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	Title: Institutional Patient Care Ethics		
	Department: Patient Rights		
	Effective Date: 9/1993	Approval Date: 12/14/2022	Approved By: Director of Quality

## 1. Principle / Purpose

**Principle** – National Jewish Health (NJH) is committed to conducting clinical care, research activities and organizational practices in accordance with the highest ethical standards in order to serve the mission and vision of the institution.

National Jewish Health will maintain an Ethics Resource Committee comprised of Board members, community representatives, faculty, and staff. This group serves as a resource to assist NJH in addressing ethical issues in clinical, public health, and research, acknowledging that areas of ethical concern are not independent in that each may affect the others, and may fall under the advisement of other organizational bodies.


The Ethics Resource Committee is an advisory, educational, and consultative body that reports to the Board of Directors through the President/CEO of NJH.

**Purpose** – The purpose of the committee is to help NJH and its satellite clinical facilities to function as an ethical community by performing, at a minimum, the following duties:

- A. Provide a forum and opportunity for individuals within the institution to ask questions, and seek guidance concerning ethical issues that arise pertaining to patient care, public health, research or other activities of the institution.
- B. Assist in the education of staff, faculty, and administrative leadership as needed, on case-based ethical issues, as well as on ethical standards of medical practice.
- C. Provide consultation and advice to NJH healthcare providers, researchers, staff, patients, and family members, as requested, concerning ethical issues.
- D. Function as a member of a clinical triage team in the event of a community-wide health care crisis, when crisis standards of care are activated.

## 1. Scope

National Jewish Health, its patients and their families, faculty, staff and volunteers.

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## 2. Policy

### A. Appointment and Membership


1. As an institution, we make a commitment to diversity and inclusivity in defining the membership of the Ethics Resource Committee.
2. The Ethics Resource Committee shall consist of members chosen from the following categories:
  - One (1) chair or two (2) co-chairs (can also be the Board member)
  - At least two (2) community representatives; these individuals cannot be affiliated with National Jewish in either a Board or an employment capacity.
  - At least one (1) member of the Board of Directors
  - At least two (2) clinical faculty representatives: at a minimum, one from the Department of Pediatrics and one from the Department of Medicine
  - At least one (1) staff member from Social Work
  - At least one (1) staff member from Department of Nursing
3. The President/Chief Executive Officer (or designee) shall appoint all Committee members in consultation with the Committee Co-Chair(s).
4. Members are appointed for a three-year term and may be re-appointed at the discretion of the President/Chief Executive Officer (or designee).
5. Members will commit to ongoing education related to the core principles of ethics in healthcare, public health, and research.

### B. Meetings

The Ethics Resource Committee shall meet a minimum of 4 times per year. The Chair or Co-Chair may also convene Committee meetings on an as needed basis.

### C. Requesting an Ethics Consultation

1. An ethics consultation may be requested by contacting the Ethics Resource Committee Chair(s) or a member of the Committee. A complete list of Committee members is available through the Operator or the Nursing Supervisor. In the

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event that a Committee member is not available, the Hospital Administrator-on-Call will be contacted.

2. Consultation may be requested by NJH healthcare providers, researchers, staff, patients, and family members.
3. The Ethics Resource Committee shall, in its sole discretion, decline requests to review allegations that are not compatible with the Committee's role within NJH.
4. There will be no charges, billing, or fees-for-service for ethics consultations.


#### D. Responding to a Request for Ethics Consultation

Upon receiving a request for an ethics consultation, the Committee Chair, Co-Chair, or designee will review the request with the following considerations:

1. Identify that an ethical issue is involved, and that it falls within the purview of the Ethics Resource Committee.
2. Identify the urgency with which the consultation needs to be completed to determine if an ad hoc meeting is necessary.
3. If the consultation is regarding medical care of a patient at NJH, the attending physician or other appropriate members of the care team will be notified of the request.
4. Members of the Committee will meet to review the request for consultation, identify questions, issues, and ethical principles involved, and will provide advice as outlined below.

#### E. Reporting and Communication

1. The Committee will provide a written report of the Committee's response to the person(s) requesting the consultation. An ethics report is advisory only. Final decisions are made by the patient, family, the health care team or others requesting the consult.
2. The Committee will comply with all applicable federal, state, and local privacy and security laws and regulations. This includes the minimum necessary standard: to make reasonable efforts to ensure that access to Protected Health Information and/ or Personally Identifiable Information is limited to the minimum necessary to accomplish the intended purpose of a particular use, disclosure, or request.

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3. The report may be entered into a patient’s medical record by a member of the care team if the consultation involves an ethical issue related to patient care.
4. The information disclosed by an individual requesting advice from the Committee, and Committee opinions issued, will be treated confidentially to the extent possible; however, information may be used and shared as necessary to facilitate the purposes of this policy including with authorized individuals in the conduct of their official NJH responsibilities, and, faculty and staff with clinical responsibilities at NJH, with appropriate officials at any NJH locations; and where required by law.
5. The report will be archived in the Ethics Resource Committee’s record system.

**F. Operations at Other Non-National Jewish Health Facilities**

Ethical issue arising from NJH’s faculty interactions with patients or providers in hospital settings other than on NJH’s main campus and satellite clinical facilities should be taken to the respective ethics’ committees at those facilities.

**G. Legal and Regulatory Advice**

The Ethics Resource Committee is not intended nor authorized to provide legal advice. Legal questions and concerns should be referred to the VP of Legal and Regulatory Affairs.