

### An introduction to

# Clinical Ethics Committees, Ethical Accreditation and Patient Safety

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# Biomedical Ethics Principles

- At first / Above all Do No Harm (Primum Non Nocere)
- ➤ Human Dignity

## Four Principles Approach

- Respect for Patient's Autonomy
- Beneficence
- Non-maleficence
- justice into decision-making processes

# **Definition**

 "Patient safety is the avoidance of unintended or unexpected harm to people during the provision of health care"

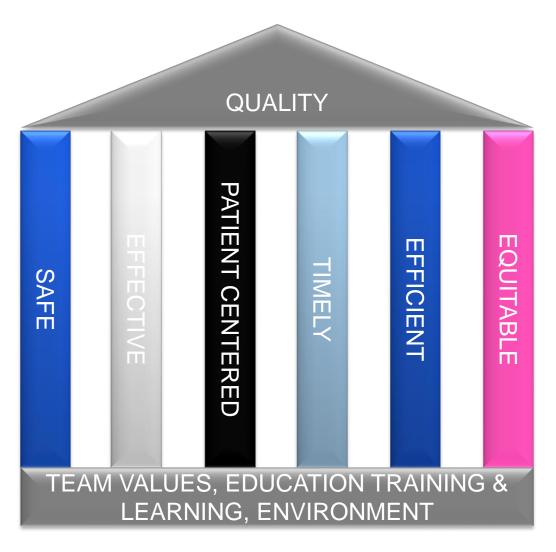
(The WHO & NHS Improvement)

# Organizational Ethics (definition)

Frank Navran

- Articulation
- Application
- Evaluation
- Consistent Values
- ✓ Moral Positions
- > By which the organization is defined, both internally and externally.

# WHAT IS QUALITY CARE?



(Crossing the Quality Chasm IOM, 2001)

## Good healthcare should be:

- Safe
- Effective
- Patient
- Timely
- Efficient
- Equitable

### From Clinical Ethics to Organizational Ethics: The Second Stage of the Evolution of Bioethics

Robert Lyman Potter

Bioethics has succeeded to an important extent in clinical ethics. In order to meet the challenges of clinical ethics in a highly systematized health care industry, it will be necessary to move to a full engagement in organizational ethics. Reengineering the institutional ethics committee as an integrated ethics program is one strategy for creating an ethical corporate culture where clinical ethics can flourish. This expansion from clinical to corporate ethics is a return to a broader vision of the goals of bioethics.

### Introduction

Clinical ethics should be expanded into health care organizational ethics. This movement is the next logical and practical step toward achieving the patient-oriented goals of clinical ethics and is a turn to the broad ecological version of bioethics. This step will require the reorientation of clinical ethics from issues concerning the individual patient to a wider sociological context. A set of assumptions about the behavior of health care systems can guide this movement. Practical action can be implemented by an integrated ethics program, which is a re-engineering of the institutional ethics committee. The outcome of an integrated ethics program will be an ethical corporate culture for health care organizations.

Bioethics has become understood and accepted by clinicians who seek help with conflicts and dilemmas. Resistance among medical staff and management is now easier to diffuse. A justifiable sense of success exists in the bioethics movement.

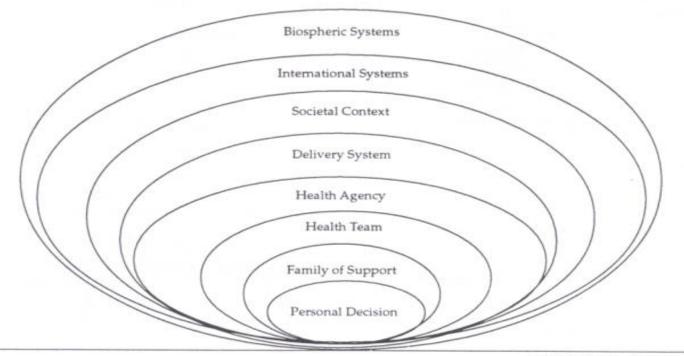
Passionate bioethics reformers who are not satisfied with partial success have been looking for the next "edge to push on." The growing edge is the new frontier of organizational ethics. Although it has been there all the while, only recently has it become the cauldron of ferment and change.

What has brought the bioethics movement to the moral maze of organizational health care ethics? Paul Starr has reported the history of how

# Why Organizational Ethics?

From clinical ethics to organizational ethics: the second stage of the evolution of bioethics

Potter RL.



# Organizational Ethics (definition)

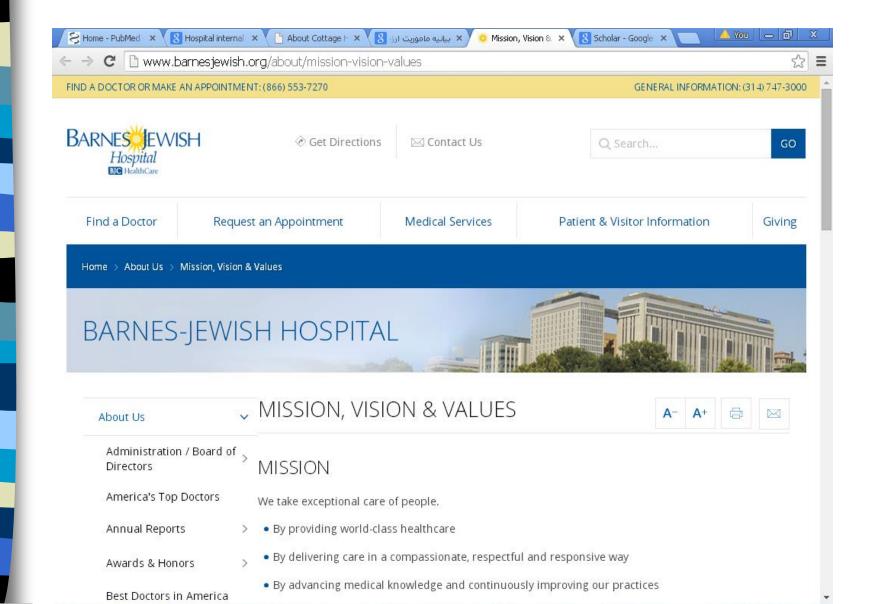
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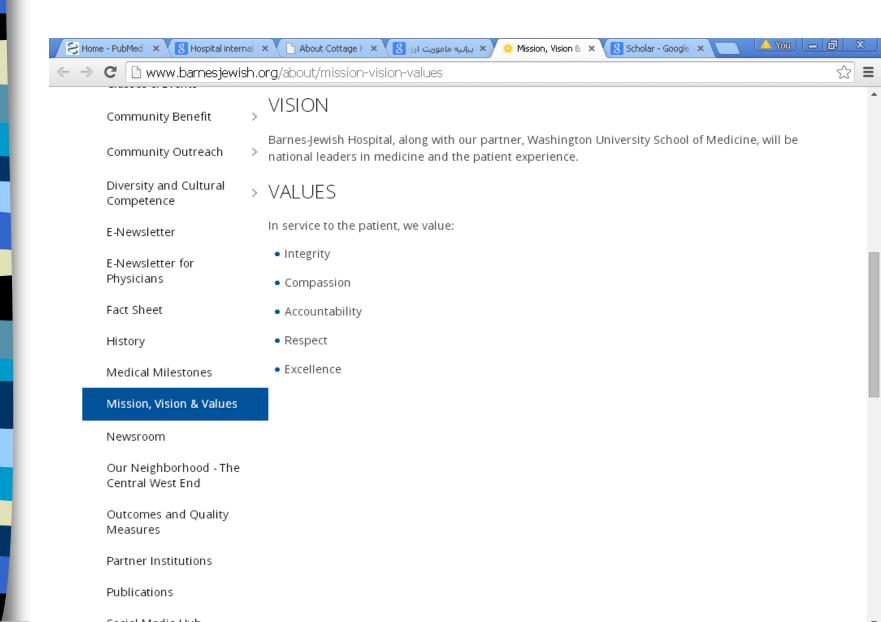
# An Example for HCOs' Values

- Integrity (Safe care with Dignity)
- Compassion
- Accountability
- Respect
- Excellence

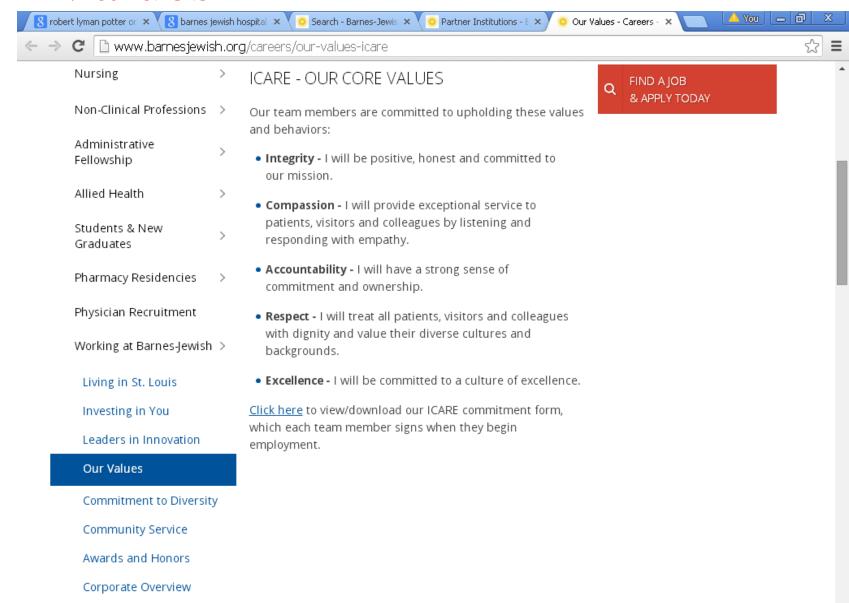
# An Example for Hospital Values



# An Example for Hospital Values



# An Example for Hospital Values



# Hospital Values



### INTEGRITY: I will be positive, honest and committed to the BJH mission.

- . I will consistently follow the policies and procedures of my unit and the homital
- . I will strive to keep balance between my work and private life. I will plan in advance to meet deadlines and take breaks in an appropriate way.
- . When I identify problems and issues, I will bring these forward in a clear and honest way. When able, I will suggest solutions.
- I will follow practice guidelines and protocols and make sure all areas are safe for patients, visitors and colleagues.
- . I will discuss confidential matters in private places and only with the correct persons, I will keep written and electronic information out of the view of others and discard written information in the correct manner, I will follow systems access and privacy & confidentiality policies.

### COMPASSION: I will provide exceptional service to patients, visitors and colleagues by listening and responding

- . I will set priorities to meet the needs of internal and external customers and do this in spite of time limits and pressures.
- . I will smile, make eye contact, greet others, and speak in ways that are easy to understand. I will actively listen and show concern and interest.
- · I will ensure proper body language and tone of voice when communicating with others. I will avoid loud talk and making excessive noises.
- . I will put internal and external customers at ease to reduce anxiety and promote a calm, professional environment. I will take immediate steps to resolve issues and communicate results in a timely manner, I will use the approved service interaction model and service recovery protocol effectively.
- . I will consistently acknowledge the facts and feelings of others to show empathy. I will identify and act on opportunities to provide empathic

### ACCOUNTABILITY: I will have a strong sense of commitment and ownership.

- . I will recognize that all problems and concerns have merit and take ownership of these until resolved. I will be accountable for my actions and accept constructive feedback
- . I will work to achieve personal and team goals even when it might be difficult. I will ask for help when and where it is needed.
- . I will work with the team and other workgroups in positive ways. I will always support the efforts of others.
- I will remain easy to reach to provide assistance and support. I will help others when they look lost or look like they need assistance.
- . I will use the correct key words and key actions with all patients, visitors and colleagues, at all times. I will make sure interpreters are always used with patients who are deaf or speak limited English.
- I will clean up litter, trash and spills right away or inform the proper resource to ensure all areas of the hospital are clean and safe. I will place equipment and supplies in the correct storage areas.

### RESPECT: I will treat all patients, visitors and colleagues with dignity and value their diverse cultures and backgrounds.

- · I will value and respect the background, experience, culture, religion, sexual orientation and ethnicity of others. I will view all colleagues as equally important, regardless of position or background.
- . I will knock before going into a room or office, identify myself and ask permission to enter using the correct "key words" technique.
- . I will communicate in a collaborative way with others and support teamwork between departments. I will avoid criticizing BJH, BJC or WUSM in inappropriate venues and actively seek opportunities to provide constructive
- . I will speak in a clear way and actively listen while learning and sharing information. I will maintain a positive outlook and use plain language when communicating with patients and visitors.
- . I will share correct information with people in a timely way. I will create clear, complete written materials and take into account culture, viewpoint and the education of the receiver. I will ask for feedback to improve
- I will recognize and encourage positive actions. I will identify people for specific acts of great work when asked during rounding.

### **EXCELLENCE:** I will be committed to a culture of excellence.

- . I will actively take part in process improvement plans and readily support change. I will give constructive feedback when new initiatives are introduced.
- I will work with patients, visitors and colleagues to achieve common goals.
- . I will be mindful of the cost of resources and work efficiently and effectively to reduce waste.
- . I will work to find solutions to problems when they arise.
- . I will answer questions posed by others and use the teach-back method to ensure understanding. I will promote an environment that encourages
- . I will seek feedback to maintain my skills and complete all my required training and education on time.
- . I commit to being involved in a learning environment and will meet all requirements for attending department in-services and meetings.

I acknowledge that I have received a copy of the Barnes-Jewish Hospital ICARE behaviors. I understand I am accountable for knowing and exhibiting these behaviors. Failure to follow the expected behaviors may result in coaching or corrective action up to and may include termination of employment.

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# كميته هاى اخلاق بالبنى

- شورای عالی اخلاق وزارت بهداشت
  - شورای اخلاق دانشگاه

- كميته ملى اخلاق باليني
- كميته دانشگاهي اخلاق بالبني
- كميته بيمارستاني اخلاق باليني



کمیته ملی اخلاق در آموزش کمیته ملی اخلاق در پژوهش

اخلاق بالینی

كميته ملي

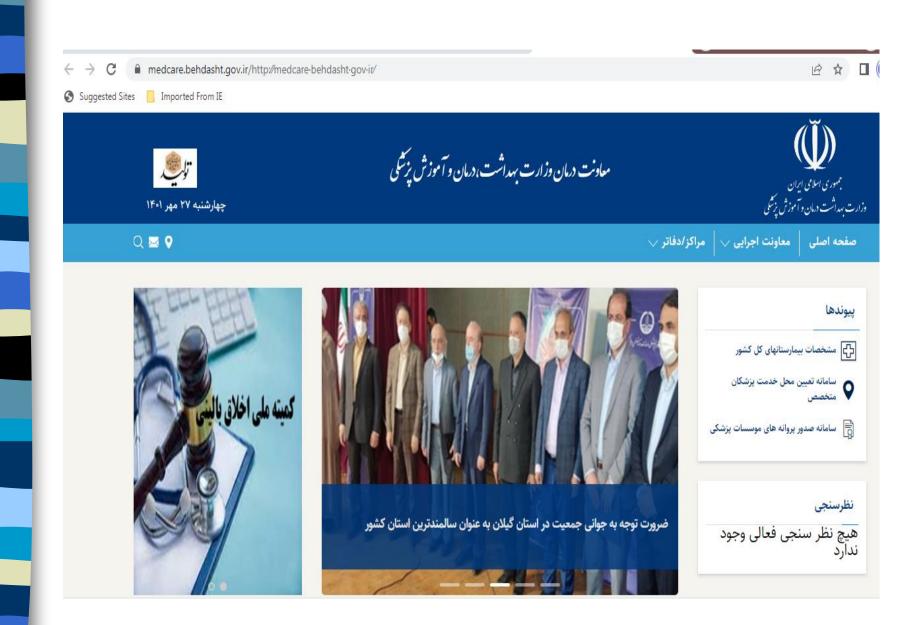
### كميته اخلاق باليني دانشگاه

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دستور العمل تشکیل سطح بندی و شرح وظایف کمیته های اخلاق بالینی

اسامى اساتيد كميته اخلاق باليني

### مجموعه دستورالعمل ها:

دستورالعمل تشكيل شوراي عالى اخلاق پزشكي

الزامات برخورد با امتناع بیماران از در<mark>ما</mark>ن های ضروری

آیین اخلاق پرستاری در جمهوری اسلامی ایران

مجموع دستورالعمل و ابزارهای ارزشیبابی پای بندی به اصول حرفه ای دستیاران

دستورالعمل تشكيل شوراي عالى اخلاق يزشكي

دستورالعمل تشکیل، سطح بندی و شرح وظایف کمیته های اخلاق بالینی (کمیته ملی، دانشگاهی و بیمارستانی)

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# Organization Ethics in Health Care

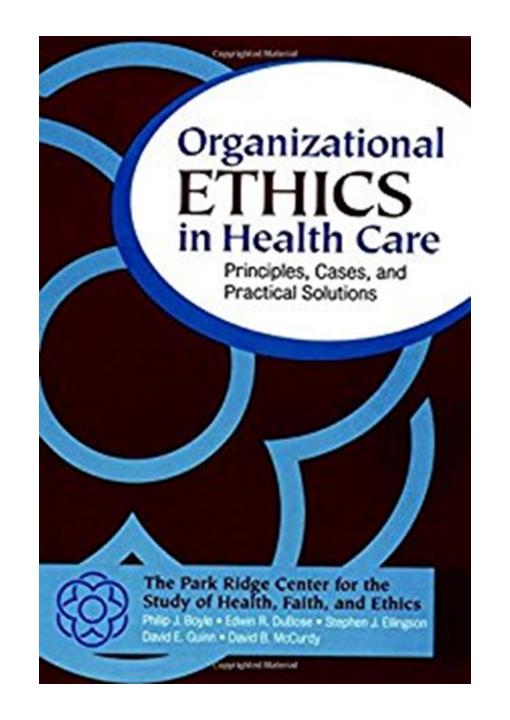
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# An Introduction to Healthcare Organizational Ethics

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Abstract

### Introduction

The application of organizational ethics in hospitals is one of the novel ways to improve medical ethics. Nowadays achieving efficient and sufficient ethical hospital indicators seems to be inevitable. In this connection, the present study aims to determine the best indicators in hospital accreditation.

### Methods

69 indicators in 11 fields to evaluate hospital ethics were achieved through a five-step qualitative and quantitative study including literature review, expert focus group, Likert scale survey, 3 rounded Delphi, and content validity measurement. Expert focus group meeting was conducted, employing Nominal Group Technique (NGT). After running NGT, a three rounded Delphi and parallel to Delphi and a Likert scale survey were performed to obtain objective indicators for each domain. The experts were all healthcare

Can we accredit hospital ethics? A tentative proposal.

[J Med Ethics. 2011]

Evaluation of Viewpoints of Health Care Professionals on the Role of Ethics Committees and Hospitals in the Res [HEC Forum. 2016]

Certifying clinical ethics consultants: who pays?

[J Clin Ethics. 2011]

Using and reporting the Delphi method for selecting healthcare quality indicators: a systematic review. [PLoS One. 2011]

External inspection of compliance with standards for improved healthcare outcomes. [Cochrane Database Syst Rev. 2016]

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Research priorities in medical education at Shiraz University of Medical Sciences:categories ar [Journal of Advances in Medical...]

### Developing a tool for cultural accreditation (Shafi project) in hospitals of Shiraz University of Medical Sciences

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Abstract: (948 Views)

Organizational culture affects the values, traditions, and norms of an organization. Therefore, the organizational behavior means how much an organization acts ethically. The cultural environment affects the formation of the organizational climate and, behavior. There are some deficiencies in the standards of organizational culture. This study aimed to review different aspects to accredit hospitals culturally in Shiraz University of Medical Sciences and consisted of two stages: First; the initial qualitative study was done by interviewing the experts who were selected purposely and held focused group discussion sessions to recognize the different aspects of cultural validation and develop an cultural accreditation manual for hospitals. Second stage was an evaluation of the hospitals in Shiraz University of Medical Sciences according to the cultural accreditation manual. Among 17 targeted hospitals, passed the training course of identifying indicators and volunteered to participate in the survey, 11 hospitals which had performed self-evaluation according to their manuals entered the survey. Seven main subjects and 17 sub-titles were derived from the first qualitative study. The subjects included considering religious laws demanded by patients and those patients' accompaniers, patient satisfaction, staff satisfaction, consideration of ethical rules, dress codes, cultural activities of the hospital, and environmental neatness of the hospital. The evaluation of the above factors ranged from 0-1. The hospitals' total scores were from 0.68 to 0.78. Findings suggest capability of the indicators for hospital cultural evaluation. The qualitative study ranked the hospitals in every aspect.

Keywords: Medical ethics, organizational ethics, accreditation of hospitals, organizational culture

Full-Text [PDF 3632 kb] (271 Downloads)









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# Thanks



