

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

Healthcare Ethics Committee

Effective Date: 04/01	Policy No: AD061
Cross Referenced:	Origin: Healthcare Ethics
Reviewed Date: 05/04, 08/07, 05/10, 6/12	Authority: Chief Operating Officer
Revised Date: 6/12	Page: 1 of 3

PURPOSE

To outline the means to address the broad range of ethical issues which arise in the delivery of health care.

POLICY

Hackettstown Regional Medical Center (HRMC) will maintain a multidisciplinary forum called the Healthcare Ethics Committee which will serve in an advisory, consultative and educational capacity to: 1) physicians, other clinicians and professional staff; 2) patients and their families; and 3) administration.

PROCEDURE

I. MEMBERSHIP

A. Composition

The Committee shall be composed of: three physicians selected from the Medical/Surgical Staff of the hospital (one of which shall be a primary care physician and one of which shall be a neurologist); three HCH nurses (at least one of which shall be from nursing administration); the hospital's Chaplain; the hospital's Risk Manager; a hospital Social Worker or Patient Care Review staff member; the Patient Representative; one community member; and additional members as recommended by the Committee and approved by the President/CEO.

B. Appointment

The President/CEO will appoint the members and the Chair. The President of the Medical Staff will nominate the 3 members of the Medical Staff to the Committee. The Chief Nurse Executive will nominate the three nurses to the Committee. The Chair of the Committee will nominate a community member (who will be expected to sign a Confidentiality Statement). The Committee members may also nominate other HRMC Staff members.

C. Term of Membership

All nominated members of the Committee will serve two-year terms. A nominated member may be appointed for an additional term or terms after expiration of his or her initial term. Termination of employment by the hospital or of membership in the medical staff of the hospital will automatically terminate membership on this Committee.

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II. FUNCTIONS

- A. Function 1:** To advise hospital administration and medical staff on matters of policy and practice when ethical considerations are involved and to provide a forum for the discussion of ethical questions that arise in the hospital that are not handled systematically by any other committee.
- B. Function 2:** To assist and support the development of formal and informal educational programs on ethical issues.
- C. Function 3:** To be available as a resource to staff, patients, and/or families in ethical decision-making and to be available to review cases when requested.

1. Activation for Case Review

The Committee will be activated by a request to the Administrative offices (ext. 6802) or to any person on the Committee. The Committee may be activated by a patient, a patient's family or a legal guardian, a patient's attending physician, any other person directly involved in a patient's care, by the Chief Executive Officer of the hospital or by the administrator on call. Upon notification, the Committee will use its best efforts to convene within 72 hours. At least five (5) members, of whom one (1) must be a physician, must be present for the Committee to be called to order. If a Committee member is unavailable, an alternate may be selected by the chairperson from an appropriate discipline. If a Committee member is directly involved in the case under consideration, that person may be excused from the deliberations of the Committee and the chairperson may select an alternate from an appropriate discipline.

2. Function in Case Review

The Committee consensus is consultative and advisory only. The Committee may seek additional information from any source it deems appropriate, including pertinent patient records and consultants such as medical specialists, attorneys and medical ethicists, as necessary; and may invite the consultants to participate in the deliberations of the Committee. Furthermore, the patient, the patient's family or legal guardian, or the attending physician may request that another physician be present at the Committee's deliberations. If the determination of a prognosis is deemed necessary, physicians will be responsible for making the determination.

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3. Report of Case Review

The Committee shall compose a written report summarizing the deliberations and setting forth the Committee’s recommendation. Copies of the report may be made available to the individual or individuals requesting that the Committee convene, the patient’s attending physician, and others as appropriate. The original report will become part of the patient’s medical record. The recommendations of the Committee will not, however, be binding upon the attending physician who shall retain the option of accepting or rejecting the recommendations or transferring the patient to another physician who would feel comfortable with the agreed upon recommendation.

4. Consultation for terminally ill individuals with developmental disabilities under guardianship of the Bureau of Guardianship Services.

NJAC 10:48B allows Bureau Guardianship Services guardians to make a broader array of decisions at the end of life, but requires a referral to an Ethics Committee that meets minimum criteria set out in the regulation. The HCH Healthcare Ethics Committee has been determined to meet those criteria outlined in Section 3:1 of the regulation.

III. MEETINGS

The Healthcare Ethics Committee will seek to meet six times a year with a minimum of at least three times annually and at additional times as may be needed. Whenever the Committee convenes, minutes of its meeting shall be made by the Recorder (appointed by the chair), and maintained by the Chair.