Contact have noted that facilities would like additional flexibility in the priority given to various program implementation activities.
4. To that end, the National Center for Ethics in Health Care (NCEHC) has changed how it will calculate year end accomplishment of the goals tracked. The changes in facility metrics can be found in Attachment 1. No changes to VISN metrics or the technical manual are proposed, and no changes to reporting requirements will be necessary to implement this change. Data will continue to be collected following the procedures described in the October 10, 2012, memo. Updated information incorporating the metric changes outlined in this memo are available at <http://vaww.ethics.va.gov/inteqratedethics/ieproqrot.asp>
5. To support flexibility for facilities that initiated work on optional items, the NCEHC will recommend that FY 2014 program metrics continue these optional items. The two-year timeframe for these items will support facilities in initiating organizational change and program improvement activities which require the implementation of a timespan that is longer than one year.
6. If you have any questions about the changes introduced through this memo, or any other questions about IntegratedEthics, contact Melissa Bottrell at [Melissa.bottrell@va.gov](mailto:Melissa.bottrell@va.gov) or 510-525-0979.



William Schoenhard, FACHE

**Attachments:**

1. Fiscal Year 2013 IntegratedEthics Program Requirements: Revised Calculation
2. IntegratedEthics Program Achievement Fiscal Year 2013 Q2 Results

**Attachment 1: Fiscal Year 2013 Integrated Ethics Program Requirements: Revised Calculation**

ITEM #	Facility Quarterly Reporting Requirement	Target Achievement in October 10, 2012 Memo	Revision to 2013 Program Metrics
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	<b>Optional</b> , must complete either EC1 or EC3
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	No Change
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	<b>Optional</b> , must complete either EC1 or EC3
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	No Change
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	<b>Optional</b> , must complete either EL1 OR IEP1
IEP1	The IE Council must strategically review the local IE program achievement with respect to critical success factors (e.g., integration,	<ul style="list-style-type: none"> <li>Identify one local performance and quality improvement goal and implement a plan to achieve this</li> </ul>	<b>Optional</b> , must complete either EL1 OR IEP1

	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.	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"> <li>• Review Data</li> <li>• Brief leadership and management groups</li> <li>• Inform facility staff about action plans and outcomes via local communication mechanisms</li> <li>• Implement action plans for one (1) or more identified quality gaps; plans may be used to achieve EC1, PE1and/or EL1.</li> </ul>	No Change
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	No Change

**Attachment 2: IE Program Achievement, FY 13 Q2 Results**



**IntegratedEthics™ Program Achievement  
Fiscal Year 2013 Q2 Results**

**Summary of Q2 Results**

In quarter one, 140 facilities reported achievement toward the Fiscal Year (FY) 2013 IntegratedEthics (IE) Program Achievement Goals. Overall, VISN and facility achievement generally reflects appropriate progress toward achievement of all items by the close of FY 2013.

Facility reporting (see Table 1) indicates that 54% of facilities have already passed at least three items as of Q2. Given that many achievement goals require the development of a plan in Q1 and implementation of that plan across Q2 through Q4, this level of achievement is to be expected. Facilities show strong progress on completing review of FY 2012 IE Staff Survey Results (94%) and strategic review of local IE program achievement with respect to critical success factors (94%). Additionally, 96% of facilities have completed their Ethics Consultation Service Proficiency Assessment (EC2). National Center for Ethics in Health Care (NCEHC) IE staff will be contacting facility IE Program Officers and IE VISN Points of Contact to offer technical assistance and support to facilities that have not made adequate progress toward achieving Q2 targets.

<b># Passed (of 9)</b>	<b>% Passing Facilities</b>
4 or more	15.0%
3 of 9	38.6%
2 of 9	32.9%
1 of 9	11.4%
0 of 9	2.1%

With respect to VISN achievement (see Table 2), three VISNs report completing one required for VISN program achievement. VISNs have made strong progress on identifying a Network-wide, cross-cutting ethics issue (90.4%) and developing a plan to address that ethics issue (71.4%). Additionally, VISNs have developed action plans to facilitate and improve strategic relationships among IE staff and leaders and share those plans with IE Councils and leaders in the network (81%).

The full technical description of the IntegratedEthics Program Achievement Goals and Reporting Requirements and the Network Director Performance item related to organizational health is available:

<http://vaww.ethics.va.gov/integratedethics/ieprogrpt.asp>

<b># Items Passed</b>	<b># VISN Passing</b>
2 of 2 Items	0
1 of 2 Items	3
0 of 2 items	18

Detailed achievement results for each facility on each metric are included in the attached spreadsheet (Appendix 1).

Reporting can also be found in the Performance Measure Executive Briefing Book at:

<http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fPerformanceMeasures%2fPMMstrRpt&rs:Command=Render>

For questions or assistance, contact Melissa Bottrell, MPH, PhD, Chief of IntegratedEthics at [Melissa.bottrell@va.gov](mailto:Melissa.bottrell@va.gov) or 510-525-0979.

### **Facility and VISN Highlights**

General IE Program Achievement highlights include:

- 94% of facilities have completed strategic review of local IE program achievement with respect to critical success factors.
- 92% IE Councils facilities have reviewed that plan and identified an improvement opportunity in response to the review. Completion of an action plan and upload of that summary description is required by the close of Q4.
- 96% of facilities have reviewed the results of the 2012 IE Staff Survey.
- 94% of facilities have identified one or more improvement opportunities in response to the IE Staff survey.
- 74% of facilities have brief facility staff about action plans and outcomes in response to the IE Staff survey.
- 3% of facilities report completion of the IE Facility Workbook; completion is required by the close of Q4. Notably, reporting of Workbook completion is not borne out by upload of the completed Workbook in the online Facility Workbook program (see: <http://htm.va.gov/IntegratedEthics/Questions/Default.aspx>).

Highlights of Ethics Consultation achievement include:

- 95% of facilities have systematically assessed the adherence of their ethics consultation service to the CASES approach based on an analysis of consults in ECWeb.
- 100% of facilities have identified at least one significant improvement needed in response to the systematic review.
- 62% of facilities report that they have completed implementation of that plan and uploaded a summary of the results to the [VISN and Facility SharePoint Site](#). However, review of SharePoint site does not reflect this level of documentation. Sites are encouraged to complete the upload of their plan summaries.
- 96% have uploaded their Ethics Consultation Service Proficiency Assessment Tool (ECS PAT) to the database.
- 83% of services have developed an ethics consultation service four-point improvement plan based on the results of the ECS PAT and have obtained input of their IE Council.
- 1% of services have completed an ethics consultation service four-point improvement plan based on the results of the ECS PAT.

For Preventive Ethics, by the end of Q2 a PE team is expected have to made adequate

progress on two ISSUES cycles. Adequate progress is defined as passing 'IS' for two cycles or a combination of 4 steps across the two cycles). Reporting indicates:

- 79.3% of facilities have made adequate progress on two cycles
- 15.7% of facilities have completed one cycle.
- 2.1% of facilities have completed two cycles

For Ethical Leadership, facilities are to select one activity pertaining to ethical leadership (Q1) and implement a plan to demonstrably enhance their ethical environment and culture (Q4). As of the end of Q2, facilities appear well situated to meet this program goal:

- 87% of facilities have completed an annual performance and quality improvement plan for ethical leadership.
- 91% of facilities have developed an action plan to address an ethical leadership improvement opportunity and communicated the plan to staff.
- 2% of facilities report that they have identified and completed implementation of an ethical leadership improvement plan.

## **Facility and VISN Support**

Nationally, most facilities and VISNs appear to be moving forward as of Q2 to achieve the performance measures by the close of FY 2013. NCEHC will be providing technical assistance to facilities and VISNs that may need additional support. In particular we are contacting:

- Facilities which have not yet strategically reviewed local IE program achievement with respect to critical success factors. (IEP1)
- Facilities that have not yet reviewed the results of their 2012 IE Staff Survey. (IEP2)
- Facility IE Program Officers who indicate completion of the 2013 IE Facility Workbook but for which completion is not documented in the online workbook tool. (IEP3)
- Facilities which have chosen an ethics consultation improvement approach but did not report completing a systematic analysis of their ethics consultations. (EC1)
- Facilities which have not reported adequate progress toward achievement of two PE ISSUES cycles (PE1 A & B)
- Facilities which have not identified an opportunity to demonstrably enhance their ethical environment and culture (EL1)

To maintain appropriate progress, in Q2 facilities should take steps to:

- Complete strategic review of local IE program achievement with respect to critical success factors, identify one opportunity for improvement, and develop an action plan for leadership approval in response to the identified opportunity.
- Complete review of the 2012 IE Staff Survey data, inform leadership about the results, and begin planning to share information about the results, action plans, and outcomes of action plans with all staff in their facilities.
- Identify at least one significant need in response to assessment of the ECS adherence to the CASES approach, and present that improvement to the IE Council for review.
- Complete the ECS PAT.
- Develop a four-point improvement plan based on the results of the ECS PAT
- Make progress on PE ISSUES cycles.
- Develop an action plan in response to an identified ethical leadership opportunity.

## **Detailed Facility and VISN Results**

Detailed facility and VISN program achievement results are attached in Appendix 1. Tables 3 and 4 summarize the performance measures, achievement targets, and results by performance item as of Q1.

**Table 3: Q2 FY13 VISN Performance**

<b>Item #</b>	<b>VISN Requirement</b>	<b>Target Achievement</b>	<b># VISN Met</b>
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 with statement of how the VISN supports sharing of information to achieve progress across the VISN.	2 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.	Provide summary documentation of Ethical Leadership Improvement activity.	1 VISN

**Table 4: Q2 FY13 Facility Performance**

Item #	Facility Requirement	Target Achievement	% Passing
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	55.7%
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	96.4%
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	1%
PE1a	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 cycle 1	13.6%
PE1b	PE Cycle 2: 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 cycle 2	2%
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	2.1%
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.	Identify one local performance and quality improvement goal and implement a plan to achieve this goal	7.9%

IEP2	The IE Council will review the results of the 2012 IE Staff Survey (and prior year results as appropriate).	Complete data review, leadership and staff briefings, and implement one action plan in response to identified quality gaps (plans may be used to achieve EC1, PE1and/or EL1)	72.9%
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	2.9%

### Appendix 1: Detailed VISN and Facility Reporting



Q2 FY 2013 IE  
Program Achievement