

Improvement Forum Call
IE Policy Update for IE Councils
November 4th, 2013

IE Policy Update for IE Councils

This is Basil Rowland, IE Manager of Field Operations with the National Center for Ethics in Health Care and I would like to welcome you to today's IF call. Today, we're going to take a look at policy changes and new content relevant to IE Councils in the recently revised and released IE Handbook. Again, the IE Handbook has been updated to reflect the maturation of the IE program and to support current IE practice in the field.

Note: For information about aligning facility policy to the national handbook and implementing it at your facility, please refer to the IF Call Summary of the September 16, IF Call which covered that content. Additional IE Policy Update calls will be held for PECs and ECCs on the 18th and 25th of November respectively.

Link to [VHA Handbook 1004.06](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2932) (http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2932)

Today, I'd like to refer to the revised IE Handbook and take you on a tour of items that IE Councils should be aware of....

- Let's begin with **Section 2: Summary of Major Changes**. The IE Handbook has been updated in many ways, including revisions to the format and content. The most important changes from the IEC perspective (see **paragraphs d.** and **e.** below) are the clarified IE staff roles (and we'll look at those in a minute) and the additional explanation and examples of ethical leadership behaviors that support an ethical environment and culture....
 - d. Clarifies the role of the VISN IE Advisory Board, VISN IE Senior Lead, VISN IE Point of Contact, Facility IE Council, Facility Director, Ethical Leadership Coordinator, IE Program Officer, Ethics Consultation Coordinator, Preventive Ethics Coordinator, Ethics Consultants, Preventive Ethics Team members (new), and removes the roles of ECWeb Administrator Consultant and Ethics Consultation Evaluator.***
 - e. Provides additional explanation and examples of ethical leadership behaviors that support an ethical environment and culture.***
- As you can see in **Section 6**, this Handbook is scheduled for recertification in 2018 and while we will not begin work on revising this version for some time, we are always

interested in any feedback you might have about improvements or modifications to this current policy.

- Note in **Section 2**, Para b. that the IE model was developed and systematically tested over 5 years by a design team comprised of individuals from diverse fields, including bioethics, medicine, public administration, business, education, communications, nursing, and social sciences. Similarly, your IE Council will be stronger if you consistently ensure this same level of diversity of membership; this taps into a variety of expertise and promotes integration of your IE program throughout your facility.
- In **Para c.**, note the reference to VHA core values. You'll see this repeated and emphasized throughout the policy.
- Let's look at **Section 3: Definitions**. This is a good section for new IEC members to review and for quick reference. Newly added are definitions for Cross-cutting Ethics Issue, the Domains of Ethics in Health Care, Ethical Decision-making, and Ethical Leadership and Ethics Quality Gap are expanded. There are other minor changes in this section but know that all changes were made to emphasize and ensure that important IE program elements are clearly defined; these should be a regular part of your vocabulary....
- You'll notice a new **Section 5: Integrated Ethics Program Goal** which clearly states what your IECs should be working on. In fact, you can easily adapt and even build on this goal as your own and use it in your IE Council Charter or mission statement.
- Two new sections, **Section 7: IE Organizational Structures** and **Section 8: Designated Integrated Ethics Staff**, list key roles of IE staff and entities throughout VHA. You'll notice how this revised policy itself is structured around this cascade of relationships from top of VHA down to facilities and individual IE teams and their members.
- **Section 9: Responsibilities of the NCEHC** is new and includes content on how this national office supports IE. For information on the full range of activities and responsibilities of the NCEHC, you can review VHA Directive 1004, NCEHC on the IE policy webpage.

So let's turn to some of the specific IE program elements that are important to your IEC.

- First, Section 11, VISN IEAB, adds the requirement that the VISN IEAB meet at least quarterly. This section has been expanded to more clearly lay out IEAB structure, responsibilities and key elements so, for example, there are three key paragraphs in this section that I think are important for IEPOs and IECs to understand, namely **(2)**, **(3)** and **(4)**....

(2) Facilitating 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.

(3) Facilitating inter-facility communications regarding IE program development and management, such as sharing local IE program strong practices and exploring opportunities and approaches for improvement.

(4) Enabling inter-facility staff development that enhances the capacity of facility ECCs, PECs, IEPOs, and EL Coordinators to develop and maintain effective facility IE programs (for example, partnering experienced staff with less experienced staff for mentoring and coaching).

These paragraphs are important because they emphasize the communication and networking, the *integration* of IE across your VISN. IE is not just a facility entity....it has a network presence too... IEPOs are the link to the IEAB, but these paragraphs emphasize the full range of conversations that can and should be occurring between IE staff throughout your VISN.

Finally, the IEAB is charged with establishing, as needed, the VISN process for managing VISN-level ethics consultations and may include, for example:

(a) Referral of ethics consultations to an experienced facility-level Ethics Consultation Service within the VISN.

(b) Establishment of a VISN-level Ethics Consultation Service.

(c) Referral of ethics consultations to the NCEHC.

This can be an important tool for IECs to be aware of and utilize if your program determines that an ethics concern should be dealt with at the network level.

- **Section 12: Integrated Ethics Council** is also greatly expanded to more clearly lay out the structure, responsibilities and key elements of your facility-level structure and begins with the statement:

The IEC is charged with supporting the EL Coordinator, overseeing and supporting implementation of the local IE program, ethics policy review and development, and coordination of ethics-related activities throughout the facility and its associated sites of care delivery.

It also clearly states the requirement that IECs must meet regularly (at least every 2 months).

Specific responsibilities that I would like to point out for emphasis include:

(a) Supporting the EL Coordinator in managing the facility's EL function (see par. 17).
(c), (d) and (e) which focus on support for and use of IE data tools such as the IESS and the IEFW.

(i) Monitoring the implementation of ethics-related processes that result from local EC or PE functioning, VISN-directed changes, or national ethics-related policy revisions or guidance.

(l) Coordinating ethics-related activities throughout the facility and ensuring information regarding ethics activities, the facility IE program, ethics resources, and education on how to recognize ethical concerns is readily available to all facility staff.

This supports the notion of how IEC members act as ambassadors or emissaries of the program.

New IEC members should closely review and be familiar with all of these responsibilities as part of their role.

- **Section 16: Responsibilities of the Facility Director** that I would like to emphasize include being responsible for:

a. Ensuring IE policy consistent with this Handbook is published no later than February 28, 2014.

Significant language was added in paragraphs **(b)** and **(c)** that charges the FD with:

b. Serving as a role model for ethical leadership as defined in this Handbook (see subpar. 3g). This responsibility cannot be delegated.

c. Establishing a strong ethical "tone at the top" by demonstrating the ethical leadership character of the organization and the commitment to ethics. This responsibility cannot be delegated.

These two paragraphs which clearly belong to the FD, are followed by two paragraphs that include responsibilities that you, the IEC, share with the FD:

d. Ensuring the facility has a strong ethical environment and culture.

e. Championing IE and generating support and engagement for IE from the leaders in the facility.

Para (h) points out, for the first time, that FDs may appoint another senior leader to serve as the ELC:

h. Serving as the EL Coordinator or designating another member of the executive "Quadrad" or equivalent executive senior leadership team if that leader would be more effective in this role (see par. 17).

We also heard from several field staff that facilities have developed a variety of procedures for recommending, approving, and assigning individuals to key IE roles. So, the revised policy

authorizes the Facility Director to develop procedures according to the needs of the facility and you see this language in **para (i)**.

i. Establishing local procedures for recommendation, approval, and assignment of individuals to the positions of IEPO, ECC, PEC, ethics consultant, PE team member, and IE Council member.

- Since the FD may appoint another individual to serve as the ELC, this handbook contains a separate **Section 17**, which details **Responsibilities of the ELC** that are organized into two parts:

a. Managing the facility's EL function, and, b. Chairing the IE Council

Just as with the Facility Director, the ELC is charged with:

(1) Serving as a role model for ethical leadership as defined in this Handbook (see subpar. 3g) and advocating for actions [ensuring] that promote a strong ethical environment and culture in the facility.

Since the IE Council is charged with supporting the EL Coordinator and, specifically, with supporting the ELC in managing the facility's EL function, I will leave it to Councils to closely review these responsibilities. IEPOs may wish to review **Section C** of the recently released IEPO Desk Reference entitled **Leadership Engagement and Support**. There, you'll find suggestions on how to support the EL function as well as the ELC.

Before we move on, I would like to call attention to one of the most important responsibilities of the ELC named in **paragraph (3)**:

(3) Facilitating strategic relationships across the organization that strengthen the ethical environment and culture and integrate IE into the foundation of the organization. This may necessitate coordinating with other facility groups that are responsible for promoting the organizational health of the facility (e.g., Civility, Respect, and Engagement in the Workforce Initiative).

As a high profile member of the organization, your ELC will be well-positioned to promote strategic relationships across the organization that strengthen the EE&C and integrate the IE program into the foundation of the organization. This is a very important responsibility as it helps raise awareness of the IE program and its purpose and functions.

- IEPOs, of course, should closely review **Section 18: Responsibilities of the IEPO** as it clearly details responsibilities and activities of the role. I'll spend more time looking at this section on the upcoming New IEPO Orientation Call on December 16th, but for now, note how the role is largely one of collaboration and coordination whether it's with the IEC, and the other IE function leads (ELC, PEC and ECC) or other entities to accomplish IE program work. Again, I would encourage IEPOs to refer to the **IEPO Desk Reference** for specifics on how to carry out their responsibilities.

- As I said earlier, there are two upcoming IF Calls in November that will cover PE and EC updates to the revised IE Handbook so I won't cover those sections here. Just know that the sections for the ECC, PEC and EC consultants and PE team members are much more detailed and will hopefully give those individuals a better idea of their specific role and responsibilities.
- **Sections 23: Responsibilities of All VHA Leaders at HPDM Levels 2-4** is worth a close look as it charges this group with *fostering an ethical environment and culture in VHA by incorporating the four compass points of EL into their leadership behaviors*.

Since the Facility Director, ELC, IEC and IEPO are directly or indirectly charged with establishing or modeling ethical leadership in the facility, it is incumbent upon the IEC to help HPDM Level 2-4 leaders incorporate these four compass points. Again, IEPOs can refer to **Section C** of the IEPO Desk Reference, **Leadership Engagement and Support** for a list of EL Tools that can be used to promote strong EL behaviors. Your IEC may, in fact, wish to focus on this as an improvement activity to satisfy your EL1 measure this year, which asks you to identify and develop an action plan for one EL opportunity.

- Be aware of **Section 24: Responsibilities of All VHA Employees** and how you can help ensure that they are able to contribute to the ethical environment and culture of your facility by striving to do the right things for the right reasons. Your IEC should ask itself how it can help them accomplish this. Hint: Turn to **paragraphs b.** and **c.** for a couple of ways to do this.... specifically, by encouraging use of the ECS and participation in the IESS.
- Finally, I'd like to call attention to **APPENDIX A: Integrated Ethics Basics Training Resources**, which is self-explanatory. It provides recommended and required training activities for key IE program staff as well as the HPDM Level 2-4 Leaders we just talked about.

Slide Two: Questions

If you have any additional questions please contact Basil Rowland, IE Manager, Field Operations
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