

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 1:	Ethics, Rights and Responsibilities
PROCEDURE 1.2:	Operationalizing the Code of Ethics
REVISED:	03/28/02; 9/28/15; 02/18
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PURPOSE: Connecticut Valley Hospital's (CVH) Code of Organizational Ethics articulates the Hospital's responsibility to patients, staff, and the community served. It is the responsibility of the Governing Body, hospital leaders, and employees to act in a manner that is consistent with this organizational ethics statement and its' supporting policies and procedures. The work of all staff is guided by the general principle that all patients, staff, and visitors deserve to be treated with dignity, respect, and courtesy.

PROCEDURE:

1. All staff is required to follow the Code of Ethics at all times.
2. Staff ensures that the Code of Ethics is posted on each unit and is disseminated to each patient upon admission.
3. Selected staff representing each division and discipline participates in the hospital's Ethics Committee.
4. All staff act with integrity, respect, and courtesy and ensure the dignity and worth of all persons at all times.
5. All staff shall fairly and accurately represent the hospital and its services to the general public.
6. Clinical staff provides services to patients based on individual needs of the patient, and provide care to the best of their abilities.
7. Staff provides a uniform standard of care and conduct to patients throughout the organization, regardless of the individual's race, sex, age, religion, culture, gender or sexual orientation.
8. Staff consistently follows best practice standards of care based upon the needs of the patient without regard to his/her ability to pay.
9. Staff seeks resolution and/or clarification of issues which may arise in the course of providing care to patients through referrals to the Ethics Committee for its consideration.

Operating Principles of the Organization

CVH is committed to excellence in the provision of specialty psychiatric services for its patients. In this regard, this Code of Ethics has been established to acknowledge our responsibility to patients, families, staff, volunteers, and the community. Adherence to the Code is a fundamental duty and responsibility of each and every member of the organization. It requires us to conduct ourselves in a manner consistent with all provisions as well as related policies and procedures. We expect that our patients and their families shall respect this Code and observe its provisions to the best of their abilities. Underlying these principles is the hospital's overall moral commitment to act ethically and with integrity in all activities and to treat patients, families, staff, and the community with utmost respect.

1. Admissions

- a. The Department of Mental Health and Addiction Services (DMHAS), its community networks, and the judicial system are responsible, in conjunction with the hospital, for coordinating all admissions, transfers and discharge activities.
- b. The hospital will provide inpatient services to those patients who meet the criteria for admission and whom we can appropriately treat. CVH will not turn patients away for reasons unrelated to patient care, including ability to pay.
- c. Patients who present for admission who cannot be adequately treated at CVH will be referred to a more appropriate treatment setting.
- d. The hospital will strive to provide care that is of uniform quality across all its divisions and departments.

2. Discharge/Transfer

Discharge or transfers occur when the treatment team determines that care can continue safely and appropriately outside the hospital environment. As patient needs dictate, patients may be discharged to other more suitable facilities with the least restrictive level of observation possible to allow safety. For all patients, continuity of care is facilitated through collaboration among CVH staff and referral agency personnel, the patient, and the patient's family members.

3. Respect for the Patient

All patients are treated with dignity, respect, and courtesy. All patients and significant others (when practical or possible) will be involved in decisions regarding the care delivered, including the management of pain. In all circumstances, staff will provide treatment taking into account patient's wishes, background, culture, religion and heritage.

4. Expression of Spiritual Beliefs and Cultural Practices

The hospital encourages patients and their families to express their spiritual beliefs and cultural practices.

5. Patient/Family Education

All staff work to promote clear communication between the patient and family and treatment team regarding health care decisions. The treatment team makes ongoing assessments of the patient's educational and clinical needs, including assessment and treatment of pain.

Patient education (and family education where appropriate) is provided throughout the hospital stay. Needs, readiness, ability to learn, and comprehension are continuously assessed through the treatment team with appropriate follow-up. Patients and their families are informed about treatment benefits, risks, and alternatives.

6. Ethics

Organizational support for ethical practice and decision making is provided to the medical staff, caregivers, and patient/family. Any staff member, patient, or family member may ask for consultation from the Ethics Committee to help illuminate an ethical concern or issue.

7. Resolution of Conflicts

From time to time conflicts arise among those who participate in hospital and patient care decisions. Whether this conflict is between members of hospital administration, medical staff, employees, or the Governing Body, or between caregivers and the patient, the Hospital will seek to resolve all conflicts fairly, objectively and promptly. In cases where mutual satisfaction cannot be achieved, it is the policy of the hospital to involve patient advocates or hospital administrators to oversee resolution of conflicts. Other staff as well as outside consultation will be involved, as needed, to pursue conflict resolution.

8. Recognition of Potential Conflicts of Interest

- a. The potential for conflict of interest exists for decision making at all levels within any facility. The state's policy requires the disclosure of potential conflicts of interest so that appropriate action may be taken to ensure that such conflicts do not inappropriately influence important decisions. Certain hospital leaders are required to submit an annual disclosure form to the State's Ethics Commission which discloses business and financial interests identifying potential conflicts related to delivery of care in the hospital.
- b. CVH ascribes to ethical and professional relationships with other health care organizations and institutions. Accordingly, all staff is expected to avoid conflicts of interest in relationships with other health care providers and organizations, payers, and patients. More specifically, all clinical and administrative leadership at CVH must report their involvement in any employment, ownership, or other participation with health care providers and/or contractors with which CVH might or must conduct business. Other members of the staff who are not in policy making and decision making capacities must report to their supervisors any conditions of outside employment so that supervisory staff may assess that no conflict of interest exists.
- c. The hospital's Governing Body and senior management review all potential conflicts and take appropriate corrective action. In the event that a potential conflict of interest has a direct impact on patient care, the hospital may convene an ad hoc group to assist in the resolution of this issue.

9. Fair Billing Practices

- a. CVH provides a uniform standard of care without regard to a patient's financial status. All decisions with regard to admission, transfer and discharge are clinically based.
- b. Patient billing for CVH is managed by the Department of Administrative Services, Collection Services, according to state statutes.

10. Confidentiality

The hospital recognizes the importance of maintaining patient and employee confidentiality. As such, patient 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 legally authorized to review and act upon such information.

11. Marketing

CVH does not market or advertise its services other than through community agencies, networks, and other state agencies.

12. Integrity of Clinical Decision-Making

The hospital will provide quality care for eligible patients regardless of compensation. Patient care is based on an assessment of the patient's health care needs. The same standard of care is given to all patients who are treated in this hospital.

13. Professional Practice

- a. All CVH employees are bound by the State Code of Ethics for Appointed Officials and State Code Provisions Applicable to Those Leaving State or Quasi-Public Agency Services, as contained in the Connecticut General Statutes and further delineated by the Commissioner's Policy Statement Chapter 3.1 and 3.12.
- b. All professional staff members must follow ethical codes as promulgated by their specific disciplines.

APPENDIX

Code of Ethics

Connecticut Valley Hospital Staff will strive to:

- **Regard** the health, safety, and dignity of patients as the first consideration and thereby render to each patient the full measure of professional skill, ability, quality care, and experience.
- **Serve** patients in a manner which respects their wishes, dignity, background, culture, religion, spiritual beliefs, age, race, gender and sexual orientation.
- **Treat** all patients with dignity, respect, and courtesy.
- **Engage** patients, families, and significant others to participate in the planning of their care to the extent that it is practical and possible.
- **Convey** information to patients regarding services truthfully, accurately, and fully.
- **Inform** all patients of therapeutic alternatives and the risks associated with the care they are seeking.
- **Respect** the unique characteristics of the therapeutic relationship, which demands sound, non-exploitative interpersonal transactions between the caregiver and the patient.
- **Respect** the confidential and personal nature of patient records, always refusing to reveal their contents without proper patient consent or other formal legal-authorization.
- **Resolve** conflicts among and between patients and staff fairly, objectively and as swiftly as possible. In cases where mutual satisfaction is not achieved, to pursue available appeal processes through the grievance mechanism, the Patient Advocate, or the Ethics Committee.
- **Never** knowingly condone the dispensing, promoting or distributing of drugs or medical devices that are not of good quality and that do not meet standards required by law.
- **Uphold** the dignity and honor of one's profession, and accept its ethical principles.
- **Avoid** any activity that brings discredit to one's profession or the Hospital.
- **Expose**, without fear or favor, illegal or unethical conduct of others who are providing patient care or services.
- **Respect** the rights, views, and positions of all staff, regardless of their degrees, discipline, status or duties.
- **Evaluate** one's own strengths, limitations, biases, and levels of effectiveness; to strive for self-improvement and development through further education and training.
- **Expand** professional knowledge consistent with our best possible judgment and practices, and make this knowledge available to our co-workers and patients, as appropriate.
- **Present** the Hospital's services and ourselves to the community using up-to-date, accurate and valid data and descriptions.
- **Avoid** conflicts of interest in their relationships and business practices and report such conflicts to their supervisor if they were to exist.
- **Provide** a uniform standard of care without regard to the patient's financial ability to pay. Health care needs, not financial concerns, are the priority in clinical decisions.
- **Follow** the State Code of Ethics for appointed officials and State Code Provisions applicable to those leaving state or quasi-public agency services as contained in the Connecticut General Statutes and further delineated by the Commissioner's Policy Statement Chapter 3.1 and 3.12. These codes refer to using one's public position or authority for personal financial benefit.