

Alaska Psychiatric Institute Policy & Procedure P&P No:		PRE-010-02.01
Title: Ethics Policy		
Key Words: Ethical Conduct		
Primary: CFA	Effective Date: 12/29/06	Page: 1 of 9

PURPOSE

The purpose of this policy is to recognize Alaska Psychiatric Institute / Alaska Recovery Center's (API's) responsibility to both the patients and statewide community mental health system it serves to conduct its business and patient care operations within a consistent ethical framework, as defined by API's mission, vision/values, strategic plan, statutes and regulations, and all related policy declarations both herein and in other related API policies and procedures.

POLICY

I. Ethical Conduct.

API, its Governing Body, its medical staff, and all clinical and hospital support services staff will be guided by the principles that all patients, employees, and visitors shall be treated with dignity, respect, and courtesy, and that patient care and all other business operations will be conducted in an ethical manner consistent with our mission, vision/values, strategic plan, statutes and regulations, and all relevant guiding policies, including those identified herein.

A. API will constantly strive to adhere to these principles and make the following declarations as a part of API's commitment to individual and organizational ethical behavior:

1. We will always fairly and accurately represent our capabilities and ourselves.
2. We will not knowingly misrepresent our capabilities to anyone or any entity.
3. We will provide the appropriate level of care and treatment that meets the identified needs of each individual patient and will seek to provide only those services that are necessary and efficacious.
4. We will promptly respond to questions regarding ethical conduct and provide a mechanism for their referral and resolution, as necessary and appropriate.
5. Ethical practices addressed herein, include, but are not limited to, all areas of patient rights; admission, transfer, and discharge practices; the avoidance of conflicts of interest in patient care and business/contractual relationships; billing practices; and marketing/advertising practices.

Title: Ethics Policy**II. Guiding Documents.**

A. Overall ethical behavior is guided by the following organizational documents, developed with organization-wide input and approved by the Governing Body:

1. Mission Statement – API Strategic Plan and API P&P LD-10-2 – API’s Mission and Goals
2. API Ethics Code – P&P PRE-10-2.2
3. API Strategic Plan, which includes API’s Vision Statement, Principles of Care, and Goals.
4. API P&P LD-10-03 – Hospital Services Plan
5. API P&P QI-10-6.1 - Quality Improvement / Performance Improvement Program
6. API P&P HR-40-6 - Work Rules and General Standards of Performance at API
7. AMA & APA Code of Ethics (Amer. Med. Assoc. & Amer. Psychiatric Assoc. & American Psychological Assoc.)
8. NASW Code of Ethics (National Assoc. of Social Workers)
9. CNA Code of Ethics
10. Division of Occupational Licensing, State of Alaska, Statutes & Regulations for Nursing
11. American Nurses Association, Standards & Policies

III. Patient Rights.

A. In addition to the rights of patients recognized in statute and in API policy and procedure, API also supports the right of a patient to ask and be informed of the existence of business relationships between the hospital and educational institutions, other health care providers, payers, or others that may influence the patient’s treatment and care.

Further, any new services and technologies that are introduced to support patient care and treat shall be consistent with API’s mission.

B. API adheres to a uniform standard of care throughout the organization. In every instance, services and technological care provided are based on safety, efficacy, efficiency, costs, known (documented) experience, availability, and the affect on the institution’s ability to provide other needed services as well as the competence and qualifications of staff to provide the services/technology.

Title: Ethics Policy

- C. The hospital's patient rights policy is implemented by making it a focus at the time of admission, in employee orientation, periodic continuing education formats, posting in patient rooms and common areas, providing patients' rights groups on patient units and referral to advocate groups.

Related implementing and supporting policies should be referred to as follows:

- API P&P PRE-030-02 - Patient Rights
- API P&P PRE-030-15 - Advance Directives, Declaration for Mental Health Treatment, Do Not Resuscitate Orders
- Confidentiality, located in API P&P IM-050-05.01 – Release of Information
- Patient Restraint/Seclusion – Located in API P&P SC-030-02.01b, Restriction of Patient Rights

IV. Admission, Transfer, and Discharge Practices.

- A. API's admission, transfer and discharge policies are followed without regard to the patient's ability to pay or the hospital's current fiscal conditions.
- B. Patients whose specific condition or disease cannot be safely or appropriately treated will be diverted or transferred to an accepting healthcare organization only under such circumstances and/or in accordance with established policies and federal transfer guidelines.
- C. Patient admissions, transfers, and discharges are conducted in an ethical manner and in accordance with applicable local, state, and federal laws and regulations.

V. Potential Conflicts of Interest in Contractual and Vendor Relationships.

- A. Potential conflicts of interest in contractual and vendor relationships are inherent in the conduct of business. The Governing Body and hospital administration reviews its proposed and existing contractual relationships carefully with respect to whether the contractual or vendor relationship in force or under consideration poses any potential harm or ethical violation to patients, staff, or the community.
- B. The choice of vendors/companies supplying API will be based on optimal price; product value and performance; state procurement laws, regulations, and policies and procedures; and delivery systems.
- C. Preferential treatment of vendor/companies in return for inducements is prohibited.

Title: Ethics Policy

- D.** Those circumstances which may result in a potential conflict of interest are defined and addressed by the following hospital or State policies:
- API Governing Body Bylaws
 - Authority to Enter into Contracts: Alaska Statutes Title 36, Chapter 30
 - Use of Local Vendors: Alaska Statutes Title 36, Chapter 30.332-338
 - Executive Branch Ethics Act: Alaska Statutes Title 39, Chapter 52

VI. Fair Billing Practices

- A.** API's admission policies are followed without regard to the patient's ability to pay. The following policies establish and implement mechanisms that ensure that patients are billed only for those services and care provided to the patient:
- Each patient's billings are based on rate established by the hospital. All patients are billed at that rate.
 - When a patient or payer has a question about a charge, the inquiry is reviewed expeditiously.
- B.** General credit/collection procedures are conducted according to internal administrative procedures and the following billing policies:
- a) Credit and collection policy
 - b) Time Pay Accounts
 - c) Write-offs to Charity Care
 - d) Self-Pay Collection
 - e) Billing Third Party Payers
 - f) Medicare Secondary Payer
 - g) Medicaid

VII. Confidentiality

- A.** API recognizes the need to maintain patient and other information in a confidential manner. As such, privileged information will not be shared in an unauthorized manner and sensitive information concerning personnel and management issues will be maintained in the strictest confidence and utilized only by those individuals authorized to review and act on such information.

Title: Ethics Policy

Underlying each of the above principles is the organization's overall commitment to act with integrity in all of our activities and to treat the organization's employees, patients, physicians, and the many constituents we serve with respect.

VIII. Marketing and Public Relationships

API is a state operated (public) psychiatric hospital that does not advertise its services. API provides education to other facilities regarding its admission policies and procedures, those less restrictive treatment resources that may be available as an alternative to hospitalization, and consultation to providers within the State's community mental health system on the management of clients.

DEFINITIONS – See also P&P INT-5-3 Glossary

PROCEDURE**I. Respect for Persons.**

- A. API will treat all persons, and particularly the patients that API is mandated to serve, with dignity, respect and courtesy.
- B. Patients will be involved in the treatment decisions regarding the care that we provide to them to the extent that such involvement is practical and possible. In addition, a patient's family members, friends, and significant others will also be involved in that patient's treatment decisions, including discharge planning, recognizing that this involvement can only occur with the consent of the patient.
- C. This facility seeks to inform all patients about the therapeutic alternatives and the associated risks with the care they are seeking. API seeks constantly to understand and respect the patient's objectives for care.
- D. In all circumstances, we attempt to treat patients in a manner that gives reasonable thought and concern for each patient's background, gender, religion, and cultural heritage.

II. Recognition/Resolution of Matters Involving Conflicts of Interests.

- A. We recognize that the potential for conflicts of interest(s) exist for staff at all levels within the hospital as well as in hospital staff interactions with community healthcare provider agencies and their staff and with individual providers of care within Alaska communities. This policy, and the term "staff" herein, applies to the members of the hospital Governing Body, as well as to hospital administration, the medical staff, and all other API clinical and support services employees.

Title: Ethics Policy

- B.** Conflicts of interests may include, but are not limited to,
- staff familiarity with a patient admitted to API for care and treatment or staff familiarity with a patient's family member(s), friend(s), or acquaintance(s), or vice versa;
 - staff employment outside of API that conflicts with their API duties and responsibilities;
 - staff or patient relationships with persons doing business with API;
 - the use of information gained during employment for financial gain.
- C.** It is API's policy (and the State's) to require the disclosure of a *potential* conflict of interest because, at the outset, an opportunity exists to examine whether an actual or perceived conflict of interest exists before the parties take any action and in order to ensure that such conflicts, whether perceived or real, do not inappropriately influence important treatment, care, personnel, or business decisions.
- D.** All hospital staff will immediately report all real, perceived, or potential conflicts of interests, whether involving themselves, personally, or other employees, or patients (or their families and others) to their direct supervisor.
1. The supervisor will take appropriate action, whether it is to resolve the conflict through a reassignment of duties or other appropriate action, or to seek the advice of hospital or department administrators.
 2. In all such cases, an Unusual Occurrence Report (UOR) will be filed by the staff person, detailing the matter, with the supervisor to report the resolution or the need to refer the matter for further review.
 3. Governing Body members comport themselves in conformance with the Body's bylaws.

III. Steps for Reporting Conflict of Interest Matters by Patients.

- A.** Patients wishing to report real, potential, or perceived conflicts of interest should report their concerns directly to any unit or treatment team staff member, or they may utilize the comment form available on the units from the Patient Rights & Ethics (PRE) Team.
- B.** The Patient's Rights Group, an education group regularly conducted on patient units by the leader of the PRE Team or designee, educates patient, in part, on how to report conflict of interest matters. Patients' rights are posted and available on every unit and are accessible to patients and their families.

Title: Ethics Policy

- C. A staff member contacted by a patient regarding such a matter shall report the matter directly to their supervisor for review and appropriate action.
 - 1. As above, an UOR must be filed by the staff person contacted and the form completed by the supervisor, indicating the action taken, if any.
 - 2. Comments received by the PRE Team will be handled by the Team, except that a UOR must be filed indicating what action and/or resolution or subsequent referral was accomplished.
- D. Issues that may not be resolved at the unit or PRE Team level are referred to the appropriate committee or hospital manager.
 - 1. A reference to the referral must be reported on the UOR, which assign these referrals as matters requiring an investigation (Level 3).
- E. In the event a real or potential conflict of interest has/may have a direct implication on patient care, the hospital shall immediately convene the Medical Staff Team to assist in determining an immediate resolution, although nothing in this policy prohibits the direct intervention of either the API Medical Director or Hospital CEO if, in their independent opinion, immediate action must be taken, recognizing that the matter will finally be resolved in consultation with ASM, the Medical Staff, the Risk Management Team, and, as applicable, the Governing Body.

IV. Steps for Reporting Conflicts of Interest Matters by Hospital Staff.

- A. Immediately upon discovery of all real, potential, or perceived conflict of interest matters, hospital staff are to report the matter to their immediate supervisor.
- B. In all such cases, an Unusual Occurrence Report (UOR) will be filed by the staff person, detailing the matter, with the supervisor to report on the UOR the resolution or the need to refer the matter for further review.

Occupational Licensing Laws and Regulations for all clinical staff will be consulted and followed, as well as the respective ethical guidelines of the clinical professions represented on the hospital's staff.
- C. The employee's direct supervisor will take appropriate action, whether it is to resolve the conflict through a reassignment of duties or other appropriate action, or to seek the advice of hospital or department administrators in accordance with the hierarchy above.
- D. Issues that may not be resolved at the immediate supervisor level are referred in accordance with the hierarchy below:
 - 1. Immediate Supervisor
 - 2. Department Head

Title: Ethics Policy

3. Medical Staff Team (if a clinical care matter) or the ASM (if a hospital services or administrative matter)
 4. Risk Management Team
 5. State Personnel and the Division of Occupational Licensing, as appropriate.
- E.** A reference to the referral must be reported on the UOR, which assigns these referrals as matters requiring an investigation (Level 3).
- F.** In the event a real or potential conflict of interest has/may have a direct implication on patient care or hospital operations, the hospital shall immediately convene the Medical Staff or ASM, as appropriate, to assist in determining an immediate resolution. However, nothing in this policy prohibits the direct intervention of either the API Medical Director or Hospital CEO if, in their independent opinion, immediate action must be taken, recognizing that the matter will finally be resolved in consultation with ASM, the Medical Staff, Risk Management, and, as applicable, the Governing Body.

V. Accountability to the Highest Standards and Codes.

- A.** It is understood that when employees of API are accountable to more than one Code of Ethic or Standard of Practice, the staff will be held accountable for adherence to the highest standard or code of ethic. When one Code is more restrictive or dictates a higher standard than another, the higher standard will be considered the criterion.

Related API P&P's:

LD-010-02 API's Mission Statement;
HR-020-12 -Sexual Harassment and Discriminatory Harassment;
MS-030-15 Autopsy Request;
PR- 030-15 Advance Directives;
PT-050-11 Informed Consent Requirements for Pharmacotherapy;
PRE-030-02 Patient Rights;
PRE-20-01 Visiting;
IM-050-05.01 Release of Information;
ASSESS-30-06 Admission of Patients;
COC-30-13 Discharge Release of Patients;
LD-20-06 Unusual Occurrences;
HR-30-05 Conduct Involving a Patient;
LD-10-03 Hospital Services Plan.

API P&P No. PRE-010-02.01	Effective Date: 12/29/06	Page: 9 of 9
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Title: Ethics Policy

HISTORY OF REVISIONS

New: 2/13/97.

Revised 12/6/98; 05/08/03; 12/29/06

Reviewed:

Renumbered from 10-02.01 to PRE-10-2.1, 9/11/00

ATTACHMENTS

None.

Alaska Psychiatric Institute Policy & Procedure P&P No:		PRE-010-02.02
Title: Ethics Code		
Key Words: Ethics		
Primary: CFA	Effective Date: 12/29/06	Page: 1 of 3

PREAMBLE

The commitment to ethics required by Alaska Psychiatric Institute /Alaska Recovery Center (API) extends beyond conformity to ethical prescriptions and prohibitions. While a number of specific rules as state employees and members of professions bind us, we recognize that a merely legal approach is insufficient to satisfy our aspirations as an organization dedicated to the treatment of the mentally ill.

GENERAL

Ethical Principles:

API affirms the following principles as paramount concepts, each of which can serve as a guide for resolving ethical dilemmas and for promoting mutually supportive relationships among our clients: patients, staff, and members of the community we serve.

Staff Attitudes, Values and Roles:

We understand and believe that every person has unique gifts, talents and value. We are respectful and believe in the potential for growth and recovery for everyone. We recognize value and install hope in people who have been marginalized and devalued. We promote individual choice and a person's right to be involved in decisions about treatment. The staff role is to support, teach, and guide through trusting and therapeutic relationships.

Benevolence:

We strive always to promote the welfare of those with whom we have contact in the course of our work, and to prevent the visitation of any harm. We strive always to present ourselves, our services, our limitations, and our abilities accurately and honestly.

Autonomy:

We affirm the human right to self-determination, for a person to make and act upon lawful decisions, and to direct his or her own destiny. When the capacity to make decisions is compromised, only lawful steps are taken to ensure that decisions are made by competent others in the interest of the one impaired. Every effort is exerted to offer opportunities for self-direction to the fullest extent of a person's capability. Any restrictions on communication are fully explained to the patient and family, and are determined with their participation. Long term patients may be given the opportunity to perform tasks (with pay) for or in the hospital as part of their treatment. In each case the patient has the right to accept or refuse.

Title: Ethics Code**Dignity:**

We recognize the human need to feel worthwhile, to maintain maximum level of privacy, and to be treated with respect. We therefore approach each other politely, refraining from language or behavior that would detract from human dignity.

Diversity:

We adopt as a goal, the development of sensitivity to cultural and individual differences, including those related to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. With regard to privileges and benefits, we do not discriminate against persons on the basis of those conditions. We not only tolerate differences, but also cherish them as enrichments of our human landscape.

Integrity:

We are honest, straightforward, and fair in our dealings with others. We strive to develop awareness of the ways in which our individual beliefs, values, needs, and limitations may affect our work with others, and take reasonable steps to minimize the potential for distortion, misdirection, and other detrimental influences. As an institution of applied science, we have a commitment to the search for empirical validation of our efforts. All billings will reflect accurately the services provided.

Competence:

Through education, practice, consultation, and other means, we take steps to maintain competence with regard to the duties we perform.

Ethical Codes Specific to Professionals, Support Staff and Administrators:

To regard the health and safety of patients as the first consideration and thereby render each patient the full measure of professional skill, ability and experience.

To never knowingly condone the dispensing of drugs or medical devices that are not of good quality, that do not meet standards required by law, or that lack therapeutic value for the patient.

To continuously strive to perfect and enlarge professional knowledge consistent with our best professional judgment, and to make this knowledge available to our colleagues and patients, as appropriate.

To expose, without fear or favor, illegal or unethical conduct of others who are providing patient care or services.

Title: Ethics Code

To respect the confidential and personal nature of patient records, always refusing to reveal their contents without proper patient consent or other legal authorization.

To always encourage patients to participate in the planning of their care.

To inform patients of the therapeutic alternatives and the risks associated with the care they are seeking.

To respect the rights, views, and positions of all other staff, regardless of their degrees, discipline status or duties.

To always encourage families and significant others (with patient permission) to participate in the planning of the patient's care.

HISTORY OF REVISIONS

Adopted 8/31/00.

Revised: 06/01/03; 06/19/03; 12/29/06

Reviewed:

ATTACHMENTS

None.