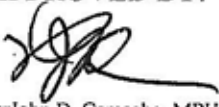


**GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL**

|  |   |  |                                  |                           |
|--|---|--|----------------------------------|---------------------------|
| <b>APPROVED BY:</b><br><br>Peter John D. Camacho, MPH<br>Hospital Administrator/CEO | <b>RESPONSIBILITY:</b><br><br>Hospital-wide | <b>EFFECTIVE DATE:</b><br><br>January 11, 2010 | <b>POLICY NO.</b><br><br>A-RI100 | <b>PAGE</b><br><br>1 of 6 |
| <b>TITLE: ETHICS COMMITTEE GUIDELINES</b>  |   |  |                                  |                           |
| <b>LAST REVIEWED/REVISED: 1/2010</b>   |   |  |                                  |                           |
| <b>ENDORSED: EC 9/2009, NM 9/2009, MEC 10/2009, EMC 9/2009, JCPAC 12/2009, BOT 12/2009</b>   |   |  |                                  |                           |

**PURPOSE:**

GMHA shall assure patients and staff of an environment conducive to the ethical practice of patient care. This will be accomplished through the formation of a multi-disciplinary committee that will commit to remain up-to-date regarding ethical principles. The functions of this committee will focus on (1) Review of hospital policies as they relate to clinical ethics; (2) Provide ongoing education and serve as an independent advisory resource for Hospital and Medical Staff; (3) Assist, on an informal basis, with the management of cases involving difficult ethical issues; and (4) Participate in a formal basis of case management.

A patient's plan of care is determined in collaboration between the patient, significant others, physicians, and other members of the health care team. Often issues of an ethical nature arise in this determination of a plan of care. In these situations, an Ethics Committee is an effective means to obtain assistance in this decision process. The recommendations of the Ethics Committee are strictly advisory and are provided to assist in making decisions of an ethical nature.

**POLICY:**

A. Objectives of the Committee

1. Develop policies, procedures, and guidelines for ethical issues.
2. Recommend endorsement of policies and procedures for obtaining Ethics Committee review.
3. Assure adherence to Joint Commission standards relating to ethical issues.
4. Plan and provide educational programs for GMHA staff on ethical issues.
5. Develop guidelines for ethics consultation.

B. Committee Members

1. Standing Committee Members:
  - a. Physician Chairperson
  - b. Administrator of Hospital Nursing Services, or designee, Vice-Chairperson
  - c. Medical Director
  - d. Pastoral Care Coordinator
  - e. Medical Social Services Administrator
  - f. Quality Management Administrator
  - g. At least three active members of the GMHA Medical Staff
  - h. One nursing Staff member
  - i. Joint Commission Compliance Officer

2. Additional Members may include:
  - a. Department of Mental health and Substance Abuse representative
  - b. Hospital Risk Management Officer
  - c. Additional representatives from Social Services
  - d. Community clergy member
  - e. Community expert on ethical issues

## PROCEDURE:

### I. APPOINTMENT/TERM OF OFFICE

Ethics Committee members are appointed by the Hospital Administrator/CEO. No set terms of office are established. It is expected that each Ethics Committee Medical Staff Member will serve at least one calendar year. Any member who does not attend a meeting for a six-month consecutive period will be unexcused and removed from the Committee. The chairperson of the Committee will be responsible for informing the member of this request. All Hospital Staff Appointees are expected to serve on this Committee on an ongoing basis.

### II. FREQUENCY OF MEETINGS

Meetings of the Ethics Committee will be held at least quarterly; however the Committee may be convened on an ad hoc basis to assist in resolution of ethical issues that may arise in the delivery of patient care, treatment, and/or services.

### III. AGENDA

An agenda will be prepared and distributed prior to meetings. Agenda items should be submitted to the Committee Chair by seven (7) working days prior to the scheduled meeting. The following topics (which also reflect the Committee's functions) will be standing agenda items:

#### A. Case Review/Consultation

1. An important function of the committee will be its role as a forum for analysis of ethical questions which arise in the care of individual patients. In most circumstances these questions concern appropriate care of patients with diminished capacity to participate in decision making regarding their care. In this role the committee will attempt to provide support and counsel to those responsible for treatment decisions including health care providers, patients, surrogates and members of the patient's family.
2. Case review is particularly recommended in three specific categories of decision making:
  - a. Decisions involving significant ethical ambiguity and perplexity in which case review may provide insight into complex ethical issues;
  - b. Decisions involving disagreement between care providers or between providers and patients/families regarding the ethical aspects of a patient's care; or

c. Decisions that involve withholding or withdrawal of life-sustaining treatment which are not adequately addressed in GMHA policies and procedures.

3. In this role the committee will not act as a decision-making body, but will attempt to assist and to provide support to those who do have this responsibility. Its role in all such cases shall be advisory.

B. Policy Review and Development

The committee will assist the hospital and its professional staff in the development of policies and procedures regarding recurrent ethical issues, questions or problems that arise in the care of patients. In this role the committee may provide analysis of the ethical aspects of existing or proposed policy or assist in the development of new institutional policy in areas of need.

C. Education

In cooperation with the Hospital administration, its various departments and divisions, and its medical/nursing and allied health professional staff, the committee will undertake educational efforts in clinical ethics. Depending on the availability of resources, the Committee will develop or assist others in the development of lectures, seminars, workshops, courses, rounds, in-service programs and the like in clinical ethics. The aims of these educational efforts will be to provide participants with access to the language, concepts, principles and body of knowledge about ethics that they need in order to address the complex ethical dimensions of contemporary hospital practice.

D. Ethical Issues

Responsible for identifying ethical issues within the Hospital and for providing ethically sound approaches for addressing these issues.

Subcommittees may be formed to address each of these issues.

IV. **QUORUM**

A quorum is defined as one third of the members plus one.

V. **MEETING ATTENDANCE REQUIREMENTS**

Meeting attendance is necessary. Any member who does not attend a meeting for a consecutive six-month period will be unexcused and removed from the committee. Please see *Appointment/Term of Office* above.

**NOTE: Meetings which do not involve discussion of specific case material will be open to any member of the hospital community. Guests and other interested parties will be allowed to attend at the discretion of the Committee chairperson.**

## **VI. MINUTES OF MEETINGS**

Minutes of each meeting will be distributed by the Committee's Chairperson during each meeting and shall be retained at the adjournment of the meeting. The permanent file of the minutes will be maintained in Nursing Administration. Minutes shall not include identifying information about specific patients, family members, individuals requesting case review/consultation or professional staff participating in the case review/consultation process. These records will be maintained in accordance with hospital policy and applicable law governing the confidentiality of records of medical review committees.

## **VII. REPORTING**

Summaries of meetings shall be forwarded to the Executive Management Council and Medical Executive Committee. As with Committee minutes, all summaries shall not include any identifying information.

## **VIII. CASE/REVIEW/CONSULTATION PROCEDURES**

### **A. Access to Committee**

The matters to be considered by the Committee consist of ethical issues that arise and are requested for review by patients, their significant others, physicians, nurses, pastoral care, community clergy, or other health professionals.

### **B. Case Reviews/Consultation**

#### **1. Formal Case Review/Consultation**

- a. Any request for case review/consultation should be submitted in writing to the Committee chairperson, and case review subcommittee leader, if applicable, with the exception of an emergency situation, in which case the need for a representative of the Committee should be communicated to the Nursing Supervisor.
  - i. The Nursing Supervisor will contact the Committee's chairperson (or designee) via the Hospital Operator.
  - ii. The Committee's chairperson (or designee) is responsible for contacting other members of the Committee.
- b. The Committee will undertake formal case review/consultation only in response to a reasonable and appropriate request for review by either (1) any of the following persons who is involved in the case: a member of the medical staff, house staff, hospital staff, or hospital administration, or (2) the patient, patient's guardian, surrogate or a member of the patient's family.
- c. Except in emergency situations, a patient care conference must be conducted on the nursing unit prior to requesting the issue be presented to the Ethics Committee. The patient's attending physician must be notified of the care conference and invited to attend. A member of the Ethics Committee should attend the

care conference to serve as facilitator and educator.

- d. The following issues should be addressed in the care conference before presentation to the Committee:
  - i. Summary of medical course of treatment from admission to present with an emphasis on medical evaluation.
  - ii. Identification of the ethical dilemma.
  - iii. Outline the options being considered.
  - iv. Patient or family requests, concerns, or perceptions.
  - v. Position of the physicians, nurses, social workers, and the patient's family or legal representatives.
- e. The person making the request shall obtain the following information:
  - i. Name of the patient/unit/department/room number
  - ii. Name of the patient's attending physician
  - iii. Brief outline of the case
  - iv. The specific reasons an ethical review is being sought
  - v. Information on whether the patient/family/patient representatives are involved and whether an interview by a member of the Committee is judged appropriate.
  - vi. An assessment of the urgency of the situation.
- f. The member of the committee who responds to this request shall be responsible for reviewing the patient's medical record and conducting an interview with the patient/family/patient representative as appropriate prior to the care conference.
- g. The Committee member will meet at the designated time and place with the Attending Physician, the individual requesting the consultation, and all parties deemed necessary.
- h. The Committee member will reinforce that ethical consultation is advisory only and the final decisions of patient care approach and treatment rest with the patient/family/patient representative in consultation with the attending physician.
- i. If the Committee member determines the ethical issue should be brought to the Committee, a special meeting is to be held within 48 to 72 hours after the patient care conference unless the issue is assessed to be of greater urgency. At least three members of the Committee, including one physician, are necessary to conduct this meeting.
- j. The Committee will review all the background issues of the case as identified in Section B, Item 2-e above, along with a brief summary of any patient/family/patient representative interviews and patient care conferences held. The members attending the special meeting will strive to come to a consensus determination for the recommended course of action. The recommendations of the Committee will be documented in the patient's medical

record by a physician or registered nurse member of the Committee. **The note will be prefaced by the statement: "The recommendations of the Ethics Committee are strictly advisory and are provided to assist in making decisions of an ethical nature."**

- k. The Committee's recommendations will summarize:
  - i. The ethical values involved in the case.
  - ii. Identification of the specific ethical problem involved in this case.
  - iii. Identification of the various options available or recommendation of the course of action the patient/family/patient representatives and the attending physicians may take.
- l. All discussions, notes, records, and documents of the ethics case review/consultation will be considered confidential.

2. Informal Case Review/Consultation

Committee members will be available to provide advice regarding a case in both an informal and formal manner. An informal review/consultation occurs when a staff member contacts an individual Committee member to discuss ethical issues and to ask questions. In the case of a request for informal case review/consultation, no documentation of the comments of any committee member will be placed in the patient's medical record. Informal requests for case review will, however, be reported by the involved committee member to the full committee at the next regularly scheduled meeting of the committee.

**RESCISSIONS:**

Policy 6301-5. Ethics Committee Guidelines, made effective August 01, 1992.

**GUAM MEMORIAL HOSPITAL AUTHORITY**

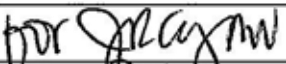
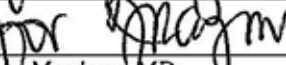
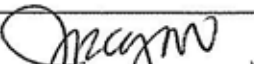
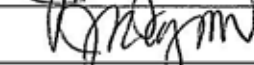
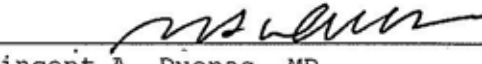
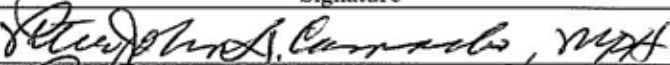
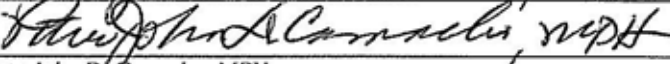
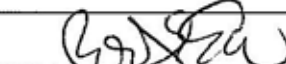


**REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

Bylaws Submitted by Department/Committee: **GMHA Ethics Committee**

Rules & Regulations Title: **Ethics Committee Guidelines**

Policies & Procedures Policy Number (if applicable): **RI100**

|          |  |  |
|----------|--|--|
| Reviewed | Date   | Signature  |
|          | 9/17/09  |     |
| Endorsed | 9/17/09  |     |
| Title    | Lee Meadows, MD<br>Chairman, Ethics Committee                                      |  |
| Reviewed | Date   | Signature  |
|          | 9/21/09  |     |
| Endorsed | 9/21/09  |     |
| Title    | Jennifer R. Cruz, BSN, RNBC<br>Chairperson, Nursing Management Committee           |  |
| Reviewed | Date   | Signature  |
|          |  |  |
| Endorsed | 10/28/09   |  |
| Title    | Vincent A. Duenas, MD<br>Chairman, Medical Executive Committee                     |  |
| Reviewed | Date   | Signature  |
|          | 09/14/09   |  |
| Endorsed |  |  |
| Title    | PeterJohn DeCamacho, MPH<br>Chairman, Executive Management Council                 |  |
| Reviewed | Date   | Signature  |
|          |  |  |
| Endorsed | 12/01/09   |   |
| Title    | Bevan Geslani, MD<br>Chairman, Joint Conference and Professional Affairs Committee |  |
| Reviewed | Date   | Signature  |
|          | 12/03/09   |  |
| Endorsed | 12/11/09   |  |
| Title    | Daniel L. Webb<br>Chairman, Board of Trustees                                      |  |

**\*Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**



# Guam Memorial Hospital Authority

Aturidat Espetat Mimuriat Guahan

850 GOV. CARLOS CAMACHO ROAD  
OKA, TAMUNING, GUAM 96913



BOARD OF TRUSTEES  
OFFICIAL RESOLUTION  
No. 09-124

*"Relative to approving the revisions to the policy & procedures for the  
Ethics Committee Guidelines"*

WHEREAS, the Medical Executive Committee has reviewed the policy & procedures for the Ethics Committee Guidelines and submitted such to the Joint Conference & Professional Affairs Committee for review and subsequent approval by the Board of Trustees; and

WHEREAS, the Board of Trustees Joint Conference & Professional Affairs Committee reviewed and recommends that the Board of Trustees approve the policy & procedures for the Ethics Committee Guidelines; now, therefore, be it

RESOLVED, that the Board of Trustees accepts and approves the recommendation of the Joint Conference & Professional Affairs Committee and adopts the policy & procedures; and be it further

RESOLVED, that the Hospital Administrator/CEO is directed to implement the processes and provide copies of this resolution to appropriate parties; and be it further

RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 3<sup>RD</sup> DAY OF DECEMBER, 2009.

Certified by:

Attested by:

DANIEL L. WEBB  
Chairman, Board of Trustees

GLORIA R. MORTERA  
Secretary, Board of Trustees