



Leaders of health care organizations strongly influence the ethical environment and culture, which in turn influence employee behavior. Without proactive ethical leadership, ethical culture problems prevail despite the best intentions.

Ethical Leadership is one of the three core functions, along with Preventive Ethics and Ethics Consultation, of IntegratedEthics®. Together, these functions provide health care leaders with the practical tools and training they need to foster an ethical environment and culture that will make it easier for employees to “do the right thing.”

The IntegratedEthics model of Ethical Leadership is organized around four compass points that are strongly associated with ethical culture:

1. Demonstrate that ethics is a priority.
2. Communicate clear expectations for ethical practice.
3. Practice ethical decision making.
4. Support your local ethics program.

Tear Sheet Topic: Cultivating Effective Communication for Promoting Transparency and Sharing Ethical Concerns

When employees understand the broader context in which decisions are made, and can provide input into processes that affect them, they tend to be happier and more productive, and the overall ethical environment and culture are enhanced. To achieve this positive outcome, transparency needs to be embraced as an organizational value and supported through established channels of communication. These articles describe how two facilities successfully instituted new practices to support improved communication of resource allocation decisions (Tampa, FL) and to encourage discussion at meetings of ethical concerns (Kansas City, MO).

“Resource Allocation Is an Ethical Issue”: Tampa’s Multi-level Program Offers Comprehensive View of Budgeting Processes

After 70% of non-supervisory respondents reported on the IntegratedEthics Staff Survey that management did not often communicate the reasoning behind re-source allocation (RA) decisions, leadership encouraged the IntegratedEthics (IE) program at the James A. Haley Veterans Hospital (Tampa) to improve communication to frontline staff on RA topics.

With the support of the IntegratedEthics Council (IEC), Preventive Ethics Coordinator Gladys M. Worlds, MSM, CCP, and her team formulated several strategies to communicate budgeting decisions and facilitate service chiefs’

more active involvement in the RA process.

Informed by VISN 8 focus group findings that communication needs to be “transparent, clear, timely, easily accessible, and complete with the rationale regarding the decision,” and by a VISN process flow chart revealing that proposed budgets were not communicated to Service Chiefs until the end of the budget process, the action plan included:

- Seeking staff input on the meaning of “resource allocation”
- Conducting Nuts & Bolts training on budget and fiscal content for non-fiscal supervisors and service representatives. A key concept of the training, presented by Janna M. Belote, FACHE, assistant financial officer, is “resource allocation is everyone’s business.”
- Presenting RA and budget information at staff meetings and including RA as a standing agenda item

The plan was implemented in the Human Resource Service, Cardiology Section, and Health Administration Services. Meeting discussion topics included: “What are re-sources?” “What does RA mean to you as an employee?” “How are budget decisions made?” “What rules need to be followed?”

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As part of the process, the following re-sources were developed and made available to staff:

- The Budget Reports & Reference Document Repository (on SharePoint) containing resource-related information, such as status of monthly funding and the Nuts & Bolts training materials
- A one-page Q&A sheet that addresses questions, such as what resources are available to employees
- Resource Allocation newsletters (see graphic) that describe how the facility and services are funded, expected funding and expenses, and special initiatives that provide additional funding

Sustaining and Spreading the Practice

The strategies were executed as planned and a post-test revealed that participants felt they understood the facility's process for allocating re-sources—and that it was fair. But when Ms. Worlds' team reached out to other services, it received limited response. "We realized it was hard to reach services, but we had good training for service chiefs. So we decided to evolve our mechanisms to reach out in other ways," Ms. Belote explained.

While the above materials are still accessible to all staff, the IEC elected to focus on delivering the Nuts & Bolts training at leadership and supervisory development programs and involving services more directly in budgeting processes. To give chiefs, administrative officers, and other service representatives a comprehensive understanding of the budget cycle, the Fiscal Service expanded service budget calls. Services learn historical information, including what they have spent, forecasts for the current year, and how their service's budget aligns with the goals of the facility's strategic plan. In addition, Fiscal Service held a training on how to complete a budget request.

"These calls enable us to improve transparency regarding development of budgets and reporting," said Robert Konkel, chief financial officer. "And we learn about

service needs more directly, such as for space and staff. The net result is the services know what questions to ask, and the budget process becomes more comprehensive."

Through discussions with service chiefs and town hall meetings, this information is also reaching staff. "By making this process more transparent, service chiefs can better educate their staff," added Ms. Belote. At the town hall meetings, the Fiscal Service presents the strategic goals of the organization and how budgets enable the facility to use its limited resources to meet the ultimate goal of caring for Veterans. The meetings, scheduled to reach all staff on early, day, and evening shifts, also provide an opportunity to ask questions. "Through all these efforts, people have a clearer understanding of the budgeting process."

"Resource allocation is not just a financial issue—it's also an ethical issue. At the station level, we develop our budget from the bottom up. We work with services to make the best decisions regarding how our appropriated funds can best serve Veterans," said Mr. Konkel.

For more information on how Tampa fosters transparency in the RA process, contact Ms. Worlds at Gladys.Worlds@va.gov.

Kansas City Introduces "PLUS Model" to Facilitate Ethics Discussions

LeAnne Weakley, IntegratedEthics Program Officer at Kansas City VA Medical Center, remembers what used to happen when staff were asked at the end of meetings if they had any ethical concerns with decisions being discussed.

"No one would respond. We were not getting the input we needed."



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Instead of ceasing the practice, Ms. Weakley did some research and presented several ideas to the IE Council (IEC), where leadership is well represented. The one that received the most interest was the “PLUS Model,” a practice developed by the Ethics Re-source Center to facilitate ethical decision making in group settings. The model asks participants to evaluate ideas or prospective decisions through the lens of several “ethics filters.” The filter topics form the acronym PLUS, and their accompanying questions are:

P = Policies: Is it consistent with my organization’s policies, procedures, and guidelines?

L = Legal: Is it acceptable under applicable laws and regulations?

U = Universal: Does it conform to the universal principles/values my organization has adopted? In VA, these are the core values of “I CARE” (Integrity, Commitment, Advocacy, Respect, Excellence).

S = Self: Does it satisfy my personal definition of right, good, and fair? Can I sleep at night with the decision? Can I defend this decision to my family?

“The Council chose this idea because they thought it would be easily understood and encourage people to think: ‘Do I have a problem with any of this?’ Because the questions provide a structure and clear context, people are more apt to raise ethical or other concerns that might be on their minds,” said Ms. Weakley.

The PLUS Model is now regularly used at meetings of the Director’s Advisory Board, IEC, Compliance Committee, and some Service Chief meetings, including Performance and Patient Care Improvement and Clinical Support Services.

Feedback from meeting participants and Ms. Weakley’s own observations suggest that the practice is working well. “People are bringing up more ethical issues and feeling comfortable talking about them in front of others, not just their supervisors. We are now looking for trends that need to be addressed by the Council or through an ISSUES cycle.”

For more information on the PLUS Model, visit <http://www.ethics.org/resource/ethics-filters>

