

## Element

**Mnemonic:** IntegratedEthics

### **Description:**

IntegratedEthics involves three core functions: Ethics Consultation, Preventive Ethics and Ethical Leadership.

**PM2: (IE)** <sup>s8, t1, t2</sup>

### **PM2a: Ethics Consultation**

- Each facility will use ECWeb to document all ethics consultations.
- Each facility will review ECWeb reports (standard report, process report, and evaluation report) and with input from their IE Council, develop and implement a plan to improve their ethics consultation service. The plan will address at least one element from each ECWeb report.

### **PM2b: Preventive Ethics**

- Each facility, with input from the IE Council, will complete a minimum of 2 preventive ethics ISSUES cycles.
- Each Network will address at least one Network wide cross-cutting issue identified through IE resources (Facility Workbooks, IE Staff Survey, ISSUES logs, ECWeb reports, recurrent cases, etc.)

### **PM2c: Ethical Leadership**

- Each Facility and VISN will systematically integrate ethical leadership practices into the routine operations and management of the facility and VISN in at least 3 examples.

**Summary of changes 1QTR:** Not applicable

### **Indicator statement/description:**

#### Definitions:

- Standard Report - Generated by ECWeb, this report provides summary statistics about the utilization of the consultation service. The report includes variables such as the number and type of request, urgency of request, requester's role, patient location, type of assistance requested, domain/topic.
- Process Report - Generated by ECWeb, this report provides summary statistics about the processes used during ethics case consultations. The report includes variables such as whether the attending was notified, an ethics question was recorded, the health record was reviewed, decision making capacity established, recommendations noted.
- Evaluation Report - Generated by ECWeb, this report provides summary statistics about participant satisfaction with ethics consultation. The report includes variables such as the perception of the timeliness of response, overall helpfulness, clarifying the ethics concern, providing practical information and resources.
- PE Storyboard – This is a template for documenting an ISSUES cycle (i.e., quality improvement cycle) deployed as part of Preventive Ethics.

VHA Handbook 1004.06, IntegratedEthics, provides definitions and descriptions of Ethical Leadership, IE Council, Preventive Ethics, ISSUES, Ethics Consultation, and CASES.

#### Description:

##### **Ethics Consultation 1 (PM2a1):**

- Each facility will report the percentage of requests determined appropriate for ethics consultation in FY10 that were entered into ECWeb (reported quarterly as a cumulative percentage).  
Numerator = The number of ethics consultations initiated in ECWeb in FY10 (reported quarterly from the Standard Report in ECWeb).

Denominator = The number of requests determined appropriate for ethics consultation in FY10 (reported quarterly based on self-report).

Passing the **PM2a1** performance measure requires a cumulative year-end percentage of at least 80%.

#### Ethics Consultation 2 (**PM2a2**)

- Each facility will review FY09 ECWeb reports (standard report, process report, and evaluation report) and with input from their IE Council, develop and implement a plan to improve their ethics consultation service. The plan will address at least one element from each ECWeb report. The plan must reflect a quantifiable improvement goal and timeframe for each element selected. For example, "Based on our ECWeb process report, by the end of FY10 Q4 our service will increase by at least 20% the percentage of case consultations in which we make a face-to-face visit with the patient."
- Passing the **PM2a2** performance measure requires facilities to implement the plan (Yes/No question).

#### Preventive Ethics:

Two Preventive Ethics ISSUES cycles (i.e., quality improvement cycles) are required and progress toward completion of the ISSUES steps will be reported quarterly. Preventive Ethics ISSUES cycle 1 (**PM2b1**) should be based on the results of the 2008 IntegratedEthics Staff Survey (IESS). The PE team may elect to complete a second cycle based on the same survey result as was previously addressed as part of meeting the FY09 performance measure, or select a new result. Building on the FY09 IESS cycle is most appropriate when addressing complex ethical issues that require more than one change to reach the improvement goal.

ISSUES cycle 2 (**PM2b2**) 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 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 a gap identified in IESS or 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)

In addition, each VHA facility will submit two completed PE Storyboards (**PM2b1** and **PM2b2**) and the Preventive Ethics Summary of ISSUES Cycles form for all completed PE cycles in FY10 to the National Center for Ethics in Health Care.

Each VISN is required to address one Network-wide, cross-cutting ethics issue, report quarterly whether a topic has been selected and if so, specify what it is, and by the end of Q4 provide a year-end report describing the topic and completed intervention to the National Center for Ethics in Health Care (**PM2b3**). The VISN will report quarterly on progress toward completion of a network-wide cross-cutting issue and submit a one page description of the project undertaken by the close of quarter 4.

#### Ethical Leadership:

- Each Facility and VISN will systematically integrate ethical leadership practices into the routine operations and management of the facility and VISN through at least 3 activities. The cumulative number of activities will be reported quarterly with 3 activities required by the end of Q4. The activities can be a new practice in FY10 or an enhancement/expansion of a FY 09 activity.
  - By the end of Q4, each facility will provide a year-end report– either directly to VISN Leadership or to the VISN IE Advisory Board. The year-end report (**PM2c1**) will indicate specifically what 3 activities were implemented.
  - By the end of Q4, each VISN will provide a year-end report (**PM2c2**) to the National Center for Ethics in Health Care indicating specifically what 3 activities at the VISN level were implemented.

#### Eligible population:

**Cohort:** All VHA Facilities and VISN offices with an IE Program

**Exclusions:**

Consolidated facilities with access to IE through another campus and no independent program of their own need not report. All campuses should have access to an IE Program.

**Methodology/measure of success:****Measures of Success:**

## Ethics Consultation:

- PM2a1 requires facilities to enter at least 80% of FY10 requests determined appropriate for ethics consultation into ECWeb (cumulative percentage reported quarterly)
- PM2a2 requires facilities to implement a specific, definable, quantifiable targeted improvement plan that addresses at least one element from each ECWeb reports (standard report, process report, evaluation report) (Yes/No question).

## Preventive Ethics:

- PM2b1 requires facilities to complete an ISSUES cycle based on the 2008 IntegratedEthics Staff Survey results (submission of complete Storyboard)
- PM2b2 requires facilities to completed a second ISSUES cycle (submission of completed Storyboard)
- PM2b3 requires the VISN to address one Network wide, cross-cutting ethics issue (reported quarterly) and submit a year-end report describing the topic and completed intervention.

## Ethical Leadership:

- PM2c1 requires facilities to implement 3 activities that demonstrate systematic integration of ethical leadership practices into the routine operations and management of the facility (cumulative number reported quarterly) and submit a year-end report describing these activities.
- PM2c2 requires VISN offices to implement 3 activities that demonstrate systematic integration of ethical leadership into the routine operations and management of the VISN office (cumulative number reported quarterly) and submit a year-end report describing these activities.

**PM2: IntegratedEthics Performance Targets (FY10)**

Activity	VISN Target	Facility Target
Ethics Consultation		PM2a1 $\geq$ 80% and PM2a2 = Yes
Preventive Ethics	PM2b3 = Yes	PM2b1 $\geq$ 1 and PM2b2 $\geq$ 1
Ethical Leadership	PM2c2 = 3	PM2c1 = 3

**FACILITY TOTAL PASSING SCORE:** Facility achievement is based on meeting all required targets in items PM2a1, PM2a2, PM2b1, PM2b2, and PM2c1.

**VISN TOTAL PASSING SCORE:** VISN achievement is based on meeting all required targets in items PM2b3, and PM2c2 and at least 75% if facilities in the VISN achieving a passing score.

**Measurement period:** October 1, 2009 – September 30, 2010