

FY 2016 IE Program Achievement Quarterly Reporting Planners for VISNs and Facilities

The following planners are intended for use by VISN POCs (**VISN Reporting**) and IE Councils, IEPOs and IE function coordinators (**Facility Reporting**) to promote advance planning and timely achievement of IE quarterly reporting. **Note:** *Quarterly reporting is required for all metrics. Complete instructions and additional notes for IE Program Reporting can be found in the [FY 2016 IntegratedEthics Program Achievement Metrics and Technical Manual](#) located on the IE Program Reporting webpage: <http://vaww.ethics.va.gov/integratedethics/ieprogrpt.asp>.*

VISN Reporting

Complete reporting instructions, summary tools and links will be provided to VISN IE POCs quarterly. In FY2016, VISN IE POCs will be asked to:

- Send Appendix A: Instructions for Facility Reporting to the facility IE Program Officer each quarter. Facilities should return the completed form to the VISN IE POC. The VISN POC should enter the data into the IE program reporting SharePoint site.
- Collect information about VISN level achievement and enter the data into the IE program reporting SharePoint site each quarter.
- At the end of Q4, summarize how the VISN addressed the network cross-cutting issue and upload the completed PE cross-cutting issue summary tool to the PE Storyboards and Improvement Document library in the IE VISN and Facility SharePoint Site.
- At the end of Q4, summarize how the VISN addressed Ethical Leadership improvement and upload the completed EL Improvement Plan summary to the PE Storyboards and Improvement Document library in the IE VISN and Facility SharePoint Site.

VISN FY 2016 IE Program Achievement Quarterly Reporting Planner

Element	Reporting Requirement and Target	Q1	Q2	Q3	Q4
Ethical Leadership					
EL1 VISN	<p>Goal: In alignment with VHA Handbook 1004.06 and Strategy 4 of the VHA Blueprint for Excellence to “grow an organizational culture, rooted in VA’s core values,” the IEAB will promote ethical leadership practices to create and sustain a strong ethical environment and culture across the VISN.</p> <p>Requirement: The VISN will select one improvement opportunity relating to ethical leadership within the VISN and, with input from the VISN IEAB, demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.</p>	<p>Documentation: Quarterly reports by VISNs on progress toward achieving this requirement (Yes/No and limited narrative description) and submission of a final report to the NCEHC.</p> <ul style="list-style-type: none"> o Summary form (final report) will be available in Q1. o Upload location: http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx <p>Targets: VISN IEAB must meet the following quarterly targets:</p>			
		<p>Q1: Identify one ethical leadership improvement opportunity and establish the improvement goal.</p>	<p>Q2: Develop action plan with VISN IEAB input and approval.</p>	<p>Q3: Provide brief progress report (one to two sentence summary of progress to date).</p>	<p>Q4: Provide a written summary, including a description of interventions and impact.</p>
Preventive Ethics					
PE2 VISN	<p>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.</p> <p>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)</p>	<p>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</p>			

Element	Reporting Requirement and Target	Q1	Q2	Q3	Q4
	<p>or other resources (e.g., accreditation reports, SHEP, patient advocate data).</p> <p><i>Note: The VISN IEAB may consider supporting facilities within the VISN in improving ethical practices related to improving signature consent for long-term opioid therapy 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></p>	Targets: VISN IEAB must meet the following quarterly targets:			
		Q1: Identify one network-wide cross-cutting ethics issue and establish a goal for improvement.	Q2: Develop action plan to achieve the improvement goal with network director input and approval.	Q3: Provide brief progress report (one or two sentence summary of progress to date).	Q4: Provide a written summary to include a description of interventions and impact. At least one VISN Cross-Cutting Improvement Summary form uploaded by the close of Q4 .

Facility Reporting

Complete reporting instructions, summary tools and links will be provided quarterly. In FY2016, the facility IEPO (or designee) will be asked to:

- Review Appendix A: Instructions for Facility Reporting which will be sent by the VISN IE POC. Each facility should complete the attached Questions for Facility Reporters (Worksheet) and return it to the VISN IE POC.
- Upload completed PE Storyboards and facility ethical leadership achievement, to the PE Storyboards and Improvement Document library in the IE VISN and Facility SharePoint Site.

Facility FY 2016 IE Program Achievement Quarterly Reporting Planner

Element	Reporting Requirement and Target	Q1	Q2	Q3	Q4
IE Program: To meet the program achievement metrics for the IE Program area, each IE program is required to meet IEP1 and IEP2.					
IEP1	<p>Goal: IntegratedEthics (IE) programs support Strategy 4 of the VHA Blueprint for Excellence to “Grow an organizational culture, rooted in VA’s core values and mission.” To achieve strategy 4, 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.</p> <p>Requirement: By the close of Q4, each facility will complete the IE Facility Workbook for FY 2016 according to the instructions provided, and upload it to the national IE website.</p>	Documentation: The facility IEPO must complete electronic entry of the IE Facility Workbook via the national IE website at http://vaww.ethics.va.gov/integratedethics/workbook.asp . NCEHC will provide data for this item based on completed entries on the website. <i>No documentation will be required in quarterly reporting.</i>			
		Targets:		Q3-4: Facilities are encouraged to complete the IE Facility Workbook by the close of Q3 to assist with following year planning. To pass, the IE Facility Workbook must be completed by the close of Q4.	
Ethics Consultation: To meet the program reporting metrics for ethics consultation, each IE program is required to meet EC1 and EC2.					
EC1	<p>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 as outlined in VHA Handbook 1004.06.</p>	<p>Documentation: A completed ECS PAT uploaded to the electronic database.</p> <p>Target: To pass EC1, each facility must complete the following tasks by the close of Q2:</p> <ul style="list-style-type: none"> o Each ethics consultant must complete the EC PAT (see http://vaww.ethics.va.gov/integratedethics/ecc.asp) o The facility ECC must summarize the data from individual EC PATs into the ECS PAT (see http://vaww.ethics.va.gov/integratedethics/ecc.asp) o The facility ECC must upload data from the ECS PAT to the electronic database by Q2. The link to the electronic 			

	<p>Requirement: Every ethics consultant will complete the Ethics Consultant Proficiency Assessment Tool (EC PAT), and each ECC will complete the Ethics Consultation Service Proficiency Assessment Tool (ECS PAT). Facilities are encouraged to complete the ECS PAT by the close of Q1 to assist with current fiscal year planning. Facilities will upload their data to an electronic database designated for the ECS PAT no later than the close of second quarter of FY 2016.</p>	database will be available in Q1.		
			<p>Q2: By the close of Q2:</p> <ul style="list-style-type: none"> o Each ethics consultant must complete the EC PAT o The facility ECC must summarize the data from individual EC PATs into the ECS PAT o The facility ECC must upload data from the ECS PAT to the electronic database by Q2. 	

EC2	<p>Goal: Promote VA I CARE values including Integrity and Respect, and enhance and develop trusted partnerships (“trust equity”) with important stakeholders in alignment with Strategies 4 and 9 of the VHA Blueprint for Excellence and VHA Handbook 1004.06. To achieve this goal, facilities will ensure that patients, community living center residents, families and staff have access to the ECS, know how to request an ethics consultation and are likely to contact the ECS if there is an ethics concern or an ethics conflict.</p> <p>Requirement: The ECC will assess access to and utilization of the facility’s ECS annually. The ECC, in collaboration the IE council, will create and implement a plan to address identified barriers in access to and/or utilization of the ECS.</p>	<p>Documentation: Quarterly reports on progress toward achieving this requirement (Yes/No and limited narrative description) and submission of a final report to the NCEHC. EC2 Improvement Plan Template [click to download]</p> <p>Target:</p>			
		<p>Q1: Assess barriers related to access to and utilization of ECS.</p>	<p>Q2: Develop action plan with IE council input to address identified barriers.</p>	<p>Q3: Provide brief progress report (one to two sentence summary of progress to date).</p>	<p>Q4: Upload a final written summary, including a description of interventions and impact, to the VISN and facility SharePoint site. A link for upload and a template will be available in Q1.</p>

Preventive Ethics

PE1	<p>Goal: Facilities and Veterans Integrated Service Networks (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. <i>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.</i></p> <p>Requirement: Each facility, with input from the facility IE council, will complete a minimum of two PE ISSUES cycles.</p> <p>See three options for cycles in the technical manual: 1) facility selected topics, 2) improving informed consent for patients using long term opioid therapy, and 3) improving informed consent for HIV screening tests.</p> <p>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</p>	<p>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.</p> <ul style="list-style-type: none"> o Summary form (final report): http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/PE_ISSUES_Summary_Expanded_20130813.pdf o Upload location: (http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx) <p>Target:</p>		
		<p>Steady progress throughout the year and completion of all steps and substeps for each of two (2) cycles within FY 2016, as evidenced by two completed PE ISSUES Summaries uploaded to the IE PE Storyboard and Improvement Documents library.</p>		

	PE team is uncertain about whether the project includes an ethics quality gap, they should consult with the IE manager for preventive ethics before starting the project.	
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Ethical Leadership

EL1	<p>Goal: In alignment with VHA Handbook 1004.06 and Strategy 4 of the VHA Blueprint for Excellence to “grow an organizational culture, rooted in VA’s core values,” the IE council will develop local annual performance and quality improvement plans for ethical leadership based on results from approved NCEHC tools (e.g., IE Staff Survey, IE Facility Workbook) or other relevant systematic evaluations of the facility’s ethics and integrity culture.</p> <p>Requirement: The facility will select one improvement opportunity relating to ethical leadership within the facility and, with input from the IE council, demonstrably improve the ethical environment and culture by targeting specific ethical leadership practices.</p>	<p>Documentation: Quarterly reports by facilities on progress toward achieving this requirement (yes/no and limited narrative description) and submission of a final report to NCEHC.</p> <ul style="list-style-type: none"> o A reporting summary form will be available in Q1. o Tools to guide the design and implementation of strong EL improvement projects to include the EL improvement plan summary report are available at http://vaww.ethics.va.gov/integratedethics/elc.asp. o Upload the completed summary form (final report) by Q4 to the Storyboard and Improvement Documents library at http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/PE%20ISSUES%20STORYBOARDS/Standard.aspx. <p>Targets:</p>			
	<p>Q1-2: Identify one ethical leadership improvement opportunity</p>	<p>Q2: Develop action plan with input and approval from the IE council and ethical leadership coordinator (ELC) and/or facility director.</p>	<p>Q3: Provide brief progress report (1-2 sentence summary of progress to date)</p>	<p>Q4: ELC/facility director communicates improvement plan achievement and results to staff (e.g., through Town Hall meetings, newsletters, or facility emails). Provide written summary description of EL project, including evidence that interventions were successful.</p>	