Guidance for Strong Ethical Leadership Projects

Introduction

VISNs and facilities should continuously strive to integrate ethical leadership practices into mainstream organizational structures and processes. By doing so, they can help VHA achieve a healthy ethical environment and culture in which virtually everyone appreciates that ethics is important; recognizes and discusses ethical concerns; seeks consultation on ethics cases when needed; works to resolve ethics issues on a systems level; sees ethics as part of quality; understands what is expected of him or her; feels empowered to behave ethically; and views organizational decisions as ethical.

As noted in the Ethical Leadership Primer, achievement of this healthy ethical environment and culture requires that the values, understandings, assumptions, habits and unspoken messages all indicate the high priority of ethics in that organization. To do so requires that staff at all levels model ethical leadership behaviors and ethics becomes part of the routine operating processes and procedures of the organization. And in so doing, ethics is systematically integrated into leadership decisions and practices. As noted in the Preventive Ethics Primer, ethics quality interventions can be stronger or weaker. Tying ethics to how the organization works—a stronger intervention—means ethics is considered not only when someone is “wearing the ethics hat” but actually makes ethics so integral to the organization that staff find it *more difficult* to ignore ethics than to pay attention to it.

Making strong changes to the system to assure integration of ethics into organizational practices was the impetus for ethical leadership program metrics for several years starting with the FY09 IntegratedEthics (IE) EL2/VEL2 Performance Measure for Ethical Leadership (EL) that read:

> “Has the facility [VISN] demonstrated *systematic integration* of ethical leadership practices *in routine operations* through at least three examples and reported these examples to the VISN IE Point of Contact (IE POC)?”

In FY09, facilities and VISNs reported a wide variety of ethical leadership activities undertaken to meet this measure. A comprehensive summary of the reported activities 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). Most activities reported represented excellent ways that both VISNs and facilities are supporting the practice of ethical leadership and, by extension, one of IE’s overarching goals: to foster ethics quality at the level of the organization’s environment and culture. Yet, not all facility or VISN activities fully met the stated expectations, in that the interventions reported were often not *systematic*, nor part of *routine operations*. 
This document provides guidance as to the meaning of *systematic integration* and *routine operations*. It offers examples of activities and approaches that exemplify the organizational objectives that were the intended outcome of the performance measure. The document also provides examples of approaches that may not adequately meet the intent of the measure.

**Systematic Integration and Routine Operations Defined**

By definition, “systematic” means “methodical in procedure or plan” or “marked by thoroughness and regularity.” In the context of the EL performance measure, *systematic integration* means the implementation of scheduled and planned efforts to make ethical leadership part of the organization’s procedures and practices.

Activities that occur only once or on an occasional basis are not generally considered systematic. So, for example, single events—such as a one-time speaker on a particular ethics topic—would generally not represent an effort that systematically integrates ethical leadership into organizational practices. By contrast, activities that change organizational practices, in combination with the ongoing activities of the local IE program, offer the systematic opportunity for ethics to become an integrated part of leadership decision making processes. Examples include a planned schedule of presentations of ethics topics and facilitated discussion with leadership, or changes to facility standard operating procedures, such as including ethics on the Executive Decision Memorandum (EDM).

*Routine operations* are those activities that are standard practices and procedures in the health care system. In the context of the EL performance measure, *routine operations* are activities that build EL content or practices into facility ongoing management. For example, providing funding for IE positions and/or administrative support through the facility budgetary allocation process devotes resources to the IE program through operational methods and ensures that the program has adequate staffing to perform its responsibilities. Likewise, creating a system for ethics review in the local policy concurrence process or revising facility processes to ensure attention to ethical concerns—for example by enhancing the transparency of hiring procedures or ensuring that ethical practices or engagement in the ethics program is reviewed in performance plans—are examples of ethics being part of routine operations.

It should be noted that achievement of the performance measure may depend as much on how the activity was implemented as what activity was performed. For example, if ethics is included in your EDM, but each time the EDM goes forward, that section says “no ethics issues” or “robust consideration of the ethics issues has not occurred,” the practice of considering ethics concerns in leadership decision-making—the goal of that activity—has not been achieved. Likewise, the addition of ethics to performance planning could be systematic integration of ethics into routine operations. However, if that addition was not coupled with efforts to ensure that supervisors actually took this
measure into consideration in performance ratings and awarding bonuses and promotions, the item may only be a weak intervention.

**Examples of Systematic Integration of EL Practices in Routine Operations**

One example of a practice that fully met the measure was providing funding for IE positions (e.g., IE program officer, ethics consultation coordinator, preventive ethics coordinator or program assistant) through the facility budgetary allocation process. Because they represent a tangible—and ongoing—commitment to the IE program, such supported positions ensure that the program is effectively implemented and conveys the message that cultivating an ethical culture merits the investment of material resources.

Many VISNs/facilities demonstrated the systematic integration of ethics concerns into routine operations by incorporating ethics topics on EDMs, standing meeting agendas for both leaders and staff, and daily briefings and rounds. One facility began including routine discussions of possible ethical concerns during their root cause analysis briefings. Another included an ethics statement on the facility resource allocation forms. In a third facility, an ethics review of medical center policies was added to the concurrence process. Inclusion of ethics considerations in these practices sends the message that ethics is important and makes ethics a routine part of leader and staff discussions. In so doing, ethics will receive consideration in operational plans and their execution just as it occurs for issues of budget, staffing, quality, timeliness and organizational reputation.

Several facilities and VISNs ensured that facility and department leaders would become aware of ethical concerns by appointing IE program staff to boards and clinical committees such as the medical executive committee, clinical executive board, and employee flu planning group. Other sites reported that their tetrads or quadrads sit on the IE council, or that they have established a process by which senior leaders review and report on the work of the IE council regularly. In several instances, leadership involvement with ethics was taken a step further. One VISN elevated IE initiatives as mandatory Network Action items for executive management teams at all of its facilities.

Several facilities described how ethical concerns were incorporated into organizational policies and practices, such as a policy related to pharmaceutical representatives’ access to staff, and guidelines for construction management and contracting. One facility instituted a duty-to-report process for ethics incidents. In another, issues discussed at the Director’s Morning Meeting that have ethical implications (such as shared decision making, determination of capacity, and restraint use) are now routinely referred for ethical analysis and follow-up.

Other innovative activities addressed resource allocation procedures. In one VISN, the executive leadership board assigned a task force to improve the transparency of the network’s budget methodology and, by extension, its resource-allocation decisions. At the facility level, leadership sought to make resource-allocation decisions for staffing
more transparent by prioritizing position requests throughout the facility, and discussing the rationale for those rankings (and the status of all pending requests) at recurring meetings with the service chiefs.

**Examples of Activities that May Not be Systematic or part of Routine Operations**

Some reports described activities that did not appear to meet the measure either because they were isolated events or their impact on the ethical culture was unclear. Typical examples were ethics-related training and education programs, including off-site retreats for managers, journal clubs, and speakers on ethics topics. As noted in the Preventive Ethics Primer, education is considered to be a weaker intervention that may not sustain change over time.

Education activities can be designed to meet the goals of the measure, for example, including IE content (beyond required government ethics information) at new employee orientations (NEOs). NEO is a routine operation of the facility that reaches every new staff member, and as long as the material included is thorough (e.g., ensuring that all new employees receive basic information about ethics and know how to access the ethics consultation service), it may be a key first step in ensuring that new employees understand the ethical culture of the organization.

Many facilities/VISNs reported that leaders and staff engaged in ethics-related discussions during meetings, town-hall forums, and rounds. Others described use of screen savers, flyers, brochures, one-time articles in facility newsletters and/or ethics program content on the facility web page. These activities are excellent examples of ethical leadership and can have a demonstrable impact on the ethical culture of an organization. But unless they systematically integrate ethics into routine operations, the activities would not meet the measures' intent.

**Additional Considerations**

Changing culture is not a one-time activity but requires ongoing and sustained effort to be effective. Consequently, yearly EL program metric activities do not need to be new. Consider making ongoing activities more effective. For example, educating individuals who are developing the ethics response in an EDM about ethical considerations to address may make that process more useful. Clarifying the skills and capacities of the ethics consultation service helps leaders know when and how to use the IE program when an ethical concern arises in management decision making. Facilities and VISNs are encouraged to review their existing activities to ensure that those activities are truly fostering an ethical environment and culture.
Conclusion

In conclusion, facilities and VISNs should consider these tips:

1. Ethical leadership activities should be scheduled and planned efforts to make ethical leadership part of the organization’s procedures and practices.

2. Focus on activities that can make ethical leadership part of routine operations.

3. Use stronger rather than weaker strategies to achieve the healthy ethical culture and environment envisioned by the IE program.

4. Consider making prior interventions more effective rather than implementing new items.

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