

INTEGRATED ETHICS

1. **REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook sets forth procedures and operational requirements for Integrated Ethics (IE).
2. **SUMMARY OF CHANGES.** This is a new VHA Handbook that:
 - a. Establishes the structure and functions of IE in VHA facilities and Veterans Integrated Service Networks (VISNs). *NOTE: The structure and functions of Integrated Ethics in VHA Central Office will be addressed in future publications.*
 - b. Assigns roles and responsibilities to VHA personnel for the operations of IE.
3. **RELATED ISSUES.** VHA Directive (to be published).
4. **RESPONSIBLE OFFICE.** The National Center for Ethics in Health Care (10E) is responsible for the contents of this Handbook. Questions may be referred to (202) 501-0364. Resources are found at: www.ethics.va.gov.
5. **RESCISSIONS.** None.
6. **RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working date of June 2014.

Gerald M. Cross, MD, FAAFP
Acting Under Secretary for Health

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CONTENTS

INTEGRATED ETHICS

PARAGRAPH	PAGE
1. Purpose	1
2. Background	1
3. Definitions	3
4. Scope	4
5. Facility Procedures and Operational Requirements	5
6. VISN Procedures and Operational Requirements	8
7. Responsibilities of the Facility Director	8
8. Responsibilities of the Integrated Ethics Program Officer	9
9. Responsibilities of the Ethics Consultation Coordinator	10
10. Responsibilities of the ECWEB Administrator Consultants	10
11. Responsibilities of the Ethics Consultants	12
12. Responsibilities of Ethics Consultation Evaluators	12
13. Responsibilities of the Preventive Ethics Coordinator	12
14. Responsibilities of the VISN Director	13
15. Responsibilities of the VISN Integrated Ethics Senior Lead	14
16. Responsibilities of the VISN Integrated Ethics Point of Contact	14
17. Responsibilities of all VHA Leaders	14
18. Responsibilities of all VHA Employees	15
19. Resources	15
20. References	15

INTEGRATED ETHICS

1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth procedures for Integrated Ethics (IE) at VHA facilities and Veterans Integrated Service Networks (VISNs).

2. BACKGROUND

a. IE was designed to establish a national, standardized, comprehensive, systematic, integrated approach to ethics in health care. This national education and organizational change initiative is based on established criteria for performance excellence in health care organizations, methods of continuous quality improvement, and proven strategies for organization change. It was developed by VA's National Center for Ethics in Health Care with extensive input from leaders and staff in VHA Central Office and the field, expert panels, advisory groups, and reviewers within and outside the organization.

b. The goal of IE is to support, maintain, and improve ethics quality. While IE recognizes that employees must comply with laws, regulations, and institutional policies, IE also emphasizes a values-oriented approach to ethics that looks beyond rules to inspire excellence. IE provides guidance and structure to help foster an ethical environment and culture where key values permeate all levels of the organization, are discussed openly and become part of everyday decision making.

c. IE is not designed to handle allegations of unethical practice. Such matters are handled by other VHA or Department of Veterans Affairs (VA) programs or offices such as the Office of the Medical Inspector (clinical matters), the Office of Compliance and Business Integrity (business matters), the Office of Research Oversight (research matters), the Office of the Inspector General (matters relating to waste, fraud, and abuse) and the Office of General Counsel (legal and Standards of Conduct matters).

NOTE: Any concerns that involve criminal conflict of interest law or Standards of Conduct are matters for the Designated Agency Ethics Official (DAEO). The DAEO, the Assistant General Counsel for Professional Staff Group III, addresses issues involving the application of criminal conflict of interest laws, Title 18 United States Code (U.S.C.) Chapter 11 and the Standards of Conduct for Executive Branch Employees 5 CFR, Part 2635. The DAEO and the deputy Ethics Officials in the Regional Counsel offices and in Professional Staff Group III are the only source of authoritative advice on criminal conflicts of interest and the legal questions relating to Standards of Conduct. Following the good-faith advice of such ethics officials provides the employee with meaningful protection from criminal or administrative sanctions.

3. DEFINITIONS

a. **CASES.** CASES is a systematic, step-by-step process for performing ethics consultations. The steps of the CASES approach are:

- (1) Clarify the consultation request.
- (2) Assemble the relevant information.
- (3) Synthesize the information.
- (4) Explain the synthesis.
- (5) Support the consultation process.

b. **ECWeb.** An ECWeb is a secure, web-hosted database for use by those who conduct ethics consultations in health care. The ECWeb software reinforces the CASES approach, helps ethics consultants manage consultation records, and supports quality improvement efforts.

c. **Ethical Leadership.** Ethical leadership refers to activities on the part of leaders to foster an environment and culture that support ethical practices throughout the organization, including demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting their organization's ethics program. Ethical leadership is one of the three core functions of IE.

d. **Ethical Practices in Health Care.** Ethical practices in health care refers to decisions or actions consistent with widely accepted ethics standards, norms, or expectations for a health care organization and its staff. *NOTE: In this context "ethical" conveys a value judgment – i.e., that a practice is good or desirable; often, however, "ethical" is used simply to mean "of or relating to ethics," as in the phrase "ethical analysis," referring to analysis that uses ethical principles or theories.*

e. **Ethics.** Ethics is the discipline that considers what is right or what should be done in the face of uncertainty or conflict about values. Ethics involves making reflective judgments about the optimal decision or action among ethically justifiable options.

f. **Ethics Case.** An ethics case is an isolated situation involving specific decisions and actions that gives rise to an ethical concern.

g. **Ethical Concern.** Ethical concern refers to uncertainty or conflict about values.

h. **Ethics Consultation in Health Care.** Ethics Consultation in health care refers to the activities performed by an individual or group on behalf of a health care organization to help patients, providers, or other parties resolve ethical concerns in a health care setting. These activities typically involve consulting about active clinical cases (ethics case consultation), and include analyzing prior clinical cases or hypothetical scenarios, reviewing documents from an

ethics perspective, clarifying ethics-related policy, or responding to ethical concerns in other contexts not related to care of a particular patient (ethics non-case consultation). Ethics consultation is one of the three core functions of IE.

i. **Ethics Consultation Service.** Ethics consultation service is a mechanism in a health care organization that performs ethics consultation. Ethics consultation may be performed by an individual ethics consultant, a team of ethics consultants, or a committee of ethics consultants.

j. **Ethics Issue.** An ethics issue is an ongoing situation involving organizational systems and processes that gives rise to ethical concerns.

k. **Ethics Quality.** Ethics quality refers to practices throughout the organization that are consistent with widely-accepted ethics standards, norms, or expectations for a health care organization and its staff. Ethics quality encompasses individual and organizational practices at the level of decisions and actions, systems and processes, and environment and culture.

l. **Ethics Quality Gap.** With respect to an ethics issue, the ethics quality gap is the disparity between current practices and best or preferred practices.

m. **Ethics Question.** An ethics question is a question about which decisions are right or which actions should be taken when there is uncertainty or conflict about values.

n. **IntegratedEthics (IE).** IE is a national VHA initiative that establishes a standardized, comprehensive, systematic, integrated approach to ethics in health care. Led by the National Center for Ethics in Health Care, the goal of IntegratedEthics is to support, maintain, and improve ethics quality in health care.

o. **IntegratedEthics Program.** The IE program is a local mechanism in a health care organization that improves ethics quality at the levels of decisions and actions, systems and processes, and environment and culture through three core functions: ethics consultation, preventive ethics, and ethical leadership.

p. **ISSUES.** Issues is a systematic, step-by-step process for reducing ethics quality gaps. The steps of the ISSUES process are to:

- (1) Identify an issue.
- (2) Study the issue.
- (3) Select a strategy.
- (4) Undertake a plan.
- (5) Evaluate and adjust.
- (6) Sustain and spread.

q. **Preventive Ethics.** Preventive ethics refers to activities performed by an individual or group on behalf of a health care organization to identify, prioritize, and address systemic ethics quality gaps. Preventive ethics is one of the three core functions of IE.

r. **Values.** In the health care setting, values are strongly held beliefs, ideals, principles, or standards that inform ethical decisions or actions.

4. SCOPE

a. Each facility and VISN must develop and maintain an active IE Program that is organized and managed according to the provisions of this handbook.

b. Integrated Ethics targets three levels of individual and organizational practices – decisions and actions, systems and processes, and environment and culture: This is accomplished through three core functions:

(1) **Ethics Consultation.** The consultation service at each facility must respond to both requests for consultation about ethical questions pertaining to an active clinical case and requests for general information, policy clarification, document review, discussion of hypothetical or historical cases, and ethical analysis of organizational ethics questions.

(2) **Preventive Ethics (PE).** The PE team at each facility must use a systematic approach for proactively identifying, prioritizing, and addressing ethics quality gaps on a systems level. The goal of the preventive ethics function is to reduce disparities between actual practices and best or preferred practices by implementing systems-level changes.

(3) **Ethical Leadership.** The ethical leadership function requires that leaders make clear through their words and actions that ethics is a priority; and communicate clear expectations for ethical practice, practice ethical decision making, and support of their organization's ethics program.

c. Ethics in health care encompasses the following domains:

- (1) Shared decision making with patients.
- (2) Ethical practices in end-of-life care.
- (3) Patient privacy and confidentiality.
- (4) Professionalism in patient care.
- (5) Ethical practices in business and management.
- (6) Ethical practices in government service.
- (7) Ethical practices in the everyday workplace.
- (8) Ethical practices in research.

- (9) Ethical practices in resource allocation.

5. FACILITY PROCEDURES AND OPERATIONAL REQUIREMENTS

a. Ethics Consultation

- (1) The facility must establish an ethics consultation service to respond to ethics questions.

NOTE: The ethics consultation service assists individuals and groups in resolving uncertainty or conflict about values. Issues involving allegations of misconduct, violations of rules, or intentional unsafe acts should be referred to other appropriate VHA or VA programs or offices such as the Office of the Medical Inspector, the Office of Compliance and Business Integrity, the Office of Research Oversight, the Office of the Inspector General, and the Office of General Counsel.

- (2) The ethics consultation service is led by the Ethics Consultation Coordinator (ECC). In addition to strong management skills, this individual shall be an experienced ethics consultant and have the specific knowledge, skills, and character traits needed for successful ethics consultation as delineated in *Ethics Consultation: Responding to Ethics Questions in Health Care*. (<http://vaww.ethics.va.gov/docs/Integrated>)

- (3) The ECC designates members of the ethics consultation service, regularly assesses their proficiency, and facilitates appropriate education to enhance their consultation skills.

- (4) Ethics consultation activities are conducted according to the procedures outlined in *Ethics Consultation: Responding to Ethics Questions in Health Care* and in *Ethical Consultation Toolkit: A Manual for the Ethics Consultation Coordinator*. Found at: (<http://vaww.ethics.va.gov/integratedethics/ecc.asp>). Ethics consultation activities are conducted using the CASES approach and are documented in ECWeb. ECWeb is accessed online at <http://vaww.ecweb.ethics.va.gov/>.

- (a) Access to and use of ECWeb. At each VHA facility, one or more individuals function as an ECWeb Administrator Consultant responsible for managing ECWeb. Individuals provided with access to ECWeb by the Administrator Consultant may be identified as Consultants, Evaluators, or both. The Administrator Consultant is also responsible for indicating who is permitted to generate reports on the facility's consultation activity.

- (b) ECWeb Security needs to be implemented as follows:

1. Only staff members who have been explicitly granted access are able to log into the ECWeb application. ECWeb usernames and passwords are included in the user profile.

2. Users are able to access only data for consultations that occur at their facility.

3. Information in ECWeb is used and released only in accordance with the provisions of all applicable Federal laws and regulations, including the Privacy Act and applicable VA and VHA policies.

(c) ECWeb is used for the following consultation functions:

1. Case Consultation. The case consultation track of ECWeb is used when the consultation involves an active clinical case.

2. Non-Case Consultation. The non-case consultation track of ECWeb is used when the consultation does not involve an active clinical case.

3. Evaluation. The evaluation track is used by the consultation evaluator to record requests for, and results of feedback from, the individual who requested the consultation and others, as appropriate.

(d) Final summary notes for ethics consultations pertaining to active clinical cases are generated by ECWeb and entered into the electronic medical record using the “cut and paste” function in accordance with VHA Handbook 1907.01. *NOTE: It is possible to delete consultation records, but this can only be done by special request to consultation staff at the National Center for Ethics in Health Care.*

b. **Preventive Ethics (PE)**

(1) The facility PE team identifies, prioritizes, and addresses ethics quality gaps on a systems level.

(2) The PE team is led by the Preventive Ethics Coordinator (PEC). The PEC needs to be an individual who is knowledgeable about organizational change strategies and quality improvement principles, methods, and practices (e.g., Quality Manager, Patient Safety Officer, Compliance Officer). The PEC needs to have thorough knowledge of the local organizational environment, skills in moral reasoning and systems thinking, and some experience in ethics consultation.

(3) The PEC selects members of the PE team. PE activities are conducted according to the procedures outlined in *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level* and the *Preventive Ethics Toolkit: A Manual for the Preventive Ethics Coordinator*. Team members are encouraged to use the ISSUES process to ensure that their efforts are of high quality, or to use an alternative standardized approach that is well-accepted in the quality improvement field (e.g., Healthcare Failure Mode and Effects Analysis (HFMEA)).

c. **Ethical Leadership**

(1) **Ethical Leadership Coordinator (ELC)**. The Facility Director serves as the ELC and is ultimately responsible for the success of the facility’s IE Program. The ELC chairs the IE Council. The ELC models ethical practices, champions the program, and works to create and sustain a strong ethical environment and culture.

(2) **IE Program Officer (IEPO).** The IEPO serves as executive director of the IE Council and is responsible for the day-to-day operations of the facility IE Program. The IEPO must have strong administrative and management skills and be a trusted, well-respected member of the staff. The IEPO reports facility ethics activities to the VISN IE Advisory Board (IEAB), the VISN IE Point of Contact (POC) and the National Center for Ethics in Health Care. The IEPO reports directly to the facility Director on matters related to IE.

(3) **IE Council**

(a) The facility IE Council is responsible for:

1. Overseeing the integration of ethics activities at the facility.
2. Directing ethics activities.
3. Coordinating assignments for subcommittees or workgroups.
4. Ensuring communications with relevant programs across the organization.
5. Supporting staff education regarding ethics activities and the facility IE Program.

***NOTE:** IE Councils do not provide legal advice. If there is a question about whether the issue before them involves legal matters, they are always to consult with Regional Counsel.*

(b) Members of the IE Council include facility leaders and senior staff who regularly encounter ethics concerns and are invested in improving ethics quality at the facility. Membership, which may vary according to the existing governance structure and needs of the facility, includes: the Ethical Leadership Coordinator, the IEPO, the ECC, the PE, and senior leaders of the facility (e.g., Associate Director, Nurse Executive, Chief of Staff, Associate Chief of Staff for Research, Chief of Quality Management, Patient Safety Officer, Compliance Officer, Privacy Officer, Equal Employment Opportunity Manager, Chief of Medicine, Chief of Human Resources, Chief of Fiscal Service).

d. **IE Program Evaluation and Improvement**

(1) On an annual basis, the IE Facility Workbook is used at each facility to assess the structure and functions of its IE program and to identify strengths and opportunities for improvement. Based on the results of this assessment, facilities develop and carry out quality improvement plans.

(2) On a biennial basis, the IE Staff Survey is used at each facility to assess employees' perceptions about specific ethical practices, their knowledge of concepts in ethics and VHA policies related to ethical practices, and their views about how well the organization supports ethical practices. Based on the results of this assessment, facilities develop and carry out quality improvement plans.

6. VISN IE ADVISORY BOARD (IEAB)

a. The VISN IEAB is chaired by the VISN Senior Lead. The Senior Lead provides visible leadership and executive oversight and guidance to IE at the VISN level. This individual needs to be VISN Director, VISN Quality Management Officer, facility Director, facility Chief of Staff, or other senior VISN or facility-level official.

b. The VISN IE POC serves as the Executive Director of the IEAB and is responsible for the day-to-day operations of IE at the VISN level. The IE POC must have strong administrative and management skills and be trusted and well respected. The IE POC could either be a member of the VISN staff or a member of facility staff with assigned VISN-level duties and responsibilities. The IE POC is responsible for:

(1) Promoting and tracking the operation of facility IE programs.

(2) Facilitating the identification of ethical issues that cut across facility lines.

(3) Managing IE activities undertaken at the VISN level.

(4) Coordinating the flow of information, and

(5) serving as the contact between the National Center for Ethics in Health Care and the facility IEPOs and other IE staff. POC and facilitating the identification of ethical issues that cut across facility lines.

(6) IEAB membership typically includes the IEPO from each facility in the VISN, representatives from each of the three core functions of IE, and representatives of various areas that contribute to the VISN's ethics culture and environment (e.g., Compliance and Business Integrity, Contracting/Procurement/ Logistics, Finance/Business, Medical Care Cost Recovery, Human Resources, Research Compliance, Equal Employment Opportunity, Quality Management, Regional Counsel, Patient Advocate, Privacy Officer, Union Representative, Information Security Officer).

(7) The IEAB meets regularly and has processes and systems to ensure that ethics questions and ethics quality gaps at the VISN level or that cross facility boundaries are identified, prioritized, and addressed. The IEAB assists facilities with IE program development and builds connections between facilities to provide support for ethics in the VISN.

(8). Ethics quality gaps involving factors outside the scope of the IEAB are reported to the VISN Director.

7. RESPONSIBILITIES OF THE FACILITY DIRECTOR

Responsibilities of the Facility Director are to:

a. Develop and maintain an active IE program that is organized and managed according to the provisions of this Handbook.

- b. Establish an Ethics Consultation Service and a PE team.
- c. Serve as the Ethical Leadership Coordinator and ensure the overall success of IE in the facility.
- d. Establish and chair the IE Council.
- e. Designate or hire staff to serve as IEPO, ECC and PEC.
- f. Establish clear lines of authority and accountability for IE.
- g. Ensure that performance plans for employees who participate in the facility's IE program include clear delineation of their ethics-related responsibilities.
- h. Ensure that the IE leaders have the knowledge, skills, and time they need to succeed in their roles.
- i. Provide needed resources to support and ensure success of IE in the facility (e.g., budget, space, clerical support, library materials, and ongoing training).
- j. Monitor performance to determine whether the IE program is meeting its goals to evaluate and improve ethics quality.
- k. Establish a process by which facility leaders receive ethical leadership training to assist them in understanding their role in creating and sustaining an ethical environment.
- l. Champion IE, and support other facility leaders in doing so.
- m. Establish a facility level IE Policy that is consistent with this Handbook and published IE guidance and materials.

8. RESPONSIBILITIES OF THE IE PROGRAM OFFICER (IEPO)

The responsibilities of the IEPO are to:

- a. Direct the implementation and development of IE at the facility level.
- b. Coordinate educational activities with the Facility Designated Learning Officer at the local level and if appropriate, link local activities with VISN and VACO.
- c. Serve as executive director for the IE Council.
- d. Collaborate with the IE Council and ELC to champion IE and ensure continuous program improvement by:
 - (1) Creating awareness and support for IE throughout the facility.
 - (2) Ensuring that appropriate communication and education materials are available to all employees, including information about how to contact the IE Program.

(3) Identifying the resources required for each function to succeed, such as: dedicated time, educational materials, or workspace, and communicating these needs to the facility Director, or designee, responsible for the allocation of resources.

d. Monitor the progress of the program, including achievement of implementation and performance goals, and report to facility leadership, the IE Council, and the VISN IE POC.

e. Serve as a member of the VISN IEAB.

f. Serve as the primary liaison for the facility to the VISN IE POC and to the National Center for Ethics in Health Care.

g. Collaborate with the ELC, ECC, and PEC to develop the facility IE policy, ensuring that it describes the structure of the program and includes, at a minimum, the following:

(1) The goals and core functions of IE.

(2) IE program management, responsibilities, and delegation of authority.

(3) IE Council membership, meetings, activities, and minutes.

(4) The relationship between the facility and VISN IE structures.

(5) Education, proficiency, and training requirements of staff responsible for IE functions or IE duties within the facility.

9. RESPONSIBILITIES OF THE ETHICS CONSULTATION COORDINATOR (ECC)

The responsibilities of the Ethics Consultation Coordinator (ECC) are to:

a. Manage the facility's ethics consultation service. The ECC identifies ethics consultants, assesses consultant proficiency, and ensures that consultants are:

(1) Appropriately trained in the IE approach to ethics consultation, and

(2) Engaged in appropriate skills development.

b. Implement and manage the use of ECWeb. The ECC, or designee serves, as ECWeb Administrator Consultant.

c. Ensure horizontal and vertical integration with other groups in the organization. The ECC establishes relationships with stakeholders, including facility leaders, who may bring ethics questions to the service,

d. Serve on the IE Council.

e. Build visibility and support for ethics consultation. The ECC works closely with the IEPO to create awareness of and support for the ethics consultation function.

f. Participate in forums and training hosted by the National Center for Ethics in Health Care to ensure that information and best practices in ethics consultation are shared across VHA.

g. Collaborate with the ELC, IEPO, and PEC to develop the facility IE policy, ensuring that the ethics consultation of the policy is consistent with this Handbook, reflects local practices, and includes, at a minimum, the following:

(1) The goals of ethics consultation.

(2) Who may perform ethics consultations.

(3) Who may request an ethics consultation.

(4) How ethics consultants may be contacted.

(5) Who must be notified when an ethics consultation has been requested.

(6) Which consultation model(s) may be used and when (e.g. individual consultants, a team of consultants, or committee of consultants).

(7) How the confidentiality of participants is protected.

(8) How ethics consultations are performed (i.e., the CASES approach).

(9) How ethics consultations are documented (i.e., ECWeb).

(10) Who is responsible for the management of the ethics consultation service.

(11) Membership and meeting schedule of the ethics consultation service.

(12) How the quality of ethics consultations is assessed and assured (e.g., use of the Evaluation function of ECWeb).

10. RESPONSIBILITIES OF ECWEB ADMINISTRATOR CONSULTANTS

The responsibilities of ECWeb Administrator Consultants are to:

a. Create and maintain a user profile for each ECWeb user at the facility.

b. Assign roles to each ECWeb user within the application, including ECWeb Consultant, ECWeb Evaluator, or both.

c. Assist users in creating and maintaining ECWeb passwords.

d. Control which users are able to generate ECWeb reports at the facility.

- e. Act as a liaison with National Center for Ethics in Health Care staff for ECWeb concerns.

11. RESPONSIBILITIES OF ETHICS CONSULTANTS

The responsibilities of ethics consultants are to:

- a. Conduct ethics consultations using the CASES approach.
- b. Designate ethics consultations as case or non-case consultations.
- c. Document ethics consultations by entering and maintaining pertinent information in the ECWeb database.

12. RESPONSIBILITIES OF ETHICS CONSULTATION EVALUATORS

The responsibilities of ethics consultation evaluators are to:

- a. Obtain customer feedback on completed ethics consultations.
- b. Document customer feedback in the ECWeb database.

13. RESPONSIBILITIES OF THE PREVENTIVE ETHICS COORDINATOR (PEC)

The responsibilities of the PEC are to:

- a. Manage the facility's PE ethics team. The PEC selects one to four individuals to be members of the PE ethics team and ensures that they are appropriately trained in the IE approach to preventive ethics.
- b. Ensure horizontal and vertical integration with other groups in the organization. The PEC establishes relationships with stakeholders, including facility leaders, who help identify issues for the preventive ethics team to address.
- c. Serve on the IE Council.
- d. Build visibility and support for PE. The PEC works closely with the IEPO to create awareness of and support for the preventive ethics function.
- e. Participate in forums and training hosted by the National Center for Ethics in Health Care to ensure that information and best practices in PE are shared across VHA.
- f. Collaborate with other PECs in the VISN to identify cross-cutting ethics quality gaps. These ethics quality gaps and actions taken to address them must be brought to the attention of the IEAB.

f. Collaborate with the IEPO, ELC and ECC to develop the facility IE policy, ensuring that the preventive ethics section is consistent with this Handbook, reflects local practices, and includes, at a minimum, the following:

- (1) The goals of PE.
- (2) Who may perform PE activities.
- (3) What issues are appropriate for the ethics team to consider.
- (4) How the PE team may be contacted.
- (5) How ethics issues are identified, prioritized and addressed.
- (6) What methods are used to address PE issues (i.e., the ISSUES approach).
- (7) How the confidentiality of participants is protected.
- (8) How preventive ethics activities are documented (i.e., PE log, PE storyboards, summary reports).
- (9) Who is responsible for the management of the PE ethics team.
- (10) Membership and meeting schedule of the PE team.
- (11) How the quality of PE activities is assessed.

14. RESPONSIBILITIES OF THE VISN DIRECTOR

The responsibilities of the VISN Director are to:

- a. Develop and maintain an active IE program that is organized and managed according to the provisions of this Handbook.
- b. Establish clear lines of authority and accountability for IE in the VISN.
- c. Establish the VISN IEAB.
- d. Serve as the VISN IE Senior Lead, or designate staff to do so,
- e. Designate a staff member to serve as the VISN IE POC.
- f. Ensure that the VISN IE leaders have the knowledge, skills, and time they need to succeed in their roles.
- g. Ensure that the VISN IE leaders have access to the VISN Director for purposes of:
 - (1) Reporting on progress; and

(2) Discussing ethical issues and concerns of importance to the VISN.

h. Provide resources IE needs to succeed (e.g., budget, space, clerical support, reference materials, and ongoing training).

i. Champion IE, and support other VISN leaders in doing so.

15. RESPONSIBILITIES OF THE VISN IE SENIOR LEAD

The responsibilities of the VISN IE Senior Lead are to:

a. Act as a spokesperson and leader for IE in the VISN. The Senior Lead provides overall vision and direction for the implementation, development, and management of IE in the VISN.

b. Champion IE within the VISN and support facility Directors as they champion IE in their facilities.

c. Chair the VISN IEAB.

16. RESPONSIBILITIES OF THE VISN IE POINT OF CONTACT

The responsibilities of the VISN IE POC are to:

a. Monitor facility efforts to develop and maintain IE programs. The IE POC ensures accountability for achieving milestones and works to support IE development in facilities and the VISN.

b. Facilitate communication among facilities regarding IE. The IE POC enables facilities in the VISN to share ethics knowledge and solutions to common ethics problems, and facilitates identification of cross-cutting ethics quality gaps.

c. Coordinate efforts among facilities to promote consistent standards for IE quality.

d. Educate VISN staff about ethics and IE activities.

e. With guidance and support from the VISN IE Senior Lead, manage IE activities undertaken at the VISN level.

f. Act as the executive officer of the IEAB.

17. RESPONSIBILITIES OF ALL VHA LEADERS

The responsibility of all VHA Leaders is to foster an ethical environment and culture in VHA by incorporating the following four elements into their leadership behaviors.

a. Demonstrate that ethics is a priority by talking about ethics, proving that ethics matters to them, and encouraging discussion of ethical concerns.

b. Communicate 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.

c. Practice ethical decision making by identifying decisions that raise ethical concerns, addressing those ethical decisions systematically, and explaining their decisions.

d. Support the local ethics program by knowing what their ethics program is and what it does, championing the program, and supporting participation in the local ethics program.

18. RESPONSIBILITIES OF ALL VHA EMPLOYEES

The responsibilities of all VHA employees are to:

a. Support IE by using the ethics consultation service to address ethical concerns encountered on the job and contacting the IE Program Officer or IE Council when systems-level ethics quality gaps are recognized.

b. Complete required education provided through IE.

c. Consider participating in the IE staff survey.

d. Contribute to ethical environment and culture by striving to “do the right things for the right reasons” and by encouraging others to do the same.

19. RESOURCES

Resources to assist facilities and VISNs with IE development, assessment and improvement can be found at the National Center for Ethics in Health Care IntegratedEthics Web site at: <http://vaww.ethics.va.gov/IntegratedEthics/>.

For additional training and information regarding IE, log into VA LMS (Learning Management System) <https://www.lms.va.gov/plateau/user/login.do> and search for key words on “IntegratedEthics.”

20. REFERENCES

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