An organization’s culture plays a significant role in providing an identity to staff members and shaping their behavior. The culture encompasses many elements including shared values and beliefs, implicit and patterned assumptions that influence staff decisions, and observable characteristics such as dress, rituals and communication. Culture is a key driver in establishing and maintaining an ethical organization because of its effect on staff members’ actions.

An ethics-grounded culture needs to be a top priority for healthcare executives because of its importance to quality care and, ultimately, the organization’s success overall. Improving the ethical culture is not easy, it takes time, and it will not happen by accident. It requires thoughtful, dedicated focus that actively involves healthcare leadership. There are fundamental components of an institution’s culture—mission/vision/values; organizational structure, including a formal ethics program; and leadership behavior—that can address these issues and serve as building blocks for an organization’s ethical framework.

**Mission, Vision and Values**
A healthcare organization must begin by establishing or reviewing the statement of values upon which the organization’s mission and vision are grounded. Those values must be clearly communicated to all employees, early and often, beginning with the interviewing process, reinforced during employee orientation and regularly acknowledged during performance reviews, public ceremonies, celebrations and awards. The statement of values should reflect the organization’s commitment to integrity, transparency and safety in addition to quality and efficiency.

The mission, vision and values cannot be simply words in a document. The document should meet the expectation of all staff members. In addition, employee position descriptions and performance evaluations need to be aligned with organizational values. For example, the organization should place an emphasis on error reporting, patient disclosure and identification of safety vulnerabilities that is equal to the emphasis it places on achieving quality, utilization and financial targets. Staff should be acknowledged, rewarded and celebrated when behaviors exemplify organizational values. Leaders of healthcare organizations should consider celebrating actions taken by individuals or units that may not have achieved an intended objective, but that exemplify an unwavering adherence to the organization’s values.
Mission, Vision and Values Checklist:

- Have your mission, vision and values been recently updated?
- Are all employees aware of the organization’s mission, vision and values?
- Are the mission, vision and values integrated into all employees’ position descriptions and performance reviews?
- Do clinical and administrative decisions reflect the organization’s mission, vision and values?

An Effective Ethics Program

Healthcare executives must ensure that an effective formal ethics program infrastructure exists to both proactively promote ethical practices and clarify ethical uncertainty when needed. The ethics program should be system oriented and integrated into daily life at the organization.

The ethics mechanism should be available to address a broad array of issues beyond clinical questions. For example, it should have the capacity to address questions about resource allocation, organizational strategy and community mission. Executives should not only support ethics programs but openly use them in their decision making.

The challenge to leadership is to align the activities of the organization’s ethics program or committee with the organization’s values and other programs such as patient safety and quality improvement. The ethics program should be made clear to patients, staff, stakeholders, trustees and the community served and be responsive to their needs.

Effective Ethics Program Checklist:

- Does leadership openly and publicly support the ethics program?
- Are ethics activities integrated into the organization?

Executive Action

The final component in building an ethical culture is having administrative and clinical leaders demonstrate an unwavering commitment to the importance of ethics. Linda Trevino, PhD, of The Pennsylvania State University, noted in a 2005 presentation that executive ethical leadership includes the leader’s...
behavior (moral person)—including traits, personal morality and values-based decision making—and the leader’s ability to direct followers’ behavior (moral manager), including role modeling and how the leader rewards and disciplines and communicates the importance of ethics.

Being a model for ethical behaviors is set in day-to-day actions and decisions. Lynn Sharp Paine, in a 1994 Harvard Business Review article (vol. 72, no. 2), challenged managers to “acknowledge their role in sharpening organizational ethics and seize this opportunity to create a climate that can strengthen the relationships and reputations on which their companies’ success depends.” Paine argues the need for organizations to design an ethical framework that is “… no longer a burdensome constraint … but the governing ethos of the organization.”

A key component in role modeling is openly discussing ethics and using the organization’s ethics resources. When managerial performance targets are being determined or resource allocation and financial strategy is being decided, are the decisions made within the context of organizational values? When executive leadership establishes and embarks on new capital and strategic projects, such as an expansion of radiation oncology or the construction of a new emergency facility, is the decision reached using an ethically guided decision-making process? or is it considered simply in the framework of a business decision? The use of an ethically guided decision-making process will assist the organization when making a public announcement about the decision and answering questions that inevitably will be raised about lost opportunities (e.g., not to pursue expansion of home- and community-based services).

It is easy to publicly proclaim how decisions are reached following a process that ensures consistency with values. However, the true test of a leader’s adherence to organizational values often comes in the most difficult of times—for example, the leader’s willingness to publicly disclose activities such as fraudulent reporting, billing inaccuracies or safety violations. The Joint Commission requires healthcare organizations to conduct intensive investigations of actual or potential system failures that harm or might have harmed patients. Is leadership willing to take the additional step of widely disclosing the error, the analysis and the findings?

Ethics Leadership Checklist:

- Do clinicians’ and administrative executives’ actions reflect adherence to the organization’s values?
- Does leadership openly talk about the importance of ethics?
- Are executive decision-making processes and decisions transparent?
- Do healthcare executives consult with the organization’s ethics committee?
- Do healthcare executives serve as role models regarding ethical behavior and traits?

An ethics-driven culture is central to quality care. When unethical behaviors or even ethical uncertainty exists, the quality of care can be diminished. Staff members are demoralized and less effective. The organization’s culture is a complex dynamic that has evolved over time and includes both formal (policies, staff selection, decision processes, etc.) and informal (rituals, dress, daily employee relations and behavior, language, etc.) systems.

Healthcare executives play a key role in setting the tone for building, maintaining and, when needed, changing policies so the organization’s culture becomes more grounded in ethics. Just as the current culture did not happen by accident or overnight, enhancing the culture will not just happen by chance—it requires attention, thoughtful review, careful planning and clear leadership. The benefits to an organization of having an ethical culture make the effort worth it.

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Tom Lonergan
Executive Director
Heart and Vascular Institute, Hoag Hospital
Newport Beach, Calif.

As the healthcare field moves into a new era, rethinking the process by which patient care is delivered can help meet the challenges of the future. With a more integrated approach, providers can realize greater efficiencies and deliver more value throughout the complete cycle of care.

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And Philips focuses on the major health issues that patients increasingly face, including congestive heart failure, lung and breast cancers, and coronary artery disease. It addresses these disease states with an eye toward continuity and integration across all the phases of care.

Focusing on the Patient Experience

The Radiology Department at Oregon Health Sciences University (OHSU) in Portland was looking for consistent connectivity with its systems that would make it easier for staff to work across different platforms as they treated patients while moving from one area of the facility to another. Because OHSU is such a large campus—the imaging department alone is located in eight buildings and 15 locations—the organization needed a solution to bring its radiology and oncology functions closer together, even if they couldn’t physically be nearer to one another.

OHSU worked with Philips to ensure the computer user interfaces its staff members were working from at various campus facilities—and at different points in a radiology patient’s care cycle—connected with one another. That way, valuable patient data were available where and when medical staff needed it.

“As staff move from radiology to oncology, etc., all the user interfaces now look the same, so it makes it easy for staff to slide between one area and another,” says Erwin Schwarz, director of Radiology, OHSU. “It also makes it much easier for them to utilize the equipment more effectively. And it really helps expedite and improve outcomes because decisions about patient care are made in real time.”

Because Philips products and systems enable users to work from a variety of locations, patient care is not interrupted.

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Patients at OHSU have noticed this smoother flow in the care they receive at various points in their treatment.

For example, because the computer systems can be accessed anywhere in the radiology department, the department’s choice to place its PET (positron emission tomography)/CT scanner in its Radiation Oncology Department did not result in the interruption of patient care or patient flow. In fact, it enhanced the patient care experience.

“These patients are used to going to the Radiation Oncology Department, and the staff at the front desk of that department sees these patients on a regular basis, so they build a rapport with them,” says Schwarz. “Now when they come for their treatment they’re coming to one place, so it gives the appearance to the patient that it’s all one unified service line instead of multiple silos in the care process.”

**Continuity and Cardiology**

Approximately five years ago, Hoag Hospital in Newport Beach, Calif., developed a vision for its Heart and Vascular Institute: total integration—from start to finish in the care process—and an institute-wide system network.

“We wanted a wireless environment and structured reporting and to try and eliminate paper,” says Tom Lonergan, executive director, Heart and Vascular Institute. “Those were the keystones that were driving us as well as total integration with physician offices and our remote clinics.”

To achieve those goals, the Heart and Vascular Institute formed a collaborative committee with the hospital’s information technology (IT) department. The hospital even has two full-time CV-IT (cardiovascular-IT) employees who report to the Heart and Vascular department. The committee, which has been meeting every week for the five-and-a-half years since the project began, wanted to ensure the system worked with the hospital’s overall networks and systems (such as its electronic medical record and its accounting and billing departments) and that it was Web enabled.

“We didn’t want to build an island unto ourselves,” says Lonergan. “We wanted to build a network within our Heart and Vascular Institute that was fully integratable but also fully compatible with the hospital’s broad-based networks and systems.”

Lonergan says the committee approached all equipment purchases with integration in mind. “If it wasn’t going to work with everything, we weren’t going to implement it,” he says. Lonergan explained that one of the reasons Hoag chose Philips as the vendor to partner with on this initiative was because of its open architecture, meaning it works well with existing Philips equipment the hospital had and equipment from other vendors.

Though the project is still ongoing, Hoag’s Heart and Vascular Institute, and the hospital overall, has already seen improvements, including increased efficiency of its electrocardiogram (EKG) management system.

“We had an old system that was very labor intensive and involved lots of paper,” says Lonergan. “Now we have a fully electronic system. Our physicians can interpret EKGs from anywhere in the world.”

Lonergan says future plans include linking the system to a second hospital that is not yet open, furthering the ultimate goal of complete integration. “The closer you get to the availability of patient information, the better decisions you’re going to make, the better patient outcomes you’re going to get and the lower costs you’ll have,” he says. “That’s the holy grail.”

*For more information, contact Todd Doucette, senior director, Marketing, Philips Healthcare, at (978) 659-4577 or todd.doucette@philips.com.*

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