**POLICY**

High Peaks Hospice (HPH) patients and/or their designated representative have the right to participate in the consideration of ethical issues.

**PROCEDURE**

1. When questions arise pertaining to ethical issues, the HPH Ethics Committee will meet to discuss such issues. The Committee has the responsibility to define ethical issues; facilitate actual resolution of actual or potential conflicts; provide a forum for discussion of ethical issues that arise in the provision of care or service; and provide staff with resources concerning ethical issues. As appropriate to their responsibilities, HPH staff, the patient or their designated representative and the patient’s physician may all participate in discussions and the resolution of conflicts and ethical issues related to patient care situations.

2. Minutes will be kept of such meetings in a confidential file.

3. Biannually, the Ethics Committee will present a summary of the findings to the HPH Board of Directors.

4. Interdisciplinary patient-centered conferences are also a forum to address conflict of care issues and ethical concerns. These conferences can be held at the HPH clinical office or the patient's home. Any HPH staff involved with the patient’s care or the patient and/or caregiver can request a meeting.

5. HPH staff members are informed of this process for the handling and resolving of ethical issues during orientation and during their annual performance appraisal, if appropriate.

6. Patients and/or their designated representative not satisfied with outcomes of the ethical committee, have the right to voice a grievance and follow the appeal procedure.

7. Refer to the Ethics Consultation Process (See Attachments)
ETHICS CONSULTATION PROCESS

The Ethics Committee is a committee whose purpose is to guide HPH in policy making, education and consultation on issues relative to bio-legal-ethical decision making. Issues such as DNR and withdrawal of life sustaining treatment are examples of topics that may be undertaken by the group.

Many caregivers are challenged with difficult decisions regarding treatment options for our patients. In an effort to enable caregivers to support patient care delivery that is consistent with the mission of HPH, the Clinical Committee has developed a consultation process.

ETHICS CONSULTATION PROCESS

Who can request consultation?

- Anyone may request an ethics consultation. If the request is related to patient care the issue should first be discussed and reviewed by the HPH Medical Director and involved HPH Team members. If not resolved, the request should be given to the Executive Director. If it is not related to patient care the request should first be directed to the Executive Director, not the Hospice Medical Director.

What are some possible reasons for consultation?

- Conflicts regarding treatment decisions
- DNR concerns
- Informed consent issues

How is the request processed?

- Consult is called into the Executive Director.
- A member of the Ethics Committee will respond to the person initiating the request within 24 hours on weekdays to begin the process of resolution.

LAST REVIEW DATE:  BOD 03/26/14

LAST UPDATED:  Comp Coord 04/20/15, 09/01/18

BOARD APPROVAL:  March 26, 2014
Directions: To be completed by Ethics Committee member responding to a request for consultation. Please return this report to the High Peaks Hospice Executive Director upon completion.

Decision Making Process
- Identify the Decision Makers
- Consider Relevant Facts
- Examine Viable Options
- Consider Short & Long Term Consequences
- List The Values Reflected In The Case
- Determine The Values In Conflict
- Prioritize The Values In Light Of The Alternatives
- Justify the Decision

(Recommendation)

Name ___________________________ Admission Date __________
DOB _____ Age _____ Sex _____ Rm _____ Attending MD __________

Primary Diagnosis:

Consult Requested by ___________________________ Date _______
Name / Title

Ethics Committee Member(s) ___________________________ Date _______
Name / Title

Name / Title

Name / Title

Name / Title

Reason for Consultation:
Was consultation responded to within 24 hours? __ Yes __ No  Date __________

If No, briefly describe barriers or extenuating circumstances.

Outcomes (Describe what was done, outcomes and process):

Evaluation of consultation (describe participant satisfaction/dissatisfaction with strengths/weaknesses, etc.):

Recommendations/follow up:

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<tr>
<th>Medical Record</th>
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