

Protecting People While Increasing Knowledge

Hyatt Regency Hotel
Calgary, Alberta May 4-6, 2008



Shared responsibility in protecting health care professionals: how can knowledge exchange within the workplace be an ethical construct?

Anne Hofmeyer PhD; Catherine Scott PhD; Nadine Gall MSc



calgary health region

Overview of presentation



1. Ethical requirement for workers to participate
2. QI activities create potential risk for workers
3. Practical ethical strategies for leaders
4. Strengthen the system – corporate ethical governance



Ethical review for QI



- Traditional ethical review processes are not appropriate to review QI activities.
- Ongoing work by ARECCI, The Hastings Centre.....
- Baily *et al* (2006) – 7 ethical requirements for the protection of patients and health care workers *as participants* in QI activities.



7 Ethical requirements



1. Social or scientific value
2. Scientific validity
3. Fair participant selection
4. Favorable risk-benefit ratio
- 5. Respect for participants**
- 6. Informed consent**
7. Independent review



What does this mean?



5. Respect for participants

- Basic information about QI activities
- Confidentiality protected in QI results

6. Informed consent

- Minimal risk QI activities as part of job
- Informed consent if more than minimal risk

So – what can we do



- Shared responsibility in QI between health care leaders, managers and workers (e.g., “more than minimal risk”)
- Clear expectations about competency-based performance
- Competency & professional accountability – *expected QI participation* discussed at orientation and ongoing
- Communities of practice strengthen knowledge exchange and competency development



One size does not fit all



- Some workers have greater capacity and readiness for change and adaptation
- Others will be at higher risk in QI process - require support and mentoring in up-skilling and education



When the worker is revealed as incompetent



- Specify area of incompetence, avoid labeling the “worker as incompetent”.
- Provide practical ethical care and support in transition – either to up-skill or in the separation process



Respect and care



When - Provide prompt and timely feedback

What - Specific, candid, accurate, evidence-based feedback based on assessment of the specific area/s and reason/s (e.g., memory problems, early dementia)

How - Respect and care within an environment of veracity, confidentiality and compassion



Concluding Comments



Much of a person's identity and sense of contribution and accomplishment are related to the work that she or he does.....Losing a job is a threat to one's sense of identity and self-worth, as well as to financial well being and security (Leonard Weber, 1994, p. 24)

We must do the right thing well !!

References



- Baily MA, Bottrell M, Lynn J, Jennings B. (2006). The Ethics of Using QI Methods to Improve Health Care Quality and Safety, *Hastings Centre Report* 2006; 36(4):S1-S40. [PMID: 16898359] Accessed at www.thehastingscentre.org on 19 November 2007
- Calgary Health Region (2006). *Competency Guide: Embracing Competencies...Building on your skills*. Calgary Health Region, Alberta, Canada.
- Emanuel EJ, Wendler D, Grady C. (2000). What makes clinical research ethical? *JAMA* May 24/31 283(20):2701-2711.
- Hagen B, O'Beirne M, Desal S, Stingl M, Pachnowski C, Hayward S. (2007). Innovations in the Ethical Review of Health-Related Quality Improvement and Research: The Alberta Research Ethics Community Consensus Initiative (ARECCI). *Healthcare Policy*, 2(4):1-14.
- Lynn J, Baily MA, Bottrell M, Jennings B, Levine R. et al (2007). The Ethics of Using Quality Improvement Methods in Health Care. *Annals of Internal Medicine* 146:666-673.
- Weber LJ. (2001). *Business Ethics in Healthcare: Beyond Compliance* Indiana University Press,
- Weber LJ. (1994). Ethical Downsizing. *Health Progress* 75(6):24.
- White D, Suter E, Parboosingh J, Taylor E. (2008). Communities of Practice: Creating opportunities to enhance quality of care and safe practices. *Healthcare Quarterly*, 11:80-84.

Contact Information



Anne Hofmeyer, PhD – anne.hofmeyer@unisa.edu.au

School of Nursing & Midwifery, University of South Australia, Australia

Cathie Scott, PhD - cathie.scott@calgaryhealthregion.ca

Calgary Health Region and Adjunct Assistant Professor

Departments of Community Health Sciences & Sociology, University of Calgary

Nadine Gall, MSc - nadine.gall@calgaryhealthregion.ca

Calgary Health Region, Alberta

The views expressed herein do not necessarily represent the views of Calgary Health Region or the University of South Australia.

