



SUBJECT: Ethical Issues/Concerns Determining Resources Available
SECTION: V
PAGE: 8.1
SUPERSEDES POLICY DATE: 4/00
LAST REVIEW DATE: 7/01

ADMINISTRATIVE POLICY

OBJECTIVE: To guide patients, families, medical and other hospital staff in locating resources to assist in addressing ethical issues/concerns regarding patient care.

POLICY: If any patient, family member, medical or other hospital staff member has an issue or concern which they believe have ethical ramifications, the following avenues can be pursued.

PROCEDURE: Often situations that at first seem to involve ethical dilemmas may simply reflect problems with bereavement, communication, or support. The Ethics Committee encourages patients, family, nurses, physicians and other caregivers to seek assistance whenever possible through all avenues listed below before seeking to involve the Committee. The Patient Liaison will serve as the first point of contact to initiate the consultation process. He or she will work with Administration to arrange necessary meetings or conferences. After the consultation process is completed, all relevant documents will be forwarded to the Patient Liaison's office for review, evaluation, and storage purposes.

Physicians, staff, and patient/family should adhere to the following process, should an ethical dilemma arise:

I. IF A PHYSICIAN HAS A CONCERN

- A. Maximize use of hospital resources to help support patient family and staff.
 - 1. CLP Team (375-3573)
 - 2. Social Work (375-3145)
 - 3. Clergy/Chaplain (379-9961)
 - 4. Nursing Supervisor/Manager
 - 5. Patient Liaison (375-3925)
- B. Obtain medical second (or third, etc.) opinion, if necessary
- C. Seek advice of department chairman
- D. Utilize the Ethics Committee as follows:
 - 1. Consultation may be provided by a committee physician or by representatives from the Ethics Committee. Physicians should contact the Patient Liaison to initiate the consultation process.
 - 2. Formal consultation of the Committee will require review of the medical record as well as interview of patient family and staff. Formal consult with Committee will become part of the medical record.
 - 3. Guidance, support, advice may be offered informally by the Committee or its designee to physician, patient and caregivers.



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II. IF A REGISTERED NURSE/STAFF HAS A CONCERN

- A. Discuss with supervisor/manager.
- B. Supervisor and/or RN will discuss with Attending Physician, Administrative Director or Department Chair.
- C. Assure that support, as described in I-A above are fully drawn upon.
- D. Consultation from Ethics Committee cannot be initiated without the Primary Attending Physician's knowledge and consent.
- E. Ethics Committee representatives/designees may be contacted informally and confidentially through the Patient Liaison to initiate the consultation process. If someone other than the Attending Physician has requested a consultation, then the Primary Attending will then be contacted by Committee Chair or designee, if necessary to discuss formal or informal consultation. Again, it is the Attending Physician's prerogative to accept or refuse consultation.

III. IF A PATIENT/FAMILY MEMBER HAS A CONCERN

- A. Should raise concerns with primary attending.
- B. Alternatively may work with the Attending Physician through
 - 1. Registered Nurse
 - 2. Patient Liaison
 - 3. Social Work
- C. Should access supports as identified in I-A and I-B above through their primary contact.
- D. May request Ethics Committee involvement by contacting the Patient Liaison. Formal consultation requires an order by the Attending Physician. He/She may be contacted directly by the Chair of the Ethics Committee, if necessary. Again, guidance, support and advice may always be offered informally.

IV. WHEN AN ETHICS CONSULT IS PERFORMED:

- A. It is the Attending Physician's responsibility to notify the patient/family of an ethics consult request upon the initiation of the referral and document the notification in the progress notes.
- B. The consult team will be made up of a small subgroup of the Ethics Committee (see schedule).
- C. Data will get gathered ahead of time by a designated member of the committee i.e., through CLP member, Patient Liaison, etc.
- D. When the committee meets with the patient/family and physician, the setting should be as informal as possible.



SUMMA
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- E. Clergy, hospital chaplain, or personal support will be available during the meeting at the family or patient's request. Additionally, a designated member of the committee will serve as the patient/family advocate and informant before, during and after the meeting.
 - F. The patient or family will have the opportunity to meet with the committee independently.
 - G. The committee will deliberate, gather further information if necessary, and deliver an opinion within 24 hours. A physician committee member will make note of the committee's opinion on the patient's chart.
 - H. Formal and informal feedback will be solicited from patients/families, physicians, nurses, and others involved in the consultation two to eight weeks after the consultation is completed.
- V. AFTER BUSINESS HOURS (AFTER 5:00 PM AND ON SATURDAYS, SUNDAYS, HOLIDAYS)**
- A. The Administrator On-Call should be notified.
 - B. The Administrator On-Call will work with staff members directly involved in the ethical dilemma and begin to complete the Ethics Consultation Worksheet. Blank Ethics Consultation Worksheets will be kept in the Nursing Department file.
 - C. The Ethics Consultation Worksheets will be delivered to the Patient Liaison once normal hours resume.
 - D. The Patient Liaison will then convene a consult team to resolve the ethical dilemma.

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Attachments: Ethics Consult Team On-Call Schedule
Ethics Consultation Worksheet

**SUMMA HEALTH SYSTEM HOSPITALS
MEDICAL STAFF POLICIES AND PROCEDURES**

SUBJECT:	Ethical Issues/Concerns Determining Resources Available		
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Approval:	Medical Executive Committee	Date:	10/02
	Board of Directors	Date:	10/02

POLICY:

To guide patients, families, medical and other hospital staff in locating resources to assist in addressing ethical issues/concerns regarding patient care.

If any patient, family member, medical or other hospital staff member has an issue or concern that they believe have ethical ramifications, the following avenues can be pursued.

PROCEDURE:

Often situations that at first seem to involve ethical dilemmas may simply reflect problems with bereavement, communication, or support. The Ethics Committee encourages patients, family, nurses, physicians and other caregivers to seek assistance whenever possible through all avenues listed below before seeking to involve the Committee. The Patient Liaison will serve as the first point of contact to initiate the consultation process. He or she will work with Administration to arrange necessary meetings or conferences. After the consultation process is completed, all relevant documents will be forwarded to the Patient Liaison's office for review, evaluation, and storage purposes.

Physicians, staff, and patient/family should adhere to the following process, should an ethical dilemma arise:

- I. IF A PHYSICIAN HAS A CONCERN
 - A. Maximize use of hospital resources to help support patient family and staff.
 1. CLP Team (330-375-3573)
 2. Social Work (330-375-3145)
 3. Clergy/Chaplain (330-379-9961)
 4. Nursing Supervisor/Manager
 5. Patient Liaison (330-375-3925)
 - B. Obtain medical second (or third, etc.) opinion, if necessary
 - C. Seek advice of department chair
 - D. Utilize the Ethics Committee as follows:

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1. Consultation may be provided by a committee physician or by representatives from the Ethics Committee. Physicians should contact the Patient Liaison to initiate the consultation process.
2. Formal consultation of the Committee will require review of the medical record as well as interview of patient family and staff. Formal consult with Committee will become part of the medical record.
3. Guidance, support, advice may be offered informally by the Committee or its designee to physician, patient and caregivers.

II. IF A REGISTERED NURSE/STAFF HAS A CONCERN

- A. Discuss with supervisor/manager.
- B. Supervisor and/or RN will discuss with Attending Physician, Administrative Director or Department Chair.
- C. Assure that support, as described in I-A above are fully drawn upon.
- D. Consultation from Ethics Committee cannot be initiated without the Primary Attending Physician's knowledge and consent.
- E. Ethics Committee representatives/designees may be contacted informally and confidentially through the Patient Liaison to initiate the consultation process. If someone other than the Attending Physician has requested a consultation, then Committee Chair or designee will then contact the Primary Attending, if necessary to discuss formal or informal consultation. Again, it is the Attending Physician's prerogative to accept or refuse consultation.

III. IF A PATIENT/FAMILY MEMBER HAS A CONCERN

- A. Should raise concerns with primary attending.
- B. Alternatively may work with the Attending Physician through
 1. Registered Nurse
 2. Patient Liaison
 3. Social Work
- C. Should access supports as identified in I-A and I-B above through their primary contact.

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- D. May request Ethics committee involvement by contacting the Patient Liaison. Formal consultation requires an order by the attending physician. He/She may be contacted directly by the Chair of the Ethics Committee, if necessary. Again, guidance, support and advice may always be offered informally.

IV. WHEN AN ETHICS CONSULT IS PERFORMED:

- A. It is the attending physician's responsibility to notify the patient/family of an ethics consult request upon the initiation of the referral and document the notification in the progress notes.
- B. The consult team will be made up of a small subgroup of the Ethics Committee
- C. Data will get gathered ahead of time by a designated member of the committee i.e., through CLP member, Patient Liaison, etc.
- D. When the committee meets with the patient/family and physician, the setting should be as informal as possible.
- E. Clergy, hospital chaplain, or personal support will be available during the meeting at the family or patient's request. Additionally, a designated member of the committee will serve as the patient/family advocate and informant before, during and after the meeting.
- F. The patient or family will have the opportunity to meet with the committee independently.
- G. The committee will deliberate, gather further information if necessary, and deliver an opinion within 24 hours. A physician committee member will make note of the committee's opinion on the patient's chart.
- H. Formal and informal feedback will be solicited from patients/families, physicians, nurses, and others involved in the consultation two to eight weeks after the consultation is completed.

V. AFTER BUSINESS HOURS (AFTER 5:00 PM AND ON SATURDAYS, SUNDAYS, HOLIDAYS)

- A. The Administrator On-Call should be notified.

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Approval:	Medical Executive Committee	Date:	10/02
	Board of Directors	Date:	10/02

- B. The Administrator On-Call will work with staff members directly involved in the ethical dilemma and begin to complete the Ethics Consultation Take In sheet. Blank Ethics Consultation Take In sheets will be kept in the Nursing Department file.**
- C. The Ethics Consultation Take In sheets will be delivered to the Patient Liaison once normal hours resume.**
- D. The Patient Liaison will then convene a consult team to resolve the ethical dilemma.**

PATIENT CARE SERVICES
NON-PATIENT CARE POLICY AND PROCEDURE MANUAL

SUBJECT: REASONABLE DOUBT OF QUALITY PATIENT CARE

REASONABLE DOUBT IN THE QUALITY OF PATIENT CARE, WHERE CARE SEEMS TO BE INAPPROPRIATE AND/OR INADEQUATE FOR THE PATIENT'S NEEDS, IS TO BE RESOLVED UTILIZING THE FOLLOWING PROCEDURES:

GUIDELINE:

NOTE: IF THE REASONABLE DOUBT OF PATIENT CARE IS AN ETHICAL ISSUE FOLLOW THE ADMINISTRATIVE POLICY ON ETHICAL ISSUES.

QUALITY OF CARE RELATED TO MEDICAL PERSONNEL:

THE PCC OR UNIT MANAGER SHOULD CONSULT WITH THE ATTENDING PHYSICIAN OR HOUSE OFFICER IN ANY INSTANCE WHERE IT APPEARS THAT A MEDICAL TREATMENT OR PROCEDURE SEEMS QUESTIONABLE, AND IN ANY INSTANCE WHERE IN HIS/HER PROFESSIONAL JUDGMENT, ADEQUATE MEASURES ARE NOT BEING IMPLEMENTED TO MEET THE PATIENT'S NEEDS.

IF THE SITUATION IN QUESTION IS NOT RESOLVED AT THIS LEVEL, THE APPROPRIATE ADMINISTRATIVE DIRECTOR WILL BE NOTIFIED OF THE SITUATION.

IF THE SITUATION IN QUESTION IS NOT RESOLVED AT THIS LEVEL, IT WILL BE THE RESPONSIBILITY OF THE ADMINISTRATIVE DIRECTOR OR UNIT MANAGER OR ETHICS COMMITTEE CHAIRMAN TO NOTIFY THE DEPARTMENT CHAIRMAN OR THE DIRECTOR OF MEDICAL AFFAIRS.

THE PHYSICIAN NOTIFIED HAS THE RESPONSIBILITY TO EVALUATE AND INSURE REMEDIATION OF THE PATIENT CARE SITUATION. ALL SAID SITUATIONS NEED TO BE REPORTED TO THE VICE PRESIDENT, PATIENT CARE SERVICES.

QUALITY OF CARE RELATED TO NURSING PERSONNEL:

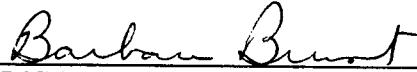
C THE CONCERNED EMPLOYEE WILL INFORM THE PCC OR CHARGE NURSE OR UNIT MANAGER OF A SITUATION WHERE THERE IS QUESTION OR OBSERVATION OF PATIENT ASSAULT, OF HARM TO A PATIENT, CAUSED BY INAPPROPRIATE TREATMENTS, LACK OF ORDERED TREATMENTS, LACK OF STANDARD CARE OR DEPRIVING A PATIENT OF THE MEANS TO SUMMON ASSISTANCE.

IF THE SITUATION IS NOT RESOLVED AT THIS LEVEL, IT WILL BE THE RESPONSIBILITY OF THE UNIT MANAGER AND/OR EMPLOYEE TO NOTIFY THE APPROPRIATE ADMINISTRATIVE DIRECTOR AND VICE PRESIDENT OF PATIENT CARE SERVICES. THE ADMINISTRATIVE DIRECTOR HAS THE RESPONSIBILITY TO EVALUATE AND INSURE REMEDIATION OF THE PATIENT CARE SITUATION. RULES OF CONDUCT REGARDING EMPLOYEE ACTIONS/INACTIONS NEED TO BE FOLLOWED INCLUDING SUSPENSION OF THE EMPLOYEE UNTIL A FULL INVESTIGATION IS COMPLETED BASED ON THE SEVERITY OF THE INCIDENT.

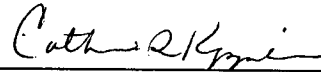
SUBJECT: (CONTINUED)

FOR ALL SITUATIONS:

THE ORIGINAL COMMUNICATION REGARDING SUCH SITUATIONS MAY BE VERBAL, BUT THE ENTIRE SITUATION MUST BE DOCUMENTED IN WRITING WITHIN 48-HOURS. WRITTEN DOCUMENTATION MUST BE A DETAILED FACTUAL ACCOUNT OF ALL ASPECTS OF THE SITUATION AND SHOULD BE FORWARDED TO THE APPROPRIATE ADMINISTRATIVE DIRECTOR/VICE PRESIDENT OF PATIENT CARE SERVICES.



BARBARA BRUNT, MA, RN, C
MANAGER, NURSING EDUCATION AND STAFF
DEVELOPMENT



CATHERINE KOPPELMAN, RN, MSN
VICE PRESIDENT PATIENT CARE SERVICES