

# Integrated Ethics

Improving Ethics Quality in Health Care

## **IntegratedEthics: Improving Ethics Quality in Health Care**

### **VA: A Leader in Quality and Organizational Change**

VA has become the standard-bearer for quality in American health care. VA consistently outperforms other health care organizations on a wide range of quality measures.[1,2] Publications from *The New York Times* and *The Washington Post* to *Business Week* and *Washington Monthly* laud VA for providing “the best care anywhere,”[3–6] and today’s VA makes headlines for outranking private health care organizations in customer satisfaction.[4,5] The Agency has been equally lauded as a “bright star” in patient safety.[7] And VA’s electronic health record system has earned it Harvard University’s prestigious “Innovations in American Government” award.[8]

How did an enormous, public health care system with finite resources take the lead in quality? VA’s impressive examples of excellence have resulted from the work of visionary leaders and dedicated staff deliberately creating organizational change. Each organizational change initiative was innovative and established a new national standard that was subsequently adopted by other organizations. Each was based on a recognized need and supported by top leadership. Each was carefully designed and field-tested before being implemented on a national scale. Each involved centrally standardized systems interventions that affected staff at all levels. Each was supported by practical tools and education for staff. And each required not only significant shifts in thinking on the part of individuals, but also significant changes in organizational culture.

As the largest integrated health care system in the United States and a recognized leader in quality and organizational change, VA is now poised to take on a new challenge: to disseminate a systems-focused model to promote and improve ethical practices in health care—and *a new way of thinking about ethics*.

### **Why Ethics Matters**

Throughout our health care system, VA patients and staff face difficult and potentially life-altering decisions every day—whether it be in clinics, in cubicles, or in council meetings. In the day-to-day business of health care, uncertainty or conflicts about values—that is, ethical concerns—inevitably arise.

Responding effectively to ethical concerns is essential for both individuals and organizations. When ethical concerns aren’t resolved, the result can be errors or unnecessary and potentially costly decisions that can be bad for patients, staff, the organization, and society at large.[9–12] When employees perceive that they have no place to bring their ethical concerns, this can result in moral distress, a recognized factor in professional “burnout,” which is a major cause of turnover, especially among nurses.[13]

A healthy ethical environment and culture doesn’t just improve employee morale; it also helps to enhance productivity and improve efficiency.[14–16] Organizations that support doing the right thing, doing it well, and doing it for the right reasons tend to outperform other organizations in terms of such measures as customer satisfaction and employee retention.[17,18] Failure to maintain an effective ethics program can seriously jeopardize an organization’s reputation, its bottom line, and even its survival.[19]

Ethics is also closely related to quality. A health care provider who fails to meet established ethical norms and standards is not delivering high-quality health care. By the same token, failure to meet minimum quality standards raises ethical concerns. Thus ethics and quality care can never truly be separated.

### ***The Concept of Ethics Quality***

When most people think of quality in health care, they think of technical quality (e.g., clinical indicators) and service quality (e.g., patient satisfaction scores). But *ethics* quality is equally important.[20] Ethics quality means that practices throughout an organization are consistent with widely accepted ethical standards, norms, or expectations for a health care organization and its staff—set out in organizational mission and values statements, codes of ethics, professional guidelines, consensus statements and position papers, and public and institutional policies.

For example, let's say a patient undergoes a surgical procedure. From a technical quality perspective, the operation was perfectly executed, and from a service quality perspective, the patient was perfectly satisfied with the care he received. So the care was of high quality, right? Well, not necessarily. Imagine that the patient was never really informed—or was even misinformed—about the procedure he received. This would indicate a problem with ethics quality.

The idea of ethics quality as a component of health care quality isn't exactly new. Donabedian, who is widely regarded as the father of quality measurement in health care, defined quality to include both technical and interpersonal components, interpersonal quality being defined as "conformity to legitimate patient expectations and to social and professional norms." [21] Other experts have proposed "ethicality"—the degree to which clinical practices conform to established ethics standards—as an important element of health care quality.[22] And it's been argued that specific performance measures for ethics should be routinely included in health care quality assessments.[20]

### **Ethics Quality Gaps**

Health care organizations in this country have significant "opportunities for improvement" with respect to ethics quality,[23] and VA is no exception. Over the past several years, VA's National Center for Ethics in Health Care has been collecting data on the VA health care system—through formal and informal surveys, interviews, and focus groups—to understand where there are ethics quality gaps. What have we found?

VA employees:

- regularly experience ethical concerns
- want more tools and support to address their concerns
- perceive that the organization doesn't always treat ethics as a priority

Ethics committees or programs:

- are seldom described as influential or well respected
- tend to focus narrowly on clinical ethics and fail to address the full range of ethical concerns in the organization

- operate as silos in relative isolation from other programs that deal with ethical concerns
- tend to be reactive and case oriented, instead of proactive and systems oriented
- often lack resources, expertise, and leadership support
- do not consistently follow specific quality standards
- are rarely evaluated or held accountable for their performance

In addition, VA leaders recently got a wake-up call when an independent audit found material weaknesses in accounting practices and suggested problems with “ethics” and “culture” as a root cause.[18] The audit found evidence that at least in some instances, “making the numbers” seemed to be valued more than ethics. Ironically, the very things that have made VA a leader in quality may actually put the organization at risk from an ethics perspective. VA’s keen focus on performance excellence in the clinical and financial arenas, through use of powerful performance measurement and rewards systems, may unintentionally have supported a culture in which “getting to green” is all that counts.

Findings from VA’s all-employee survey reveal other opportunities for improvement in ethical environment and culture. High scores in the area of “bureaucratic” culture indicate that the organization emphasizes rules and enforcement.[24] Rules usually define prohibited behavior or minimal standards, instead of inspiring exemplary or even good practices. A rules-based culture tends to emphasize compliance with “the *letter* of the law” as opposed to fulfilling “the *spirit* of the law.” From an ethics perspective, overemphasizing rules can lead to “moral mediocrity”[25]—or worse, unethical practices, if employees equate “no rule” with “no problem” or if they “game the rules” by developing ethically problematic workarounds.[26]

While employees in rules-driven organizations tend to concentrate on what they *must* do, those in organizations with a healthy ethical environment and culture tend to concentrate more on what they *should* do—finding ethically optimal ways to interpret and act on the rules in service of the organization’s mission and values.

Thus while VA is a leader in quality, historically, the organization hasn’t placed a great deal of emphasis on *ethics* quality. To achieve a truly “balanced scorecard,” VA needs to systematically prioritize, promote, measure, and reward ethical aspects of performance. IntegratedEthics is the mechanism by which VA will achieve this goal—ensuring that ethics quality is valued every bit as much as other organizational imperatives, such as “making the numbers” and “following the rules.”

### ***IntegratedEthics***

VA has recognized the need to establish a national, standardized, comprehensive, systematic, integrated approach to ethics in health care—and IntegratedEthics was designed to meet that need. This innovative national education and organizational change initiative is based on established criteria for performance excellence in health care organizations,[27] methods of continuous quality improvement,[28] and proven strategies for organizational change.[29] It was developed by VA’s National Center for Ethics in Health Care with extensive input from leaders and staff in VA Central Office and the field, expert panels and advisory groups, and reviewers within and outside the organization. Materials developed for IntegratedEthics underwent validity



testing, field testing, and a 12-month demonstration project in 25 facilities. Now, the expectation is that every VA health care facility will implement the IntegratedEthics model to ensure ethics quality in health care.

### **Levels of Ethics Quality**

Ethics quality is the product of the interplay of factors at three levels: decisions and actions, systems and processes, and environment and culture. The image of an iceberg helps to illustrate the concept of ethics quality in health care:

- At the surface of the “ethics iceberg” lie easily observable *decisions and actions*, and the events that follow from them, in the everyday practices of a health care organization and its staff.
- Beneath that, however, organizational *systems and processes* drive decision making. Not immediately visible in themselves, these organizational factors become apparent when we look for them—for example, when we examine patterns and trends in requests for ethics consultation.
- Deeper still lie the organization’s ethical *environment and culture*, which powerfully, but nearly imperceptibly shape its ethical practices overall. This deepest level of organizational values, understandings, assumptions, habits, and unspoken messages—what people in the organization know but rarely make explicit—is critically important since it is the foundation for everything else. Yet because it’s only revealed through deliberate and careful exploration, it is often overlooked.



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Together, these three levels—decisions and actions, systems and processes, and environment and culture—define the ethics quality of a health care organization.

Many ethics programs make the mistake of spending too much time in a reactive mode, focusing only on the most visible of ethical concerns (i.e., the “tip of the iceberg”). But to have a lasting impact on ethics quality, ethics programs must do more: They must continually probe beneath the surface to identify and address the deeper organizational factors that influence observable practices. Only then will ethics programs be successful in improving ethics quality organization-wide.

IntegratedEthics targets all three levels of ethics quality through its three core functions, discussed in detail below: ethics consultation, which targets ethics quality at the level of decisions and actions; preventive ethics, which targets the level of systems and processes; and ethical leadership, which targets the level of environment and culture.

### **Domains of Ethics in Health Care**

Just as IntegratedEthics addresses all three levels of ethics quality, it also deals with the full range of ethical concerns that commonly arise in VA, as captured in the following content domains:

- Shared decision making with patients (how well the facility promotes collaborative decision making between clinicians and patients)
- Ethical practices in end-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
- Patient privacy and confidentiality (how well the facility protects patient privacy and confidentiality)
- Professionalism in patient care (how well the facility fosters behavior appropriate for health care professionals)
- Ethical practices in resource allocation (how well the facility demonstrates fairness in allocating resources across programs, services, and patients)
- Ethical practices in business and management (how well the facility promotes high ethical standards in its business and management practices)
- Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
- Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)
- Ethical practices in the everyday workplace (how well the facility supports ethical behavior in everyday interactions in the workplace)

In many health care organizations, ethics programs focus primarily (or even exclusively) on the clinical ethics domains, leaving nonclinical concerns largely unaddressed. Another common model is that ethical concerns are handled through a patchwork of discrete programs. In VA facilities, clinical ethics concerns typically fall within the purview of ethics committees, while concerns about research ethics typically go to the attention of the institutional review board, and business ethics and management ethics concerns usually go to compliance officers and human resources staff. These individuals and groups tend to operate in relative isolation from one another and don't always communicate across programs to identify and address crosscutting concerns or recurring problems. Moreover, staff in these programs may not be well equipped to bring an *ethics* perspective to their areas of expertise. For example, when employees experience problems relating to their interactions with persons of a different ethnicity or cultural background, this is often treated as an EEO issue. But resolving the situation might require not just a limited EEO intervention but a more systematic effort to understand the values conflicts that underlie employee behaviors and how the organization's ethical environment and culture can be improved. IntegratedEthics provides structures and processes to develop practical solutions for improving ethics quality across all these content domains.

### ***Rules-Based and Values-Based Approaches to Ethics***

In addition to addressing ethics quality at all levels and across the full range of domains in which ethical concerns arise, the IntegratedEthics model takes into account both rules- and values-based approaches to ethics.

Rules-based ethics programs are designed to prevent, detect, and punish violations of law.[25,26,30] Such programs tend to emphasize legal compliance by:[31]

- communicating minimal legal standards that employees must comply with
- monitoring employee behavior to assess compliance with these standards

- instituting procedures to report employees who fail to comply
- disciplining offending employees

In contrast, values-based approaches recognize that ethics means much more than mere compliance with the law. As one commentator put it:

You can't write enough laws to tell us what to do at all times every day of the week . . . We've got to develop the critical thinking and critical reasoning skills of our people because most of the ethical issues that we deal with are in the ethical gray areas.[32]

For values-based ethics programs, it is not enough for employees to meet minimal legal standards; instead, they are expected to make well-considered judgments that translate organizational values into action—especially in the “ethical gray areas.”[25,26] To achieve this, values-based approaches to ethics seek to create an ethical environment and culture. They work to ensure that key values permeate all levels of an organization, are discussed openly and often, and become a part of everyday decision making.

IntegratedEthics recognizes the importance of compliance with laws, regulations, and institutional policies, while promoting a values-oriented approach to ethics that looks beyond rules to inspire excellence.

### **The IntegratedEthics Model**

An IntegratedEthics program improves ethics quality by targeting the three levels of quality—decisions and actions, systems and processes, and environment and culture—through three core functions: ethics consultation, preventive ethics, and ethical leadership.

#### **Ethics Consultation**

When people make a decision or take an action, ethical concerns often arise. An ethics program must have an effective mechanism for responding to these concerns to help specific staff members, patients, and families. An *ethics consultation service* is one such mechanism. Today, every VA medical center has an ethics consultation service, but there's great variability across the VA health care system in terms of the knowledge, skills, and processes brought to bear in performing ethics consultation. Ethics consultation may be the only area in health care in which we allow staff who aren't required to meet clear professional standards, and whose qualifications and expertise can vary greatly, to be so deeply involved in critical, often life-and-death decisions.

IntegratedEthics is designed to address that problem through CASES, a step-by-step approach to ensuring that ethics consultation is of high quality. The CASES approach was developed by the National Center for Ethics in Health Care to establish standards and systematize ethics consultation. ECWeb, a secure, web-based database tool, reinforces the CASES

#### **The CASES Approach**

- Clarify the consultation request
- Assemble the relevant information
- Synthesize the information
- Explain the synthesis
- Support the consultation process

approach, helps ethics consultants manage consultation records, and supports quality improvement efforts. IntegratedEthics also provides assessment tools and educational materials to help ethics consultants enhance their proficiency.

Ethics consultation services handle both requests for consultation about specific ethical concerns and requests for general information, policy clarification, document review, discussion of hypothetical or historical cases, and ethical analysis of an organizational ethics question. By providing a forum for discussion and methods for careful analysis, effective ethics consultation:

- promotes health care practices consistent with high ethical standards
- helps to foster consensus and resolve conflicts in an atmosphere of respect
- honors participants' authority and values in the decision-making process
- educates participants to handle current and future ethical concerns

### **Preventive Ethics**

Simply responding to individual ethics questions as they arise isn't enough. It's also essential to address the underlying systems and processes that influence behavior. Every ethics program needs a systematic approach for proactively identifying, prioritizing, and addressing concerns about ethics quality at the organizational level. That's the role of the IntegratedEthics preventive ethics function.

To support preventive ethics, the National Center for Ethics in Health Care adapted proven quality improvement methodologies to create ISSUES—a step-by-step method for addressing ethics quality gaps in health care. The IntegratedEthics Toolkit provides practical tools and educational materials to support facilities as they apply the ISSUES approach to improve ethics quality at a systems level.

Preventive ethics aims to produce measurable improvements in an organization's ethics practices by implementing systems-level changes that reduce disparities between current practices and ideal practices. Specific quality improvement interventions in preventive ethics activities may include:

- redesigning work processes
- implementing checklists, reminders, and decision support
- evaluating organizational performance with respect to ethics practices
- developing policies and protocols that promote ethical practices
- designing education for patients and/or staff to address specific knowledge deficits
- offering incentives and rewards to motivate and reinforce ethical practices among staff

#### **The ISSUES Approach**

- Identify an issue
- Study the issue
- Select a strategy
- Undertake a plan
- Evaluate and adjust
- Sustain and spread



### **Ethical Leadership**

Finally, it's important to deal directly with ethics quality at the level of an organization's environment and culture. Leaders play a critical role in creating, sustaining, and changing their organization's culture, through their own behavior and through the programs and activities they support and praise, as well as those they neglect and criticize. All leaders must undertake behaviors that foster an ethical environment—one that's conducive to ethical practice and that effectively integrates ethics into the overall organizational culture.

Leaders in the VA health care system have unique obligations that flow from their overlapping roles as public servants, providers of health care, and managers of both health care professionals and other staff. These obligations are sharpened by VA's commitment to providing health care to veterans as a public good, a mission born of the nation's gratitude to those who have served in its armed forces.

- As public servants, VA leaders are specifically responsible for maintaining public trust, placing duty above self-interest, and managing resources responsibly.
- As health care providers, VA leaders have a fiduciary obligation to meet the health care needs of individual patients in the context of an equitable, safe, effective, accessible, and compassionate health care delivery system.[33]
- As managers, VA leaders are responsible for creating a workplace culture based on integrity, accountability, fairness, and respect.[33]

To fulfill these roles, VA leaders not only have an obligation to meet *their* fundamental ethical obligations, they also must ensure that employees throughout the organization are supported in adhering to high ethical standards. Because the behavior of individual employees is profoundly influenced by the culture in which those individuals work, the goal of ethical leadership—and indeed, the responsibility of all leaders—is to foster an ethical environment and culture.

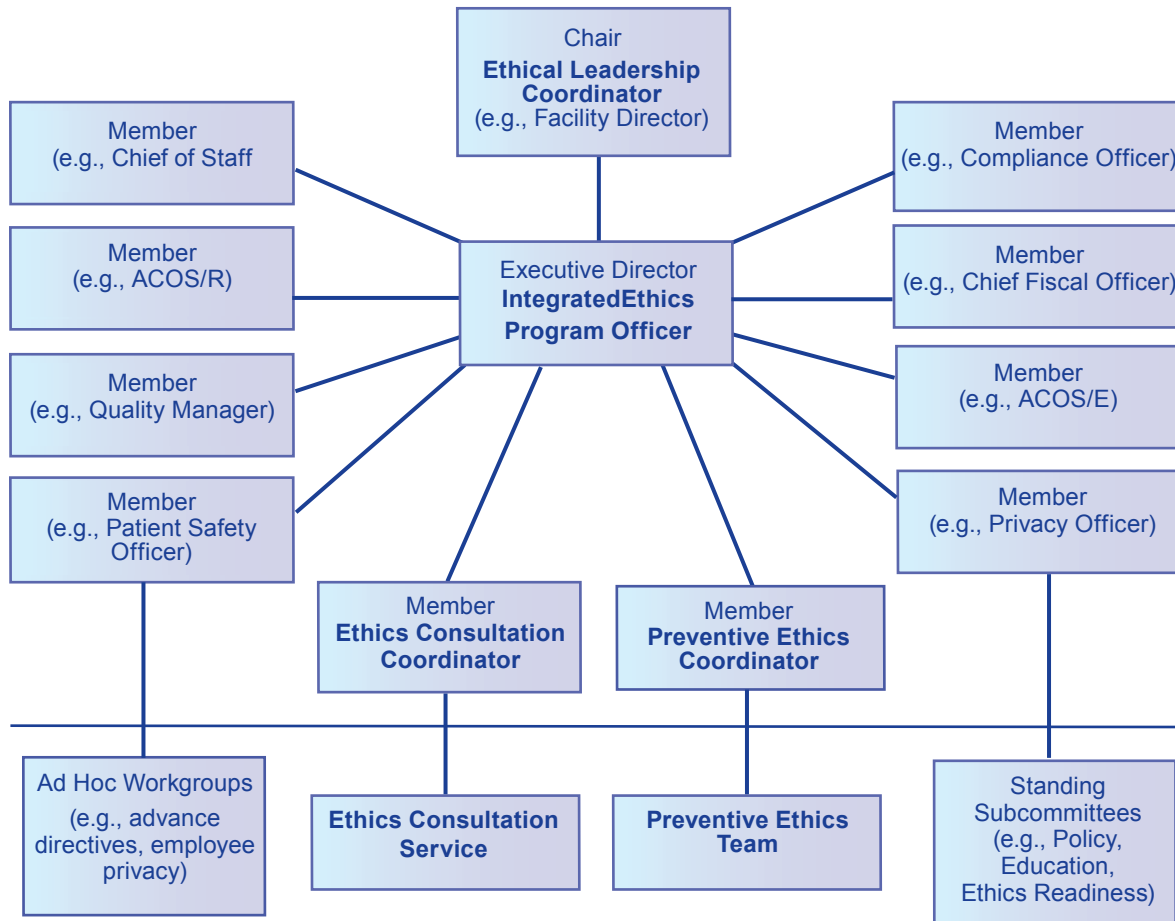
The ethical leadership function of IntegratedEthics calls on leaders to make clear through their words and actions that ethics is a priority, to communicate clear expectations for ethical practice, to practice ethical decision making, and to support their facility's ethics program. These four “compass points” of ethical leadership are supported by tools and educational materials developed for IntegratedEthics.

### **IntegratedEthics Program Management**

Two essential tasks for an IntegratedEthics program are to move ethics into the organizational mainstream and to coordinate ethics-related activities throughout the facility. This requires more than simply implementing the three core functions of IntegratedEthics; it also requires strong leadership support, involvement of multiple programs, and clear lines of accountability. These requirements are reflected in the structure recommended for IntegratedEthics programs within VA facilities.

## IntegratedEthics Program Structure

### IntegratedEthics Council



The **IntegratedEthics Council** provides the formal structure for the IntegratedEthics program at the facility level. The council:

- oversees the implementation of IntegratedEthics
- oversees the development of policy and education relating to IntegratedEthics
- oversees operation of IntegratedEthics functions
- ensures the coordination of ethics-related activities across the facility

The **Ethical Leadership Coordinator** is a member of the facility's top leadership—e.g., the director. The Ethical Leadership Coordinator ensures the overall success of the IntegratedEthics program by chairing the IntegratedEthics Council, championing the program, and directing the ethical leadership function.

The **IntegratedEthics Program Officer** is responsible for the day-to-day management of the IntegratedEthics program, reporting directly to the Ethical Leadership Coordinator. The program officer works closely with the chair of the IntegratedEthics Council, functioning in the role of an executive director,

administrative officer, or co-chair. The program officer should be a skilled manager and a well-respected member of the staff.

The membership of the council also includes the **Ethics Consultation Coordinator** and the **Preventive Ethics Coordinator**, who lead the ethics consultation service and preventive ethics teams, respectively. Each role requires specific knowledge and skills.

Finally, the council includes **leaders and senior staff** from programs and offices that encounter ethical concerns, for example:

- Chief of Staff
- Chief Fiscal Officer
- Associate Chief of Staff for Research
- Associate Chief of Staff for Education
- Patient Safety Officer
- Director, Quality Management
- Director, Human Resources
- Compliance & Business Integrity Officer
- Research Compliance Officer
- Information Security Officer
- Privacy Officer
- Nurse Manager

In addition to overseeing the **ethics consultation service** and the **preventive ethics team**, the IntegratedEthics Council may also oversee **standing subcommittees** (e.g., policy, education, and JCAHO ethics readiness), as well as one or more **ad hoc workgroups** convened to address specific topics identified by the council.

At the network level, IntegratedEthics is coordinated by the **IntegratedEthics Point of Contact**, who reports directly to the network director or the VISN Executive Leadership Council. In addition to serving as the primary point of contact with the National Center for Ethics in Health Care, this individual facilitates communication across facility IntegratedEthics programs and monitors their progress in implementing IntegratedEthics. Finally, a VISN-level **IntegratedEthics Board** helps to address ethical issues on a network level, especially those that cut across facility boundaries.

### ***IntegratedEthics Program Tools***

IntegratedEthics emphasizes distance learning and combines the use of print, video, and electronic media to provide a wide array of resources. These include reference materials and video courses relating to each of the three functions; operational manuals (toolkits) and administrative tools to help program staff organize and document their activities; assessment tools for evaluating program quality and effectiveness; communications materials about IntegratedEthics; and online learning modules to build staff knowledge of ethics topics.

<b>Tool</b>	<b>Function</b>		
	<b>Ethics Consultation</b>	<b>Preventive Ethics</b>	<b>Ethical Leadership</b>
<b>Reference Tools Primers</b>	<i>Ethics Consultation: Responding to Ethics Questions in Health Care</i>	<i>Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level</i>	<i>Ethical Leadership: Fostering an Ethical Environment &amp; Culture</i>
<b>Easy Reference Tools</b>	CASES pocket card	ISSUES pocket card	Leadership bookmark
<b>Administrative Tools</b>	Ethics Case Consultation Summary & Template ECWeb	Preventive Ethics ISSUES Log & Summary Preventive Ethics Meeting Minutes Preventive Ethics ISSUES Storyboards Preventive Ethics Summary of ISSUES Cycles	
	IE master timeline Timelines for function coordinators		
<b>Assessment Tools</b>	Ethics Consultant Proficiency Assessment Tool Ethics Consultation Feedback Tool		Ethical Leadership Self-Assessment Tool
	IntegratedEthics Facility Workbook (instrument, guide to understanding results) IntegratedEthics Staff Survey (introduction, survey instrument, FAQs)		
<b>Education Tools</b>	Ethics consultation video course Training checklist & video exercises (1–4)	Preventive ethics video course Training checklist & video exercise	Ethical leadership video course Training checklist
	IntegratedEthics online learning modules: Ethics in Health Care, Shared Decision Making with Patients, Ethical Practices in End-of-Life Care, etc.		
<b>Communications Materials</b>	Improving Ethics Quality: Looking Beneath the Surface IntegratedEthics: Closing the Ethics Quality Gap Business Case for Ethics IntegratedEthics poster IntegratedEthics brochure IntegratedEthics slides		

**A New Paradigm for Ethics in Health Care**

IntegratedEthics builds on VA’s reputation for quality and innovation in health care. Like VA’s seminal work in performance management, its groundbreaking program in patient safety, and its highly acclaimed electronic medical record system, IntegratedEthics represents a paradigm shift. By defining ethics quality to encompass all three levels of the “iceberg,” the full range of ethics content domains, and both rules- and values-based approaches to ethics, IntegratedEthics provides a new



way of thinking about ethics in health care. And its practical, user-friendly tools are designed to translate theory into practice—to make ethics an integral part of what everyone does every day.

IntegratedEthics refocuses an organization’s approach to ethics in health care from a reactive, case-based endeavor in which various aspects of ethics (e.g., clinical, organizational, professional, research, business, government) are handled in a disjointed fashion, into a proactive, systems-oriented, comprehensive approach. It moves ethics out of institutional silos into collaborative relationships that cut across the organization. And it emphasizes that rules-oriented, compliance approaches and values-oriented, integrity approaches *both* play vital roles in the ethical life of organizations.

<i>From . . .</i>	<i>To . . .</i>
Reactive	Proactive
Case based	Systems oriented
Narrow	Comprehensive
Silos	Collaboration
Punishment	Motivation
Rules	Rules + Values

By envisioning new ways of looking at ethical concerns in health care, new approaches for addressing them in all their complexity, and new channels for achieving integration across the system, IntegratedEthics empowers VA facilities and staff to “do the right thing” *because* it’s the right thing to do.

**References**

1. Jha AK, Perlin JB, Kizer KW, Dudley RA. Effects of the transformation of the Veterans Affairs health care system on the quality of care. *New England J Med.* 2003;348:2218–27.
2. Asch SA, McGlynn EA, Hogan MM, et al. Comparison of quality of care for patients in the Veterans Health Administration and patients in a national sample. *Annals Int Med.* 2004;141:938–45.
3. Krugman P. Health care confidential [op-ed]. *New York Times.* January 27, 2006.
4. Stein R. VA care is rated superior to that in private hospitals. *Washington Post.* January 20, 2006.
5. The best medical care in the U.S. *Business Week.* July 17, 2006.
6. Longman P. The best care anywhere. *Washington Monthly.* 2005;37(1–2):38–48.
7. Leape LL, Berwick DM. Five years after To Err Is Human—what have we learned? *JAMA* 2005;293:2384–90.
8. Health care program serving U.S. vets wins government innovations award [press release]. John F. Kennedy School of Government, Harvard University; July 10, 2006.
9. Schneiderman LJ, Gilmer T, Teetzel HD, et al. Effect of ethics consultations on nonbeneficial life-sustaining treatments in the intensive care setting: A randomized controlled trial. *JAMA* 2003;290(9):1166–72.
10. Schneiderman LJ, Gilmer T, Teetzel HD. Impact of ethics consultations in the intensive care setting: A randomized, controlled trial. *Crit Care Med.* 2000;28(12):3920–24.
11. Dowdy MD, Robertson C, Bander JA. A study of proactive ethics consultation for critically and terminally ill patients with extended lengths of stay. *Crit Care Med.* 1998; 26(11):252–59.
12. Heilicser BJ, Meltzer D, Siegler M. The effect of clinical medical ethics consultation on healthcare costs. *J Clin Ethics* 2000;11(1):31–38.

13. Bischoff SJ, DeTienne KB, Quick B. Effects of ethics stress on employee burnout and fatigue: An empirical investigation. *J Health Hum Serv Admin.* 1999;21(4):512–32.
14. Arthur Anderson Co. *Ethical Concerns and Reputation Risk Management: A Study of Leading U.K. Companies.* London: London Business School;1999.
15. Biel MAB. Achieving corporate ethics in healthcare's current compliance environment. *Federal Ethics Report* 1999;6:1–4.
16. Verschoor CC. Corporate performance is closely linked to a strong ethical commitment. *Business & Society Rvw.* 1999;104:407–416.
17. Metzger M, Dalton DR, Hill JW. The organization of ethics and the ethics of organization. *Business Ethics Qtrly.* 1993;3:27–43.
18. U.S. Department of Veterans Affairs, National Center for Ethics in Health Care. *Update.* 2006;Fall.
19. Gellerman S. Why good managers make bad ethical choices. *Harvard Business Review on Corporate Ethics.* Cambridge, MA: HBS Press;2003:49–66. (Originally published in *Harvard Business Review*, July–August 1986.)
20. Wynia MK. Performance measures for ethics quality. *Eff Clin Pract.* 1999;2(6):294–99.
21. Donabedian A. The quality of medical care: A concept in search of a definition. *J Fam Pract.* 1979;9(2):277–84.
22. Fox E, Arnold RM. Evaluating outcomes in ethics consultation research. *J Clin Ethics* 1996;7(2):127–38.
23. Fox E, Myers S, Pearlman RA. Ethics consultation in U.S. hospitals: A national survey. *Am J Bioethics* 2007;7(2), forthcoming.
24. Zammuto R, Krakower J. Quantitative and qualitative studies of organizational culture. In Woodman R, Pasmore W, eds. *Research in Organizational Change and Development.* Greenwich, CT: JAI Press Inc.;1991:83–114.
25. Paine LS. Managing for organizational integrity. *Harvard Bus Rev.* 1994;Mar–Apr:106–17.
26. Oak JC. Integrating ethics with compliance. Reprinted in *The Compliance Case Study Library.* Alexandria VA: Council of Ethical Organizations;2001:60–76.
27. Baldrige National Quality Award Program. Health care criteria for performance excellence. Gaithersburg, MD: United States Department of Commerce, Technology Administration, National Institute of Standards and Technology; 2006. Available at [http://www.nist.gov/PDF\\_files/2006\\_HealthCare\\_Criteria.pdf](http://www.nist.gov/PDF_files/2006_HealthCare_Criteria.pdf); last accessed November 20, 2006.
28. Gitlow H, Oppenheim A, Oppenheim R. *Quality Management: Tools and Methods for Improvement.* 2d ed. Boston: Irwin; 1995.
29. Greenhalgh T, Robert G, MacFarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: Systematic review and recommendations. *Milbank Qtrly.* 2004;82:581–629.
30. Treviño LK, Weaver GR, Gibson DG, Toffler BL. Managing ethics and legal compliance: What works and what hurts. *California Manage Rev.* 1999;41(2):131–51.
31. Jeurrisen R. Moral complexity in organizations. In Korthals M, Bogers RJ, eds. *Proceedings of the Frontis Workshop on Ethics for Life Sciences.* Wageningen, The Netherlands; May 18–21, 2003. Available at <http://www.library.wur.nl/frontis/ethics>; last accessed November 17, 2006.
32. Gebler D. Is your culture a risk factor? *Business & Society Rvw.* 2006;111:337–62.
33. Joint Commission on Accreditation of Healthcare Organizations. Standard RI.1.10. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook.* Oakbrook Terrace, IL: Joint Commission on the Accreditation of Healthcare Organizations; 2006.

For more information about the IntegratedEthics initiative, contact:

National Center for Ethics in Health Care  
Veterans Health Administration (10E)  
810 Vermont Avenue, N.W.  
Washington D.C., 20420

intranet (VA only): [vaww.ethics.va.gov/IntegratedEthics](http://vaww.ethics.va.gov/IntegratedEthics)

Internet: [www.ethics.va.gov/IntegratedEthics](http://www.ethics.va.gov/IntegratedEthics)

