Creating a Culture of Accountability

Ethics is the key to sharing healthcare stewardship

By Lisa M. Freund
For many healthcare leaders, ethics is a practical tool used to enhance decision making and shape organizational practices and policies. Ethics also serves as a fundamental language for healthcare professionals that creates a common purpose and shared accountability.

The role and impact of ethics was the underlying theme as healthcare executives gathered for “The Ethics of Healthcare Organizations as Stewards of Their Communities,” Aug. 5, 2009, in conjunction with ACHE’s New York Cluster.

Led by Laurence B. McCullough, PhD, Dalton Tomlin Chair in Medical Ethics and Health Policy and associate director for Education, Center for Medical Ethics and Health Policy, Baylor College of Medicine, Houston, the program was funded in part by ACHE’s philanthropic initiative, the Fund for Innovation in Healthcare Leadership. (See Fund for Innovation in Healthcare Leadership on page 36.) Following McCullough’s presentation, attendees participated in small-group discussions, applying program concepts to ethical challenges they face. (See Apply the Co-fiduciary Concept in Your Organization on page 32.)

**Aligning Co-fiduciaries**

Clinical ethics and management ethics should be based on the concept of healthcare professionals and healthcare organizations as moral co-fiduciaries—essentially holding the trust—for a defined population of patients, McCullough says. In this regard, healthcare leaders should create a culture that protects and promotes the health-related
interests of the patient as the organization’s primary concern and motivation. In addition, healthcare leaders must work to make other stakeholders—physicians, payors and government agencies—equal partners in protecting the interests of the patient population.

To get others to think like healthcare co-fiduciaries, McCullough suggests first using the word “co-fiduciary” to make it understood in your organization. Second, he says, ensure the organization’s culture reflects the ethical value it places on the health-related interests of the patient: “You can’t assume that culture aligns with ethical values; you have to make sure it does.”

An organization’s policies and practices, allocation of resources and expectations for its leaders are indicators of its culture, McCullough says. Equally telling is what organizational leaders encourage and reward, discourage and punish and what they tolerate.

“When we think like co-fiduciaries, there are things essential to the mission that aren’t going to make money,” McCullough says.

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— Warren Lyons, FACHE, Temple University Health System

Leadership that is focused solely on the bottom line experiences a disconnect with these values, he adds.

To gain buy-in from external stakeholders, McCullough says healthcare leaders must voice requests for their involvement and support in caring for a community of patients. For example, providers could call on insurers to include mental health coverage in their plans or partner with a competing hospital to provide a community clinic.

Program attendee Warren Lyons, FACHE, director, Operations Support, and CEO, Temple Transport Team, Temple University Health System, Philadelphia, attests to the relevance of co-fiduciaries.

“In a hospital setting, all employees and medical staff members have a stewardship responsibility for the healthcare given to our patients and community,” Lyons says. “This co-fiduciary concept strengthens employee engagement and involves them in making daily decisions that are grounded in ethical behavior.”

Apply the Co-fiduciary Concept in Your Organization

Gather senior leaders in your organization for the following exercise:

1. Choose a central ethical problem to address (e.g., access to care, patient safety, transparency).
2. Discuss how the concept of healthcare professionals, healthcare organizations and other stakeholders as moral co-fiduciaries for a defined population of patients applies to the problem you selected.
3. Given the discussion, determine how to manage the problem.
healthcare executives with creating “an organizational culture of accountability for professional integrity.” In such a culture, patient care is provided via the highest clinical and moral standards and is based on the principles of evidence-based medicine to reduce variation in healthcare delivery.

Achieving quality in the patient-care process, thereby incrementally improving outcomes, is the means to managing cost, McCullough says. “It took us 20 years to learn this; you have to directly manage quality” to control costs. He adds, in using evidenced-based medicine, “the healthiest patient at the end of a quality process of care is also the least expensive patient.”

McCullough says hospital leaders understand the costs of uncontrolled variation, but clinicians still need to be taught this: “They don’t want to be told how to practice medicine, but everyone has room for improvement.” Healthcare leaders should engage in comprehensive activities to improve quality and reduce uncontrolled variation and require everyone’s participation. In this discussion, McCullough explains, common ethical values provide the context to eliminate the us-versus-them

**Ethics in Practice**

Several attendees describe how they put the program’s concepts into practice and share their perceptions of the value of the ethics program.

“Dr. McCullough’s presentation on the evolution of the managed practice of medicine and the role of the physician and the healthcare executive in their stewardship of these resources hit home for me, and I’ve shared the highlights with colleagues. Larry provided an excellent summary of the issues, and it helped to enlighten much of the discussion around healthcare reform that continues in the House and Senate to this day. It reinforced the need for healthcare executives to work closely with physicians and the community at large to deal with the tough questions of access and limited resources that we face in some shape or form almost daily.”

**MaryAnn Brown, FACHE**
Senior Director and Team Leader—Clinical Improvement Services VHA Empire—Metro White Plains, N.Y.

“I am the administrator for our chemical dependency program, which is a unique hospital-based service for an underserved population. Keeping in mind the co-fiduciary concepts that were presented by Dr. McCullough enables me to address the multiple stakeholders whose needs must be met in order to effectively manage these patients. These concepts also improve my ability to address the interdisciplinary nature of inpatient rehabilitation. Nursing is the largest stakeholder in the inpatient setting, and I believe as a nurse executive I am uniquely situated to use the co-fiduciary concepts to move the interdisciplinary team forward in the inpatient setting.”

**Nicolette Fiore-Lopez, RN**
Chief Nursing Officer St. Charles Hospital Port Jefferson, N.Y.

“Scarce resources, access to care disparities and life sciences advances are presenting constant and evolving challenges for healthcare providers. The ACHE ethics program series gives us an opportunity to reset our personal moral compass and the ethical guidelines for our organizations.”

**Warren Lyons, FACHE**
Director, Operations Support CEO, Temple Transport Team Temple University Health System Philadelphia
mentality and serve as a bridge to reach shared patient goals.

Responsible resource management also requires healthcare leaders to address organizational conflicts of interest, McCullough says. He urges leaders to identify conflicts of interest in payment plans and contracts they are negotiating with payors. Economic incentives should be tied to quality, and healthcare organizations and healthcare professionals should be held accountable.

Finally, educating patients and the public about how conflicts of interest are addressed in managing healthcare resources also is crucial in preventing ethical conflicts, says McCullough. Going forward, patient autonomy will be restricted in order to achieve quality and control costs. Providers must assure patients that one standard of care exists and that they will get the care they need, he adds.

“Ethical conflicts take a toll on patients, communities and healthcare providers,” McCullough says. When healthcare leaders face an ethical challenge, McCullough urges them to think the issue through, gather all the facts, determine the obligations of providers and other stakeholders, and follow through to a reasoned conclusion.

Acknowledging the impact of ethics, Lyons says, “There is a science and methodology for resolving ethical issues that should be learned and used in a formal way. This approach is no different or less rigorous than clinical differential diagnosis or audits of financial records.”

Lisa M. Freund is editor-in-chief of Healthcare Executive.

Notes:
More information on the co-fiduciary concept can be found in “Physicians and Hospital Managers as Cofiduciaries of Patients: Rhetoric or Reality?” by Frank A. Chervenak and Laurence B. McCullough, in the May/June 2003 issue of the Journal of Healthcare Management, Vol. 48, No. 3.

ACHE’s next ethics program, funded in part by the Fund for Innovation in Healthcare Leadership, will be Oct. 6, 2010, during the San Francisco Cluster. Visit ache.org/Seminars for more information.