



**IntegratedEthics®
Improvement Forum Call
Ethics Consultation Coordinators
The Scoop on 2014 Program Requirements for Ethics Consultation
October 28, 2013**

Welcome to Ethics Consultation Coordinators

This is [Marilyn Mitchell](#). I am the new IntegratedEthics Manager for Ethics Consultation at the [National Center for Ethics in Health Care](#) and I will be moderating today's IE EC Improvement Forum call. Just to let you know a little bit about me, I've been an RN for 33 years and for about 20 of them I worked in various hospitals, primarily in High Risk Obstetrics. I have a Master of Advance Studies degree in Health Law and have family members that are Veterans. It is a pleasure to be a part of the Center. Dr. David Alfandre has transitioned to the role of Ethics Consultant and is mentoring me in this role so he is also here on the call. Thank you for joining us today. Our topic today is: FY 14 Ethics Consultation Program Reporting requirements.

If you did not receive a reminder email for this EC Improvement Forum call, it is possible you are not signed up for the IE listserv. You can do so easily by going to the National Center's website and under the Integrated Ethics portion of the website you will find it. The link will be available in the minutes:

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

The call schedule and summary notes are posted on the IntegratedEthics website at: <http://vaww.ethics.va.gov/integratedethics/TA.asp>

Before I continue I want to mention that other staff from the Ethics Center typically join the call and you may be hearing from them.

Presentation shown on the call:

(Instructions for opening PowerPoint presentation: Right click on presentation, scroll to "Presentation Object" and click on "Open" in the pop-up menu selection)



Oct. 28th IF Call.ppt

Slide 4 - Announcements

The proceedings from this past weekend's ASBH meeting will be available soon on their website at <http://www.asbh.org/meetings/annual/annualmeeting.html>. Their publications,

including Core Competencies for Healthcare Ethics Consultation, are available on their website for your reference.

Coaching Opportunity

As part of our continuing efforts to promote high quality ethics consultations throughout VA, we have been offering every VISN a coaching opportunity designed to highlight, model, and promote the CASES approach. This 90 minute coaching session, led by our office by conference call and MS Lync, aims to demonstrate the value and applicability of the CASES approach through a discussion of a de-identified case consultation from a facility in your VISN. We have successfully used this type of coaching approach with other ECC's and our National Ethics Fellows in the past, and successfully piloted it with 2 separate VISNs last fiscal year. We already have sessions lined up with 6 VISN's nationwide and are looking forward to doing it with others. So you will be hearing from me or from your VISN POC as I reach out to find a time that your VISN can join for this opportunity this coming fiscal year. In the meantime, if you know your VISN's ethics consultation services would like to participate, please let me know and we can start arrangements for a time for the coaching session.

Slide 5 –

A new resource is available to you and your ECS on the EC website – it is a multimedia education program (which can be viewed as an audio broadcast with accompanying slides or in a video format) called “Managing Conflicts Between Clinicians and Surrogates”. The link is at: [Managing Conflicts Between Clinicians and Surrogates](#). The great thing about multimedia programs is they can be used in a variety of settings such as during an ethics committee meeting, at a department meeting, or at a lunch & learn program for ECs. This means this program can reach a broad audience that may encounter conflict at some point in their work experience.

On to the topic for today. Please don't be hesitant about raising questions and comments later during our discussion. This call is for everyone and a question raised by one person is probably a concern of someone else as well. I am also getting to know you and although I've spoken to some of you over the phone, I am still learning who is who. So, another reminder, please do say your name and location before you ask your question.

Slide 6 - Focus Topic:

I want to talk about this year's program metrics, the IE Programmatic Achievement: Goals and Reporting Requirements for FY 2014. The upcoming FY program reporting requirements will have 3 metrics that are more or less unchanged from last year. The one difference will be that the EC1 goal is what you may recall was the EC2 goal in 2013. Just like last year, the goals are the same. Everyone will do the EC SPAT (Ethics Consultation Service Proficiency Assessment Tool) and then either develop a plan based on those results or develop a plan based on a review of ECWeb to improve the use of the CASES (Clarify, Assemble, Synthesize, Explain, Support) approach. Here are the documents we are talking about today:

Ethics Consultation

Before we get started I'd like to point out that I have reviewed most of the Improvement Plans for 2013 which includes both metrics. There were some very strong plans submitted and it's clear from them that many of you are taking your role as ECC very seriously. Thank you for your efforts and your thoughtfulness. There were even a few people that submitted three goals instead of just two, so thank you for going above and beyond!

There were others, though, that submitted Improvement Plans that were incomplete or were meant for Ethical Leadership or Preventive Ethics. It is my goal to make the uploading process as easy as possible for you since I know you are juggling multiple roles. Please do reach out to me if you have challenges with how to document your goals, which goals you may want to consider or even how to upload your documents. I am here to assist and will be very glad to make things go well for you and your service. Our main goal is to improve the skills of your ethics consultants and thereby improve the overall service. Each goal is meant to be in support of improving the overall Ethics Consultation Service.

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Dr. Alfandre discussed the elements of a strong training plan in September so in addition to the examples I will show today, you may want to look back at the September 23rd IF Call and the link is provided below:

[IntegratedEthics Improvement Forum Calls](#)

Some of you may recall we covered the Ethics Consultation FY2014 Facility Metrics briefly on October 7th. Today we will go in depth and also see some examples of 2013 plans that contained elements we consider strong since they addressed an element of the CASES approach that needed improvement or they addressed an identified knowledge or skill gap from the EC SPAT with a learning plan that used a combination of self study, group learning, presentation or mentoring.

On to the goals for 2014. Today is our opportunity to discuss them in detail.

FY 2014 FACILITY METRICS

Slide 8 - Ethics Consultation

To meet the program reporting metrics for ethics consultation, each IntegratedEthics program is required to meet EC1 plus a choice of either EC2 or EC3. The requirements are listed on the slide.

Slide 9 – EC1

Every ethics consultant will complete the EC PAT (Ethics Consultation Proficiency Assessment Tool), and each ECC will complete the EC SPAT(Ethics Consultation

Service Proficiency Assessment Tool) and upload data to the electronic database by Q2 FY 2014. Facilities are encouraged to complete the EC SPAT by the close of Q1.

- It is expected that there will be quarterly reporting on facility progress toward meeting the requirement and a completed EC SPAT.

Slide 10

To pass EC1, each facility must complete the following tasks by the close of Q2 FY 2014:

- Each ethics consultant must complete the EC PAT (see our Ethics Consultation page: <http://vaww.ethics.va.gov/integratedethics/ecc.asp>)
- The facility ECC must summarize the data from individual EC PAT's into the ECS PAT (also available on our Ethics Consultation page: <http://vaww.ethics.va.gov/integratedethics/ecc.asp>)

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Here are the links to both of the assessment tools.

[Ethics Consultant Proficiency Assessment Tool \(EC PAT\)](#)

[Ethics Consultation Service Proficiency Assessment Tool - Data Collection \(ECS PAT-DC\)](#)

Slide 12

As part of the IE Program Metrics for EC this year, each facility is required to upload a summary of the data from the EC SPAT to the Survey Monkey site by end of Q2. The site for uploading is located at:

<https://www.surveymonkey.com/s/FY2014ECSPAT>

Slide 13

You may select between the next two EC goals for 2014. You do not need to do both. You can choose from the two.

Slide 14

EC2 - The ECC will collaborate with the IE Council to develop a plan to improve the ECS use of the CASES approach based on the data in ECWeb. The minimum needed to meet this goal is:

- Quarterly reporting on facility progress toward meeting the requirement and on implementing your improvement plan for your ECS based on their use of the CASES approach.
- This metric may look familiar because EC2 was EC1 in 2013.

Slide 15

To pass EC2, each facility ECS must complete these tasks with the support of the IE Council by the end of Q4 FY2014:

- Q1: Systematically assess performance of the ECS in adhering to the CASES approach based on an analysis of consults entered in ECWeb. Facilities are strongly advised to use model quality improvement plans to complete EC2 available at: [Supplement to EC2 technical guidance.pdf](#)

We encourage you to use the model quality improvement plan. Doing so will be more efficient for you since you will not need to recreate the format. Using the model quality improvement plan will also guide your thinking and approach to the items needed for improving your ethics consultation service.

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Steps to achieve EC2

To achieve this metric in a timely manner, we have the following timeline goals:

By Q2: Present to the IE Council a summary of achievement of key IE EC processes, based on an analysis of consults entered in ECWeb. With the support of the Council identify at least 1 significant needed improvement that will be addressed.

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 format as described in the EC2 supplement document available here: [Supplement to EC2 technical guidance.pdf](#)

By Q3: Report on achievement through Q3 by providing a brief statement reflecting achievement to date.

By Q4: Report on achievement through Q4. Please follow up with your facility's achievement by entering the most recent available data. In 2013 many facilities did not upload their final data into the IE VISN and Facility SharePoint Site. I will remind everyone in an IF Call announcement during Q4 to update their data.

Slide 17

Again, I'd like to emphasize using one of the model quality improvement plans since it will make improving your service easier. The model quality improvement plan has a column to enter your specific data from your facility as well as a column for final data to be entered in Q4.

Slide 18 - EC3

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) which is based on the results of the ECS PAT.

- Quarterly reporting on facility progress toward meeting the requirement is expected and a copy of the improvement plan will be submitted to the NCEHC by the close of Q2 FY 2014.

Slide 19

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 EC SPAT.

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 intent behind the four point plan is to guide the quality of the training plans.
- The plan and proposed training should have the input of the facility IE Council.

To meet the minimum standard of four separate and distinct training elements or activities, a plan to address knowledge and skill gaps from the EC SPAT 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.

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.

You may want to consider hosting an EC Beyond the Basics Training over two separate days as a six point plan since it has six different modules, is a group learning experience with role plays and has active participation built into the program. This would satisfy the four point training plan requirement.

Tools available for developing an ECS improvement plan include: The Ethics Consultation page available on the NCEHC website (i.e., IE materials, IF Calls, Ethics Consultation Beyond the Basics Modules)

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

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).

Slide 20 & 21

So now I'd like to share some sample ECS improvement plans based on those received in 2013. The first one I'd like to highlight was also shown on September 23rd. It was submitted by Carolyn Welsh, MD & Karen Guerin of Denver Medical Center from VISN 19. Some of the strengths you will see are the specificity in the element and the inclusion of references.

The content area selected by the consult service members for an ECS improvement plan for FY 2013 was a knowledge gap in the area of research ethics. No members considered their expertise above a novice or basic level. To address the knowledge gap, four training elements are planned for FY 2013.

- 1) Invite an Eastern Colorado VA research staff member expert in IRB ethics (XXX or XXX) to speak about common ethical issues that are encountered such as privacy, human subjects' protection priorities, dissemination of genetic information, role of a drug monitoring safety board, potential falsification of data, and coercion in enrollment. (group learning)
- 2) Journal club article review of the role of the researcher in providing clinical insight into genetic information collected for research studies including education about what becomes known after study completion.
- 3) Review of the national ethics teleconference information and our medical center policies to master understanding of informed consent, comparing and contrasting research and clinical consent. This will be completed during a committee meeting. (group learning)
- 4) The Basics of Informed Consent: History, Ethics and Law (September 21, 2010) (self study)
- 5) Reading and discussion of the Hastings Center Report. Manipulation in the enrollment of research participants. Mandava A, Millum J. 2013 Mar-Apr; 43: 38-47. Self-study and group discussion. (discussion)

Slide 22 & 23

Example 2 was submitted by Regina Carden of Augusta Medical Center from VISN7

ECS has a majority of consultants with novice or basic proficiency in "process skills for consultation. Specifically this applies to proficiency of documentation of consults, and identifying underlying systems issues as well as utilizing institutional structures and resources. Their plan intends to improve **skills** in this area.

- 1) The ECS will review the documentation procedure with each member by utilizing a monthly meeting for hands on training as well as utilizing the mentor relationship established for each new member- Accomplished (presentation & mentoring)

- 2) Assignment to each novice consultant review of two completed consults in the system for examples of completed documentation and attention to process issues- Accomplished (**self study**)
- 3) Novice members will be aligned with a member to complete new consults on EC web with attention to use of resources to address the consultative question Accomplish (**mentoring**)
- 4) EC web completion of documentation will be reviewed by entire ECS quarterly in monthly meeting to assess proficiency and need for any further training (**group learning**)

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Example 3 was submitted by Lynne Cannavo, Rod Dismukes and Laura McDonald of VISN1 of the Boston VA Healthcare system.

ECS with a majority of consultants with novice or beginner proficiency in “Health law relevant to HCEC”. Plan intends to improve knowledge in this area.

- 1) (**mentoring**) Assign 2 novice consultants to attend training that builds knowledge in health law relevant to HCEC. Reading (either a text or journal article) on moral reasoning and ethical theory.
- 2) (**self study**) Assign for reading and discussion of a high quality published overview of health law relevant to HCEC. Discussion of material at monthly meetings.
- 3) (**presentation**) Review and discuss landmark cases relevant to health law relevant to HCEC. Presentation on some aspect of moral reasoning by team member(s) with advanced training.
- 4) (**group learning**) Invite Regional Counsel to speak to the ECS to review health law relevant to HCEC

You can use these examples as guides or you could consider just using the same plan. Please keep in mind that you are looking to improve one identified knowledge or skill gap with four distinct training elements. I did notice several training plans that addresses four different knowledge or skills gaps—and that doesn’t meet the intent of the effort. To really develop knowledge or skill expertise, we are asking everyone to focus on one knowledge or skill gap for your plan. If you wish to address more than one knowledge or skill gap, you would need to have four elements for each gap.

In planning your Training Elements for 2014 for EC3 you may want to consider local subject matter experts, such as a Law Professor, an Ethics Scholar or a member of the local Medical Society in your community that may be resources for ethics knowledge that may be willing to donate their time by giving a talk. Of course, VA specific policies may differ from a community expert’s knowledge on a particular topic.

Another potential learning experience could be to review a VA policy in the context of a case. A member of the ethics committee could prepare a talk based on a policy that became important in making recommendations for a specific case. Basing the talk from a case study can also give the speaker an opportunity to speak using the CASES approach.

Varying the way information is delivered, whether in the form of a paper, a lecture, a video or a facilitated discussion can keep the process of learning more engaging.

You are not being judged on the success of your plan – only on your commitment to improve the ethics consultation service in a targeted way identified through the data available to you from the ECS PAT or from a review of consults in light of the CASES approach.

Of note, we do this too. Every year the NCEHC develops a Training Plan with four points to address improving our ECs here based on the SPAT. If you'd like to see the plan, please let us know. We believe it's important to hold ourselves to the same standard that we hold the field.

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Now I'd like to open it up for comments and questions. Please do not hesitate to speak up.

Q: How much time will there be to complete all the requirements?

A: We've been doing this for the last number of years and generally for the individual consultant to fill out the form takes 20 minutes. Ethics Consultation Coordinators will have to aggregate all the data from the SPATs. We've developed an electronic PAT that aggregates the data so the total process should take the ECC roughly 3-4 hours.

Q: Is it common to have administrative assistance for the PAT?

A: It varies with the service, a suggestion is to have a longer EC meeting and members can complete the SPAT during the meeting, identify skill/knowledge gaps during the meeting. The process can be very efficient depending on the size of your service.

Q: Will the slides from this presentation be available for downloading?

A: Yes, however the information is most easily found in the technical manual on the website. Go to: <https://vaww.ethics.va.gov/integratedethics> then click the evaluation page; scroll down to click on IE Program Metrics and all the relevant links are available there.

Q: Is the site available to upload the FY2014 PAT?

A: The site to upload the 2014 PAT is available. Here is the link: [EC SPAT Data Collection](#)

Q: Hosting EC Beyond the Basics, did you mean National Center for Ethics in Health Care staff will come to the site or provide support at the facility?

A: All materials are available on the Ethics Consultation page

http://vaww.ethics.va.gov/EC_Btb.asp

Either the VISN or facility can host an EC BTB training however due to budget restrictions, NCEHC staff would not be able to attend in person. Depending on the upcoming budget, we may be conducting an Ethics Consultation and a Preventive Ethics Beyond the Basics session.

Q: Would you suggest facilitators of the Beyond the Basic sessions should have attended a face-to-face conference or should the facilitator just review the materials and obtain guidance from the National Center?

A: The latter would be fine. Our consultants bring a lot of knowledge and I would suggest thoroughly reviewing the materials and maybe tailor the training around one of the easier modules to present.

Q: During the year, we are asked the same questions for reporting every quarter. Is the NCEHC extracting the learning plans as the year goes by or are we supposed to submit them each quarter?

A: We don't technically have a way of making our reports cumulative and we do ask the same questions each quarter. It is meant to be easy to answer yes/no or just copy & paste a few questions with longer content into those items for each quarter. Additionally, we will not be requiring the IE Facility Workbook this year so ECs will only need to answer the quarterly questions and perform the necessary uploads.

Q: Is there a comprehensive planner available to assist with IE reporting?

A: Yes, see the link: [IE Quarterly Reporting Planner](#)

Thank you everyone for those questions & comments. We will have a summary of the call up on the website in a short while for you to review as needed.

Before you leave the call, please indicate on our anonymous poll how helpful you found this call:

"I found this call helpful and useful to the work I do in IntegratedEthics"

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Please remember, that like the rest of my New York colleagues, my door, my email, Marilyn.mitchell@va.gov and my phone (212-951-5477) are always open to hear from you.

The next EC Improvement Forum call will be on November 25th, 2013 on topic of Ethics Policy Updates. See you then.

Take care – and thank you for everything you do to deliver excellent care to our Veterans.