



Selected Excerpts Relevant to Ethics Bodies

from

Canadian Council for Health Services Accreditation's
AIM (Achieved Improved Measurement) Standards
(Version 1.0)

Prepared by the Provincial Health Ethics Network
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Purpose of this Document

Recent changes to the accreditation standards for Canadian health organizations involve significant changes to the expectations regarding the capacity of an organization to identify and address ethical issues arising within healthcare.

The following document has been compiled to assist health organizations, and particularly health ethics committee members, to become aware of the new standards in order to better align their activities with these new national guidelines.

Overview

This document is comprised of excerpts from the revised accreditation standards termed AIM (Achieving Improved Measurement), published by the Canadian Council on Health Service Accreditation.

The standards themselves are organized into 17 sets. What follows in this report are those sections of these standards that, in the opinion of the writers, will have the most significant impact on those individuals or groups responsible for ensuring that ethical issues are addressed and responded to appropriately in their healthcare organizations. Of these, the sections deemed to be the most salient and important for ethics committees to be aware of have been highlighted.

The information in this report has been directly reproduced from the AIM Accreditation Program (version 1.0), with permission from the Canadian Council on Health Services Accreditation. Section numbers correspond to their location within the original AIM Program report. Standards appear in bold type with section numbers such as 1.0, 2.0, 3.0 etc. *Criteria* for meeting a particular standard are outlined below the standard, numbered 1.1, 1.2, 1.3 etc.

The relevant standards are listed below under the particular sets in which they appear.

Leadership and Partnerships

The Leadership and Partnerships standards allow an organization to assess and evaluate its activities in the areas of managing and governing.

3.0 The governing body and managers promote, support, and participate in ongoing community development.

Intent

This standard is about community “empowerment ” from a very broad perspective, i.e. roles go beyond health care service provider, and extends to that of members of the community.

3.1 The governing body and managers encourage, support, and participate in ongoing community development by

- supporting activities to inform and educate the community about the factors that influence health
 - helping members of the community develop the skills and abilities they need to take responsibility for and make decisions about their health
 - giving the community the opportunity to participate in decisions about the organization’s services
 - participating in activities that make other sectors and governments aware of how their policies, decisions, and actions affect population health
 - working with other organizations, groups, sectors, and governments to promote healthy communities and to identify and address factors that contribute to health
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4.0 The organization ’s mission gives it direction.

4.1 The governing body develops the organization ’s mission with input from staff, clients, and the community.

- the governing body reviews the mission every two years and revises it as necessary
- the organization regularly shares its mission with its clients, staff, volunteers, other organizations, and the community
- all staff can easily express the organization ’s mission

Guidelines

The mission is the foundation for all organizational planning and is determined by the governing body. Generally, elements included in a mission statement are: who we are, what we are, why we exist, who we serve. The mission should be easy to understand and written simply. It is sometimes referred to the “statement of purpose.” Overall, the mission reflects health and well-being. It recognizes the broader determinants of health and the organization ’s contribution to improving the population ’s or community ’s health status.

6.0 The organization delivers services and makes decisions in accordance with its values, and with its own code of ethics or other recognized codes of ethics.

6.1 The organization has a common set of values and educates staff, service providers, clients, and volunteers about them.

- the organization 's values are reflected in decision making and how services are delivered
- the governing body works with other organizations to establish common values across the organizations and across the community

Guidelines

Values may include duty, respect, integrity, honesty, equity, fairness, etc. Values shape organizational objectives and prescribe acceptable behaviour for staff, as well as acceptable relationships with other organizations. To establish a common set of values, the process for setting the organization 's values must be collaborative. The managers must nurture and reinforce shared beliefs and values.

6.2 The governing body develops, regularly reviews, and updates the organization 's policies on ethics issues.

- the organization has a written code of ethics for business and professional behaviour

6.3 The organization has processes for dealing with ethics issues and concerns

- staff, service providers, students, and volunteers are aware of ethics issues surrounding service, the organization 's policies, and processes available to support ethics decision making
- the organization sets and uses criteria to guide discussions and decision making concerning ethics issues
- the organization has a process for investigating and acting on non-compliance with the code of ethics

Guidelines

The organization should develop its processes to address ethics issues related to both business and direct client or community service. Examples of ethics issues the organization may face include such things as conflict of interest, confidentiality, promotional activities, resource allocation, consent, death and dying, research, etc.

8.0 Human, financial, and physical resources are appropriately allocated throughout the organization.

8.1 When making decisions about how to allocate resources, the governing body and managers

- consider ethics, values, and social costs and benefits
- gather and analyze information from a variety of sources, i.e. community needs assessments, fiscal reports, outcomes reports
- respond promptly to changing needs and priorities
- move resources within and across operating units to where they are needed most
- fairly distribute resources across population groups, geographic regions served, and the continuum of service

Guidelines

In allocating all resources, the organization needs to be responsive to the needs and expectations of the population it serves. It needs to do the most it can with what it has. A process for sharing the resources needs to include some criteria, principles, or guidelines to ensure equity in the distribution of resources.

8.2 The governing body and managers carry out a process to allocate resources that includes

- reviewing planning priorities
- comparing the resources already available to those still needed to meet the community 's needs
- gathering input and negotiating with community stakeholders and the provincial government or funding authority, as applicable
- investigating ways to share resources with other organizations
- evaluating the quality and cost-effectiveness of services
- assessing the financial impact of changing the level of service
- anticipating the impact if resources are shifted and planning for the shift
- making the allocation of resources a part of the planning cycle

9.0 The governing body and managers prevent and manage any risks to the organization.

9.2 When making decisions about how to manage risks, the governing body and managers

- consider ethics, values, and social costs and benefits
- review the risk management practices of partners and other organizations to harmonize risk management practices
- develop strategies for communicating risk management issues to different groups

Guidelines

The overall intent is to decrease risk and poor outcomes and thereby minimize liability. With increased integration of health services, including new relationships and new providers, there needs to be a coordinated and systematic risk management approach. Communication to different groups includes both internal (i.e. management, staff, volunteers, etc.) and external (i.e. specific clients, community, government, etc.).

13.0 The organization uses research and best practice information to improve its performance.

13.2 An external reviewer or review body reviews all the formal research projects that the organization participates in. The review includes looking at the

- merits of each research proposal
- benefits and risks to the participants and the organization
- process that will be used to deal with any harmful effects that may occur in the course of research
- adequacy of the research design, including its compliance with accepted ethics standards
- qualifications of the project 's coordinators
- potential impact on the organization 's resources
- process for getting informed consent

Guidelines

The organization provides clear guidelines to researchers for conducting research, accessing data and information, and maintaining confidentiality. The organization reviews any changes made to the research protocols. Formal research projects are systematic, empirical investigations of an hypothesis to find solutions to any identified problem or to establish a relationship between variables.

13.3 For research involving human subjects, the organization has a policy and process to protect clients and respect their rights.

- the organization follows the current guidelines of the appropriate national bodies

Human Resources

The Human Resources standards allow an organization to assess and evaluate its activities in the area of managing the people who provide both direct and indirect service to clients. This may include staff, volunteers, students, contracted providers, and independent practitioners. The managing of human resources includes more than the activities carried out by the human resources department or service.

3.0 The organization has adequate numbers of qualified staff, independent practitioners, and volunteers to provide quality services.

Intent

“Independent practitioners ” may include physicians, pharmacists, midwives, psychologists, dentists, physical therapists, occupational therapists, etc. Where industry shortages make it challenging to have “adequate numbers of qualified staff,” the team should note this in its self--assessment.

3.2 The organization ’s processes for recruiting and selecting qualified staff, independent practitioners, and volunteers

- are timely
- result in a mix of people that reflects the community ’s diversity
- are fair, free from discrimination, and are applied to all persons in the same way

3.4 The organization ’s strategies for keeping qualified staff, independent practitioners, and volunteers include

- reviewing compensation to make sure it is fair and equitable
- carrying out personnel policies in a fair and consistent way
- creating opportunities to promote and transfer staff and volunteers
- having adequately trained and competent supervisors
- recognizing and rewarding contributions
- providing professional development opportunities
- carrying out exit interviews or evaluations with staff and volunteers who leave their positions

7.0 The organization identifies and resolves professional practice issues.

Intent

“Professional ” may refer to nurse, occupational therapist, physiotherapist, social workers, etc. Standards of practice are established for each profession by its professional college or association.

7.2 The organization responds in a timely way to practice issues concerning

- formal liaison with peers
- communication of legal issues that may affect practice
- issues and trends and the evaluation of their effect
- conflict resolution
- disciplinary action
- professional codes of ethics

9.0 The organization 's work environment is safe, healthy, and positive for staff, independent practitioners, and volunteers.

9.1 The organization creates a safe, healthy, and positive work environment by

- respecting human rights and ensuring that the environment is free from discrimination and harassment
- respecting cultural and spiritual practices
- making employee assistance available and accessible to all staff, e.g. counselling, career development, and transition services
- developing and carrying out healthy workplace strategies, e.g. educating the work force to better manage their own health, supporting efforts in areas such as managing stress, and reducing weight and smoking
- encouraging and supporting the organization 's leaders, staff, independent practitioners, and volunteers in continuously learning and developing themselves
- offering non-monetary rewards such as recognition, career opportunities, special assignments, mentoring programs, secondments

Information Management

The Information Management standards allow an organization to assess and evaluate its activities in the areas of obtaining, managing, and securing data and information. The managing of information services includes more than the activities carried out by an information management department.

7.0 The organization protects the confidentiality, security, and integrity of data and information.

7.1 The organization protects the confidentiality, security, and integrity of information by

- defining and applying levels of security and sensitivity to data and information
- restricting, controlling, and monitoring access to sensitive information
- safeguarding data and information against loss, accidental destruction, and corruption
- adhering to formal policies and procedures for:
 - .collecting, retaining, disposing, and destroying information
 - .exchanging information with other organizations
 - .using the internet or fax to exchange client information
- conducting regular internal checks to make sure the data are accurate, consistent, and complete
- planning for protecting, recovering, and accessing data and information in the event of a disaster such as flood, fire, and loss of power

7.2 The organization has current policies and guidelines for the release of information

- in an emergency
- for research and education purposes
- to meet legal requirements

7.3 The organization continually educates users about

- their legal responsibilities regarding confidentiality
- how to recognize and handle situations where requests for release of information would violate confidentiality
- the possible consequences of violating confidentiality and security
- the processes to ensure confidentiality, security, and integrity of data and information

7.4 “There is evidence that the organization has been successful in keeping information confidential and secure.”

Combined Section:

This section contains excerpts that are common across a number of standard sets. The applicable section numbers within the various standard sets are indicated by the abbreviations. Note also that in certain cases the wording does vary slightly across sets. For complete information on a particular standards set, please refer to the AIM manual available from CCHSA.

This section contains standards from the following sets:

Acute Care	AC
Acquired Brain Injury	ABI
Ambulatory Care	AmC
Cancer Care	CanC
Community Health Services	CHS
Critical Care	CC
First Nations and Inuit Addictions Services	FNIAS
First Nations and Inuit Community Health Services	FNICHS
Home Care	HC
Long Term Care	LTC
Maternal/Child	M/C
Mental Health	MH
Rehabilitation	R

Standards:

2.4: AC, ABI, AmC, CanC, CHS, CC, HC, LTC, M/C, MH, R, FNIAS, FNICHS

If the team is involved in research activities, those activities meet protocols and standards.

Guidelines

“Protocols and standards” may include government laws or regulations, organizational policies or professional standards, guidelines or codes of conduct, or terms set out in contracts. Research may include both formal, academic studies or in-house informal studies.

2.5: AC, ABI, AmC, CanC, CHS, CC, HC, LTC, M/C, MH, R, FNIAS, FNICHS

The team informs its clients about research activities that relate to their service needs, and helps clients access these activities if they wish.

- before clients agree to participate in research activities, the team informs them about the expected benefits, discomforts, and risks
- the team tells clients that their service will be unaffected if they refuse to participate in research activities
- the information shared with clients, and their decision on whether to take part are recorded

9.1: AC, ABI, AmC, CanC, CC, HC, LTC, M/C, MH, R, FNICHS / 8.1: FNIAS

The team regularly gives its clients and families timely, complete, and accurate information about:

- how and when service(s) will be provided

- any opportunities to participate in service delivery and make personal choices
- the limitations and possible outcomes of the proposed service or intervention
- the possible side effects and risks of treatment
- how to prepare for tests and treatments
- the availability of counselling and support groups, e.g. advocacy, consumer, and self-help
- how to reach service providers in an emergency or in a crisis situation

9.2: AC, ABI, AmC, CanC, CC, HC, LTC, M/C, MH, R, FNICHS / 8.2: FNIAS

The information that the team gives to its clients and families is

- based on their information needs and health problem
- consistent from one service provider to another
- easy to understand and use
- available in the language of the population groups served
- recorded in the clients ' files

9.4: AC, ABI, AmC, CanC, CC, HC, LTC, M/C, MH, R, FNICHS / 8.4: FNIAS

The team verifies that the clients and families understand the information.

10.0: AC, ABI, AmC, CanC, CHS, CC, HC, LTC, M/C, MH, R, FNICHS / 9.0: FNIAS

The team obtains informed consent before starting any service or intervention.

Intent

The team obtains informed consent at the beginning of each new service or intervention and also while services are being provided, e.g. when services change, when clients ' decisions change or when a new service is added.

10.1: AC, ABI, AmC, CanC, CHS, CC, HC, LTC, M/C, MH, R, FNICHS / 9.1: FNIAS

The team applies current legislation or regulations that relate to client decision-making and consent.

10.2: AC, ABI, AmC, CanC, CHS, CC, HC, LTC, M/C, MH, R, FNICHS / 9.2: FNIAS

The team has a process for determining whether clients are capable of giving their informed consent.

- the team has the knowledge, skills, and resources to monitor clients and to decide if they are competent
- when clients are unable to make their own informed decisions, the team knows its roles and responsibilities
- when clients are unable to make their own decisions, the team involves a substitute decision maker

Guidelines

A substitute decision maker may be specified in legislation or can include an advocate, family member, legal guardian, or caregiver.

10.3: AC, ABI, AmC, CanC, CHS, CC, HC, LTC, M/C, MH, R, FNICHS / 9.3: FNIAS

The team obtains clients ' informed consent by

- verifying that the client understands all the verbal and written information, e.g. options for service, risks and benefits.
- reviewing the consent form with the client
- giving the client any information the organization may be required by law to report
- giving the client enough time to reflect before asking for their consent
- recording the client 's consent

Guidelines

The consent forms should outline the type of treatment, steps to be taken, and evidence that all relevant information has been given. Implied consent is used appropriately when providing services where formal written consent is not an issue, e.g. client asks to have blood pressure taken or takes brochures on smoking cessation.

10.4: AC, ABI, AmC, CanC, CHS, CC, HC, LTC, M/C, MH, R, FNICHS/ 9.4: FNIAS

The team uses a range of methods and tools to help clients with special needs exercise their personal freedom and make informed decisions.

- when a client 's choice is limited due to legal requirements, the team explains why choice is restricted and encourages the client to make informed choices, where possible

Guidelines

“Methods and tools ” may include interpreters, Braille material, skills in sign language, pictorial explanations, or Bliss boards.

10.5: AC, AmC, CanC, CC, LTC, M/C, MH

The consent includes advance directives, as applicable.

- the team records all advance directives
- the team communicates the advance directives to the appropriate members in and outside the organization

10.5: ABI, R, CHS, FNICHS

The team has a process to take into account any special directives that affect the consent

- the team documents all special directives
- the team communicates any special directives to the appropriate members in and outside the organization

Guidelines

“Special directives ” refers to guardianship, substitute decision makers, living wills, advance directives, e.g.do not resuscitate.

10.5: HC

The consent includes an opportunity to develop advance directives, as applicable

- the team documents all advance directives in the clients ' records or files
- the team communicates the advance directives to the appropriate members in and outside the organization

11.0: AC, ABI, AmC, CanC, CHS, CC, HC, LTC, M/C, MH, R, FNICHS / 10.0: FNIAS

The team protects and promotes the rights of its clients and families.

11.1: AC, ABI, AmC, CanC, CHS, CC, HC, LTC, M/C, MH, R, FNICHS / 10.1: FNIAS

The team is aware of, and respects the clients ' and families ' right to

- be treated with respect and care
- be free from abuse, exploitation, and discrimination
- refuse service
- live at risk
- take part in all aspects of their service and make personal choices
- have a support person or advocate involved in their service
- appeal a plan decision or file a complaint
- take part or refuse to take part in research or clinical trials
- know how to bring up concerns with the quality of service

Guidelines

The organization has policies and procedures to safeguard rights that are in keeping with legislation. This may include developing codes of conduct, Patients Bill of Rights and Responsibilities, appointing a patient advocate, etc.

11.2: AC, ABI, AmC, CanC, CHS, CC, HC, M/C, MH, R, FNICHS / 11.3: LTC/ 10.2: FNIAS

The team protects clients ' and families ' privacy and confidentiality by

- educating staff about their professional and legal responsibility
- limiting access to client information
- obtaining their consent to share personal information with other organizations
- providing them with opportunities to communicate privately with others
- respecting clients ' choice to refuse to have certain people involved in their service

Guidelines

“Personal information ” includes any written,, audio, video, or photographic material.

11.3: AC, ABI, AmC, CanC, CHS, CC, HC, M/C, MH, R, FNICHS / 11.4: LTC/ 10.3: FNIAS

The team continually educates its clients and families about their rights and helps them exercise their rights.

- the team investigates and resolves claims where clients ' or families ' rights have been violated
- the team regularly reviews any restrictions placed on the clients ' to identify ways to restore these rights

11.4: AC, ABI, CC, M/C, FNICHS/ 10.4: FNIAS

There is a process to help staff deal with ethics issues including decisions about providing, foregoing, or withdrawing life-sustaining treatment.

- the organization sets and uses guidelines to make decisions about life-sustaining treatment
- the guidelines meet legal requirements and are shared with clients and families

Guidelines

Ethics issues may be dealt with by an ethics committee or with an ad hoc ethics consult team. The consult team may include health care professionals, clergy, or an ethicist. Besides clinical consultation, the ethics committee may be involved in policy review and ethics education. An ethics consultation is recorded in the client 's file.

11.4: AmC, CanC, CHS, HC, MH, R/ 11.5: LTC,
There is a process to help staff deal with ethics issues.

- the team has access to education, resources, and advice
- the team addresses different views and conflicts

11.5: AC, AmC, CC,

The team has a process for the procuring and donating of organs and tissues that includes

- using set criteria to identify potential donors
- conforming to existing guidelines, legislation, or standards on organ and tissue donation
- making families or clients aware of the option to donate in a way that is sensitive to their situation, beliefs, and wishes
- respecting and recording a client 's and family 's decision to donate or refuse to donate
- notifying the appropriate organizations when organs and tissues are potentially available

11.6: AC, AmC, CC/ 11.5: ABI, CanC, CHS, HC, M/C, MH, R/ 11.7: LTC/ 10.5: FNIAS

The team has a process for handling clients ' and families ' complaints that includes

- explaining to clients how to file a complaint
- making it easy for clients and families to file a complaint, if the need should arise
- responding to complaints in a fair and timely manner

Guidelines

The complaints process needs to be fair, open, and transparent. When needed, the team and/or clients are provided with access to a neutral, objective resource person for advice or consultation. Check provincial legislation for more information.

13.0: AC, ABI, AmC, CanC, CC, HC, LTC, M/C, MH, R/ 15.0: CHS, FNICHS/ 12.0: FNIAS

The team delivers safe, efficient, and effective service.

13.2: AC, ABI, AmC, CanC, CC, HC, LTC, M/C, MH, R/ 15.2: CHS, FNICHS/ 12.2: FNIAS

The team delivers and records service in accordance with

- current legislation
- accepted standards of practice and guidelines
- codes of ethical practice
- the organization 's policies

13.6: AC, HC

The team respects the clients ' cultural and religious beliefs, and enables them to carry out their cultural or religious practices, as appropriate.

13.7: AC, HC

The team meets the unique needs of dying clients by

- helping clients manage their pain and symptoms
- assisting clients and families plan for death
- addressing clients ' and families ' psychosocial and spiritual needs

- helping clients and families link with support groups and hospice providers
- respecting the clients ' and families ' cultural beliefs related to dying

13.10: AC/ 13.8: AmC, CanC, CC, LTC, MH/ 13.9: R, ABI/ 15.8: CHS/ 12.8: FNIAS

The team uses seclusion or restraints to control or modify problem behaviour only when all positive methods have failed.

- the decision to use seclusion or restraints is made by an interdisciplinary team using set criteria
- when using seclusion or restraints, the team clearly states and documents the goals, procedures, and limits on their use
- qualified individuals are accountable for ensuring that the methods used are appropriate, ethical, and legal
- the team continually monitors and reviews the use of seclusion and restraints

15.0: AC, ABI, AmC, CanC, CC, HC, LTC, M/C, MH, R/ 17.0: CHS, FNICHS/ 14.0: FNIAS

The team helps and encourages clients to carry out their responsibilities.

Intent

Responsibilities outlined to clients should include: participating in developing and carrying out the service plan, as applicable; maintaining their own health; respecting the human rights of others; and respecting the organization's policies.

15.2: AC, AmC, CanC, CC, HC, LTC, M/C, MH, R/ 17.2: CHS, FNICHS/ 14.2: FNIAS

The team provides appropriate education to clients and families. The education process

- is open and flexible
- considers the clients ' and families ' needs and readiness to receive education
- considers the clients ' and families ' beliefs, values, literacy, language, and functional abilities
- ensures the clients and families understand the information
- respects refusal of the client or family to learn

15.3: AC, AmC, CanC, CC, HC, LTC, M/C, MH, R/ 17.3: CHS, FNICHS/ 14.3: FNIAS

The team provides appropriate emotional support and counselling to help clients and families

- cope with the clients ' health needs and health-related issues
- have positive feelings, self-confidence, and dignity
- address ethics issues, as applicable, e.g. advance directives, brain death, organ donation
- cope with death, bereavement, and grief, as applicable