

**Department of  
Veterans Affairs**

**Memorandum**

Date:

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

Subj: IntegratedEthics Program Achievement: Goals and Reporting Requirements

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

1. VA National Handbook 1004.06, IntegratedEthics, stipulates procedures and program requirements for IntegratedEthics in VHA facilities and VISNs.
2. In 2011, the National Center for Ethics in Health Care (NCEHC) will once again be collecting quarterly information regarding implementation of IntegratedEthics and achievement of program goals and requirements from each facility and VISN in VHA, as they have done in each of the past four years.
3. Data will be collected with the purposes of monitoring implementation of IntegratedEthics as required in Handbook 1004.06 and to obtain examples of strong practices in ethics consultation, preventive ethics, ethical leadership, and the Facility IntegratedEthics Council and VISN IE Advisory Board. Strong practices will be shared with facilities and VISNs through NCEHC communication mechanisms including technical assistance conference calls, IE in Action newsletter, IE Field SharePoint Site, and other NCEHC publications.
4. A document outlining the FY 2011 IE programmatic achievement goals and reporting requirements and technical specifications is attached in Appendix A. A draft version of this document was shared with the IE VISN Points of Contact on December 1, 2010 and revisions were made based on feedback received.
5. Quarterly, each VISN will report achievement using the questionnaire in the IE Performance Measure SharePoint Site (<http://vaww.infoshare.va.gov/sites/IEPerformanceMeasure/default.aspx>). The NCEHC will provide the questionnaire to each IE VISN Point of contact quarterly. Data should be uploaded to the Performance Measure SharePoint site by the following deadlines:

	<b>NCHEC Quarterly Questionnaire Released</b>	<b>VISN Reporting Deadline</b>
Quarter 1	January 5, 2011	January 28, 2011
Quarter 2	March 25, 2011	April 8, 2011
Quarter 3	June 27, 2011	July 15, 2011
Quarter 4	September 19, 2011	October 3, 2011

6. Questions should be directed to Melissa M. Bottrell, MPH, PhD, Chief, IntegratedEthics at 510-525-0979 ([melissa.bottrell@va.gov](mailto:melissa.bottrell@va.gov)) or Ellen Fox, MD, Chief Ethics in Health Care Officer at 202-501-0364 ([ellen.fox@va.gov](mailto:ellen.fox@va.gov)).

William Schoenhard, FACHE

## Appendix A

### FY 2011 IntegratedEthics Programmatic Achievement: Goals and Reporting Requirements and Technical Specifications

To assess programmatic achievement in IntegratedEthics (IE), the following information will be collected from each facility and VISN on a quarterly basis:

#### GOALS AND REPORTING REQUIREMENTS

##### IEP: IE Program

- **IEP1—Goal:** Facilities and VISNs will ensure adequate program staffing by clearly delineating roles and responsibilities for key program roles as outlined in the VHA Handbook 1004.06, IntegratedEthics. **Requirement:** Each facility and VISN will ensure that performance plans for employees who participate in the IE program (i.e., VISN IE Point of Contact, Facility IE Program Officer, Ethics Consultation Coordinator, and Preventive Ethics Coordinator) include clear delineation of their ethics related responsibilities.
- **IEP2—Goal:** Facilities and VISNs will ensure that the Facility IE Council and the VISN IE Advisory Board meet regularly to effectively achieve programmatic goals and program oversight as outlined in VHA Handbook 1004.06. **Requirement:** Each facility and VISN will demonstrate that the VISN IE Advisory Board meets at least quarterly and that the facility IE Council meets at least bi-monthly.
- **IEP3—Goal:** Facilities and VISNs will share their IE practices with each other in order to improve IE programs across the country. **Requirement:** By the close of Q2, each facility and each VISN will upload summary meetings notes from one FY11 meeting (Facility IE Council and VISN IE Advisory Board, respectively) to the national IE SharePoint site.
- **IEP4—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 in FY11 and upload it to the national IE SharePoint site.

##### EC: Ethics Consultation

- **EC1—Goal:** Facilities and VISNs will ensure that ethics consultations are performed and documented as outlined in VHA Handbook 1004.06. **Requirement:** Facilities will use ECWeb to document all ethics consultations.
- **EC2—Goal:** Facilities and VISNs will ensure that each facility has an active ethics consultation service. **Requirement:** Facilities will monitor ethics consultation activity each quarter and document at least four (4) ethics case consultations in ECWeb by the end of FY 2011. *NOTE: Facilities should generally expect to complete far more than four case consultations per year; the mean in FY 2010 was 12.*
- **EC3—Goal:** Facilities and VISNs will demonstrate continuous quality improvement of their ethics consultation services relative to the standards outlined in VHA Handbook 1004.06. **Requirement:** Each facility will systematically assess the performance of its ethics consultation service, implement an improvement plan to address gaps identified, and demonstrate evidence of improvement by the end of FY 2011.

### **PE: Preventive Ethics**

- **PE1 – Goal:** Facilities and VISNs will ensure that each facility has an active 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 IE Council, will complete a minimum of two (2) PE ISSUES cycles.
- **PE2 – Goal:** Facilities and VISNs will ensure that each IE program performs ongoing PE “maintenance” activities (e.g., updating policies, developing strategies for ethics education, maintaining accreditation). **Requirement:** Each facility will report quarterly on PE “maintenance” activities and other activities PE teams engage in to improve ethics quality that do not involve an ISSUES (quality improvement cycle) approach. **NOTE:** In some facilities, the PE function may not be responsible for maintenance activities but the responsibilities may be assumed by another IE function or mechanism.
- **PE3 – Goal:** VISNs will ensure that the VISN IEAB takes a leadership role in assuring that ethics quality gaps that cross facility boundaries are identified, prioritized, and addressed, 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).

### **EL: Ethical Leadership**

- **EL1—Goal:** Facilities and VISNs will create and sustain a strong ethical environment and culture by ensuring that the IE Program responds to employees perceptions of local ethical practices, as outlined in the VHA Handbook 1004.06. **Requirement:** Each facility and VISN will select one activity pertaining to ethical leadership in their facility and VISN, and, with input from the IE Councils and VISN Advisory Board, implement a plan to demonstrably enhance their ethical environment and culture.

## TECHNICAL SPECIFICATIONS

### IE Program

- **IEP1--** Goal: Facilities and VISNs will ensure adequate program staffing by clearly delineating roles and responsibilities for key program roles as outlined in the VHA Handbook 1004.06, IntegratedEthics. Requirement: Each facility and VISN will ensure that performance plans for employees who participate in the IE program (i.e., VISN IE Point of Contact, Facility IE Program Officer, Ethics Consultation Coordinator, and Preventive Ethics Coordinator) include clear delineation of their ethics related responsibilities.
  - Documentation: Yes/no in quarterly reporting for each relevant position.
  - Target: Steady progress throughout the year and yes for each position by the close of Q4.
  - This item can be accomplished through a performance plan addenda during the routine mid-year performance review. Facilities and VISNs that are unable to meet the requirement by Q4 will be asked to describe barriers to achievement in FY11 and plans to meet the requirement in FY2012.
  - *NOTE: The National Center for Ethics in Health Care (NCEHC) will provide sample language for facilities to use as a model to achieve this item by January 15, 2010.*
- **IEP2—**Goal: Facilities and VISNs will ensure that the Facility IE Council and the VISN IE Advisory Board meet regularly to effectively achieve programmatic goals and program oversight as outlined in VHA Handbook 1004.06. Requirement: Each facility and VISN will demonstrate that the VISN IE Advisory Board meets at least quarterly and that the facility IE Council meets at least bi-monthly.
  - Documentation: Quarterly summary of the number of meetings held for the IE Council and VISN IE Advisory board since Oct 1, 2010.
  - Target: At least one (1) meeting per quarter for VISN IE Advisory Board and at least one (1) meeting every two (2) months for the IE Council.
- **IEP3—**Goal: Facilities and VISNs will share their IE practices with each other in order to improve IE programs across the country. Requirement: By the close of Q2, each facility and each VISN will upload summary meetings notes from one FY11 meeting (VISN IE Advisory Board and IE Council, respectively) to the national IE SharePoint site.
  - Documentation: Yes/no question in quarterly reporting regarding whether summary notes from one meeting in FY2011 have been uploaded to the IE Field SharePoint Site.
  - Target: Upload completed by the close of Q2.
  - VISN IE POC and Facility IEPO staff will upload one example of meeting notes to the national IE SharePoint site (accessible to all staff).
  - *NOTE: All posted materials must be reviewed to ensure that no personal information is included about patients or staff.*

- **IEP4—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 in FY11 and upload it to the national IE SharePoint site.
  - Documentation: Yes/no reporting in Q3 and Q4 FY2011 and completed electronic IE Facility Workbooks uploaded on the national IE SharePoint site.
  - Target: IE Facility Workbook completion by the close of Q3 FY11
  - *NOTE: The NCEHC will make the online IE Facility Workbook and notes of any updates available by February 28, 2010.*

### **Ethics Consultation**

- **EC1—Goal:** Facilities and VISNs will ensure that ethics consultations are performed and documented as outlined in VHA Handbook 1004.06. **Requirement:** Facilities will use ECWeb to document all ethics consultations.
  - Documentation: Quarterly reporting of the percentage of ethics consultations documented in ECWeb, where numerator = number of active or completed ethics consultation records created in ECWeb in FY2011 (data from the ECWeb Standard Report) and denominator = number of requests determined appropriate for ethics consultation in FY2011 (data from the EC service's self-report).
  - Target: 100% of all ethics consultations are documented in ECWeb.
- **EC2—Goal:** Facilities and VISNs will ensure that each facility has an active ethics consultation service. **Requirement:** Facilities will monitor ethics consultation activity each quarter and document at least four (4) ethics case consultations in ECWeb by the end of FY 2011. *NOTE: Facilities should generally expect to complete far more than four case consultations per year; the mean per facility in FY 2010 was 12.*
  - Documentation: Quarterly summary of the number of active or completed ethics case consultation records created in ECWeb since October 1, 2010.
  - Target: Steady ethics consultation activity throughout the year and a minimum of four (4) or more case consultation records created in FY11.
  - Although ethics consultation activity, in and of itself, is not a measure of ethics consultation quality, a level of activity below one case consultation per quarter is an indication of an inadequately functioning service. Without a minimum level of case consultation activity, ethics consultants cannot develop and maintain core competencies. In addition, since ethical concerns are common, a low consultation volume likely indicates that the ECS ethics consultation service is not meeting the needs of the facility.
- **EC3—Goal:** Facilities and VISNs will demonstrate continuous quality improvement of their ethics consultation services relative to the standards outlined in VHA Handbook 1004.06. **Requirement:** Each facility will systematically assess the performance of its ethics consultation service, implement an improvement plan, and demonstrate evidence of improvement by the end of FY 2011.

- Documentation: Quarterly reports by facilities on progress toward achieving the requirement.
- Target:
  - Quarter 1-2- Systematically assess performance of ethics consultation service and identify at least one significant opportunity for improvement (Yes/No)
  - Quarter 2- Develop and submit a plan to improve an aspect of ethics consultation based on an opportunity identified. Each improvement plan must reflect a quantifiable improvement goal and timeframe and should be presented in the following format: “(Increase/decrease) X from (baseline) to (target) by Qtr 4, FY 2011” where X is the element being improved, and the baseline and target are objective data that can measure the element. **For Example:**
    - Increase the number of consultations in which the ethics question is formulated according to the structure suggested in the Ethics Consultation Primer from 50% to 100% of total FY 2011 consultations by end of Qtr 4, FY 2011.
    - Decrease from 75% to 25% the percentage of case consultations in which a face-to-face patient visits was appropriate but not completed by end of Qtr 4, FY 2011.
    - Increase the total percentage of total consults with a completed evaluation from 15% to 25% by end of Qtr 4, FY 2011.
  - Quarter 3- Report on achievement through Qtr 3 using the above format. Provide a brief statement reflecting achievement to date. If the Qtr 3 data do not reflect improvement, provide a brief explanation of how the overall goal will be achieved before the end of FY 2011. **For Example:**
    - Increased the number of consultations where the ethics question is formulated according to the structure suggested in the Ethics Consultation Primer from 50% to 100% of total FY 2011 consultations through Q3, FY 2011. On track to achieve goal by Q4, FY11.
    - The percentage of case consultations which did not include a face-to-face patient visit even though it was appropriate remained at 75% through Q3. In Q2, we provided education for all consultants about the importance of face-to-face visits but the percent remained at 75%. This step is being reviewed by the ECC with the primary consultant during the consultation for all remaining FY 2011 consultations.
    - Increased the percentage of total consults with a completed evaluation from 15% to 20% through Qtr 3, FY 2011. The service is on target to meet the goal.
  - Quarter 4 - Report on achievement through Q4 using the original format. **For Example:**

- Increased the number of consultations where the ethics question is formulated according to the structure suggested in the Ethics Consultation Primer from 50% to 100% of total FY 2011 consultations by end of Qtr 4, FY 2011. Goal Achieved.
  - Decreased from 75% to 25% the percentage of case consultations in which a face-to-face patient visits was appropriate but not completed by end of Qtr 4, FY 2011.
  - Increased the percentage of total consults with a completed evaluation from 15% to 25% by end of Qtr 4, FY 2011.
- As EC services seek to improve the quality of the consultation services they provide, they characteristically proceed through three sequential stages of maturation/development. The first stage is characterized by the EC service understanding and consistently applying the CASES approach, using ECWeb, and building basic ethics knowledge. The second stage is characterized by a deeper understanding of the range of ethics concerns and domains, the associated ethics literature, and the critical skills and proficiencies required to perform quality ethics consultations (i.e. communication skills, ethics analysis, etc). The most advanced stage is characterized by an ECS that ensures that the facility's ethics consultation needs are being met through the ECS's commitment to improving expertise, maintenance of access to the service, continuing leadership support, etc.
  - Each facility's EC service will perform a self assessment to identify which stage of development at which their service is currently performing. Based on that assessment, the EC service will develop a plan to improve the quality of the service they currently provide, with the goal that they will proceed towards the next level of development. For example, for a service that identifies itself as being in the first stage of development, their improvement plan could be to establish a process to ensure that all members of the service consistently follow the CASES approach for all case consultation activities.

### Preventive Ethics

- **PE1 – Goal:** Facilities and VISNs will ensure that each facility has an active 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 IE Council, will complete a minimum of two (2) PE ISSUES cycles.
  - Documentation: Quarterly reports by facilities and VISNs on progress toward completion of the ISSUES steps for each of two (2) Preventive Ethics ISSUES cycles (i.e., quality improvement cycles).
  - Target: Steady progress throughout the year and completion of all steps and sub steps for each of two (2) cycles within FY11, as evidenced by two completed PE Storyboards (PM1a and PE1b) uploaded to the National Center for Ethics in Health Care PE SharePoint Library.

- Both Preventive Ethics ISSUES cycles should be based on an ethics issue identified and prioritized by the PE team in consultation with the Integrated Ethics Facility Council. Options could include but are not limited to:
  - Addressing an ethics issue identified in the results of the 2010 Integrated Ethics Staff Survey (IESS) or by comparing FY 2008 and FY 2010 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, PAT 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, workplace)
- *NOTE: PE cycles may be performed as part of ongoing systems redesign or other improvement projects or collaboratives provided that the PE team specifically addresses an ethics quality gap within the broader project.*
- **PE2 – Goal:** Facilities and VISNs will ensure that each IE program performs ongoing PE “maintenance” activities (e.g., updating policies, developing strategies for ethics education, maintaining accreditation), **Requirement:** Each facility will report quarterly on PE “maintenance” activities and other activities PE teams engage in to improve ethics quality that do not involve an ISSUES (quality improvement cycle) approach. **NOTE:** In some facilities, the PE function may not be responsible for maintenance activities but the responsibilities may be assumed by another IE function or mechanism.
  - Documentation: Quarterly reports by facilities on PE “maintenance” activities and other activities that PE teams engage in that do not involve an ISSUES approach.
  - Target: Specific activities reported each quarter including who is responsible for the activity (e.g., PE team, IEPO, IE Council)
  - *Note: Reporting will focus on the role IE teams play in systematically addressing ethics quality gaps and which IE function or mechanism is used to complete maintenance activities*
- **PE3 – Goal:** VISNs will ensure that the VISN IEAB takes a leadership role in assuring that ethics quality gaps that cross facility boundaries are identified, prioritized, and addressed, 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).

- Reporting: Yes/no reporting in Q3 and Q4 and completed Preventive Ethics: Summary of VISN Cross-Cutting Ethics Issues form submitted for each cross-cutting ethics issue addressed.
- Target: At least one form submitted by the close of Q4.

### **Ethical Leadership**

- **EL1—Goal:** Facilities and VISNs will create and sustain a strong ethical environment and culture by ensuring that the IE Program responds to employees perceptions of local ethical practices, as outlined in the VHA Handbook 1004.06. **Requirement:** Each facility and VISN will select one activity pertaining to ethical leadership in their facility and VISN, and, with input from the IE Councils and VISN Advisory Board, implement a plan to demonstrably enhance their ethical environment and culture.
  - Documentation: Quarterly reports by facilities and VISNs on progress toward achieving this requirement.
  - Target:
    - Quarter 1-2- Identify one (1) Ethical Leadership improvement opportunity (Yes/No) *Note: a listing of Ethical Leadership related items from the IESS is included below. Improvement opportunities related to ethical leadership identified through other sources may also be addressed.*
    - Quarter 2- Develop action plan and communicate plan to staff (Yes/No)
    - Quarter 3- Provide progress report (Yes/No)
    - Quarter 4- Provide evidence that interventions were successful (Yes/No)
  - At the end Q4 FY2011, summary documentation of achievement will be reported to the NCEHC, or if the activity was used for achievement of FY2011 Network or Facility performance requirements toward item PC2 Promoting Organization Health, documentation in the ECF performance database as required will suffice.
  - All plans will be reviewed for:
    - Groups targeted for intervention (e.g. work units, occupation management level, clinical service or setting)
    - Selection justified by data or other means
    - Major components of action plan
    - Extent to which staff participated in developing action plans
    - Rationale for interventions selected
    - Implementation and follow up

- Measurable and/or anecdotal evidence that the interventions were successful

**2010 Integrated Ethics Staff Survey: Ethical Leadership Questions**

*\* Denotes item licensed from the Ethics Resource Center*

2010 Question #	IESS 2010 Question Text	2010 Response Categories
<b>Everyday Workplace</b>		
W7	At this facility, I am reluctant to raise ethical concerns	Completely Disagree, Disagree, Agree, Completely Agree, Don't Know
W4	This facility follows up on ethical concerns that are reported by employees	Completely Disagree, Disagree, Agree, Completely Agree, Don't Know
<b>Business &amp; Management</b>		
M3	At this facility: Employees can talk with supervisors about ethical concerns without fear of having their comments held against them	Completely Disagree, Disagree, Agree, Completely Agree, Don't Know
*M5	Management stresses ethical behavior even when under pressure	Completely Disagree, Disagree, Agree, Completely Agree, Don't Know
*M7	Management gives positive feedback for ethical behavior	Completely Disagree, Disagree, Agree, Completely Agree, Don't Know
*M8	Management does not tolerate retaliation for reporting a potential violation	Completely Disagree, Disagree, Agree, Completely Agree, Don't Know
M9	How well do your facility's managers: Communicate that ethics is a priority?	Not at all well, Not Very Well, Moderately Well, Very Well, Don't Know
2010 Question #	IESS 2010 Question Text	2010 Response Categories
<b>Compliance and Business Integrity</b>		
CB1	At this facility: Managers raise and discuss ethical concerns related to business practices and compliance issues	Completely Disagree, Disagree, Agree, Completely Agree, Don't Know
CB2	At this facility: I would feel comfortable reporting a compliance and business integrity violation to a supervisor	Completely Disagree, Disagree, Agree, Completely Agree, Don't Know
*CB4	Pressure to compromise standards of ethical workplace conduct	Almost Never, Occasionally, About half the time, usually, Almost Always, Don't Know
*CB6	Senior managers held accountable if caught violating VHA business and fiscal policies or the law.	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know
*CB7	Non-management employees held accountable if caught violating VHA business and fiscal policies or the law.	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know
*CB8	Supervisors held accountable if caught violating VHA business and fiscal policies or the law.	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know