



IntegratedEthics In Action

Promising Practices — Emerging Champions

Issue 21

Breaking News!

NCEHC Releases IESS Data in New Dashboard Format

The National Center for Ethics in Health Care (NCEHC) has just released the 2012 IntegratedEthics Staff Survey (IESS) results in a new and easily accessible IESS Dashboard. The Dashboard is intended for use by IE Program Officers, Preventive Ethics Coordinators, VISN IE Points of Contact, VHACO Offices, and VHA leadership to identify potential ethics quality gaps that can help direct quality improvement activities.

The Dashboard displays facility, VISN office, VISN, VHACO, and national IESS results. In addition to providing clear instructions for navigating the site and exporting data, the Dashboard includes specifics on how it can be used to improve ethics quality and to further analyze IESS data. Response rates for individual offices and facilities can also be found in the ProClarity briefing book accessible through the Dashboard.

On November 19, an Improvement Forum call will be held for all IE staff to explain how to use the Dashboard and the data itself.

To access IESS reports, open the Dashboard using the link on the IESS home page, <http://vaww.ethics.va.gov/integratedethics/IESS.asp>.

Category	Item	Score	Target	Score	Target	Score	Target	Score	Target	Score	Target	Score	Target	Score	Target										
Ethical Practices in the Everyday Workplace	W1. Employees treated fairly	3.28	3.50	3.44	3.19	3.32	3.25	3.17	3.14	3.12	3.23	3.19	3.22	3.21	3.28	3.30	3.12	3.28	3.17	3.14	3.22	3.28			
	W2. Managers follow up on ethical concerns	3.38	3.50	3.52	3.10	3.48	3.38	3.38	3.20	3.20	3.36	3.42	3.38	3.41	3.37	3.43	3.28	3.40	3.28	3.28	3.28	3.28	3.28	3.28	
	W3. Managers treated to keep promises	3.23	3.48	3.44	3.18	3.28	3.22	3.38	3.31	3.20	3.22	3.32	3.16	3.23	3.18	3.27	3.38	3.22	3.38	3.18	3.17	3.17	3.17	3.17	
	W4. Reluctant to raise ethical concerns	3.23	3.41	3.38	3.42	3.44	3.31	3.27	3.12	3.18	3.18	3.28	3.28	3.38	3.27	3.36	3.28	3.28	3.28	3.28	3.28	3.28	3.28	3.28	
	W5. Familiar with ethics consultation service	3.89	3.88	3.87	3.86	3.72	3.71	3.67	3.66	3.64	3.64	3.71	3.69	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68
	W6. Likely to contact ethics consultation service	3.54	3.45	3.53	3.38	3.38	3.31	3.31	3.33	3.32	3.31	3.31	3.31	3.32	3.32	3.34	3.48	3.37	3.34	3.34	3.34	3.34	3.34	3.34	3.34
Patient Privacy and Confidentiality	P1. Patient information discussed in public	3.74	3.82	3.88	3.73	3.73	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	
	P2. Patient information left out in plain view	3.73	3.82	3.88	3.73	3.73	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	
Ethical Practices in Business and Management	B1. Staff talk to supervisors about ethical concerns	3.38	3.57	3.52	3.10	3.48	3.38	3.28	3.21	3.28	3.30	3.42	3.37	3.41	3.38	3.40	3.27	3.27	3.28	3.28	3.28	3.28	3.28	3.28	
	B2. Managers don't tolerate retaliation for reporting	3.43	3.57	3.52	3.12	3.48	3.48	3.38	3.37	3.28	3.38	3.48	3.38	3.41	3.38	3.40	3.27	3.27	3.28	3.28	3.28	3.28	3.28	3.28	
	B3. Senior managers communicate ethics as a priority	3.47	3.57	3.52	3.18	3.47	3.47	3.37	3.37	3.30	3.31	3.40	3.40	3.41	3.38	3.41	3.28	3.28	3.28	3.28	3.28	3.28	3.28	3.28	
	B4. Mixed messages from managers cause ethical concern	3.28	3.47	3.42	3.18	3.32	3.37	3.37	3.31	3.14	3.28	3.31	3.28	3.31	3.31	3.31	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17	
	B5. Managers raise and discuss ethical issues	3.27	3.27	3.22	3.28	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27	3.27
Ethical Practices in Government Service	G1. Likely to seek guidance on government ethics	3.33	3.57	3.52	3.18	3.38	3.41	3.23	3.38	3.24	3.37	3.38	3.37	3.38	3.38	3.32	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	
	G2. Observed violations of government ethics rules	3.78	3.88	3.88	3.42	3.42	3.42	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	
	G3. Reported violations of government ethics rules	3.37	3.58	3.58	3.18	3.48	3.38	3.38	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	
Ethical Practices in Resource Allocation	R1. Care control at the expense of quality care	3.37	3.53	3.51	3.18	3.38	3.41	3.23	3.38	3.24	3.37	3.38	3.37	3.38	3.38	3.32	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	
	R2. Managers communicate resource allocation reasoning	3.43	3.57	3.57	3.18	3.38	3.41	3.23	3.38	3.24	3.37	3.38	3.37	3.38	3.38	3.32	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	
	R3. Understand resource allocation decision process	3.34	3.53	3.53	3.18	3.38	3.41	3.23	3.38	3.24	3.37	3.38	3.37	3.38	3.38	3.32	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	

To get additional help with the Dashboard or interpreting your results, contact the NCEHC at VHAIESSHelp@va.gov.

Are You Considering Adding a Veteran or Other Non-Federal Employee to Your IE Council? First, Seek Advice Regarding Applicable Federal Law

Several IE Councils have considered adding non-Federal employee members to their Councils, such as Veterans or individuals from local universities. The NCEHC applauds the efforts to expand outreach to others who can offer differing perspectives and additional ethics expertise. IE Councils considering non-Federal employee members should understand how the participation of these individuals must be managed in order to comply with various Federal laws, such as the Federal Advisory Committee Act (FACA).

Examples of groups **not** covered by FACA include:

- a group composed solely of full-time or permanent part-time Federal employees; and
- a group consisting of Federal and non-Federal employees where advice is sought from the non-Federal employees on an individual basis and not from the group as a whole.

If you are considering adding non-Federal employee members to your

Council, discuss your plans with Vivian Drake, VA's Federal Advisory Committee Management Officer, or Hansel Cordeiro in VA's Office of General Counsel.

Helpful background information on FACA can be found in the General Services Administration brochure for the Federal Advisory Committee Act at www.gsa.gov/portal/content/101010 or visit the VA's FACA webpage at <http://www.va.gov/advisory>.

Ethics Consultant Proficiency Assessment Tool: National Results Available for Facility Use

To help your ethics consultation service plan for Fiscal Year 13, the NCEHC has released national 2012 data from the Ethics Consultant Proficiency Assessment Tool (EC PAT). The data provides facilities with a benchmark by which to measure local results. For example, EC teams can use it to rate their services' accomplishments in the previous year, and identify gaps in knowledge and skills that can inform learning plans. The data also guides NCEHC in developing educational tools and materials.

Every year VHA ethics consultants use the ECS PAT to rate their proficiency in knowledge and skills areas that are required to provide competent health care ethics consultation. These areas include ethical assessment skills, ethical analysis skills, evaluative and quality improvement skills, and knowledge in ethics domains and concepts. In each category, consultants rate their level of proficiency as "novice," "basic," or "advanced." ("Basic" skill is defined as the ability to use the skill/knowledge in common, straightforward

consultations, and "advanced" skill is the ability to use the skill/knowledge in more complex consultations.)

The Fiscal Year 12 data that consultants tend to rate themselves as more proficient in the interpersonal skills and knowledge areas that probably relate to their clinical responsibilities. Having chaplains, social workers, nurses, and physicians (among others) on the consultation service allows services to draw from the vast and valuable clinical expertise at each facility. Regarding knowledge proficiency, consultants tend to rate themselves as more proficient in knowledge areas where they perform greater numbers of ethics consults and less proficient in areas where they perform fewer ethics consults. The box (right) shows the 5 knowledge and skill areas where the highest percentage of consultants rated themselves "advanced."

National results were discussed on the September 24 Improvement Forum call, and can be accessed at <http://vaww.ethics.va.gov/integratedethics/ieif.asp>.

Top 5 National Skill and Knowledge Proficiencies

Source: *Ethics Consultants' Ratings on the Proficiency Assessment Tool*

Over 40% of respondents rated themselves "Advanced" in the following areas:

Skills:

- Communicate and collaborate effectively
- Enable involved parties to communicate effectively
- Accurately and respectfully represent the views of involved
- Recognize and respond appropriately to moral distress
- Listen well and communicate interest, respect, support

Knowledge:

- Clinical context
- Shared decision making with patients
- Ethical practices in end-of-life care
- Patient privacy and confidentiality
- Professionalism in patient care

If you have questions, please contact David Alfandre, MD, at david.alfandre@va.gov or 212-951-3306.

The NCEHC has released an electronic tool ("**Electronic EC PAT**") designed to replace the paper versions of the EC PAT and the EC Service Proficiency Assessment Tool (ECS PAT). The new tool will help ECCs more easily collect and aggregate EC PAT data to meet FY 2013 program metrics. See: http://vaww.infoshare.va.gov/sites/IntegratedEthics/_layouts/xlviewer.aspx?id=/sites/IntegratedEthics/Ethics%20Consultation%20Information/Electronic%20Version.EC%20PAT.xlsx. Paper versions are still available at: <http://vaww.ethics.va.gov/integratedethics/ECCtools.asp>.

To meet the EC metrics for FY 2012, upload ECS PAT summary to the SurveyMonkey site (by end of Q2) at: https://www.surveymonkey.com/s/FY2012_ECS_PAT. Questions about EC PAT? Contact David Alfandre, MD, at 212-951-3306 or at david.alfandre@va.gov

Ethics Returns to Senior Executive Service Performance Appraisal System

As of January 2012, the Senior Executive Service (SES) Appraisal System now lists ethics first among the performance requirements in its key Leading People section — a change that provides a new opportunity for IntegratedEthics Program Officers (IEPOs) to directly engage leadership in IE program activities.

With input from VA, the U.S. Office of Personnel Management (OPM) developed the new System to provide a standardized executive appraisal tool for use by all agencies across the federal government. Its objective is to evaluate all federal senior executives in the five critical competencies that are aligned with the Executive Core Qualifications. In addition to Leading People, these competencies are Leading Change, Business Acumen, Building Coalitions, and Results Driven. See: <http://vaww4.va.gov/vaforms/va/pdf/VA3482.pdf>

The ethics requirement reads: "Designs and implements strategies that maximize employee potential, connect the organization horizontally and vertically, and foster high ethical standards in meeting the organization's vision, mission, and goals." A VA-specific requirement further stipulates that leaders demonstrate VA Core Values by creating an "organizational environment that ensures all employees clearly understand VA's Core Values and the requirement to demonstrate them: Integrity, Commitment, Advocacy, Respect, Excellence ('I CARE')."

For each SES member, supervisors must establish an individualized performance plan that addresses each of these five critical elements on or before the beginning of the rating period. In light of this change, IEPOs may want to seize the opportunity to support their facility leaders' fulfillment of the Leading People performance requirement by helping them report IE program Fiscal Year accomplishments. This reporting should also address how IE activities have advanced the practice of "I CARE" values — and have improved the overall ethical environment and culture at their facility.

IEPOs should contact their leaders soon about how to align IE program activities with the leader's performance goals in the new fiscal year. For further information on how NCEHC can support this effort, contact Basil Rowland at Basil.Rowland@va.gov

Upcoming Intensive from Johns Hopkins:

"Social Media & Health: Meeting the Ethical Challenges"

The Johns Hopkins Berman Institute of Bioethics is offering a one-day course that "identifies the practical and ethical challenges of social media utilization in the health sector." The course is open to all and participants can choose between three dates: January 14, 15, or 17, 2013.

For more information and to register, visit: www.bioethicsinstitute.org/intensives or e-mail bioethics@jhu.edu.

Note: Financial assistance from NCEHC is not available for this course.

IntegratedEthics

Improving Ethics Quality in Health Care

ANNOUNCEMENTS

NCEHC Reports Success with FY 2012 IE Program Achievement Goals; FY 2013 Program Metrics Released

VHA facilities truly have cause to celebrate! As of the end of Fiscal Year (FY) 2012, 89% of facilities achieved at least 9 of the 10 IE program metrics for the year. Guided by the metrics' structured goals, these results indicate that IE program staff are successfully developing and maturing their IE programs.

Naturally, none of this achievement would have been possible without real dedication and countless hours of hard work of IE program staff. Working with IE Councils, IE teams should trumpet their accomplishments by publicizing Preventive Ethics storyboards and Ethical Leadership improvement activities, and by providing examples of how their Ethics Consultation service is enhancing consultant expertise. All of these efforts will serve to demonstrate to facility leadership how IE is improving ethics quality at their facilities. Highlights for each program area are detailed in the table.

The NCEHC uses the rich data from the quarterly program reports to disseminate strong practices and develop new strategies and tools for supporting IE programs at the facility and VISN levels. For example, in 2011, each facility and VISN was asked to share one set of IE Council/IE Advisory Board minutes. After analyzing those minutes, we focused on improvement strategies during Improvement Forum calls. That analysis also helped re-formulate the IEP1 measure for FY 2013.

During program rollout in FY 2007 and 2008, program metrics were designed to provide guidance for the program launch, especially for staff and leaders who were

unfamiliar with ethics programs. For example, these metrics focused on getting people into roles and training in IE program core concepts.

In FY 2009, IE program goals moved toward accomplishing program activities, including using ECWeb and completing ISSUES cycles. Moving into FY 2010-2012, metrics have focused on improving specific program aspects (e.g., encouraging review of ethics consultant skills, and implementing educational efforts to enhance consultant skills).

Facilities should contact their VISN Points of Contact (POCs) to receive detailed achievement results for each facility and VISN. The NCEHC also suggests that IE Program Officers schedule time with their POC to discuss ways to improve achievement toward goals this fiscal year if they struggled in FY 2012.

The FY 2013 IE program measures, which were presented on the October 1 Improvement Forum call, have been released and are available at <http://vaww.ethics.va.gov/integratedethics/ieprogrpt.asp>. Quarterly Reporting Planners for VISNs and facilities are included on the same page. For questions or assistance about the upcoming IE program measures, contact Basil Rowland (IE Manager, Field Operations) at (757) 809-1129 or Basil.Rowland@va.gov

Every year NCEHC encourages feedback about program metric design, and ideas about tools and information that could facilitate the reporting process. Development of FY 2014 measures will begin in April 2013. To provide feedback please email vhaethics@va.gov.

% Facilities Passing Each Metric

IE Program (IEP 1-3)	Ethics Consultation (EC1-4)	Preventive Ethics (completed 2 ISSUES cycles)	Ethical Leadership (completed an EL improvement activity)	Passed at least 9 out of 10 metrics
94%	80%	94%	99%	89%

Coming In December

One-Year Fellowship Offers Leadership Development Opportunity for Ethics Consultants and their VISNs

The VA/University of Chicago Health Care Ethics Fellowship, now entering its fourth year, prepares experienced ethics consultants to provide high-quality health care ethics consultation and IntegratedEthics leadership for their facility and VISN.

This prestigious program offers an exciting opportunity for physicians and other health care providers to develop their careers by enhancing their ability to serve as leaders in health care ethics consultation and IE program work across VHA. It also provides VISN and facility IE leaders the opportunity to identify potential candidates who can be trained to provide high quality health care ethics consultation leadership and education in their VISN.

The program accepts three Fellows each year. NCEHC's long-range goal is to support a VA/University of Chicago-trained Ethics Consultation Fellow in every VISN.

The NCEHC and University of Chicago pay all of the Fellowship costs, including training, travel, and 50 percent of the Fellow's salary (up to \$100K). (The training and travel costs associated with participation in this Fellowship do not count against the facility or VISN travel and training reduction targets.) The Fellow's home facility must commit to provide release time so the Fellow can spend 50 percent time (0.5 FTE) on the Fellowship during the program year. In addition, the facility must commit salary support to enable the Fellow to spend at least 50 percent time on IE-related leadership activities for a minimum of three years following the Fellowship year.

VISN and facility IE leaders should begin now to identify potential qualified candidates and notify them of this opportunity so that they can apply this year.

If you are thinking about applying for the fellowship, or know of a potential candidate, please contact Barbara Chanko at Barbara.Chanko@va.gov.