



Fiscal Year (FY) 2014 IntegratedEthics®

Program Reporting Metrics and Technical Manual

FY 2014 FACILITY METRICS

Ethics Consultation (EC)

To meet the program reporting metrics for ethics consultation, each IntegratedEthics (IE) program is required to meet EC1 plus a choice of either EC2 or EC3. The goals and requirements are listed below.

EC1—Goal: The Ethics Consultation Coordinator (ECC) will assess the performance of the facility's ethics consultation service (ECS) annually to identify opportunities for improvement by systematically reviewing the service's consultation records in ECWeb and assessing the knowledge and skills of the service's ethics consultants.

Requirement: Every ethics consultant will complete the EC Proficiency Assessment Tool (PAT), and each ECC will complete the ECS PAT and upload data to the electronic database by the second quarter of FY 2014. Facilities are encouraged to complete the ECS PAT by the close of Q1 to assist with current fiscal year planning.

EC2—Goal: The Ethics Consultation Coordinator (ECC) will develop and implement a quality improvement plan for the ethics consultation service (ECS) based on 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 (**C**larify the consultation request; **A**ssemble the relevant information; **S**ynthesize the information; **E**xplain the synthesis; **S**upport the consultation process), based on systematic evaluation of case consultation data in ECWeb.

EC3— Goal: The ECC will develop 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 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 (PE)

PE1—Goal: Facilities and Veterans Integrated Service Networks (VISN) 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. *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.*

Requirement: Each facility, with input from the facility IE Council, will complete a minimum of two (2) PE ISSUES cycles. If the facility's data show that verbal consent for HIV screening tests was documented for less than 95% of those consents, the facility must conduct one ISSUES cycle to increase the level of documentation to at least 95%. Additionally, if the facility's data show that one or more HIV screening tests was obtained after a documented refusal of the test by either the patient or the patient's surrogate, the facility must conduct one ISSUES cycle to reduce the number of such subsequent tests to zero.

Note: The National Center for Ethics in Health Care NCEHC will provide each facility with data on its current ethics practice with respect to documentation of oral consent for HIV screening tests and obtaining HIV screening tests after documented refusals. In addition, NCEHC will provide pre-populated PE ISSUES Summary documents that describe the relevant ethics issue, ethical standard, best ethics practice, current ethics practice metric, and recommended refined improvement goal.

Ethical Leadership (EL)

Facility IE programs must meet either the requirement for ethical leadership (EL1) or the IE Program requirement (IEP1). The goals and requirements for these items are listed below.

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 establishment of local performance and quality improvement goals for the 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.

FY 2014 VISN METRICS

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, SHEP, Patient Advocate data). *Note: The VISN IEAB may consider supporting facilities within the VISN in improving ethical practices related to informed consent for HIV screening tests as their cross-cutting ethics issue provided that they are involved in supporting improvement activities (e.g., sharing best practices, helping sites overcome barriers, offering network solutions) beyond what is undertaken at each facility.*

IEP2 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 at different facilities.

**Targets Summary Table—2014
FY 2014 Facility Metrics**

Item #	FACILITY QUARTERLY REPORTING REQUIREMENT	TARGET ACHIEVEMENT
EC1	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 2014 and upload it to the electronic database.	Ethics Consultation Service Proficiency Assessment Tool uploaded to electronic database by close of Q2
EC2	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 Optional: Must Complete either EC2 or EC3.
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. Optional: Must Complete either EC2 or EC3.
PE1	Each facility, with input from the facility IE Council, will complete a minimum of two (2) PE ISSUES cycles. Cycles must address 1) improving documentation of verbal informed consent for HIV screening tests, if facility adherence is less than 95%, and 2) whether HIV screening tests are obtained on Veterans with a documented refusal.	Quarterly reporting of plan initiation, progress and final achievement.
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 Optional: 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, leadership support, expertise, staff time, resources, and accountability), identify one improvement goal for the facility IE program and implement plans	Identify one local performance and quality improvement goal and implement a plan to achieve this goal Optional: Must Complete either EL1 or IEP1.

	to achieve improvement, enhancement or expansion in this area.	
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FY 2014 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, SHEP, Patient Advocate data). <i>Note: The VISN IEAB may consider supporting facilities within the VISN in improving ethical practices related to informed consent for HIV screening tests as their cross-cutting ethics issue provided that they are involved in supporting improvement activities (e.g., sharing best practices, helping sites overcome barriers, offering network solutions) beyond what is undertaken at each facility.</i>	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.
IEP2-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 at different facilities.	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 2014 IE Program Reporting Metrics—Technical Manual

FY 2014 FACILITY METRICS

Ethics Consultation (EC)

To meet the program reporting metrics for ethics consultation, each Integrated Ethics program is required to meet EC1 plus a choice of either EC2 or EC3. The goals and requirements are listed below.

EC1—Goal: The Ethics Consultation Coordinator (ECC) will assess the performance of the facility's ethics consultation service (ECS) annually to identify opportunities for improvement by systematically reviewing the service's consultation records in ECWeb and assessing the knowledge and skills of the service's ethics consultants.

Requirement: Every ethics consultant will complete the EC PAT, and each ECC will complete the ECS PAT and upload data to the electronic database by Q2 FY 2014. 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 EC1, each facility must complete the following tasks by the close of Q2 FY 2014:
 - 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 2014. The link to the electronic database will be available in Q1 FY2014.

EC2—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 EC2, each facility ECS must complete the following 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 EC1 (available at: http://www.ethics.va.gov/docs/integratedethics/ec2_technical_guidance_1_0242013.pdf).
 - 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 format as described in the EC1 supplement document available here: http://www.ethics.va.gov/docs/integratedethics/ec2_technical_guidance_1_0242013.pdf
 - 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.

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 2014.
- 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.
 - A template for developing your EC3 improvement plan is available at: http://www.ethics.va.gov/docs/integratedethics/template_for_ec3.docx

- 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 2014
ECS has a majority of consultants with novice or basic proficiency in "Facilitating formal and informal meetings." Plan intends to improve <i>skills</i> 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 2014
ECS with a majority of consultants with novice or	1) Invite a palliative care specialist to speak to the ECS about the central importance of

beginner proficiency in “Ethical issues and concepts: End-of-life care”. Plan intends to improve knowledge in this area.	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, Advance Care Planning and Management of Advance Directives .
	5) Review 2 modules from the EPEC for Veterans curriculum (Education in Palliative and End-of-life Care).

Preventive Ethics (PE)

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. *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.*

Requirement: Each facility, with input from the facility IE Council, will complete a minimum of two (2) PE ISSUES cycles. If the facility’s data show that verbal consent for HIV screening tests was documented for less than 95% of those consents, the facility must conduct one ISSUES cycle to increase the level of documentation to at least 95%. Additionally, if the facility’s data show that one or more HIV screening tests was obtained after a documented refusal of the test by either the patient or the patient’s surrogate, the facility must conduct one ISSUES cycle to reduce the number of such subsequent tests to zero.

Note: NCEHC will provide each facility with data on its current ethics practice with respect to documentation of oral consent for HIV screening tests and obtaining HIV screening tests after documented refusals. In addition, NCEHC will provide pre-populated PE ISSUES Summary documents that describe the relevant ethics issue, ethical standard, best ethics practice, current ethics practice metric, and recommended refined improvement goal.

Documentation: Quarterly reports by facilities on progress toward completion of the ISSUES steps for each of two (2) PE ISSUES cycles and upload of two (2) completed PE ISSUES Summaries to the NCEHC PE Storyboard and Improvement Documents library.

- The summary form (final report) at:
http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/PE_ISSUES_Summary_Expanded_20130813.pdf
 - 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, 2014.
- **Target:** Steady progress throughout the year and completion of all steps and substeps for each of two (2) cycles within FY 2014, as evidenced by two completed PE ISSUES Summaries 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. If a PE team is uncertain about whether the project includes an ethics quality gap they should consult with the PE Advisor prior to commencing the 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. Cycles must address 1) improving documentation of verbal informed consent for HIV screening tests, if facility adherence is less than 95%, and 2) if HIV screening tests are obtained on Veterans with a documented refusal of testing. Other 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 between an ethics-related policy and actual practice (e.g., disclosure of adverse events)
 - Addressing an ethics issue identified by facility or ethics leadership.
 - 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 an ethics issue identified in the results of the FY 2012 IntegratedEthics Staff Survey (IESS)
 - Addressing a gap through spreading of an improvement to another setting, program or service based on a PE Cycle that had measureable improvement.

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/EL_FY13_EL1_imprv_pln_sum_20130724.docx

- . 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 with ELC/Facility Director input and approval (Yes/No).
 - Quarter 3: Provide brief progress report (1-2 sentence summary of progress to date).
 - Quarter 4: ELC/Facility Director communicates improvement plan achievement and results to staff (e.g., through Town Hall meetings, newsletters, or facility e-mails). (Yes/No) 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.
- 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 with ELC/Facility Director input (Yes/No).
 - Quarter 3: Provide brief progress report (1-2 sentence summary of progress to date).
 - Quarter 4: ELC/facility Director communicates improvement plan progress and results to facility leadership and staff (e.g., through Town Hall meetings, newsletters, or facility e-mails. (Yes/No). 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.

FY 2014 VISN METRICS

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, SHEP, Patient Advocate data). *Note: The VISN IEAB may consider supporting facilities within the VISN in improving ethical practices related to informed consent for HIV screening tests as their cross-cutting ethics issue provided that they are involved in supporting improvement activities (e.g., sharing best practices, helping sites overcome barriers, offering network solutions) beyond what is undertaken at each facility.*

- **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/integratedethics/pec.asp>.
- **Target:** At least one form uploaded to the IE PE Storyboard and Improvement Documents Library by the close of Q4. A summary form (final report) is available at: http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/20130319_cross_cutting_rev.docx
- 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, 2014.

IEP2-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.