

## **FY 2012 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 positions 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 facility IE Council meets at least every other month and that the VISN IE Advisory Board meets at least quarterly. *NOTE: The required frequency is required for a minimally active IntegratedEthics program. Most facilities and VISNs should meet more frequently.*
- **IEP3—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 for FY 2012 and upload it to the national IE Web 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 to meet basic professional standards. **Requirement:** Facilities will use ECWeb to document all ethics consultations.
- **EC2—Goal:** Facilities and VISNs will ensure that each facility maintains an active ethics consultation service that is organized and managed according to the provisions in VHA Handbook 1004.06. **Requirement:** Facilities will monitor ethics consultation activity each quarter and initiate and complete at least four (4) ethics case consultations and document them in ECWeb by the end of FY 2012. *NOTE: Facilities should generally expect to complete far more than four case consultations per year; the mean number of ECWeb case consultation records per facility in FY 2010 was 12.*

- **EC3—Goal:** Facilities will ensure that consultants are trained in the IE ethics consultation approach and engaged in skill development as outlined in VHA Handbook 1004.06. **Requirement:** 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 2012 and upload it to the electronic database.
- **EC4— Goal:** Facilities will ensure that consultants are engaged in skill development as outlined in VHA Handbook 1004.06. **Requirement:** 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.

### **PE: Preventive Ethics**

- **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. **Requirement:** Each facility, with input from the facility IE Council, will complete a minimum of two (2) PE ISSUES cycles. *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.*
- **PE2—Goal:** VISNs will ensure that the VISN IE Advisory Board (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 promote strong ethical leadership practices to create and sustain a strong ethical environment and culture, as outlined in the VHA Handbook 1004.06. **Requirement:** Each facility and VISN will select one improvement opportunity relating to ethical leadership in their facility and VISN, and, with input from the facility IE Council and VISN Advisory Board, will demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.

## Technical Specifications

### IE Program

- **IEP1—Goal:** Facilities and VISNs will ensure adequate program staffing by clearly delineating roles and responsibilities for key program positions 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: Documentation of ethics-related responsibilities in performance plan by Q1.
  - *NOTE:* This item should be accomplished in Q1 as part of performance plan development or through a performance plan addendum during the routine midyear performance review.
  - Guidance and sample language is available at:  
[http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/Field\\_IE\\_Performance\\_Plan\\_Language\\_summary\\_20110419.doc](http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/Field_IE_Performance_Plan_Language_summary_20110419.doc)
- **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 facility IE Council meets at least every other month and that the VISN IE Advisory Board meets at least quarterly. *NOTE: The required frequency is required for a minimally active IntegratedEthics program. Most facilities and VISNs should meet more frequently.*
  - Documentation: Quarterly summary of the number of meetings held for the facility IE Council and VISN IE Advisory board since October 1, 2011.
  - Target: At least one (1) meeting every two (2) months for the facility IE Council and at least one (1) meeting per quarter for VISN IE Advisory Board.
- **IEP3—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 for FY 2012 and upload it to the national IE Web site.
  - Documentation: Yes/no reporting and electronic completion of the IE Facility Workbook via the national IE website at:  
<http://htm.va.gov/IntegratedEthics/questions/>

- Target: To pass IEP3, the IE Facility Workbook must be completed by the close of Q3 FY 2012.
- *NOTE:* The NCEHC will make the electronic IE Facility Workbook and notes of any updates available by February 28, 2012.

## Ethics Consultation

- **EC1—Goal:** Facilities and VISNs will ensure that ethics consultations are performed and documented as outlined in VHA Handbook 1004.06 to meet basic professional standards. **Requirement:** Facilities will use ECWeb to document all ethics consultations.
  - Documentation: Quarterly reporting of the number of ethics consultations *not* documented in ECWeb.
  - Target: 100% of all ethics consultations are documented in ECWeb.
  - *NOTE:* Each request made to the Ethics Consultation Service that is determined to be ethics consultation should be entered in ECWeb. There are many requests for assistance to the ethics consultation service that are not ethics consultations (e.g., clinical or legal questions, educational requests). While some services choose to collect this data for tracking time and resources expended, these should not be reported.
- **EC2—Goal:** Facilities and VISNs will ensure that each facility maintains an active ethics consultation service that is organized and managed according to the provisions in VHA Handbook 1004.06. **Requirement:** Facilities will monitor ethics consultation activity each quarter and initiate and complete at least four (4) ethics case consultations and document them in ECWeb by the end of FY 2012. *NOTE: Facilities should generally expect to complete far more than four case consultations per year; the mean number of ECWeb case consultation records per facility in FY 2010 was 12.*
  - Documentation: None required. The National Center for Ethics in Health Care (NCEHC) will compile individual facility data directly from ECWeb. Facilities should ensure that ethics consultations are entered into ECWeb data on a timely basis.
  - Target: A minimum of four (4) case consultation records initiated, completed, and documented in ECWeb by the end of FY 2012. Consultation records that remain open at the end of FY 2012 will not be counted toward this requirement.
  - *NOTE:* 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 ethics consultation service is not meeting the needs of the facility.

- **EC3—Goal:** Facilities will ensure that consultants are trained in the IE ethics consultation approach and engaged in skill development as outlined in VHA Handbook 1004.06. Requirement: 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 2012 and upload it to the electronic database.
  - Documentation: Quarterly reporting on facility progress toward meeting the requirement and a completed Ethics Consultation Service Proficiency Assessment Tool.
  - Target: To pass EC3, each facility must complete the following tasks by the close of Q2 FY 2012:
    - Each ethics consultant must complete the Ethics Consultant Proficiency Assessment Tool (PAT).  
<http://vaww.ethics.va.gov/integratedethics/ecc.asp>.
    - The facility Ethics Consultation Coordinator (ECC) must summarize the data from individual consultants' PATs into Ethics Consultation Service Proficiency Assessment Tool.  
<http://vaww.ethics.va.gov/integratedethics/ecc.asp>
    - The facility ECC must upload data from the Ethics Consultation Service Proficiency Assessment Tool to the electronic database by Q2 FY 2012. The link to the electronic database will be available in Q1.
- **EC4— Goal:** Facilities will ensure that consultants are engaged in skill development as outlined in VHA Handbook 1004.06. Requirement: 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.
  - 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 2012.
  - Target: Each facility must develop and implement an ethics consultation service (ECS) improvement plan based on the service's summary of knowledge or skill gaps identified in the Ethics Consultation Service Proficiency Assessment Tool. 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 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 Ethics Consultation Service Proficiency Assessment Tool 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 ethics consultation service improvement plan include:
    - The [resources page available on the NCEHC website](#) (i.e., IE materials, NET Calls, 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 ethics consultation service improvement plans:

Example 1: Intended Plan Purpose	Training Elements FY 2012
Ethics consultation service has a majority of consultants with novice or basic proficiency in “Facilitating formal and informal meetings.” Plan intends to improve <b>skills</b>	1) Have a local consultant who attended the Beyond the Basics (BtB) Workshops present to the ECS BtB Module 6, “Use the beginning of a formal meeting to defuse conflict.”
	2) Assign for reading and discussion of a high quality published literature review on

in this area.	running formal meetings.
	3) Arrange mentoring for junior consultants to assist them in facilitating formal meetings.
	4) Assign 2 consultants to attend an outside conference that builds skills in facilitating formal meetings.

Example 2: Intended Plan Purpose	Training Elements FY 2012
Ethics consultation service with a majority of consultants with novice or beginner proficiency in “Ethical issues and concepts: End-of-life care”. Plan intends to improve <b>knowledge</b> in this area.	1) Invite a palliative care specialist to speak to the ECS about the central importance of 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 EC service 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, <a href="#">Advance Care Planning and Management of Advance Directives</a> .
	5) Review 2 modules from the EPEC for Veterans curriculum (Education in Palliative and End-of-life Care).

## Preventive Ethics

- **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. **Requirement:** Each facility, with input from the facility IE Council, will complete a minimum of two (2) PE ISSUES cycles. *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.*
  - Documentation: Quarterly reports by facilities on progress toward completion of the ISSUES steps for each of two (2) PE ISSUES cycles (i.e., quality improvement cycles) and upload of two (2) completed PE Storyboards to the NCEHC PE Storyboard and Improvement Documents library

- Upload location:  
<http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx>
  - Target: Steady progress throughout the year and completion of all steps and substeps for each of two (2) cycles within FY 2012, as evidenced by two completed PE Storyboards 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.
  - *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. Options could include but are not limited to:
    - Addressing an ethics issue identified in the results of the FY 2010 IntegratedEthics 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, Patient Advocate Tracking 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)
- **PE2—Goal:** VISNs will ensure that the VISN IE Advisory Board (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).

- 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. Form is available at:  
[http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/Q1\\_FY10\\_PE\\_Summary\\_of\\_VISN\\_Ethics\\_Cross-Cutting\\_Issue\\_Tool.doc](http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/Q1_FY10_PE_Summary_of_VISN_Ethics_Cross-Cutting_Issue_Tool.doc)
- Target: At least one form uploaded to the IE PE Storyboard and Improvement Documents Library by the close of Q4. Upload location:  
<http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx>

## Ethical Leadership

- **EL1—Goal:** Facilities and VISNs will promote strong ethical leadership practices to create and sustain a strong ethical environment and culture, as outlined in the VHA Handbook 1004.06. **Requirement:** Each facility and VISN will select one improvement opportunity relating to ethical leadership in their facility and VISN, and, with input from the facility IE Council and VISN Advisory Board, will demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.
  - Documentation: Quarterly reports by facilities and VISNs 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. Documentation in the ECF database as required will suffice if the activity was used for achievement of the FY 2012 Network or Facility performance requirements toward Element 2 (Leading People), Item 2 (Each Network Director will ensure that appropriate progress continues to be made on programs and plans that address organizational health and will continually monitor workforce and organizational effectiveness.)
    - For projects reported only to the NCEHC, a summary form (final report) is available at:  
[http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/FY11\\_EL1\\_Improvement\\_Plan\\_Summary\\_20110705.doc](http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/FY11_EL1_Improvement_Plan_Summary_20110705.doc)
    - For projects reported only to the NCEHC, upload completed summary form (final report) to the PE Storyboard and Improvement Documents library. Upload location:  
<http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx>
  - Targets: Facilities and VISN must meet the following quarterly targets:

- Quarter 1-2: Identify one (1) Ethical Leadership improvement opportunity (Yes/No)
- Quarter 2: Develop action plan and communicate plan to staff (Yes/No).
- Quarter 3: Provide brief progress report (1-2 sentence summary of progress to date)
- Quarter 4: Provide evidence that interventions were successful in written summary description
- *NOTE:* 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
- *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.
- *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](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

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

<b>2010 Question #</b>	<b>IESS 2010 Question Text</b>	<b>2010 Response Categories</b>
<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
<b>2010 Question</b>	<b>IESS 2010 Question Text</b>	<b>2010 Response Categories</b>

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<b><i>Compliance and Business Integrity</i></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

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