IntegratedEthics®
Facility Workbook

2015 Version
**IntegratedEthics Facility Workbook Tool**

**About the Facility Workbook**

The Facility Workbook is an assessment tool to help you and other facility leaders assess your current ethics program. This tool is designed to help you compare the mechanisms, processes, and systems of your ethics program to the “best practices” of an IntegratedEthics (IE) program.

The workbook can help facilities answer such questions as:

1. Where are we in developing and maintaining the key components of an IntegratedEthics program?
2. To what extent is our approach to ethics comprehensive, systematic, broadly deployed, and/or well integrated?
3. What actions can we take to narrow the gap between our current ethics program and a fully developed IntegratedEthics program?

**Completing the Workbook**

The workbook can help you plot a course for your IntegratedEthics program. The workbook is intended to be completed annually so that you can assess your facility's progress over time.

As the IntegratedEthics Program Officer, you are responsible for ensuring that the workbook is completed. Your first step will be to determine who should be involved in completing each of the four sections of the workbook: Overall Ethics Program, Ethics Consultation, Preventive Ethics, and Ethical Leadership.

Each section should be completed by a small team of individuals who have firsthand knowledge of the relevant function and how it operates in your facility. Once you have assembled your workbook teams, you will want to establish clear expectations and timelines. Each team should plan to devote approximately 1–2 hours per week over the course of a month to discussing and completing the workbook and to preliminary consideration of the results.

**Be Candid in Responding to the Questions**

When completing this workbook, choose the responses that most accurately describe current practices of your facility's ethics program. Thorough consideration of each item will provide the information you need to help you understand and improve your program.

**Understanding the Results and Next Steps**

When all the sections of the workbook have been completed, the teams should meet to discuss the results and identify gaps between your current ethics program and a fully developed IntegratedEthics program. To help identify these gaps, teams should review the *IntegratedEthics Facility Workbook: Guide to Understanding Your Results* (vaww.ethics.va.gov/IntegratedEthics). You should then report the results to the senior leaders of your facility and/or your IntegratedEthics (IE) Council. When interpreting your results, local factors and circumstances should be taken into account by local leaders and/or the IE Council to determine which findings represent a quality gap and which of these should receive priority follow-up action at your facility.

Because this is a tool for continuous quality improvement, you should use the workbook to re-assess your ethics program on an annual basis. By comparing results across time, you can track your progress and determine where further work is needed.
Section 1. Overall Ethics Program

This section of the workbook pertains to the overall structure and practices of your facility’s ethics program. For additional information about items in this section, refer to the IntegratedEthics Roles and Responsibilities documents.

Section 1.A. Questions

Instructions: Choose the response or responses that best describe your facility’s current practices.

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

- The Executive Leadership Council (ELC)
- IntegratedEthics Program Officer (IEPO)
- Ethics Consultation Coordinator (ECC)
- 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.

- Executive “Quadrad” or equivalent executive senior leadership team member
- Quality Management
- Patient Safety
- Risk Management
- Compliance
- Clinical Services
- Chaplaincy
- Human Resources
- Social Work
- Fiscal
- Learning
- Research
- Veteran Representative
- Union Representative
- Member of Organizational Health Council/Committee
- Other ____________________
1.2 At your facility, which of the following critical success factors did your council address in the last year? (Mark all that apply.)

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

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

- □ Senior leaders are not engaged in activities of the ethics program.
- □ Senior leaders request information about the activities of the ethics program on an *ad hoc* basis.
- □ 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).
- □ Senior leaders directly observe or participate in the ethics program (e.g., attend ethics program meetings, chair the IntegratedEthics Council).
- □ Senior leaders participate in specially designed IE Ethical Leadership activities (e.g., Ethical Leadership Self-Assessment Tool or Ethical Leadership group training activities).
- □ Other (specify):
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.)

- 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.
- Our facility offers education for new staff members about how to recognize and respond to ethical concerns.
- Our facility requires education for new staff members about how to recognize and respond to ethical concerns.
- Our facility offers education for staff members in some units/departments in the facility about how to recognize and respond to ethical concerns.
- Our facility requires education for staff members in some units/departments in the facility about how to recognize and respond to ethical concerns.
- Our facility offers education for staff members in all units/departments in the facility about how to recognize and respond to ethical concerns.
- Our facility requires education for staff members in all units/departments in the facility about how to recognize and respond to ethical concerns.
- Other (specify):

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

- Our facility does not educate staff members about the existence and functions of IntegratedEthics.
- Our facility educates some staff members about the existence and functions of IntegratedEthics.

  To whom do you provide education?

- Unknown
- Specific groups
- New employees
- Specific clinical employees
- Specific administrative employees
- Other___________________

- Our facility targets education to some staff members about the existence and functions of IntegratedEthics, e.g., new employees, specific clinical and/or administrative units.
- Our facility educates all staff members about the existence and functions of IntegratedEthics.
- Other (specify):
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.):

- [ ] Within the last 12 months
- [ ] Since the start of the current fiscal year
- [ ] Since the start of the current calendar year

<table>
<thead>
<tr>
<th>Content Topic</th>
<th>Topic (e.g., advance directives, integrity in financial management)</th>
<th>Mode (e.g., lecture, video, web-based)</th>
<th>Target Audience (group for whom the education was designed)</th>
<th>Estimated # of Attendees</th>
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<tbody>
<tr>
<td>Shared Decision Making With Patients</td>
<td></td>
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<tr>
<td>Ethical Practices in End-of-Life Care</td>
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<td>Patient Privacy and Confidentiality</td>
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<th>Target Audience (group for whom the education was designed)</th>
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<td>Professionalism in Patient Care</td>
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<td>Ethical Practices in Resource Allocation</td>
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<tr>
<td>Ethical Practices in Business and Management</td>
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<td>Ethical Practices in Government Service</td>
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<td>Veteran, Leadership, All Staff, Clinicians, Ethics Consultants, Research Staff, Other</td>
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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).

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<td>Ethical Practices</td>
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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).

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<th>Mode (e.g., lecture, video, web-based)</th>
<th>Target Audience (group for whom the education was designed)</th>
<th>Estimated # of Attendees</th>
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<tbody>
<tr>
<td>Other</td>
<td></td>
<td>Lecture (or Video, Web-based)</td>
<td>Veteran (or Leadership, All Staff, Clinicians, Ethics Consultants, Research Staff, Other)</td>
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</table>

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.

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

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

<table>
<thead>
<tr>
<th>IE Positions</th>
<th>a) For each position, please indicate if there is formal language supporting ethics program activities in a PP or PD.</th>
<th>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%)?</th>
<th>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.</th>
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<tbody>
<tr>
<td>IEPO</td>
<td>□ Yes □ No</td>
<td>________% time</td>
<td>________ hours/month</td>
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<tr>
<td>ECC</td>
<td>□ Yes □ No</td>
<td>________% time</td>
<td>________ hours/month</td>
</tr>
<tr>
<td>PEC</td>
<td>□ Yes □ No</td>
<td>________% time</td>
<td>________ hours/month</td>
</tr>
<tr>
<td>ELC</td>
<td>□ Yes □ No</td>
<td>________% time</td>
<td>________ hours/month</td>
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</table>

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

□ Yes □ No ELC Role
□ Yes □ No IEPO Role
□ Yes □ No ECC Role
□ Yes □ No PEC Role
□ Yes □ No Other IE Position________________________________________
□ Yes □ 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?
Section 1.B. Notes on Overall Ethics Program

Instructions: Record your interpretations, comments, concerns, and qualifications to the responses given in Section 1A. 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. 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

This section of the workbook pertains to ethics consultation. For additional information about items in this section, refer to the IntegratedEthics primer, *Ethics Consultation: Responding to Ethics Questions in Health Care*, and to the IntegratedEthics toolkit and video training materials for ethics consultation.

**Definition of Terms:**

**Ethical concern:** Uncertainty or conflict about values.

**Ethics consultation in health care:** The activities performed by an individual or group on behalf of a health care organization to help patients, providers, and/or other parties resolve *ethical concerns* in a health care setting. These activities typically involve consulting about active clinical cases (ethics case consultation), but also include analyzing prior clinical cases or hypothetical scenarios, reviewing documents from an ethics perspective, clarifying ethics-related policy, and/or responding to ethical concerns in other contexts not immediately related to patient care. Ethics consultation may be performed by an individual ethics consultant, a team of ethics consultants, or an ethics committee.¹

**Ethics consultation service:** An organizational structure responsible for ethics consultation.

**Ethics question:** A question about which decisions are right or which actions should be taken when there is uncertainty or conflict about values.

**Section 2.A. Questions**

Instructions: Choose the response or responses that best describe your facility’s current practices

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.

<table>
<thead>
<tr>
<th>Ethics Consultants (who are not the ECC)</th>
<th>a) For each position, please indicate if there is formal language supporting ethics program activities in a PP or PD.</th>
<th>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%)?</th>
<th>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.</th>
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<tbody>
<tr>
<td>#1</td>
<td>☐ Yes ☐ No ☐ No ☐ % time ☐ hours/month</td>
<td>☐ Yes ☐ No ☐ % time ☐ hours/month</td>
<td>☐ Yes ☐ No ☐ % time ☐ hours/month</td>
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<td>#2</td>
<td>☐ Yes ☐ No ☐ % time ☐ hours/month</td>
<td>☐ Yes ☐ No ☐ % time ☐ hours/month</td>
<td>☐ Yes ☐ No ☐ % time ☐ hours/month</td>
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<td>#4</td>
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<td>#5</td>
<td>☐ Yes ☐ No ☐ % time ☐ hours/month</td>
<td>☐ Yes ☐ No ☐ % time ☐ hours/month</td>
<td>☐ Yes ☐ No ☐ % time ☐ hours/month</td>
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¹ Note that “ethics consultation” as used in this Workbook is distinct and separate from questions referred to Regional or General Counsel pertaining to standards of ethical conduct for employees of the executive branch.
2.2 Which of the following describes how ethics consultants in your facility learn to perform ethics consultation? (Mark all that apply.)

- Ethics consultants learn only through self-study.
- Ethics consultants learn by observing more experienced members.
- Ethics consultants learn by receiving specific performance feedback from more experienced members.
- Ethics consultants learn by receiving feedback from requesters and/or patients, families, or surrogates.
- 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.
- Ethics consultants learn by following a specific plan for continuous professional development created in collaboration with their ECC based on their ECPAT.
- Other (specify):

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

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

- Our facility does not offer education for ethics consultants.
- Our facility provides education for ethics consultants to improve their knowledge about a range of topics in ethics (e.g., informed consent, workplace boundaries).
- Our facility provides education for ethics consultants to improve their skills in performing ethics consultation.
- Our facility requires education for ethics consultants to improve their knowledge about a range of topics in ethics (e.g., informed consent, workplace boundaries).
- Our facility requires education for ethics consultants to improve their skills in performing ethics consultation.
- Other (specify):
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.)

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

We suggest keeping documents related to this question on file for your facility's future reference. We also encourage you to use the IE SharePoint site to share these documents with your peers in other VISNs or facilities.

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.)

- Staff members are generally not informed.
- Staff members are informed through word of mouth on an ad hoc basis.
- 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.
- 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.

We suggest keeping documents related to this question on file for your facility's future reference. We also encourage you to use the IE SharePoint site to share these documents with your peers in other VISNs or facilities.

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

- 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).
- 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.
- 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.

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

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

- Our service is not evaluated.
- Our service is occasionally evaluated on the following factors:
- Our service is regularly evaluated on the following factors:

☑ For each factor in the table below, mark “yes” or “no” as to whether the factor is evaluated.

We suggest keeping documents related to this question on file for your facility's future reference. We also encourage you to use the IE SharePoint site to share these documents with your peers in other VISNs or facilities.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>FACTORS EVALUATED</th>
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<tr>
<td>☐</td>
<td>☐</td>
<td>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).</td>
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<td>☐</td>
<td>☐</td>
<td>Leadership support: the ethics consultation service is adequately supported by leadership.</td>
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<td>☐</td>
<td>☐</td>
<td>Expertise: ethics consultants have the knowledge and skills required to perform ethics consultation competently.</td>
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<td>☐</td>
<td>☐</td>
<td>Staff member time: ethics consultants have adequate time to perform ethics consultation effectively.</td>
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<td>☐</td>
<td>☐</td>
<td>Resources: ethics consultants have ready access to the resources they need.</td>
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<td>Access: the ethics consultation service can be reached in a timely way by those it serves.</td>
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<td>Accountability: there is clear accountability for ethics consultation within the facility’s reporting hierarchy.</td>
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<td>Organizational learning: the ethics consultation service disseminates its experience and findings effectively.</td>
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<td>☐</td>
<td>☐</td>
<td>Evaluation: the ethics consultation service continuously improves the quality of its work through systematic assessment.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Policy: the structure, function, and processes of ethics consultation are formalized in institutional policy.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>CASES approach: ethics case consultations are performed in accordance with the “CASES” approach (as outlined in the IntegratedEthics primer, Ethics Consultation: Responding to Ethics Questions in Health Care).</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Goals: the ethics consultation service meets its professed goals.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Other (specify):</td>
</tr>
</tbody>
</table>
2.9 Which of the following best describes your facility’s approach to documenting case consultations in ECWeb? (Mark only one.)

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

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.)

- Ethics Consultation Service does not use ECWeb to document ethics consultations pertaining to non-case consultations.
- Ethics Consultation Service uses ECWeb to document ethics consultations pertaining to non-case consultations, but its use is variable (i.e., it varies depending on who is involved).
- Ethics Consultation Service uses ECWeb consistently to document ethics consultations pertaining to non-case consultations.

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?


Section 2.B. Notes on Ethics Consultation

Instructions: Record your interpretations, comments, concerns, and qualifications to the responses given in Section 2A. 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.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

This section of the workbook pertains to preventive ethics. For additional information about items in this section, refer to the IntegratedEthics primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level* and to the IntegratedEthics toolkit and video training materials for preventive ethics.

**Definition of Terms:**

**Best practice:** A technique or methodology shown by experience and/or research to lead reliably to a desired result. In ethics, best practice refers to the ideal established by ethical and professional norms and standards. Communicating with patients in language they can understand is an example of such an ethical standard.

**Ethical concern:** Uncertainty or conflict about values.

**Ethical issue:** An ongoing or recurring situation involving organizational systems and processes that gives rise to an ethical concern.

**Ethics quality gap:** An ethics quality gap is the difference between best ethics practice and current ethics practice, where “best ethics practice” refers to an ideal established on the basis of widely accepted standards, norms, or expectations for the organization and its staff. In other words, the ethics quality gap is the difference between what ought to be (ideally speaking) and what is (right now).

**Preventive ethics:** Activities performed by an individual or group on behalf of a health care organization to identify, prioritize, and address ethics quality gaps.

**Section 3.A. Questions**

**Instructions:** Choose the response or responses that best describe your facility’s current practices.

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.

<table>
<thead>
<tr>
<th>Preventive Ethics team members (who are not the PEC)</th>
<th>a) For each position, please indicate if there is formal language supporting ethics program activities in a PP or PD.</th>
<th>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%)?</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>☐ Yes ☐ No</td>
<td>_______% time</td>
<td>_______ hours/month</td>
</tr>
<tr>
<td>#2</td>
<td>☐ Yes ☐ No</td>
<td>_______% time</td>
<td>_______ hours/month</td>
</tr>
<tr>
<td>#3</td>
<td>☐ Yes ☐ No</td>
<td>_______% time</td>
<td>_______ hours/month</td>
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<tr>
<td>#4</td>
<td>☐ Yes ☐ No</td>
<td>_______% time</td>
<td>_______ hours/month</td>
</tr>
<tr>
<td>#5</td>
<td>☐ Yes ☐ No</td>
<td>_______% time</td>
<td>_______ hours/month</td>
</tr>
</tbody>
</table>
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.)

- Our facility does not provide education on preventive ethics to core PE team members who perform preventive ethics activities.
- Some core PE team members who perform preventive ethics activities are offered education on preventive ethics.
- All core PE team members who perform preventive ethics activities are offered education on preventive ethics.
- Some core PE team members who perform preventive ethics activities are required to receive education on preventive ethics.
- All core PE team members who perform preventive ethics activities are required to receive education on preventive ethics.
- Other (specify):

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.)

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

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

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

🔍 We suggest keeping documents related to this question on file for your facility’s future reference. We also encourage you to use the IE SharePoint site to share these documents with your peers in other VISNs or facilities.
Which of the following best describes how your facility evaluates preventive ethics? (Mark only one.)

- Our facility does not evaluate preventive ethics.
- Our facility occasionally evaluates the preventive ethics program on the following factors:
- Our facility routinely evaluates the preventive ethics program on the following factors (e.g., annually, quarterly):

In the table below, mark “yes” or “no” as to whether the factor is evaluated.

We suggest keeping documents related to this question on file for your facility’s future reference.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>FACTORS EVALUATED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Integration: preventive ethics is well-integrated with other ethics-related activities in the facility.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leadership support: preventive ethics is adequately supported by leadership.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expertise: individuals performing preventive ethics have the required knowledge and skills to perform preventive ethics competently.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff member time: individuals performing preventive ethics have adequate time to perform preventive ethics effectively.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resources: individuals performing preventive ethics have ready access to the resources they need.</td>
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<tr>
<td></td>
<td></td>
<td>Access: staff members know when and how to refer issues to those responsible for performing preventive ethics.</td>
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<tr>
<td></td>
<td></td>
<td>Accountability: there is clear accountability for preventive ethics within the facility’s reporting hierarchy.</td>
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<tr>
<td></td>
<td></td>
<td>Organizational learning: those responsible for preventive ethics disseminate their experience and findings effectively.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluation: those responsible for preventive ethics continuously improve the quality of their work through systematic assessment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy: the structure, function, and processes of preventive ethics are formalized in institutional policy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ISSUES approach: ethics issues are addressed in accordance with the “ISSUES” approach (as outlined in the IntegratedEthics Primer, Preventive Ethics: Addressing Health Care Ethics Issues on a Systems Level).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Goals: preventive ethics is meeting its professed goals.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (specify):</td>
</tr>
</tbody>
</table>
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?
Section 3.B. Notes on Preventive Ethics

Instructions: Record your interpretations, comments, concerns, and qualifications to the responses given in Section 3A. 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.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

This section of the workbook pertains to ethical leadership. For additional information about items in this section, refer to the IntegratedEthics primer, *Ethical Leadership: Fostering an Ethical Environment and Culture*, the IntegratedEthics toolkit for the ethical leadership coordinator, and the ethical leadership video.

**Definition of Terms:**

**Corporate decision-making body**: An executive and/or senior leadership body that makes major organizational decisions, such as opening or closing a unit. Some examples include executive committees, clinical executive boards, and executive leadership boards. These bodies often include top leaders, such as the medical center director, chief financial officer, chief nurse executive, chief of staff, and service line chiefs, but may vary from facility to facility.

**Ethical practices in health care**: Decisions or actions in the delivery and/or management of health care that are consistent with widely accepted ethical standards, norms, or expectations for a health care organization and its staff.

**Ethical leadership**: Specific behaviors and activities on the part of leaders to foster an ethical environment and culture that support ethical practices throughout the organization. These include demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting the facility’s local ethics program.

**Leaders**: Staff members at the senior executive and mid-manager (division/department/service line manager) levels as defined in the High Performance Development Model (HPDM).

**Senior leaders**: For the purpose of this workbook senior leaders are individuals who are the top level managers of a facility (e.g., the tetrad).
Section 4.A. Questions

Instructions: Choose the response or responses that best describe your facility’s current practices.

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.):

- A single individual performs EL-related activities.
- An ad hoc work group occasionally performs EL-related activities.
- The IE Council oversees all EL activities.
- A standing IE Council subcommittee performs EL-related activities.
- 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.

<table>
<thead>
<tr>
<th>IE Role</th>
<th>Avg. hours/month in the last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELC</td>
<td>___________________ hours/month</td>
</tr>
<tr>
<td>IEPO</td>
<td>___________________ hours/month</td>
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<tr>
<td>#1</td>
<td>___________________ hours/month</td>
</tr>
<tr>
<td>#2</td>
<td>___________________ hours/month</td>
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<tr>
<td>#3</td>
<td>___________________ hours/month</td>
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<tr>
<td>#4</td>
<td>___________________ hours/month</td>
</tr>
<tr>
<td>#5</td>
<td>___________________ hours/month</td>
</tr>
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</table>

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.):

- 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
- Keep up to date on the activities of the program as well as the specific activities of each function
- Support the program’s efforts to assess and improve its services
- Interact regularly with members of the program to respond to their needs
- Request feedback about the quality and effectiveness of the program and any suggestions for change
- Establish clear lines of authority and accountability for the ethics program
- Designate or hire staff needed for key program roles
- Monitor program performance to determine whether it is meeting its goals
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):

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

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):

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

We suggest keeping documents related to this question on file for your facility’s future reference. We also encourage you to use the IE SharePoint site to share these documents with your peers in other VISNs or facilities.

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

- Ethical practices are acknowledged on an ad hoc basis (e.g., feedback to an individual employee).
- Ethical practices are formally acknowledged (e.g., recognition at staff meetings).
- Ethical practices are identified in employees’ performance plans.
- Ethical practices are acknowledged through ethics recognition or integrity awards.
- There is zero tolerance for unethical practices.
- Other (specify):

We suggest keeping documents related to this question on file for your facility’s future reference. We also encourage you to use the IE SharePoint site to share these documents with your peers in other VISNs or facilities.
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: ________________________________

☐ This corporate decision-making body has no formal mechanism to ensure that it considers ethical aspects of major decisions.

☐ This corporate decision-making body includes a member with recognized expertise in ethics.

☐ This corporate decision-making body refers ethical concerns or issues to the facility’s ethics committee or IntegratedEthics program.

☐ This corporate decision-making body uses a decision-making model or template that prompts it to consider the ethical aspects of major decisions.

☐ Other (specify):

We suggest keeping documents related to this question on file for your facility’s future reference. We also encourage you to use the IE SharePoint site to share these documents with your peers in other VISNs or facilities.

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: ________________________________

☐ This corporate decision-making body has no formal mechanism to ensure that it considers ethical aspects of major decisions.

☐ This corporate decision-making body includes a member with recognized expertise in ethics.

☐ This corporate decision-making body refers ethical concerns or issues to the facility’s ethics committee or IntegratedEthics program.

☐ This corporate decision-making body uses a decision-making model or template that prompts it to consider the ethical aspects of major decisions.

☐ Other (specify):

We suggest keeping documents related to this question on file for your facility’s future reference. We also encourage you to use the IE SharePoint site to share these documents with your peers in other VISNs or facilities.
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.)

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

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.)

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

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.)

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

☐ No explanation for the decision was provided to the affected staff members.

☐ Leaders provided the affected staff members with a justification for the final decision based on the organization’s values.

☐ Leaders explained the pros and cons of the options considered to the affected staff members.

☐ Leaders informed the affected staff members about the process used in making the decision, including who had input into the decision.

☐ Other (specify):

4.11b Patients and/or Veteran Representatives

☐ No explanation for the decision was provided to patients and/or Veteran representatives.

☐ Leaders provided patients and/or Veteran representatives with a justification for the final decision based on the organization’s values.

☐ Leaders explained the pros and cons of the options considered to patients and/or Veteran representatives.

☐ Leaders informed patients and/or Veteran representatives about the process used in making the decision, including who had input into the decision.

☐ Other (specify):
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

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

4.12b Patients and/or Veteran Representatives

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

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.)

☐ This facility does not have a specific approach to educating leaders about ethical leadership.
☐ Some leaders are offered education about ethical leadership.
☐ All leaders are offered education about ethical leadership.
☐ Some leaders are required to receive education about ethical leadership.
☐ All leaders are required to receive education about ethical leadership.
☐ Some leaders are encouraged to use self-assessment as a means to identify areas of ethical leadership for further development.
☐ All leaders are encouraged to use self-assessment as a means to identify areas of ethical leadership for further development.
☐ Other (specify):
Describe specific examples of how ethical leadership activities in the past three years have affected the ethical environment and culture at your facility.
Section 4.B. Notes on Ethical Leadership

Instructions: Record your interpretations, comments, concerns, and qualifications to the responses given in Section 4A. 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. 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.
Understanding the Results and Next Steps

Now that all the sections of the workbook have been completed, the teams should meet to discuss the results and identify gaps between your current ethics program and a fully developed IntegratedEthics program. To help identify gaps, teams should review the IntegratedEthics Facility Workbook: Guide to Understanding Your Results (http://vaww.ethics.va.gov/IntegratedEthics). You should then report the results to the senior leaders of your facility and/or the IntegratedEthics Council. When interpreting your results, local considerations should be taken into account to determine which findings represent a quality gap and which of these should receive priority at your facility.

Since this is a tool for continuous quality improvement, you should use the workbook to re-assess your IntegratedEthics program on an annual basis. By comparing results across time, you can track your progress and determine where further work is needed.