



National Center for
ETHICS
in Health Care

IntegratedEthics® Facility Workbook

Guide to
Understanding Your Results

2015 Version



IntegratedEthics[®] Facility Workbook: Guide to Understanding Your Results

The 2015 version of the IntegratedEthics Facility Workbook (IEFW) has been revised and updated to reflect where IE programs are today, in contrast to the first few years after their 2008 start-up. It also includes new references to key policy requirements from VHA Handbook 1004.06, IntegratedEthics (issue date: August 29, 2013). This version of the IEFW allows you to assess IE program practices for policy as well as aspirational aspects of the program that promote the highest standards of overall ethics quality. Each section contains questions that have been modified to identify program strengths and opportunities for improvement – part of an enhanced IEFW approach to IE program improvement that includes new action planning steps (found at the end of this document). Following each question, you will find applicable references to policy, resources that support the standard, and tools that help meet the standard. In alignment with the Baldrige approach (Baldrige Performance Excellence Program 2003*), the questions and responses in the workbook provide a framework for assessing the degree to which your facility's approaches to improving ethics quality are *comprehensive, systematic, broadly deployed, and/or well integrated*. As you review your responses, you may wish to identify specific ethics quality gaps within your IE program. The focus of your review should address the degree to which your facility's approaches may be insufficiently *comprehensive, systematic, broadly deployed, and/or well-integrated*. The responses have been constructed to promote discussion of ethics practices and programs and to suggest possible next steps for improvement. You may also wish to identify strong practices to continue, enhance, or apply more broadly in the action planning activity.

Types of Questions

“Best Response” Questions: For questions that ask you to “mark only one” response, the “best response” is the most *comprehensive, systematic, broadly deployed, and/or well-integrated* approach of the responses offered. In the example below, the shaded response is “best” because it is more systematic than the other options.

“Best Response” Example:

2.4 Which of the following best describes how your facility informs patients and families about the availability of the ethics consultation service at your facility? (Mark only one.)

<input type="checkbox"/>	Patients and families are generally not informed.
<input type="checkbox"/>	Patients and families are informed by staff members only when it seems relevant.
<input type="checkbox"/>	Written information about the service (e.g., brochures, newsletters, posters) is readily available to patients and families in some units and settings.
<input type="checkbox"/>	Written information about the service (e.g., brochures, newsletters, posters) is readily available to patients and families in all units and settings.

“More Is Better” Questions: For many questions that ask you to “mark all that apply,” the more responses you select, the “better” your approach. For example, the “best” response to question 2.2 would be all of the response options. In this case, multiple responses suggest an approach that is more *comprehensive, systematic, broadly deployed, and/or well-integrated*.

* Baldrige Performance Excellence Program. 2003. *Health care criteria for performance excellence*, Washington, DC: National Institute of Standards and Technology.

“More Is Better” Example:

2.2 Which of the following describes how ethics consultants in your facility learn to perform ethics consultation? (Mark all that apply.)

<input type="checkbox"/>	Ethics consultants learn through self-study.
<input type="checkbox"/>	Ethics consultants learn by observing more experienced members.
<input type="checkbox"/>	Ethics consultants learn by receiving specific performance feedback from more experienced members.
<input type="checkbox"/>	Ethics consultants learn by receiving feedback from requesters and/or patients, families, or surrogates.
<input type="checkbox"/>	Ethics consultants learn commensurately with their responsibilities by completing the following: reading the EC Primer, watching the two hour video course, completing the ECPAT, and viewing the online ECWeb learning module.
<input type="checkbox"/>	Ethics consultants learn by following a specific plan for continuous professional development created in collaboration with their ECC based on their ECPAT.
<input type="checkbox"/>	Other (specify):

“Hybrid” Questions: Some questions are a combination of “Best Response” and “More Is Better.” These questions may ask you to “mark all that apply,” but have some responses that are mutually exclusive. Other hybrid questions have several preferred or “best” responses. For example, in question 4.13, the responses shaded below are “best” because they represent a more *comprehensive, systematic, broadly deployed, and/or well-integrated* approach than the other responses.

“Hybrid” Question Example:

4.13 Which of the following are included in your facility’s approach to educating leaders about ethical leadership (as discussed in the Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*)? (Mark all that apply.)

<input type="checkbox"/>	This facility does not have a specific approach to educating leaders about ethical leadership.
<input type="checkbox"/>	Some leaders are <u>offered</u> education about ethical leadership.
<input type="checkbox"/>	All leaders are <u>offered</u> education about ethical leadership.
<input type="checkbox"/>	Some leaders are <u>required</u> to receive education about ethical leadership.
<input type="checkbox"/>	All leaders are <u>required</u> to receive education about ethical leadership.
<input type="checkbox"/>	Some leaders are <u>encouraged</u> to use self-assessment as a means to identify areas of ethical leadership for further development.
<input type="checkbox"/>	All leaders are <u>encouraged</u> to use self-assessment as a means to identify areas of ethical leadership for further development.
<input type="checkbox"/>	Other (specify):

Open-Ended Questions: A few questions ask you to describe something, list something, or provide an example. To interpret your answers to these questions, you must deliberate and analyze the degree to which your facility’s approaches are *comprehensive, systematic, broadly deployed, and/or well-integrated*.

Open-Ended Example:

3.8 Describe an example of how preventive ethics helped to improve ethical practices in your facility and an example of when it failed to do so. How do you explain the different outcomes? What do you think were the critical differences in these situations?

Any response is desirable.

Additional Information

Following each question, information is provided that directs you to resources relevant to that question. The majority of materials are available on the IntegratedEthics website (<http://vaww.ethics.va.gov/integratedethics/index.asp>). For materials that are not available on or linked to the IntegratedEthics website, information is provided on how to access these additional materials.

Section 1. Overall Ethics Program

Questions

1.1 At your facility, IE Council members include (Mark all that apply.):

<input type="checkbox"/>	The Executive Leadership Council (ELC)
<input type="checkbox"/>	Integrated Ethics Program Officer (IEPO)
<input type="checkbox"/>	Ethics Consultation Coordinator (ECC)
<input type="checkbox"/>	Preventive Ethics Coordinator (PEC)

...and the following senior leaders representing key functions or offices and the following stakeholders. (Mark all that apply.) **Note:** Best response includes senior leaders who regularly encounter ethics concerns, and may include any of the following.

<input type="checkbox"/>	Executive "Quadrad" or equivalent executive senior leadership team member
<input type="checkbox"/>	Quality Management
<input type="checkbox"/>	Patient Safety
<input type="checkbox"/>	Risk Management
<input type="checkbox"/>	Compliance
<input type="checkbox"/>	Clinical Services
<input type="checkbox"/>	Chaplaincy
<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Fiscal
<input type="checkbox"/>	Learning
<input type="checkbox"/>	Research
<input type="checkbox"/>	Veteran Representative
<input type="checkbox"/>	Union Representative
<input type="checkbox"/>	Member of Organizational Health Council/Committee
<input type="checkbox"/>	Other _____

Policy reference:

VHA Handbook 1004.06: Paragraph 12, d.: Members of the IE Council include facility leaders and senior staff who regularly encounter ethical concerns and are engaged in improving ethics quality at the facility. Membership, which may vary according to the existing governance structure and needs of the facility and its associated sites of care delivery, typically includes....

Resources that describe the standard: IE Program Officer's Desk Reference, pp. 9-11.

1.2 At your facility, which of the following critical success factors did your council address in the last year? (Mark all that apply.)

YES	NO	CRITICAL SUCCESS FACTORS
<input type="checkbox"/>	<input type="checkbox"/>	Integration of the three core functions of the IE program
<input type="checkbox"/>	<input type="checkbox"/>	Integration of the IE program throughout the organization
<input type="checkbox"/>	<input type="checkbox"/>	Leadership support for the IE program
<input type="checkbox"/>	<input type="checkbox"/>	Expertise of the IE program staff
<input type="checkbox"/>	<input type="checkbox"/>	Staff member time for ethics activities
<input type="checkbox"/>	<input type="checkbox"/>	Resources for ethics activities
<input type="checkbox"/>	<input type="checkbox"/>	Access to the ethics consultation service and preventive ethics
<input type="checkbox"/>	<input type="checkbox"/>	Accountability for the IE program
<input type="checkbox"/>	<input type="checkbox"/>	Organizational learning including dissemination of knowledge and experience of EC consult activity, PE storyboards ethics, and ethical leadership actions
<input type="checkbox"/>	<input type="checkbox"/>	Evaluation of the IE program
<input type="checkbox"/>	<input type="checkbox"/>	Policy related to IE program

Resources that describe the standard: IE Program Officer's Desk Reference, Section V, IE Program Operations, and Section VI, Model IE Council Agenda. Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care*, pp.18 – 24 (Critical success factors). Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, pp.18 – 24 (Critical success factors).

1.3 At your facility, how are senior leaders engaged in IntegratedEthics program activities? (Mark all that apply.)

<input type="checkbox"/>	Senior leaders are not engaged in activities of the ethics program.
<input type="checkbox"/>	Senior leaders request information about the activities of the ethics program on an <i>ad hoc</i> basis.
<input type="checkbox"/>	Senior leaders require routine reporting about the activities of the ethics program (e.g., through presentations to a top corporate decision-making body or through written reports).
<input type="checkbox"/>	Senior leaders directly observe or participate in the ethics program (e.g., attend ethics program meetings, chair the IntegratedEthics Council).
<input type="checkbox"/>	Senior leaders participate in specially designed IE Ethical Leadership activities (e.g., Ethical Leadership Self-Assessment Tool or Ethical Leadership group training activities).
<input type="checkbox"/>	Other (specify):

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, p. 38 (Champion the program).

1.4 At your facility, which of the following approaches are used to educate staff members about how to recognize and respond to ethical concerns? (Mark all that apply.)

<input type="checkbox"/>	Our facility has no formal approach to educating staff members in all units/departments in the facility about how to recognize and respond to ethical concerns.
<input type="checkbox"/>	Our facility <u>offers</u> education for <u>new</u> staff members about how to recognize and respond to ethical concerns.
<input type="checkbox"/>	Our facility <u>requires</u> education for <u>new</u> staff members about how to recognize and respond to ethical concerns.
<input type="checkbox"/>	Our facility <u>offers</u> education for staff members in <u>some</u> units/departments in the facility about how to recognize and respond to ethical concerns.
<input type="checkbox"/>	Our facility <u>requires</u> education for staff members in <u>some</u> units/departments in the facility about how to recognize and respond to ethical concerns.
<input type="checkbox"/>	Our facility <u>offers</u> education for staff members in <u>all</u> units/departments in the facility about how to recognize and respond to ethical concerns.
<input type="checkbox"/>	Our facility <u>requires</u> education for staff members in <u>all</u> units/departments in the facility about how to recognize and respond to ethical concerns.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 12, e. (1) (I): The IE Council is charged with... ensuring ...education on how to recognize ethical concerns is readily available to all facility staff.

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 23 – 25 (Prove that ethics matters to you); Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care*, pp. 20 – 21 (Critical success factors – access); IntegratedEthics Toolkit – Roles & Responsibilities for IntegratedEthics Council Members (Tab 2).

Tool to help meet the standard: IntegratedEthics online learning module, “Ethics in Health Care.”

1.5 Which of the following best describes how your facility educates staff members about the existence and functions of IntegratedEthics? (Mark only one.)

<input type="checkbox"/>	Our facility does not educate staff members about the existence and functions of IntegratedEthics.
<input type="checkbox"/>	Our facility educates <u>some</u> staff members about the existence and functions of IntegratedEthics.
	<i>To whom do you provide education?</i>
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Specific groups
<input type="checkbox"/>	New employees
<input type="checkbox"/>	Specific clinical employees
<input type="checkbox"/>	Specific administrative employees
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Our facility targets education to <u>some</u> staff members about the existence and functions of IntegratedEthics, e.g., new employees, specific clinical and/or administrative units.
<input type="checkbox"/>	Our facility educates <u>all</u> staff members about the existence and functions of IntegratedEthics.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 18, f. (2): The IntegratedEthics Program Officer (IEPO) is responsible for ensuring that appropriate communication and education materials are available to all employees, including information about how to contact the IE program.

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 23 – 25 (Prove that ethics matters to you); IntegratedEthics Toolkit – Roles & Responsibilities for the IntegratedEthics Program Officer and IntegratedEthics Council Members (Tab 2).

Tools to help meet the standard: Video – *IntegratedEthics: Improving Ethics Quality in Health Care*, a brief overview of IntegratedEthics, is available through your IntegratedEthics Program Officer; the monograph of the same title; PowerPoint – Introduction to IntegratedEthics.

1.6 For each of the content areas listed below, characterize your facility's educational activities relating to ethics. Include educational activities that focus on rules as well as those that focus on values. While conducting activities in more content areas is better, your facility might not be able to cover all areas due to limited resources. Providing education in the areas of greatest need is most effective. Consider including ethics education offered by other departments within your facility (e.g., end-of-life care ethics provided by Palliative Care).

Please indicate the time period within which reported educational activities occurred (Mark only one.):

<input type="checkbox"/>	Within the last 12 months
<input type="checkbox"/>	Since the start of the current fiscal year
<input type="checkbox"/>	Since the start of the current calendar year

Content	Topic (e.g., advance directives, integrity in financial management)	Mode (e.g., lecture, video, web-based)	Target Audience (group for whom the education was designed)	Estimated # of Attendees
Shared Decision Making With Patients		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	
Ethical Practices in End-of-Life Care		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	
Patient Privacy and Confidentiality		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	

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Content	Topic (e.g., advance directives, integrity in financial management)	Mode (e.g., lecture, video, web-based)	Target Audience (group for whom the education was designed)	Estimated # of Attendees
Professionalism in Patient Care		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	
Ethical Practices in Resource Allocation		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	
Ethical Practices in Business and Management		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	
Ethical Practices in Government Service		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	

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Content	Topic (e.g., advance directives, integrity in financial management)	Mode (e.g., lecture, video, web-based)	Target Audience (group for whom the education was designed)	Estimated # of Attendees
Ethical Practices in Research		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	
Ethical Practices in the Everyday Workplace		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	
Integrated Ethics Program		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	
Ethical Practices at the Beginning of Life		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	

1.6 For each of the content areas listed below, characterize your facility's educational activities relating to ethics. Include educational activities that focus on rules as well as those that focus on values. While conducting activities in more content areas is better, your facility might not be able to cover all areas due to limited resources. Providing education in the areas of greatest need is most effective. Consider including ethics education offered by other departments within your facility (e.g., end-of-life care ethics provided by Palliative Care).

Content	Topic (e.g., advance directives, integrity in financial management)	Mode (e.g., lecture, video, web-based)	Target Audience (group for whom the education was designed)	Estimated # of Attendees
Other		<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Web-based <input type="checkbox"/> Journal Club <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Brochure <input type="checkbox"/> Ethics Fair <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Leadership <input type="checkbox"/> All Staff <input type="checkbox"/> Clinicians <input type="checkbox"/> Ethics Consultants <input type="checkbox"/> Research Staff <input type="checkbox"/> Other	

Tools to help meet the standard: [Monograph – IntegratedEthics: Improving Ethics Quality in Health Care](#). Other – [IntegratedEthics video courses](#); [IntegratedEthics online learning modules](#); [online Ethics Resources](#).

1.7 Describe your facility's approach to assuring that ethics-related activities are well integrated throughout the facility. Such activities include, for example, protecting human research subjects, conducting ethics consultations, promoting business integrity, ensuring adherence to government ethics rules, preventing discrimination in hiring practices, supervisor training, and preparing for The Joint Commission accreditation. For further information on IE integration, see **Section B. Integration** (pp. 28 – 32), in the [IE Program Officer's Desk Reference](#).

Resources that describe the standard: [Monograph – IntegratedEthics: Improving Ethics Quality in Health Care](#), pp. 8 – 10 (Program management); [IntegratedEthics Toolkit – Roles & Responsibilities of the IntegratedEthics Program Officer and IntegratedEthics Council Members](#) (Tab 2).

1.8 Which of the following resources do you receive for your IE program? (Mark all that apply.)

<input type="checkbox"/>	Our facility provides no non-IE staff resources for the ethics program (see Q1.9 for IE staff resources).
<input type="checkbox"/>	Library materials
<input type="checkbox"/>	Clerical services
<input type="checkbox"/>	Training support
<input type="checkbox"/>	Our facility provides resources for the IE program through a specific budget.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 16, j. (1) – (4): The facility Director is responsible for... ensuring appropriate and adequate resources are allocated to support the IE program including... *[see (1) – (4)].*

Resources that describe the standard: *Primer – Ethical Leadership: Fostering an Ethical Environment & Culture*, p. 38 (Champion the program).

1.9 For each of the IE roles listed below, please indicate the following: **a)** if there is formal language supporting ethics program activities in a position description (PD) or performance plan (PP); **b)** if the PP or PD with formal ethics program activity language includes committed time (e.g., 0.2 FTE is 20% time); and **c)** actual time spent, or best estimate of hours per month spent, on ethics activities.

IE Positions	a) For each position, please indicate if there is formal language supporting ethics program activities in a PP or PD.		b) For each position, please indicate if the PP or PD with formal ethics program activity language includes committed time (e.g., 0.2 is 20% time). If yes, what is that % time (if no time, write 0%)?	c) For each position, please estimate the actual time spent each month on ethics activities regardless of the presence or absence of PP/PD formal language or committed time.
IEPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
ECC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
PEC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
ELC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month

Best response: IE program staff receive enough protected time to perform their roles effectively and have performance plans that include clear delineation of IE-related responsibilities.

Policy reference:

VHA Handbook 1004.06: Paragraph 16, j. (1) – (4): The facility Director is responsible for... ensuring appropriate and adequate resources are allocated to support the IE program including... *[see (1) – (4)].*

Resources that describe the standard: *Primer – Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 37 – 39 (Support your local ethics program).

1.10 One or more individuals are held accountable through a performance review that explicitly addresses (Mark all that apply.):

<input type="checkbox"/> Yes	<input type="checkbox"/> No	ELC Role
<input type="checkbox"/> Yes	<input type="checkbox"/> No	IEPO Role
<input type="checkbox"/> Yes	<input type="checkbox"/> No	ECC Role
<input type="checkbox"/> Yes	<input type="checkbox"/> No	PEC Role
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other IE Position _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other IE Position _____

For any position without a direct performance review (e.g., Title 38), what barriers have you encountered if your facility is unable to add language about IE roles to staff performance plans?

Policy reference:

VHA Handbook 1004.06: Paragraph 16, k.: The facility Director is responsible for... ensuring that designated IE staff (see par. 8) has performance plans that include clear delineation of IE-related responsibilities.

1. A Record your interpretations, comments, concerns, and qualifications to the responses in section 1. Note any strong practices. Then suggest any opportunities you perceive for improving your ethics program. These notes will help your facility develop follow-up action plans. We suggest keeping these notes on file for your facility's future reference.

1. B Please identify VHA Handbook 1004.06 overall IE program standards that your program is not currently meeting. Include these items in the Action Plan.

Section 2. Ethics Consultation

Questions

2.1 For the five ethics consultants who spend the most time on Ethics Consultation Service (ECS) activities in your facility, **who are NOT the Ethics Consultation Coordinator (ECC)**, please indicate the following: **a)** if there is formal language supporting ethics program activities in a position description (PD) or performance plan (PP); **b)** if the PP or PD with formal ethics program activity language includes committed time (e.g., 0.2 FTE is 20% time); and **c)** actual time spent, or best estimate of hours per month spent, on ethics activities.

Ethics Consultants (who are not the ECC)	a) For each position, please indicate if there is formal language supporting ethics program activities in a PP or PD.		b) For each position, please indicate if the PP or PD with formal ethics program activity language includes committed time (e.g., 0.2 is 20% time). If yes, what is that % time (if no time, write 0%)?	c) For each position, please estimate the actual time spent each month on ethics activities regardless of the presence or absence of PP/PD formal language or committed time.
#1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
#2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
#3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
#4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
#5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month

Best response: ECCs and ethics consultants receive enough protected time to perform their roles effectively and have performance plans that include clear delineation of IE-related responsibilities.

Policy reference:

VHA Handbook 1004.06: Paragraph 16, k. and j. (2): The facility Director is responsible for: k. ensuring that designated IE staff (see par. 8) has performance plans that include clear delineation of IE-related responsibilities, and, j. (2)... ensuring that... ECCs and ethics consultants receive protected time to perform their role effectively.

Resources that describe the standard: *Primer – Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 37 – 39 (Support your local ethics program).

2.2 Which of the following describes how ethics consultants in your facility learn to perform ethics consultation? (Mark all that apply.)

<input type="checkbox"/>	Ethics consultants learn only through self-study.
<input type="checkbox"/>	Ethics consultants learn by observing more experienced members.
<input type="checkbox"/>	Ethics consultants learn by receiving specific performance feedback from more experienced members.
<input type="checkbox"/>	Ethics consultants learn by receiving feedback from requesters and/or patients, families, or surrogates.
<input type="checkbox"/>	Ethics consultants learn commensurately with their responsibilities by completing the following: reading the EC Primer, watching the two hour video course, completing the ECPAT, and viewing the online ECWeb learning module.
<input type="checkbox"/>	Ethics consultants learn by following a specific plan for continuous professional development created in collaboration with their ECC based on their ECPAT.
<input type="checkbox"/>	Other (specify):

For facilities where there is no education for staff members, please identify your action plan to meet the standard (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 19, 4. (a) – (e): The Ethics Consultation Coordinator (ECC) is responsible for ensuring that before ethics consultants work independently on a consult or enter information into ECWeb, they have at minimum: *[they must complete recommended steps (a) – (e)].*

Resources that describe the standard: [Primer – Ethics Consultation: Responding to Ethics Questions in Health Care](#), pp. 13 – 24 (Introduction to ethics consultation); [Video – Ethics consultation video course](#).

Tools to help meet the standard: [Ethics Consultation Feedback Tool](#).

2.3 Which of the following are included in your facility’s approach to educating ethics consultants? (Mark all that apply.)

<input type="checkbox"/>	Our facility does not offer education for ethics consultants.
<input type="checkbox"/>	Our facility <u>provides</u> education for ethics consultants to improve their knowledge about a range of topics in ethics (e.g., informed consent, workplace boundaries).
<input type="checkbox"/>	Our facility <u>provides</u> education for ethics consultants to improve their skills in performing ethics consultation.
<input type="checkbox"/>	Our facility <u>requires</u> education for ethics consultants to improve their knowledge about a range of topics in ethics (e.g., informed consent, workplace boundaries).
<input type="checkbox"/>	Our facility <u>requires</u> education for ethics consultants to improve their skills in performing ethics consultation.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 19, 4. (a) – (e): The Ethics Consultation Coordinator (ECC) is responsible for ensuring that before ethics consultants work independently on a consult or enter information into ECWeb, they have at minimum: ***[they must complete recommended steps (a) – (e)].***

Resources that describe the standard: [Primer – Ethics Consultation: Responding to Ethics Questions in Health Care](#), p. 20 (Critical success factors – resources).

Tools to help meet the standard: Ethics consultation video course; IntegratedEthics online learning modules.

2.4 Which of the following best describes how your facility informs patients and families about the availability of the ethics consultation service at your facility? (Mark only one.)

<input type="checkbox"/>	Patients and families are generally not informed.
<input type="checkbox"/>	Patients and families are informed by staff members only when it seems relevant.
<input type="checkbox"/>	Written information about the service (e.g., brochures, newsletters, posters) is readily available to patients and families in some units and settings.
<input type="checkbox"/>	Written information about the service (e.g., brochures, newsletters, posters) is readily available to patients and families in all units and settings.

Resources that describe the standard: [Primer – Ethics Consultation: Responding to Ethics Questions in Health Care](#), pp. 20 – 21 (Critical success factors – access).

2.5 Which of the following best describes how your facility informs staff members about the availability of the ethics consultation service at your facility? (Mark only one.)

<input type="checkbox"/>	Staff members are generally not informed.
<input type="checkbox"/>	Staff members are informed through word of mouth on an <i>ad hoc</i> basis.
<input type="checkbox"/>	Information about the service is readily available through some regular mechanism(s) (e.g., brochures, newsletters, posters) to staff members in some departments, units, and settings.
<input type="checkbox"/>	Information about the service is readily available through some regular mechanism(s) (e.g., brochures, newsletters, posters) to staff members in all departments, units, and settings.

Resources that describe the standard: [Primer – Ethics Consultation: Responding to Ethics Questions in Health Care](#), pp. 20 – 21 (Critical success factors – access).

2.6 Which of the following best describes how your facility responds to routine requests of the ethics consultation service? (Mark only one.)

<input type="checkbox"/>	One or more members of the ethics consultation service will almost always make initial contact with the requester within a few hours of a request being made (e.g., less than one business day, such as 2 – 8 hours).
<input type="checkbox"/>	One or more members of the ethics consultation service almost always make initial contact with the requester within three business days or longer of a request being made.
<input type="checkbox"/>	One or more members of the ethics consultation service almost always make initial contact with the requester within one business day of a request being made.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 19, a. (2) (a) – (c): The Ethics Consultation Coordinator (ECC) is responsible for ensuring the Ethics Consultation Service is available, at a minimum, throughout normal work hours. *[See (a) – (c)]*

Resources that describe the standard: Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care*, pp. 20 – 21 (Critical success factors – access).

2.7 Which of the following best describes how responsive your facility’s ethics consultation service is to urgent requests? (Mark only one.)

<input type="checkbox"/>	One or more members of the ethics consultation service will almost always make initial contact with the requester within three business days of the request being made.
<input type="checkbox"/>	One or more members of the ethics consultation service will almost always make initial contact with the requester within one day (i.e., 24 hours) of the request being made.
<input type="checkbox"/>	One or more members of the ethics consultation service will almost always make initial contact with the requester in more than four hours and less than 24 hours of the request being made.
<input type="checkbox"/>	One or more members of the ethics consultation service will almost always make initial contact with the requester within four hours of the request being made.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 19, a. (2) (a): Ethics consultants need to respond to a consultation request in a timely fashion (e.g., make at least initial contact with the consult requester within 1 business day for routine requests, and within 4 hours for urgent requests).

Resources that describe the standard: Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care*, pp. 20 – 21 (Critical success factors – access).

2.8 Which of the following approaches best describes how your facility evaluates the ethics consultation service? (Mark only one.)

<input type="checkbox"/>	Our service is not evaluated.
<input type="checkbox"/>	Our service is occasionally evaluated on the following factors:
<input type="checkbox"/>	Our service is regularly evaluated on the following factors:

YES	NO	FACTORS EVALUATED
<input type="checkbox"/>	<input type="checkbox"/>	Integration: the ethics consultation service is well integrated with other components of the organization (i.e., utilized by multiple services and programs at your facility).
<input type="checkbox"/>	<input type="checkbox"/>	Leadership support: the ethics consultation service is adequately supported by leadership.
<input type="checkbox"/>	<input type="checkbox"/>	Expertise: ethics consultants have the knowledge and skills required to perform ethics consultation competently.
<input type="checkbox"/>	<input type="checkbox"/>	Staff member time: ethics consultants have adequate time to perform ethics consultation effectively.
<input type="checkbox"/>	<input type="checkbox"/>	Resources: ethics consultants have ready access to the resources they need.
<input type="checkbox"/>	<input type="checkbox"/>	Access: the ethics consultation service can be reached in a timely way by those it serves.
<input type="checkbox"/>	<input type="checkbox"/>	Accountability: there is clear accountability for ethics consultation within the facility's reporting hierarchy.
<input type="checkbox"/>	<input type="checkbox"/>	Organizational learning: the ethics consultation service disseminates its experience and findings effectively.
<input type="checkbox"/>	<input type="checkbox"/>	Evaluation: the ethics consultation service continuously improves the quality of its work through systematic assessment.
<input type="checkbox"/>	<input type="checkbox"/>	Policy: the structure, function, and processes of ethics consultation are formalized in institutional policy.
<input type="checkbox"/>	<input type="checkbox"/>	CASES approach: ethics case consultations are performed in accordance with the "CASES" approach (as outlined in the IntegratedEthics primer, <i>Ethics Consultation: Responding to Ethics Questions in Health Care</i>).
<input type="checkbox"/>	<input type="checkbox"/>	Goals: the ethics consultation service meets its professed goals.
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 19, a. (8) (a) – (e): Developing and implementing quality improvement plans for the EC function based on the systematic evaluation of the EC function using, at a minimum, the following approved NCEHC tools (see App. A): **[See (a) – (e)]**

Resources that describe the standard: Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care*, pp.18 – 24 (Critical success factors).

Tools to help meet the standard: Ethics Consultation Feedback Tool; ECWeb.

2.9 Which of the following best describes your facility’s approach to documenting case consultations in ECWeb? (Mark only one.)

<input type="checkbox"/>	Ethics Consultation Service does not use ECWeb to document ethics consultations pertaining to <u>case</u> consultations.
<input type="checkbox"/>	Ethics Consultation Service uses ECWeb to document ethics consultations pertaining to <u>case</u> consultations, but its use is variable (e.g., it varies depending on who is involved).
<input type="checkbox"/>	Ethics Consultation Service uses ECWeb consistently to document ethics consultations pertaining to <u>case</u> consultations.
<input type="checkbox"/>	Ethics Consultation Service uses ECWeb consistently to document ethics consultations pertaining to <u>case</u> consultations and the note is initiated in ECWeb within seven days after receiving the ethics consultation request.

Policy reference:

VHA Handbook 1004.06: Paragraph 20, f. (1) – (3): Ethics consultants...are responsible for...documenting each ethics case consultation and each ethics non-case consultation in ECWeb according to the instructions accessible to the ethics consultant on ECWeb user screens... : **[See (1) – (3)]**

Resources that describe the standard: *Primer – Ethics Consultation: Responding to Ethics Questions in Health Care*, p. 46 (Document the consultation in consultation service records).

Tools to help meet the standard: ECWeb: A Quality Improvement Tool for Ethics Consultation; Online Learning Module.

2.10 Which of the following best describes your facility’s approach to documenting in ECWeb ethics consultations pertaining to non-case consultations? (Mark only one.)

<input type="checkbox"/>	Ethics Consultation Service does not use ECWeb to document ethics consultations pertaining to <u>non-case</u> consultations.
<input type="checkbox"/>	Ethics Consultation Service uses ECWeb to document ethics consultations pertaining to <u>non-case</u> consultations, but its use is variable (i.e., it varies depending on who is involved).
<input type="checkbox"/>	Ethics Consultation Service uses ECWeb consistently to document ethics consultations pertaining to <u>non-case</u> consultations.

Policy reference:

VHA Handbook 1004.06: Paragraph 20, f. (1) – (3): Ethics consultants...are responsible for...documenting each ethics case consultation and each ethics non-case consultation in ECWeb according to the instructions accessible to the ethics consultant on ECWeb user screens... : **[See (1) – (3)]**

Resources that describe the standard: *Primer – Ethics Consultation: Responding to Ethics Questions in Health Care*, p. 46 (Document the consultation in consultation service records).

Tools to help meet the standard: ECWeb: A Quality Improvement Tool for Ethics Consultation; Online Learning Module.

2.11 Based on your formal evaluation of the Ethics Consultation Service, what has improved in ethics consultation in your facility in the last three years?

2.12 Describe an example of how ethics consultation helped to improve ethical practices in your facility, and an example of when it failed to do so. How do you explain the different outcomes? What do you think were the critical differences in these situations?

2.A Record your interpretations, comments, concerns, and qualifications to the responses given in section 2. Note any strong practices. Then suggest any opportunities you perceive for improving your ethics program. These notes will help your facility develop follow-up action plans. We suggest keeping these notes on file for your facility's future reference.

2.B Please identify VHA Handbook 1004.06 ethics consultation standards that your program is not currently meeting. Include these items in the Action Plan.

Section 3. Preventive Ethics

Questions

3.1 For the five Preventive Ethics (PE) team members who spend the most time on PE activities in your facility, **who are NOT the PE Coordinator (PEC)**, please indicate the following: **a)** if there is formal language supporting ethics program activities in a position description (PD) or performance plan (PP); **b)** if the PP or PD with formal ethics program activity language includes committed time (e.g., 0.2 FTE is 20% time); and **c)** actual time spent, or best estimate of hours per month spent, on ethics activities.

Preventive Ethics team members (who are not the PEC)	a) For each position, please indicate if there is formal language supporting ethics program activities in a PP or PD.		b) For each position, please indicate if the PP or PD with formal ethics program activity language includes committed time (e.g., 0.2 is 20% time). If yes, what is that % time (if no time, write 0%)?	c) For each position, please estimate the actual time spent each month on ethics activities regardless of the presence or absence of PP/PD formal language or committed time.
#1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
#2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
#3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
#4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month
#5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ % time	_____ hours/month

Best response: PECs and preventive ethics team members receive enough protected time to perform their roles effectively and have performance plans that include clear delineation of IE-related responsibilities.

Policy reference:

VHA Handbook 1004.06: Paragraph 16, k. and j. (3): The facility Director is responsible for: k. ensuring that designated IE staff (see par. 8) has performance plans that include clear delineation of IE-related responsibilities, and, j. (3)... ensuring that... PE team members receive protected time to perform their role effectively.

Resources that describe the standard: Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, p. 20 (Critical success factors – staff time); Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 37 – 39 (Support your local ethics program).

3.2 Which of the following are included in your facility’s approach to educating the core PE team to perform preventive ethics activities (as discussed in the Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*)? (Mark all that apply.)

<input type="checkbox"/>	Our facility does not provide education on preventive ethics to core PE team members who perform preventive ethics activities.
<input type="checkbox"/>	Some core PE team members who perform preventive ethics activities are <u>offered</u> education on preventive ethics.
<input type="checkbox"/>	All core PE team members who perform preventive ethics activities are <u>offered</u> education on preventive ethics.
<input type="checkbox"/>	Some core PE team members who perform preventive ethics activities are <u>required</u> to receive education on preventive ethics.
<input type="checkbox"/>	All core PE team members who perform preventive ethics activities are <u>required</u> to receive education on preventive ethics.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 21, a. (4) (a) and (b). The Preventive Ethics Coordinator (PEC) is responsible for ensuring that before PE team members address an ethics quality gap using ISSUES or another quality improvement approach, they have: (a) Read the PE primer ... and (b) Completed the 2-hour PE video course, including the exercises (see App. A).

Resources that describe the standard: Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, p. 20 (Critical success factors – resources).

Tools to help meet the standard: Preventive ethics video course; IntegratedEthics online learning modules; IntegratedEthics slides.

3.3 In which of the following areas does at least one individual from the core PE team have a high level of proficiency? (Mark all that apply.)

<input type="checkbox"/>	Knowledge of quality improvement principles and practices
<input type="checkbox"/>	Knowledge of basic statistical literacy
<input type="checkbox"/>	Ethics expertise, including knowledge of internal and external ethical standards and common ethics topics and concepts
<input type="checkbox"/>	Broad knowledge of the health care system
<input type="checkbox"/>	Practical knowledge of the local organization, including how to get things done in that environment
<input type="checkbox"/>	Project management skills
<input type="checkbox"/>	Familiarity with change strategies beyond policy development and education
<input type="checkbox"/>	Ability to communicate comfortably and effectively with the organization’s leadership
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 21, a. (10): The Preventive Ethics Coordinator (PEC) is responsible for...ensuring that the PE Team consists of, or has access to, individuals with adequate subject matter expertise to address facility ethics quality gaps through a quality improvement approach such as ISSUES, including specialized expertise in health care ethics.

Resources that describe the standard: *Primer – Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, p.18 (proficiencies), p. 20 (Critical success factors – expertise).

Tools to help meet the standard: IntegratedEthics online learning modules.

3.4 Which sources does the individual responsible for preventive ethics (e.g., Preventive Ethics Coordinator) routinely contact to identify ethical issues that may benefit from a preventive ethics approach? (Mark all that apply.)

<input type="checkbox"/>	No sources are routinely contacted.
<input type="checkbox"/>	Our facility's Ethics Consultation Service
<input type="checkbox"/>	Senior management/executive leadership body
<input type="checkbox"/>	IntegratedEthics Council (facility-level)
<input type="checkbox"/>	Quality Management
<input type="checkbox"/>	Risk Management
<input type="checkbox"/>	Patient Advocates
<input type="checkbox"/>	Patient Safety
<input type="checkbox"/>	Compliance and Business Integrity
<input type="checkbox"/>	EEO Officer
<input type="checkbox"/>	Fiscal Service
<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Union Officers
<input type="checkbox"/>	Privacy Officers
<input type="checkbox"/>	Research Service
<input type="checkbox"/>	Service leaders/program heads
<input type="checkbox"/>	VISN IE Point of Contact
<input type="checkbox"/>	Front line staff
<input type="checkbox"/>	Other (specify):

Resources that describe the standard: *Primer – Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, p. 21 (Critical success factors – access).

3.5 Which approaches are used at your facility to disseminate information about preventive ethics activities, including “lessons learned” (e.g., PE marketing activities)? (Mark all that apply.)

<input type="checkbox"/>	No information is disseminated to staff within the facility.
<input type="checkbox"/>	Information is disseminated at IE Council meetings.
<input type="checkbox"/>	Information is disseminated at senior executive meetings.
<input type="checkbox"/>	Information is provided to targeted areas/groups based on content of the improvement cycle or other PE activity.
<input type="checkbox"/>	Information is presented through newsletters, all-staff emails, or reports.
<input type="checkbox"/>	Information is disseminated at managers’ meetings.
<input type="checkbox"/>	Information is disseminated at staff meetings.
<input type="checkbox"/>	Information is presented on posters or bulletin boards.
<input type="checkbox"/>	Information is presented during planned events (e.g., quality fair, Compliance and Ethics Week).
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 21, f.: The Preventive Ethics Coordinator (PEC) is responsible for... contributing to organizational learning through the dissemination and exchange of results of PE activities (e.g., presentations or posting storyboards).

Resources that describe the standard: *Primer – Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, pp. 53 – 54 (Step 6: Sustain and Spread).

Tool to help meet the standard: Summary of ISSUES Cycles.

3.6 Which of the following best describes how your facility evaluates preventive ethics? (Mark only one.)

<input type="checkbox"/>	Our facility does not evaluate preventive ethics.
<input type="checkbox"/>	Our facility occasionally evaluates the preventive ethics program on the following factors:
<input type="checkbox"/>	Our facility routinely evaluates the preventive ethics program on the following factors (e.g., annually, quarterly):

YES	NO	FACTORS EVALUATED
<input type="checkbox"/>	<input type="checkbox"/>	Integration: preventive ethics is well-integrated with other ethics-related activities in the facility.
<input type="checkbox"/>	<input type="checkbox"/>	Leadership support: preventive ethics is adequately supported by leadership.
<input type="checkbox"/>	<input type="checkbox"/>	Expertise: individuals performing preventive ethics have the required knowledge and skills to perform preventive ethics competently.
<input type="checkbox"/>	<input type="checkbox"/>	Staff member time: individuals performing preventive ethics have adequate time to perform preventive ethics effectively.
<input type="checkbox"/>	<input type="checkbox"/>	Resources: individuals performing preventive ethics have ready access to the resources they need.
<input type="checkbox"/>	<input type="checkbox"/>	Access: staff members know when and how to refer issues to those responsible for performing preventive ethics.
<input type="checkbox"/>	<input type="checkbox"/>	Accountability: there is clear accountability for preventive ethics within the facility's reporting hierarchy.
<input type="checkbox"/>	<input type="checkbox"/>	Organizational learning: those responsible for preventive ethics disseminate their experience and findings effectively.
<input type="checkbox"/>	<input type="checkbox"/>	Evaluation: those responsible for preventive ethics continuously improve the quality of their work through systematic assessment.
<input type="checkbox"/>	<input type="checkbox"/>	Policy: the structure, function, and processes of preventive ethics are formalized in institutional policy.
<input type="checkbox"/>	<input type="checkbox"/>	ISSUES approach: ethics issues are addressed in accordance with the "ISSUES" approach (as outlined in the <i>Integrated Ethics Primer, Preventive Ethics: Addressing Health Care Ethics Issues on a Systems Level</i>).
<input type="checkbox"/>	<input type="checkbox"/>	Goals: preventive ethics is meeting its professed goals.
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 21, a. (9) (a) – (c): The Preventive Ethics Coordinator (PEC) is responsible for...developing and implementing quality improvement plans for the PE function based on the systematic evaluation of the PE function using, at a minimum, the following approved NCEHC tools (for relevant materials, see pars. 25 and 26): (a) The IE Staff Survey, (b) The IE Facility Workbook, and (c) Review of facility PE storyboards.

Resources that describe the standard: *Primer – Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, pp.22 – 23 (Critical success factors – evaluation), pp. 51 – 52 (Step 5: Evaluate and Adjust).

Tool to help meet the standard: ISSUES Storyboard.

3.7 Based on your formal evaluation of the preventive ethics function, what has improved in preventive ethics activities in your facility in the last three years?

3.8 Describe an example of how preventive ethics helped to improve ethical practices in your facility and an example of when it failed to do so. How do you explain the different outcomes? What do you think were the critical differences in these situations?

3.A Record your interpretations, comments, concerns, and qualifications to the responses given in section 3. Note any strong practices. Then suggest any opportunities you perceive for improving your ethics program. These notes will help your facility develop follow-up action plans. We suggest keeping these notes on file for your facility's future reference.

3.B Please identify VHA Handbook 1004.06 preventive ethics standards that your program is not currently meeting. Include these items in the Action Plan.

Section 4. Ethical Leadership

Questions

4.1 For IE staff who perform Ethical Leadership (EL) function-related activities (e.g., EL training, EL improvement activities), please indicate the following:

4.1a At my facility, the EL function is organized as follows (Mark only one.):

<input type="checkbox"/>	A single individual performs EL-related activities.
<input type="checkbox"/>	An ad hoc work group occasionally performs EL-related activities.
<input type="checkbox"/>	The IE Council oversees all EL activities.
<input type="checkbox"/>	A standing IE Council subcommittee performs EL-related activities.
<input type="checkbox"/>	Other (specify): _____

4.1b Indicate the individuals involved in EL function-related activities, and the average number of hours they spent per month in the last year on those activities.

IE Role		Avg. hours/month in the last year
<input type="checkbox"/>	ELC	_____ hours/month
<input type="checkbox"/>	IEPO	_____ hours/month
<input type="checkbox"/>	#1 _____	_____ hours/month
<input type="checkbox"/>	#2 _____	_____ hours/month
<input type="checkbox"/>	#3 _____	_____ hours/month
<input type="checkbox"/>	#4 _____	_____ hours/month
<input type="checkbox"/>	#5 _____	_____ hours/month

4.2 Which of the following describe how senior leaders (e.g., Service Chiefs or higher) at your facility are accountable for the IE program? Senior leaders (Mark all that apply.):

<input type="checkbox"/>	Know what the ethics program is and what it does, i.e., senior leaders can explain the fundamental concepts of IE, including the iceberg concept and the role of the three functions
<input type="checkbox"/>	Keep up to date on the activities of the program as well as the specific activities of each function
<input type="checkbox"/>	Support the program's efforts to assess and improve its services
<input type="checkbox"/>	Interact regularly with members of the program to respond to their needs
<input type="checkbox"/>	Request feedback about the quality and effectiveness of the program and any suggestions for change
<input type="checkbox"/>	Establish clear lines of authority and accountability for the ethics program
<input type="checkbox"/>	Designate or hire staff needed for key program roles
<input type="checkbox"/>	Monitor program performance to determine whether it is meeting its goals

Policy reference:

VHA Handbook 1004.06: Paragraph 16, Responsibilities of the Facility Director; Paragraph 17, Responsibilities of the Ethical Leadership Coordinator; and Paragraph 23, Responsibilities of all VHA Leaders at High Performance Development Model Levels 2 – 4.

Resources that describe the standard: [Primer – Ethical Leadership: Fostering an Ethical Environment and Culture.](#)

4.3 Which of the following describe how senior leaders (e.g., Service Chiefs or higher) at your facility support the IE program? Senior leaders (Mark all that apply.):

<input type="checkbox"/>	Emphasize the program’s role in helping employees instead of policing them
<input type="checkbox"/>	Contact the ethics consultation service with specific ethics questions or concerns as needed
<input type="checkbox"/>	Work with the preventive ethics team as needed to address ethics quality gaps in their area of responsibility
<input type="checkbox"/>	Participate in education sponsored by the ethics program
<input type="checkbox"/>	React positively when the ethics program seeks senior leader input
<input type="checkbox"/>	Encourage other senior leaders to participate in the IntegratedEthics program
<input type="checkbox"/>	Direct employees to the IntegratedEthics Council, the ethics consultation service, or the preventive ethics team when appropriate
<input type="checkbox"/>	Urge employees to participate in education sponsored by the ethics program

Policy reference:

VHA Handbook 1004.06: Paragraph 16, Responsibilities of the Facility Director; Paragraph 17, Responsibilities of the Ethical Leadership Coordinator; and Paragraph 23, Responsibilities of all VHA Leaders at High Performance Development Model Levels 2 – 4.

Resources that describe the standard: [Primer – Ethical Leadership: Fostering an Ethical Environment & Culture.](#)

4.4 At your facility, which approaches do senior leaders (e.g., Service Chiefs or higher) commonly use to communicate specific expectations for ethical practices, e.g., by sharing organizational values when requiring actions from staff? (Mark all that apply.)

<input type="checkbox"/>	Our senior leaders do not regularly communicate expectations for ethical practice for all employees.
<input type="checkbox"/>	Oral communication by leaders (e.g., staff meetings, town hall meetings)
<input type="checkbox"/>	Written communication by leaders (e.g., executive memoranda or policies)
<input type="checkbox"/>	New employee orientation
<input type="checkbox"/>	Information is provided during events (e.g., ethics rounds, quality fair, and ethics week).
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 23, Responsibilities of All VHA Leaders at High Performance Development Model Levels 2 – 4, b.: Communicating clear expectations for ethical practice by recognizing when expectations need to be clarified, stating expectations explicitly, using examples to clarify expectations, and explaining the values underlying their decisions. VHA leaders must ensure their expectations are reasonable and attainable, and anticipate and address barriers to meeting their expectations.

Resources that describe the standard: [Primer – Ethical Leadership: Fostering an Ethical Environment & Culture, pp. 27 – 30 \(Point 2: Communicate clear expectations for ethical practice\); Video – Ethical leadership video course.](#)

Tool to help meet the standard: Ethical Leadership Self-Assessment Tool.

4.5 At your facility, in what ways are ethical practices acknowledged and reinforced by leaders? (Mark all that apply.)

<input type="checkbox"/>	Ethical practices are acknowledged on an <i>ad hoc</i> basis (e.g., feedback to an individual employee).
<input type="checkbox"/>	Ethical practices are formally acknowledged (e.g., recognition at staff meetings).
<input type="checkbox"/>	Ethical practices are identified in employees' performance plans.
<input type="checkbox"/>	Ethical practices are acknowledged through ethics recognition or integrity awards.
<input type="checkbox"/>	There is zero tolerance for unethical practices.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 23, Responsibilities of all VHA Leaders at High Performance Development Model Levels 2 – 4, a. (2) – (4): (2) Adding ethics-related items to performance plans and reviews. (3) Rewarding staff, explicitly and visibly, for their contributions to promoting ethical practice. (4) Providing positive feedback and proactively following up when ethical concerns are raised.

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 17 – 19 (How do leaders affect their organization's ethical environment and culture?); Video – Ethical leadership video course.

Tool to help meet the standard: Ethical Leadership Self-Assessment Tool.

4.6 How does your top corporate decision-making body (e.g., Executive Leadership Council, Executive Leadership Board, etc.) ensure that it adequately considers the ethical aspects of major decisions? (Mark all that apply.)

Identify the corporate decision-making body here: _____

<input type="checkbox"/>	This corporate decision-making body has no formal mechanism to ensure that it considers ethical aspects of major decisions.
<input type="checkbox"/>	This corporate decision-making body includes a member with recognized expertise in ethics.
<input type="checkbox"/>	This corporate decision-making body refers ethical concerns or issues to the facility's ethics committee or IntegratedEthics program.
<input type="checkbox"/>	This corporate decision-making body uses a decision-making model or template that prompts it to consider the ethical aspects of major decisions.
<input type="checkbox"/>	Other (specify):

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 31 – 34 (Identify decisions that raise ethical concerns; address ethical decisions systematically); Video – Ethical leadership video course.

Tool to help meet the standard: Ethical Leadership Self-Assessment Tool.

If your facility has only one corporate decision-making body, skip to Question 4.8.

4.7 How does your second corporate decision-making body (e.g., Clinical Executive Board or equivalent) ensure that it adequately considers the ethical aspects of major decisions? (Mark all that apply.)

Identify the corporate decision-making body here: _____

<input type="checkbox"/>	This corporate decision-making body has no formal mechanism to ensure that it considers ethical aspects of major decisions.
<input type="checkbox"/>	This corporate decision-making body includes a member with recognized expertise in ethics.
<input type="checkbox"/>	This corporate decision-making body refers ethical concerns or issues to the facility's ethics committee or IntegratedEthics program.
<input type="checkbox"/>	This corporate decision-making body uses a decision-making model or template that prompts it to consider the ethical aspects of major decisions.
<input type="checkbox"/>	Other (specify):

Resources that describe the standard: [Primer – Ethical Leadership: Fostering an Ethical Environment & Culture](#), pp. 31 – 32 (Identify decisions that raise ethical concerns); [Video – Ethical leadership video course](#).

Tool to help meet the standard: [Ethical Leadership Self-Assessment Tool](#).

4.8 At your facility, how do leaders involve patients and/or Veteran representatives (e.g., Veterans Service Organizations, patient groups, etc.) in making major organizational decisions that affect Veterans and have ethical implications (e.g., closing a patient care unit)? (Mark only the most common approach.)

<input type="checkbox"/>	Patients and/or Veteran representatives are not involved.
<input type="checkbox"/>	Patients and/or Veteran representatives may express their views in an unplanned or <i>ad hoc</i> manner.
<input type="checkbox"/>	Patients and/or Veteran representatives are occasionally invited or asked to express their views.
<input type="checkbox"/>	Patients and/or Veteran representatives participate routinely in the decision-making process.
<input type="checkbox"/>	Other (specify):

Resources that describe the standard: [Primer – Ethical Leadership: Fostering an Ethical Environment & Culture](#), pp. 32 – 34 (Address ethical decisions systematically).

Tool to help meet the standard: [Quality Check](#).

4.9 At your facility, how do leaders involve clinical staff members in major organizational decisions that have ethical implications (e.g., reorganizing business units)? (Mark only the most common method of involvement.)

<input type="checkbox"/>	Clinical staff members are not involved.
<input type="checkbox"/>	Clinical staff members express their views in an unplanned or <i>ad hoc</i> manner.
<input type="checkbox"/>	Clinical staff members are invited or asked to express their views on an <i>as needed</i> basis.
<input type="checkbox"/>	Clinical staff members participate routinely in the decision-making process.
<input type="checkbox"/>	Other (specify):

Resources that describe the standard: [Primer – Ethical Leadership: Fostering an Ethical Environment & Culture](#), pp. 32 – 34 (Address ethical decisions systematically).

Tools to help meet the standard: Quality Check; Ethical Leadership Self-Assessment Tool; Video – Ethical leadership video course.

4.10 At your facility, how do leaders involve staff members in major organizational decisions that have ethical implications (e.g., reorganizing business units)? (Mark only the most common approach.)

<input type="checkbox"/>	Staff members are not involved.
<input type="checkbox"/>	Staff members may express their views in an unplanned or <i>ad hoc</i> manner.
<input type="checkbox"/>	Staff members are invited or asked to express their views on an <i>as needed</i> basis.
<input type="checkbox"/>	Staff members participate routinely in the decision-making process.
<input type="checkbox"/>	Other (specify):

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 32 – 34 (Address ethical decisions systematically); Video – Ethical leadership video course.

Tools to help meet the standard: Quality Check; Ethical Leadership Self-Assessment Tool.

4.11 Consider the last major clinical decision made by leaders at your facility that had ethical implications for staff members and/or patients (e.g., closing a patient care unit, implementing a significant change in procedures). Which approaches were used to **explain** the decision? (Mark all that apply.)

Identify the decision here: _____

4.11a Staff

<input type="checkbox"/>	No explanation for the decision was provided to the affected staff members.
<input type="checkbox"/>	Leaders provided the affected staff members with a justification for the final decision based on the organization’s values.
<input type="checkbox"/>	Leaders explained the pros and cons of the options considered to the affected staff members.
<input type="checkbox"/>	Leaders informed the affected staff members about the process used in making the decision, including who had input into the decision.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 23, Responsibilities of all VHA Leaders at High Performance Development Model Levels 2 – 4, c. (1) – (6): Practicing ethical decision-making by identifying when decisions raise significant ethical concerns, addressing ethical decisions systematically, and explaining to individuals who have a stake in an ethical decision both the process used to make the decision and the reasons why certain options were chosen over others. Ethical decision-making requires that leaders: **[See (1) – (6)]**

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 35 – 36 (Explain your decisions).

Tools to help meet the standard: Quality Check; Ethical Leadership Self-Assessment Tool.

4.11b Patients and/or Veteran Representatives

<input type="checkbox"/>	No explanation for the decision was provided to patients and/or Veteran representatives.
<input type="checkbox"/>	Leaders provided patients and/or Veteran representatives with a justification for the final decision based on the organization's values.
<input type="checkbox"/>	Leaders explained the pros and cons of the options considered to patients and/or Veteran representatives.
<input type="checkbox"/>	Leaders informed patients and/or Veteran representatives about the process used in making the decision, including who had input into the decision.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 23, Responsibilities of all VHA Leaders at High Performance Development Model Levels 2 – 4, c. (1) – (6): Practicing ethical decision making by identifying when decisions raise significant ethical concerns, addressing ethical decisions systematically, and explaining to individuals who have a stake in an ethical decision both the process used to make the decision and the reasons why certain options were chosen over others. Ethical decision-making requires that leaders: **[See (1) – (6)]**

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 35 – 36 (Explain your decisions).

Tools to help meet the standard: Quality Check; Ethical Leadership Self-Assessment Tool.

4.12 Consider the last major non-clinical decision made by leaders at your facility that had ethical implications for staff members and/or patients (e.g., reducing the workforce). Which approaches were used to explain the decision? (Mark all that apply.)

Identify the decision here: _____

4.12a Staff

<input type="checkbox"/>	No explanation for the decision was provided to the affected staff members.
<input type="checkbox"/>	Leaders provided the affected staff members with a justification for the final decision based on the organization's values.
<input type="checkbox"/>	Leaders explained the pros and cons of the options considered to the affected staff members.
<input type="checkbox"/>	Leaders informed the affected staff members about the process used in making the decision, including who had input into the decision.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 23, Responsibilities of all VHA Leaders at High Performance Development Model Levels 2 – 4, c. (1) – (6): Practicing ethical decision making by identifying when decisions raise significant ethical concerns, addressing ethical decisions systematically, and explaining to individuals who have a stake in an ethical decision both the process used to make the decision and the reasons why certain options were chosen over others. Ethical decision-making requires that leaders: **[See (1) – (6)]**

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 35 – 36 (Explain your decisions).

Tools to help meet the standard: Quality Check; Ethical Leadership Self-Assessment Tool.

4.12b Patients and/or Veteran Representatives

<input type="checkbox"/>	No explanation for the decision was provided to patients and/or Veteran representatives.
<input type="checkbox"/>	Leaders provided patients and/or Veteran representatives with a justification for the final decision based on the organization’s values.
<input type="checkbox"/>	Leaders explained the pros and cons of the options considered to patients and/or Veteran representatives.
<input type="checkbox"/>	Leaders informed patients and/or Veteran representatives about the process used in making the decision, including who had input into the decision.
<input type="checkbox"/>	Other (specify):

Policy reference:

VHA Handbook 1004.06: Paragraph 23, Responsibilities of all VHA Leaders at High Performance Development Model Levels 2 – 4, c. (1) – (6): Practicing ethical decision-making by identifying when decisions raise significant ethical concerns, addressing ethical decisions systematically, and explaining to individuals who have a stake in an ethical decision both the process used to make the decision and the reasons why certain options were chosen over others. Ethical decision-making requires that leaders: **[See (1) – (6)]**

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 35 – 36 (Explain your decisions).

Tools to help meet the standard: Quality Check; Ethical Leadership Self-Assessment Tool.

4.13 Which of the following are included in your facility’s approach to educating leaders about ethical leadership (as discussed in the Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*)? (Mark all that apply.)

<input type="checkbox"/>	This facility does not have a specific approach to educating leaders about ethical leadership.
<input type="checkbox"/>	Some leaders are <u>offered</u> education about ethical leadership.
<input type="checkbox"/>	All leaders are <u>offered</u> education about ethical leadership.
<input type="checkbox"/>	Some leaders are <u>required</u> to receive education about ethical leadership.
<input type="checkbox"/>	All leaders are <u>required</u> to receive education about ethical leadership.
<input type="checkbox"/>	Some leaders are <u>encouraged</u> to use self-assessment as a means to identify areas of ethical leadership for further development.
<input type="checkbox"/>	All leaders are <u>encouraged</u> to use self-assessment as a means to identify areas of ethical leadership for further development.
<input type="checkbox"/>	Other (specify):

Resources that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 23 – 25 (Prove that ethics matters to you).

Tools to help meet the standard: [Ethical leadership video course](#); [Ethical Leadership Self-Assessment Tool](#).

4.14 Describe specific examples of how ethical leadership activities in the past three years have affected the ethical environment and culture at your facility.

4. A Record your interpretations, comments, concerns, and qualifications to the responses given in section 4. Note any strong practices. Then suggest any opportunities you perceive for improving your ethics program. These notes will help your facility develop follow-up action plans. We suggest keeping these notes on file for your facility's future reference.

4. B Please identify VHA Handbook 1004.06 ethical leadership standards that your program is not currently meeting. Include these items in the Action Plan.

Action Plan

Once you have completed the IE Facility Workbook questions, complete this Action Plan or develop your own method to identify and prioritize opportunities for improvement. You may also wish to use the [IE Facility Workbook Analysis Tool](#); this tool was developed to help you identify IE program strengths and weaknesses, prioritize among identified improvement opportunities, and select a limited list of items to work on in a single year for each question in the four IEFW sections. You can also use the IEFW Analysis Tool to annually summarize the results of IEFW discussions, track changes that have occurred since the prior year, and document action plans and the timeframes for completion of actions to improve an organization's IE program.

1. Begin by noting particular strong practices, recognizing what your IE program has done well and the efforts that led to those successes. List these IE program strong practices in **Table 1** below, and consider which to continue, enhance, or apply more broadly.

Next, in **Table 2** below, identify program elements that do not meet the requirements found in the IE Handbook; these will be top-priority improvement opportunities. Then, list other areas where the program is not performing best practices. Prioritize all opportunities for improvement, based on what is most critical for your IE program's development, and select the ones that you can realistically accomplish in the coming year.

2. For each chosen element, identify several concrete steps you will take to improve your IE program. Leave a little room after each action step so you can record who will be responsible for the action (and by when) in the follow-up discussion. Monitor and review progress regularly to help your IE program assess whether you have achieved your improvement objectives.

Table 1

IE Program Strong Practices	
Strong Practices by Section	Continue, Enhance, or Apply Activity More Broadly?
Overall IE Program •	
Ethics Consultation •	
Preventive Ethics •	
Ethical Leadership •	

Table 2

Prioritize IE Program Opportunities for Improvement	
Opportunities for Improvement (OFI) by Section	Priority Level: 1 = low, 5 = high
Overall IE Program <ul style="list-style-type: none">• IE Handbook OFIs• Other OFIs	
Ethics Consultation <ul style="list-style-type: none">• IE Handbook OFIs• Other OFIs	
Preventive Ethics <ul style="list-style-type: none">• IE Handbook OFIs• Other OFIs	
Ethical Leadership <ul style="list-style-type: none">• IE Handbook OFIs• Other OFIs	