
The Community Ethics Network

Best Practices in
Health Care

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Table of Contents

- Abstract..... 3
- Introduction 3
- Best Practice..... 4
 - Accreditation Canada..... 5
- Community Based Ethical Issues..... 7
- Community Ethics Network 8
 - Background 8
 - Community Ethics Toolkit 10
- Recommendations 12
- Appendix 1 13
- Bibliography 14

Abstract

There are many ethical dilemmas encountered in the community setting that are very different from the acute care setting. There has not been a common approach to working through these dilemmas. This paper reports on one solution that seeks to provide education as well as a common approach to working through those ethical dilemmas encountered in the community setting.

Introduction

Healthcare organizations are always striving to provide the best quality care to its customers, whether internal or external. There are many ways to provide that quality care. Having a commitment from leadership of the organization, having processes in place that encourage and rely on continuous quality improvement and having good communication between internal customers as well as external ones are just some of the ways to ensure that providing quality care is a priority within an organization.

Another way to ensure that an organization is providing quality care is to be aware of, and utilize best practices in the work that is being done. Best practice can be applied to programs within an organization or education being provided to an organization. It can be a way of doing something, a process that has provided an efficient way of providing care, or a

specific way of delivering information to an organization. There are many different types of best practices that can be applied to a health care organization.

Best Practice

What is best practice? Best practice can be defined as “an idea that asserts that there is a technique, method, process, activity, incentive or reward that is more effective at delivering a particular outcome than any other technique, method, process, etc. The idea is that with proper processes, checks, and testing, a desired outcome can be delivered with fewer problems and unforeseen complications. Best practices can also be defined as the most efficient (least amount of effort) and effective (best results) way of accomplishing a task, based on repeatable procedures that have proven themselves over time for large numbers of people”.¹

When an organization undertakes to utilize best practices within its quality improvement initiatives, it is important for there to be a commitment from the senior management of an organization as well as from the staff that work on the front lines, and everyone in between. As all healthcare organizations as part of their quality improvement initiatives use outside accrediting bodies to audit the policies, procedures and processes that an organization uses in its day to day work, meeting those standards becomes a part of the quality improvement initiatives undertaken in an organization.

¹ Wikipedia Jan 2009

Accreditation Canada

One such organization is Accreditation Canada (AC), formerly known as Canadian Council on Health Services Accreditation (CCHSA). AC is the accrediting body of health service organizations such as acute care, community care, long term care and supportive housing, as well as many other health care sectors. Because of its large scope of health service organizations, it has become a resource for healthcare organizations looking to provide quality care to its customers.

Accreditation Canada has as one of its indicators in its new Qmentum Standards an indicator related to ethics and how staff and clients will handle ethics-related issues. This indicator can be seen in all AC Standards such as Home Care, Acquired Brain Injury, and Long Term Care. The indicator below is from the home care standards:

The team has a process to help staff handle ethics-related issues.

Ethics-related issues include decisions about providing, forgoing, or withdrawing life-sustaining treatment; or dealing with the client's risky behaviour, such as smoking, refusing to eat or eating inappropriately, refusing personal hygiene, or medications. The process should include guidelines and training for staff and service providers to make ethical decisions. It should also include guidelines for handling disagreements both between clients and service providers, and among service providers.

The team shares its process with clients and families.

Ethics-related issues may be addressed by an ethics committee or an ad hoc consultation team. The consultation team may include health service professionals,

clergy, or ethicists. In addition to clinical consultation, the ethics committee may be involved in policy review and ethics education.

All ethics-related issues should be recorded in the client health record²

In addition to the Qmentum standards speaking to ethical decision making, Health Canada made a request to “examine emerging issues in home care and end of life care”³ based on sessions from the Canadian Bioethics Society’s 16th Annual Conference held in October 2004. The result of this request was a summary and overview of presentations, “Ethical Issues in Home Care”. This summary underlines the emerging need for a comprehensive program in working through ethical dilemmas related to home and community care. Because of that request, as well as Accreditation Canada’s (AC) ethics standards in home and community care, it has become vitally important to develop best practices in working through ethical dilemmas in home and community care.

In order to fully meet this standard, it became apparent that community organizations that were going to be using AC as their accrediting body needed to develop a network of organizations that could work together to build a community ethics network. Community organizations typically do not have the financial ability, or capacity to have their own ethicists on staff. But as identified by AC, it is very important to be able to work through the many ethical issues that come up in home care and other community organizations with trained personal that are able to assist an organization with those needs.

² Accreditation Canada, Home Care Standards 2008

³ Ethical Issues in Home Care, Mitchell, I, Professor and Director of Bioethics, Preto, N Graduate Student in Bioethics pg. 3 Obtained from Health Canada website www.hc-sc.gc.ca December 2008

Community Based Ethical Issues

Within the home and community sector, the ethical issues identified are different from ethical issues identified in the acute care sector. Therefore a different approach is needed in order to support the ethical dilemmas being identified. Within the acute care sector, there is usually a bioethicist on staff who is able to be brought in to work with the professionals in the hospital to work towards an ethical resolution of any ethical dilemma identified. Within the community, this approach does not work well. The individuals that work in the home and community setting do not have easy access to bio-ethicists, are not always professionals, and have vastly different dilemmas to work through. Within the community a lot of the care being provided is being done so by support workers, or unregulated care providers. These unregulated care providers have a variety of different levels of education. And it is being provided within the client's home, where the client has more control over care being provided, safety decisions, including choosing to live in ways that could be considered at risk.

Many organizations working in the community sector have had great difficulty in the past in being able to provide assistance with the ethical decision making process. Sometimes because of lack of knowledge by the community organization, sometimes because of the lack of knowledge of the person working with the client as to what is an ethical dilemma. If best practice is defined as an idea that asserts that there is a technique, method, process, activity, incentive or reward that is more effective at delivering a particular outcome than any other technique, method, process, etc, than the Community Ethics Network can be identified as a

best practice for its process that is very effective at delivering an ethical framework for all community organizations.

Community Ethics Network

When identifying the Community Ethics Network (CEN) as a best practice for the discussion of ethical dilemmas in the home and community sector, it is necessary to understand how ethical dilemmas have been dealt with in the community prior to the formation of the CEN.

Background

Prior to the development of the CEN, home care and other community-based organizations worked on an ad hoc basis when presented with an ethical dilemma. While the majority of community organizations had ethics committees, these committees did not always have the direct involvement of bio-ethicists to assist them in working through these dilemmas. It was the responsibility of the organization's committee to assist the organization and its staff to utilize their available resources to work through ethical dilemmas such as the client that although he had diabetes, was still eating food that was not healthy for him and requested his support worker to buy donuts for him on the worker's way to his home, and then was angry when the worker did not bring the donuts to him. Each community organization worked through dilemmas such as this to the best of their ability, trying to find the most reasonable solution, meeting everyone's needs.

As well, it was not always economical feasible for each organization to have on staff its own bio-ethicist. There has historically been a lack of resources available to community based organizations when it comes to supporting staff working in the community to work through ethical dilemmas. Not only has there not been the human resources available, there has not been a common approach, with each organization trying to work through ethical issues they come across on their own, without the support of the community.

In 2000 the Toronto Central Community Care Access Centre (TCCCAC) worked collaboratively with the Joint Centre for Bioethics at the University of Toronto and many Toronto community organizations to start to build a network of community organizations that would work together to provide support and education regarding ethical decision- making within the community sector. The Community Ethics Network was formed to assist the home and community sector with meeting that need.

The mandate of the CEN is:

- to support ethical decision-making within its member organizations
- build ethics capacity in the community health sector including clients, families and the public
- become a leader in developing best practices in community health ethics⁴

The CEN was officially launched in 2005. This followed a pilot project that was completed in 2004. Currently the CEN takes its membership from organizations that work within the Greater Toronto Area. The growth of the CEN has been substantial. From twelve

⁴ Community Ethics Network Toolkit – pg 5

organizations in 2004 to over forty members in November 2008, the current membership of the CEN consists of organizations ranging from government based home care, such as TCCCACs, to home care organizations such as We Care Health Services. Other members are from equipment and supply companies as well as community organizations that work in supportive housing, which allows for the full spectrum of home and community care organizations. There is a very active steering committee that works on ensuring the continued growth of the network, both in number of organizations and ability of each member organization to have the resources available to them to develop a common approach to ethical decision-making in the community sector.

In 2007, the Community Ethics Network was a recipient of an Ontario Association of Community Care Access Centres (OACCAC) Award for Excellence. This award underlines the importance of the Community Ethics Network and the value that the OACCAC puts on its development.

Community Ethics Toolkit

One of the goals of the CEN was to develop educational tools that would assist the community organizations to make ethical decisions. Another goal was for community organizations, especially those belonging to the CEN to be able to use a common approach in the decision making process as it related to ethical decisions.

A decision making toolkit (Appendix 1) was developed by the CEN that assists the organizations that use it to:

- determine ethical principles
- explore all options
- to act on the decisions
- evaluate that decision

A study was done in 2008 by George Brown College (GBC) on the use, implementation, and impact of the Community Ethics Toolkit. This study was done in partnership with Revera Inc, a retirement home and long term care group that has facilities in the Toronto area. This study showed that the work that is being done in determining the effectiveness of the CEN and its development of a toolkit for use within the home and community sector is effective.

Results from the interagency interprofessional education (IPE) partnership between GBC, and Revera Inc. showed that the Community Ethics Network toolkit was a valuable tool to use to work through ethical dilemmas encountered in the work that employees of Revera Inc are doing. Qualitative findings showed that the participants liked the tool kit, finding it simple, straightforward and useful.⁵

The Community Ethics Toolkit also includes a worksheet to assist in the ethical decision making process as well as guidelines to work through the worksheet. The toolkit also assists in the use of case reviews. The pilot study done with the original implementation of the CEN included case reviews and findings from the pilot indicated that the staff found the case study reviews to be extremely effective in assisting staff to work through ethical dilemmas.

⁵ Learning to Care Together, Christine Houston,RN, Elisa Hellenberg MSW, presented November 18,2008

Recommendations

This ethics network has the capacity to be reproduced in a community that is committed to providing support and assistance to community based organizations working through ethical dilemmas. A community can be identified as any group of organizations that are committed to working together. In order for that to happen though, a champion or champions need to be identified to assemble the members of the community that are interested in working together to make a community ethics network a reality. Recommendations for how this best practice could be adapted in other communities include:

- Invite interested community based organizations to develop a steering committee with membership taken from throughout the community sector, including a local university bio-ethics department, home care agencies, regional health authorities, supportive housing agencies as well as equipment and supply companies.
- Once the steering committee has been established, develop terms of reference within that steering committee.
- Identify a champion(s) that will push the committee forward.
- Continuously recruit for new members of the organizations to keep the network vibrant and in touch with the needs of that community.

Appendix 1

Community Ethics Toolkit

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