

## INTEGRATING ETHICS INTO FACILITY CULTURE: FIVE LEADERSHIP EXAMPLES

Leaders set the standard for how – or whether – ethics is considered and practiced in the areas they control. The four-point Ethical Leadership Compass of IntegratedEthics (IE) (see box) guides leaders toward behaviors that foster a climate in which staff feel empowered to “do the right thing” every day. But as they run a busy and complex health care facility, how can leaders realistically – and consistently – incorporate ethical leadership behaviors into their day-to-day staff interactions?

One effective approach to creating and sustaining an ethical environment and culture is to systematically build these behaviors into the organization’s structures and processes. For example, can ethics be a standing agenda item at the Executive Leadership Board (ELB) meeting? Should ethics be part of policy concurrence? Is the annual budgetary process transparent, and does it include ways to surface and resolve ethical conflicts related to budgeting and hiring?

Through the FY2009 Performance Measures, leaders were encouraged to systematically integrate ethical leadership in their facilities. A comprehensive summary of these leadership accomplishments is available at [http://vaww.ethics.va.gov/docs/integratedethics/EL2\\_VEL2\\_PM\\_Summary\\_Field\\_Report\\_20100106.doc](http://vaww.ethics.va.gov/docs/integratedethics/EL2_VEL2_PM_Summary_Field_Report_20100106.doc)

In this issue of *IntegratedEthics in Action* we explore promising strategies reported at five VA medical centers. They provide concrete examples of how facility leaders have incorporated aspects of the Ethical Leadership Compass into routine leadership operations, resulting in a facility culture that recognizes the importance of ethics:

- Acknowledging that hiring decisions can raise ethical concerns, **VA Connecticut HCS** now employs an ethically sound consensus process involving all Service Chiefs.
- At the **Houston VAMC**, leaders are demonstrating that ethics is a priority by regularly discussing ethical implications of issues such as resource allocation, patient care, and conflicts of interest at the Director’s Morning Meeting.
- Root Cause Analysis briefings at **Central Alabama VHCS** now identify decisions that raise ethics concerns.
- The **Atlanta VAMC** leadership now includes discussions of ethical business practices in Resource Management Committee (RMC) meetings.
- To help promote the IE program, every month, **Cincinnati VAMC** leadership considers ethics practices when honoring employees who have practiced progressive leadership and improved business processes.

Their stories, reported directly by facility and IE leaders, follow.



### Ethical Leadership

Fostering an ethical environment and culture:  
**Four Compass Points**

#### **DEMONSTRATE THAT ETHICS IS A PRIORITY**

- Talk about ethics
- Prove that ethics matters to you
- Encourage discussion of ethical concerns

#### **COMMUNICATE CLEAR EXPECTATIONS FOR ETHICAL PRACTICE**

- Recognize when expectations need to be clarified
- Be explicit, give examples, explain the underlying values
- Anticipate barriers to meeting your expectations

#### **PRACTICE ETHICAL DECISION MAKING**

- Identify decisions that raise ethical concerns
- Address ethical decisions systematically
- Explain your decisions

#### **SUPPORT YOUR LOCAL ETHICS PROGRAM**

- Know what your ethics program is and what it does
- Champion the program
- Support participation by others



## VA Connecticut HCS Increased Transparency in Hiring Decisions

**Cody Couch, MPH,**  
Management Analyst, Chief of Staff Office  
(IntegratedEthics Program Officer)

**Paul Mulinski, PhD,**  
Associate Chief of Staff


Due to a projected budget deficit of nearly \$3,000,000 in FY09, clinical and administrative Service Chiefs at Connecticut were asked to implement measures to contain operating costs. With these budget constraints, leadership determined there were only enough funds to fill 30 positions across the facility during the fourth quarter.

The hiring freeze presented a crisis for managers who were concerned about ensuring that quality of care was continued in their areas. Moreover, the constraints had the potential to increase fee-basis care costs (i.e., costs for community providers), which could exacerbate the facility's funding woes.

The situation required a change in how resource allocation decisions are made. Previously, Service Chiefs would personally ask the facility Director for resources. Faced with constraints across the facility, the Director understood that such decisions raised ethical concerns, and a more participatory and systematic approach that weighed the value of each position would be required. Moreover, he believed that the individuals who would be most directly impacted should make the hiring decisions.

Using the concepts of compass point 3 (practice ethical decision making), he asked the Service Chiefs to work collectively to determine how the 30 positions should be filled. The process worked as follows: Clinical Service Chiefs submitted a list of vacancies and new positions to the Chief of Staff's office, which created a master inventory. The inventory was then presented to all Service Chiefs at a meeting of the Medical Staff Executive Committee, and the Chiefs were given one week to collectively rank and prioritize the list. Additionally, they were instructed that the rankings would be reviewed by the group weekly, and that requests for re-prioritization based on new clinical needs would be considered and evaluated collectively.

This methodical consensus process led to all parties feeling that their needs were heard and respectfully considered. The open dialogue also created a forum where clinical leaderships could discuss other challenges associated with constrained resources, and how they could work collaboratively to address these concerns.

The facility has since committed itself to maintaining a more transparent process for allocating human capital. Facility leadership is seeking ways to ensure that the position-management and resource-planning committees effectively communicate their work to the broader VA Connecticut community. By engaging in these ethical decision-making practices, Connecticut leadership is now working more collaboratively to meet facility needs. Such increased transparency, in turn, improves the overall facility environment and sends a message to staff that ethics are considered in important facility decisions. 

## Houston VAMC Ethics Analysis Performed on Issues Raised at Directors' Meetings

**James Scheurich, MD,**  
Deputy Chief of Staff  
(Lead Consultant, Ethics Consultation;  
Former Chairman, Ethics Committee)

Over 10 years ago, Houston leadership began focusing on broad-ranging ethics concerns. Associate Director Adam Walmus (now facility Director) authorized a seminar on "Administrative Ethics" for the Quadrad and key support staff. He conceived the idea when he realized that non-clinical administrators were often not including ethics considerations in broad health care decisions affecting staff and patients.

The program included didactic information on ethics principles as well as discussions on specific questions such as resource allocation, conflicts of interest, moral fiduciary obligations, and the like. The intent of the series was to provide senior administrative staff with principles that would help them make the "hard decisions" when funds are not sufficient to meet all needs.

"I believe it was this activity that changed the culture to promote an open and consis-

tent discussion of ethics issues at the senior leadership level,” Dr. Scheurich explained. After the seminar, leaders began recognizing that they needed to identify decisions that raised ethical concerns (compass point 3). “As Chairperson of the Ethics Committee as well as Associate Chief of Staff for Quality Management, I was always able to raise and comment on issues at the Director’s Morning Meeting. However, over time, I noticed that the other attendees began raising appropriate questions,” he said. “Now I seldom have to raise an issue because the other members do it for me, and I believe this practice will be sustained even if I or other champions are no longer present. Because CBOC clinic directors as well as senior clinical leaders are included in the meeting, communication about these issues has further improved, and investigation and follow-up can be efficiently initiated and tracked. Larger projects that cannot be resolved at the meeting are delegated to existing committees or ad hoc groups.”

Specific examples of how raising ethics concerns in this forum resulted in quality improvements for Veterans and staff alike include:

- **Protecting patient/staff confidentiality:** A conscious decision was made to identify patients only by their surname initial and last four digits of the SSN, and staff by their department, in the Director’s Morning Report. This practice has now been fully integrated into daily operations.

- **Transforming police practices:**

*An analysis of VA Police reports indicated Veterans were sometimes treated as lawbreakers, rather than patients. For example, police might escort a Veteran who appeared to be mildly intoxicated and had no scheduled appointment off facility grounds. However, lacking a medical examination, police could be mistaking “intoxication” for a stroke, hypoglycemia, or systemic infection. Now, police strongly encourage an apprehended Veteran to first undergo a medical evaluation. Administrative actions are considered only after the Veteran has been medically cleared.*

*Police reports concerning patients who steal food from the canteen now prompt*

*questions regarding their social status (e.g., homelessness). If issues are identified, a social work referral will be generated to examine the underlying reason for the theft.*

*Clinical staff members used to call police when patients refused to adhere to clinical treatment. They have since received training to use Code Green (behavioral disturbance) when faced with such an event. Police only become directly involved if patients pose a threat to themselves or others.*

- **Reducing use of restraints:** The Chief Nurse Executive spearheaded efforts to reduce the number of behavioral and non-behavioral restraints that were being used in the facility. Now, on some days, no patients (including those who are post-op or on mechanical ventilators) are restrained.




## Central Alabama VHCS Ethics Concerns Discussed in Root Cause Analysis (RCA) Briefings

**Andrea Menyhert, PhD,  
Clinical Psychologist  
(IntegratedEthics Program Officer)**

Because Central Alabama’s RCA briefings examine system problems within the Medical Center, the facility Director believed that these hearings presented a good opportunity to address ethics quality gaps that might be related to underlying system problems. An ancillary goal was to demonstrate that ethics was a priority at the highest leadership level (compass point 1).

At the conclusion of the briefings, the Director began regularly meeting with the RCA Team and other Quadrad members to determine if any ethical issues or conflicts had been raised. This practice has focused attention on underlying ethics issues in key areas and quality gaps in a forum that was not traditionally about ethics, thus emphasizing that ethics considerations can arise in all activities of the Medical Center – not only in end-of-life care or clinical cases. RCA members now expect to discuss ethical aspects of their findings, and they are becoming more accustomed to viewing a variety of issues through an ethics lens. Over the long term, the Director hopes

the practice will continue to bring to light ethical issues that would not otherwise be recognized.

Due to the confidentiality of the RCA process, it is challenging for the Director to address the issues raised in a more formal and systematic manner, such as through the IE Council. In FY10, the facility is identifying ways to abstract the systems issues so that confidentiality can be preserved while enabling topics to be discussed in other forums. The facility is also looking for ways to institutionalize the practice so that it will remain in effect as leadership changes. 

## Atlanta VAMC Ethics Discussions Incorporated into Resource Management Committee Meetings


**Cindy Siegler, LCSW, CHC,  
Compliance and Business Integrity Officer  
(Preventive Ethics Coordinator; Member,  
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Advisory Board, Preventive Ethics  
Subcommittee)**

In August 2009, after reviewing the new IntegratedEthics Handbook and brainstorming ways to integrate ethical considerations into all Medical Center activities, the Pentad (facility Director, Associate Director, Assistant Director, Chief of Staff, and Chief of Nursing/Patient Care Services) decided to add discussions of ethical business practices to Resource Management Committee (RMC) meetings. The Compliance and Business Integrity Officer (CBIO) was designated as an *ex officio* member with the stated role of “providing guidance and insight into business ethics as it relates to the goals and objectives of the RMC.”

A key CBIO task on the RMC in FY10 is to ask the difficult questions regarding position allocation – an especially critical area, given the facility’s fiscal challenges (compass point 3). Because the committee’s overall goal is for all employees to understand the various conflicts leaders face when making these decisions, the CBIO asks the committee:

- Why should this position be funded over another?
- Does this position deal with direct patient care?
- Does it support our three promises to our Veterans?
  - » We will provide care, second to none.
  - » We will maintain and expand Veteran’s health care services.
  - » Every Veteran will be personally satisfied with the care that they receive from us, based on the outcome.

The Pentad has provided the CBIO with input and support, and she has encountered no barriers in serving on the RMC. While her questions may result in time-consuming and thought-provoking discussions, they generally help the members achieve greater consensus. Examples of recent decisions include filling clinical positions before administrative ones, and discouraging the practice of keeping positions open for a year or longer so that they can be filled by renowned physicians who are not currently available.

By ensuring that hiring decisions meet the facility’s values, the CBIO’s contributions at RMC meetings have helped Atlanta facility leadership adopt ethical decision-making practices, as defined in compass point 3. Members are now identifying issues that raise ethical concerns, and spending the time to examine their underlying values. What’s more, they are allowing many opinions to be heard before a final decision is made. At the end of the day, these small steps have helped Atlanta better understand the various components of the IntegratedEthics model and have focused attention on ethical challenges and difficult decisions. 

Developed by the IntegratedEthics team at the National Center for Ethics in Health Care, IntegratedEthics in Action is published on the IE website [www.ethics.va.gov/integratedethics/IEaction.asp](http://www.ethics.va.gov/integratedethics/IEaction.asp), listserv, and via other IE venues. Its purpose is to rapidly disseminate promising practices and feature emerging IE champions to help facilities and VISNs in their implementation of the IE initiative. We welcome your comments and suggestions for topics to: [vhaethics@edc.org](mailto:vhaethics@edc.org).

## **Cincinnati VAMC** **Employees Recognized for** **Ethics Excellence**

**Linda D. Smith, FACHE,**  
**Medical Center Director**  
**(Ethical Leadership Coordinator)**

**Carla Nadeja,**  
**Compliance Officer**  
**(IntegratedEthics Program Officer)**


**Amanda Eisenlohr,**  
**Assistant to the Director**

In 2008, the Under Secretary for Health asked that all VHA employees be guided by four goals that he referred to as the “Power of Performance” (PoP). The Cincinnati facility decided to make the goals more meaningful to staff by creating a recognition program that rewards employees for specific achievement toward these goals. When choosing employees for the rewards, the selection panel not only considers what was accomplished, but how: To what extent has the employee demonstrated a commitment to do the right thing on the job? Has the employee engaged in ethical practices?

Leadership has been integrally involved since the inception of the program. The

Director introduced the program in an all-employee e-mail message, approved a user-friendly nomination process, and made a cash award available. She expresses an ongoing commitment by awarding the prizes every month during the facility ELB meeting.

The program has reached maturity and is working well. Membership on the selection panel occasionally changes to ensure it includes interested members with time available to devote to the program. Staff interest is sustained through periodic announcements.

By publicly recognizing superior work and ethical practices (compass point 1), leadership shows staff that the facility celebrates the importance of ethics, and reinforces its commitment to be an ethically focused institution with a strong patient-centered culture. 

### **Conclusion**

Through each of these practices, facility leaders have succeeded in both demonstrating the importance of ethics concerns at the highest levels and making specific values-based decisions in the areas of budget and hiring decisions, job performance, patient care, and other areas. These decisions, in turn, have had the effect of fostering an ethics environment and culture that impacts all staff and Veterans.

### **Looking for . . .**

**IntegratedEthics Technical Assistance?**

<http://vaww.ethics.va.gov/integratedethics/TA.asp>

**National Ethics Teleconference call summaries?**

<http://vaww.ethics.va.gov/pubs/netsum.asp>

**National Ethics Teleconference call schedule?**

<http://vaww.ethics.va.gov/activities/net.asp>

*Ethics Rx?*

<http://vaww.ethics.va.gov/pubs/ethicsrx.asp>

*IN fOCUS?*

<http://vaww.ethics.va.gov/pubs/infocus.asp>

**VHA Health Care Ethics policies?**

<http://vaww.ethics.va.gov/activities/policy.asp>