



Review of Canadian Council on Health Services Accreditation (CCHSA) Draft Accreditation Programme 2008 Submitted July 2007

Introduction

In June 2007, the Provincial Health Ethics Network (PHEN) in Alberta solicited feedback from PHEN members and others interested and working in the area of health ethics to review the standards within the Canadian Council on Health Services Accreditation (CCHSA) Draft Accreditation Programme 2008.

The purpose of this review was (1) to reflect on the ethical issues that arise in the planning and delivery of health care and the promotion of health, (2) to envision the ideal ethical health organization, and (3) in light of this reflection and envisioning, to consider how the new draft programme could be improved to “raise the bar” in terms of developing and supporting an ethical climate within health organizations.

The feedback was received in written form and through three discussion sessions held in Calgary, Edmonton and via teleconference. A total of 29 individuals from across Alberta as well PHEN members from Saskatchewan, Nova Scotia, and New York contributed to the process. Participants included clinical ethics committee members and those working in a variety of sectors in the health system: administration, management, research, mental health, palliative care, chronic disease prevention, health promotion, nutrition and clinical ethics.

This document provides a summary of the feedback garnered from these discussions. It is not intended to be a position paper and does not express the organizational opinion of PHEN. While every effort has been made to accurately reflect the most salient concerns and suggestions raised, the information outlined below does not necessarily represent a consensus, particularly as participants in different discussions did not have the benefit of reflecting on each other’s comments.

For the purposes of the discussion sessions and this document, the term *ethical issues* has been assumed to refer to questions that, at their core, involve potentially competing values. Since most decisions involve and are based on (often implicit) value assumptions, the scope of issues having ethical implications in the health setting, by this definition, is vast. Thus, in this broad sense, all sections of the accreditation programme have ethical implications. However, in order to undertake a more manageable task, only the *Governance* and *Proactive and Supportive Organization* documents were reviewed, and, within them, only those standards that were most explicitly related to ethics.

This summary is divided into three sections. Section I provides an overview of general comments made regarding the *Governance* and *Proactive and Supportive Organization* documents. Sections II and III

provide detailed suggestions or comments that arose from closer examination of the standards within the *Governance* and *Proactive and Supportive Organization* documents respectively.

Section I: General Comments

Participants commended CCHSA on its effort to further strengthen the complex role of ethics in Canadian health care. Health care organizations are increasingly using the CCHSA's Accreditation Programme as a guide for incorporating the consideration of ethical issues into their organizations' cultures. It was felt that the pervasiveness of ethical issues in the delivery and planning of health systems was well recognized within this new Draft Programme as evidenced by the many standards containing references to the need for ethical reflection and action.

While numerous participants felt that the Programme was successful in more comprehensively incorporating ethical considerations into the standards, a significant number commented that the picture of ethics used throughout the documents was narrower than justified. For the most part, the standards address values, frameworks, principles, guidelines, codes of conduct and policies, which are part of the ethical life of people and organizations, but are not the only important considerations. It was suggested that the Programme also consider ways of cultivating appropriate attitudes, habits, virtues, cultures, and environments within health organizations. In this way, participants felt that the standards echoed a somewhat bureaucratic or managerial view of ethics that focused more on compliance and less on how to foster an ethical culture within an organization that enables people to put values into practice.

There was significant confusion expressed about the use of ethics terminology throughout both documents, with suggestions that it be made more consistent and clear. For example, the terms *ethical framework*, *ethics strategy*, and *ethics policy* are used interchangeably in various standards but are not defined. Because participants were uncertain of the meaning of these and other terms, they were uncertain about the intent of the related standards and how they should be both realized and measured. It was suggested that these and other terms could either be defined in a glossary section or explained through the use of examples.

There were some inconsistencies noted in the sets of individuals that were included or addressed in some parts. For example, within the *Governance* document, Standard 5.0 says *The governing body defines a set of organizational values, and educates its members, staff, service providers, and stakeholders about them*, and Standard 5.1 says *The governing body works with staff and service providers to define the organization's values*. Standard 6.2 in the *Proactive and Supportive Organization* document contains the sentence *The process should address ways of involving staff, service providers, clients & volunteers in setting the organization's values, as well as disseminating the values throughout the organization*. Participants felt that there may not be sufficient justification for these groups of individuals to vary, and that it would be helpful if they were made consistent; that is, unless certain groups were omitted in some standards intentionally, these lists could include all groups (members, staff, service providers, stakeholders, community members, clients & volunteers) and be the same throughout all standards and documents.

Finally, the reviewers noted that there was great potential to use *Guidelines* to further clarify and refine the standards. As a number of the standards related to ethics may be seen to be less concrete

and more general than those covering other subject areas, and given the impact the *Guidelines* will very likely have on how the standards are practiced, the CCHSA may wish to consider using the *Guidelines* to offer even more thoughtful and diverse examples to help readers shape in their minds what an ethical organization might look like.

The CCHSA was congratulated for its interest in soliciting feedback on these draft standards as an important part of the public policy process, and those who contributed to the discussions and submitted written comments expressed their gratitude at being given the opportunity to contribute to this review.

Section II: Governance

5.0 The governing body defines a set of organizational values, and educates its members, staff, service providers, and stakeholders about them.

Although the standards that follow this overarching standard make it clear that the development of organizational values should involve others within the organization, participants felt that it would be helpful to make this explicit here. These standards present an opportunity to focus on creating an ethical organizational culture through activity and dialogue with everyone involved- not simply education about previously defined values. Participants suggested including in the process those who receive health services - patients, families and/or the community. It would also be helpful if this standard suggested the circumstances under which and/or the frequency with which the values should be reviewed. Perhaps this standard could be aligned with Standard 6.2 in the *Proactive & Supportive Organization* document, which mentions a collaborative process and updating the values.

Suggestion: In collaboration with its members, staff, service providers, stakeholders, community, clients & volunteers, the governing body defines and updates the organization's values.

5.1 The governing body works with staff and service providers to define the organization's values.

It may be helpful here to clarify what is meant by the term *works with* and to include some guidelines about how this work is to be completed. Perhaps the word *collaborate* could be used, as a more specific term. As with Standard 5.0 above, participants suggested there be a defined recommendation for how often the values should be revisited and others should be consulted. Finally, participants were uncertain why only staff and service providers are mentioned here, when a more inclusive list of people is included in Standard 5.0.

Suggestion: The governing body works, in an open and collaborative way, with members, staff, service providers, stakeholders, community, clients & volunteers to define the organization's values.

5.2 The governing body demonstrates and communicates the organization's values throughout the organization

Participants echoed the sentiment that governing bodies should demonstrate and communicate the organization's values, but were concerned that it was not clear here how this should be practiced. It

was suggested that *Guidelines* be included to indicate how and where within the organization (and perhaps external to the organization) such communication and demonstration might take place.

Suggestion: The governing body exemplifies, promotes, and cultivates the organization's values throughout the organization.

5.3 The organization's values are reflected in the workplace culture, decision-making, and how services are delivered.

Participants appreciated the inclusion of the term *workplace culture* here, and agreed that it was important to include a standard to ensure an organization's policies are consistent with its values and that its values are translated into action. However, they worry was expressed that the standard was too general and therefore unclear on how an organization would demonstrate this. Specifically, a number of participants felt uneasy about using the term *reflected*. This is, in relative terms, a very important standard, and therefore great care should be taken to ensure that the correct wording is used to better illustrate how important it is to consider values in the workplace culture, decision-making processes and in how services are delivered. Further, they thought it would be helpful to include recommendations about how this would be evaluated.

Suggestion: The organization can demonstrate that its values are embodied in people's attitudes, habits, decisions, and actions, and that it delivers services, makes decisions and nurtures its organizational culture in ways that explicitly address the ethics issues involved.

6.0 The governing body develops, and regularly reviews and updates the organization's policies on ethics-related issues.

Participants felt that this entire section (Standards 6.0- 6.5) presented an opportunity to “raise the bar” in terms of cultivating an ethical culture within health organizations. In order to do so, participants suggested that the language used should have less of a legal and compliance tone. Further, there was some confusion about the meaning of the ethics terminology used in Standards 6.0- 6.5. For example, the phrase *policies on ethics-related issues* is used in 6.0, while Standards 6.1– 6.3 use the term *ethics framework* and Standards 6.4- 6.5 use *ethics process*. Participants suggested that if these terms were used intentionally to indicate different mechanisms, it would help to explain or define them; if not, consistent terminology should be used. In order to emphasize the importance of regularly reviewing policies and to ensure the reviews are not perfunctory and include those affected by the policies, participants felt that it would be useful to include guidelines for this process.

Suggestion: In collaboration with relevant and affected people, the governing body develops and regularly reviews the organization's policies on ethical issues.

6.1 The organization has a written ethics framework to guide ethical behaviour throughout the organization.

Guidelines: The ethical behaviour may include the following: maintaining confidentiality; protecting and properly using the organization's assets; complying with laws, rules, and regulations; and the reporting of any illegal or unethical behaviour.

Participants understood the intent of this standard to be one designed to encourage an organization to consider its general approach to identifying, thinking about, and resolving ethics issues. and felt

that there was an opportunity to reflect this goal more explicitly within the language of the standard. The standard mentions *ethical behaviour* but the examples provided are more focused on compliance and legal behaviour. They also suggested that the term *ethical behaviour* be changed to *behaviour*, since ethical considerations should guide all behaviour. The group was unclear about the meaning of *ethics framework*, suggesting that it could be interpreted as a policy, a code of conduct or a decision-making framework.

6.2 The ethics framework is publicly accessible.

Participants agreed with this standard of public accessibility, but were unclear what is meant by *framework*, as discussed above. They were also unclear about the meaning of *publicly accessible*; that is, could this standard be met by posting the framework within the institution, on the organization's website, or by making it available if someone requests it?

6.4 The organization has a process to address ethics-related issues.

Guidelines: The ethics process is integrated, and applies to all types of ethics issues, including organizational, research, clinical, and bio-ethics. This should include mechanisms for members of the governing body to understand, identify, declare and resolve conflicts of interest.

While the group felt it was integral to have an organizational process to address ethics issues, they were uncertain whether one process could adequately respond to the diversity of issues within organizational ethics, research ethics and clinical ethics. For example, a traditional clinical ethics committee may not have the right training, information and power to adequately address organizational ethics issues. Further, Standard 6.5 in the *Proactive and Supportive Organization* document refers to the organization having *processes* to handle ethics-related issues and concerns, which conflicts with this standard for one integrated process. Participants also felt it was important to note within this standard that it is not enough to develop processes to address ethics issues - those involved should know about them, be able to access them, and feel that they can use them without repercussions. Finally, since the field of bioethics is generally understood to incorporate the areas of organizational, research and clinical ethics, participants felt the term *bioethics* was extraneous.

Suggestion: The organization has processes to address ethics issues, and ensures members, staff, service providers, stakeholders, clients & volunteers know about these processes and can access them without fear of repercussions.

6.5 The process includes ways for anyone in the organization to confidentially report suspected or potential breaches of the ethics framework.

Guidelines: This may include, for example, an organizational whistleblower policy.

Again, participants were felt the meaning of the term *ethics framework* is unclear here. An ethics framework is generally understood to be a set of guidelines to work through ethics issues, thus they were uncertain how such a tool could be breached. The group interpreted this standard as calling for a reporting policy for breaching a set of rules or code of conduct; they felt that this standard presents an opportunity to focus less on compliance for written policies and more on addressing the root cause, namely nurturing an ethical organizational culture and environment. Participants

suggested that the phrase *anyone in the organization* be replaced with *members, staff, service providers, stakeholders, clients & volunteers* to make the meaning of this phrase more explicit. Further, while the group felt that whistleblowing is an important consideration, they suggested that a better example to include may be creating a culture of transparency, support, empowerment and trust to take concerns to the governing body.

Suggestion: The organization strives to create a workplace culture in which all people, whatever their position in the hierarchy, feel free to voice concerns about ethics issues; since this ideal may not be fully realized, the organization also has ways for people who fear recrimination to report potential breaches in a confidential manner.

8.3 The governing body has a process to set bylaws & corporate policies, and operates according to those it sets
Guidelines: Bylaws & corporate policies govern the internal management of the organization, including ethics-related issues

Participants felt that this standard could helpfully include a reference to the importance of regularly reviewing and updating bylaws and corporate policies. Also, they were unclear whether the standard suggests that policies governing ethics-related issues should be organizational policies, or whether departments and units may have their own policies to address idiosyncratic ethics issues.

Suggestion: The governing body has a written process to set and review bylaws and corporate policies, and operates according to those it sets.

9.3 The governing body has processes to declare and resolve conflicts, make group decisions, and analyze past and potential decisions.

It is unclear whether the reference to *conflicts* is intended to refer to conflicts of interest or rather conflicts of opinion. Also, the word *resolve* may be misleading, since both conflicts of opinion and interest cannot always be resolved. Perhaps *address* would be a better choice of terminology.

14.5 When allocating resources, the governing body considers ethics, values & social costs/benefits.
Guidelines: Resources should be fairly distributed across populations, geographic regions served, and the continuum of service.

Participants thought the term *fair* may be defined or interpreted in various ways, making it difficult to evaluate. Yet they felt it was important to not specify a particular process or theory of justice, but instead to mention the idea of a fair process and some relevant factors to consider. Participants also felt it important to stress that both the *process* of decision-making should be fair, as well as the *content* of those decisions. They felt that the guidelines provided are helpful and important to consider, but that there are other issues of fairness that should be included.

Suggestion: When allocating resources, the governing body ensures that the process of decision-making is fair and transparent, and that the decisions are based upon explicit consideration of ethical issues in the allocation of resources. Values to be considered include but are not limited to social cost, social benefits, the need to address health inequalities, and the social ideal of inclusion. The

governing body communicates these decisions in a respectful, sensitive way to those affected by them.

Section III: Proactive & Supportive Organization

6.0 The organization delivers services & makes decisions according to values & code of ethics

As with Standards 6.0- 6.5 in the Governance document, participants felt that this section (6.0- 6.9) placed undue emphasis on compliance with a codified set of rules, in contrast to building people's capacity to reflect on their actions and do the right thing. While compliance issues are important, in order to "raise the bar" in terms of ethics, this section provides an opportunity to emphasize the need to nurture an ethical culture within the organization.

The difference between this standard and Standard 5.3 in the *Governance* document was not clear. Also, while values are considered in both instances, this standard mentions a code of ethics and omits mention of organizational culture. If the intent of these standards is the same, yet must be included in both documents, participants suggested that the terminology used should be the same. Participants were also uncertain what *values* and *code of ethics* should be considered - the organization's values and code of ethics or an individual's values and their professional code of ethics? If it is the former, there is no standard in the Governance document about creating an organizational code of ethics. The group felt that these terms should be more clearly defined in order to understand the intent of the standard. They also felt it would be useful to include Guidelines citing examples of how to realize this standard, such as considering organizational values in all policy-making and referencing key ethics-related documents during employee performance evaluations.

Suggestion: The organization can demonstrate that its values are embodied in people's attitudes, habits, decisions, and actions, and that it delivers services, makes decisions and nurtures its organizational culture in ways that are consistent with those values.

6.1 The organization has a clear statement of its values.

Guidelines: Organizational values shape organizational objectives & prescribe acceptable behavior for staff, as well as acceptable relationships with other organizations. Values may include duty, respect, confidentiality, integrity, honesty & ethical behavior, equity & concern for organizational fairness, safety, and concern for workplace health.

Participants discussed the importance of organizations stating their values. They felt the term *clear* is ambiguous here, thus difficult to evaluate, and suggested that it be replaced with *written*. Further, they felt the phrase *values may include* might be misread as presenting a restrictive list (i.e., "you can choose your values from this list"). They thought the inclusion of *ethical behaviour* on this list of values is misplaced, since all other items on the list are, in fact, examples of ethical behaviour. Finally, the group questioned why only *staff* was included here; that is, whether the intent of the standard is to describe expectations of staff only, excluding other groups of people within the organization.

Suggestion: The organization has a written statement of its values.

Guidelines: Organizational values shape organizational objectives & prescribe acceptable behavior for members, staff, service providers, stakeholders, clients & volunteers, as well as acceptable relationships with other organizations. Values may include, but are not limited to, duty, respect, integrity, honesty, equity & concern for organizational fairness, safety, and concern for workplace health.

6.2 The organization has a collaborative process for setting and updating the organization's values.

Guidelines: The process should address ways of involving staff, service providers, clients & volunteers in setting the organization's values, as well as disseminating the values throughout the organization.

Participants supported the inclusion of a collaborative process and updating the organization's values, points which were missing in Standard 5.0 in the Governance document. As mentioned previously, if there is no difference intended, it would be helpful for the wording of this standard – as well as the list of groups listed in the Guidelines - to be aligned within both documents. Also, it was felt that there is an opportunity within this standard to ask organizations to not just determine and update their values, but also to ensure the values are cultivated, encouraged and realized within the organization.

Suggestion: The organization has a collaborative process for formulating, cultivating, measuring, and updating the organization's values.

6.3 The organization develops and implements a comprehensive ethics strategy.

Guidelines: The ethics strategy should include the following: an ethics framework including guiding principles; integration of organizational and clinical ethics; clear responsibility for the ethics function within the overall organizational structure; mechanisms to involve staff, service providers, community representatives, and clients in ethics-related issues and decision-making.

Participants suggested that in order to develop a comprehensive ethics strategy, it would be helpful to state here what its ultimate goal is. The guidelines help to provide this information, yet the group felt that they may not be specific enough either; for example, it is unclear what is meant by *ethics framework*. While participants agreed that it was important to develop a strategy to address organizational ethics issues as well as clinical ethics issues, as mentioned in Standard 6.4 in the Governance document, participants questioned the feasibility and desirability of *integrating organizational and clinical ethics*. The concept of including *mechanisms to involve staff, service providers, community representatives, and clients in ethics-related issues and decision-making* was also supported; in addition, participants felt that volunteers, stakeholders and members should also be included here.

6.4 The ethics strategy includes a code of ethics to support business and professional behavior.

As mentioned in Standard 6.3, participants were unclear about the meaning and goal of *ethics strategy*. Further, participants were uncertain about the meaning of *business and professional behaviour*, namely whether this addresses business practices or the behaviour of individuals within the organization. For example, participants suggested that it could be interpreted as one's behaviour within a professional role, which is different than one's behaviour as an individual; how we conduct ourselves with our colleagues; with clients; with families; with external organizations and stakeholders. There

was some discussion about whether it would in fact be beneficial or necessary for an organization to have its own code of ethics. That is, they pointed out that most individuals involved with the organization will have existing professional codes of ethics, which may not align with the organization's code. Also, they felt that difficulties may arise if codes of ethics between health regions or organizations do not align with each other.

Suggestion: The ethics strategy includes ethics guidelines to support business practices and professional behavior of staff, service providers, stakeholders and volunteers.

6.5 The organization has processes to handle ethics-related issues & concerns.

Guidelines: The organization's processes may include set criteria to guide discussions and decision-making concerning ethics-related issues. Examples include conflict of interest, issues of non-compliance with the code of ethics, confidentiality, promotional activities, resource allocation, consent, death & dying, and research.

Participants felt that it is important to not only ensure processes exist to handle ethics-related issues, but also to consider whether the processes themselves are ethical. Further, they suggested that it would be important to indicate that these processes must not just exist, they should also be active, demonstrated, easily accessible, and adequately funded. This standard should be similar in wording to Standard 6.4 in the Governance document.

Suggestion: The organization has active processes to address ethics issues, and ensures members, staff, service providers, stakeholders, clients & volunteers know about the processes and can access them without fear of repercussions.

6.6 The organization has a process & set criteria to review the ethical implications of research.

Guidelines: The process should include but is not limited to: criteria for determining when a research project requires ethics approval; criteria for determining when new innovations should be considered research; and the participation of clients in the ethics review process

Participants advised that the term *research* be replaced with *knowledge-generating projects*, given that research is just one area within this spectrum of projects that also includes quality improvement and evaluation initiatives. The group was unclear whether this standard refers to only knowledge-generating projects conducted by the organization, or also those conducted within the organization but by an external body. Participants assumed this process should be aligned with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS)* and other key documents related to the ethics of human subjects research, and, if so, felt this should be stated in the Guidelines. Finally, they pointed out that the term *new innovations* used within the Guidelines is redundant and should be replaced with *innovations*.

Suggestion: The organization has a process & set criteria to review the ethical dimensions of knowledge-generating projects (including research, quality improvement and evaluation)

6.7 An external reviewer or body reviews all the formal research projects in which the organization is involved.

Guidelines: The review should include: merits of research proposal; benefits/risks to participants & the organization; refusal & exclusion criteria; process for obtaining informed consent; process used to deal with any harmful effects that

may occur in the course of research; adequacy of research design, including its compliance with accepted ethics standards; qualifications of the project's coordinators; potential impact on the organization's resources; identification of research sponsors and possible conflicts of interest; assessment against relevant national/provincial guidelines & protocols.

While they found the specific review guidelines helpful, participants found the meaning of *external* to be unclear here; that is, they were uncertain whether the *external reviewer or body* could be a body within the organization that is external to the research group, such as a research ethics board, or whether it must be external to the organization. They were also uncertain as to how this standard is aligned with Standard 6.6, namely what the relationship is between the external reviewer and the process referred to in Standard 6.6. Specifically, they wondered whether the ethics review outlined in Standard 6.6 must be conducted by the same external reviewer mentioned in Standard 6.7. Further, it was unclear whether this is a process done internally prior to an external review as outlined in Standard 6.7 or is part of a larger review process outlined in 6.7. Given the discussion about *knowledge-generating projects* in Standard 6.6, participants were unsure whether this term should be used here to include evaluation and quality improvement or whether only research must be reviewed externally. Again, they also advised that the Guidelines should refer to the TCPS and other key documents as providing guidance to this process.

6.8 The organization builds ethics capacity amongst its leaders, staff & service providers.

Guidelines: Opportunities to develop & enhance ethics-related knowledge, skills & expertise may include formal education and training, availability of ethics frameworks and tools, forums for case reviews, and the dissemination of best practices in ethics.

Participants felt that this standard presented an excellent opportunity to explicitly reflect the importance of an organization's commitment to nurturing an ethical culture and very much appreciated the inclusion of this standard to build capacity in ethics. Concern was expressed that it was unclear what the meaning of the term *ethics capacity* was, how this should be evaluated, and the extent to which the organization is expected to build such capacity. Further, it was suggested strongly that this standard outline the importance of having a structure within the organization to support this educational piece. As mentioned previously, it was recommended that *leaders, staff & service providers* be broadened to include additional groups mentioned in other standards (such as volunteers, clients and stakeholders). Participants were also uncertain where organizations could access *best practices in ethics*.

Suggestion: The organization supports the development of ethical attitudes, habits, reasoning, and action among its members, staff, service providers, stakeholders & volunteers.

Guidelines: Opportunities to develop & enhance ethics-related knowledge & skills may include formal education and training, availability of ethics frameworks and tools, forums for case reviews and educational presentations, and the dissemination of ethics-related information and events through print- and web-based resources.

6.9 The organization's values & code of ethics are reflected in decision-making and in how services are delivered.

While this is an important standard to consider, participants felt that it may not be necessary to include it here, given that it is previously stated in Standard 6.0 in this document as well as Standard 5.3 in the *Governance* document. Please see these standards for reflections on this statement.

7.5 Required organizational practice: The organization has a formal and transparent policy & process of disclosure of adverse events to clients & families, including support mechanisms for clients, family, staff & service providers.

Guidelines: Core elements of disclosure usually include: discussing the event with the client and/or family, and all relevant service providers; acknowledging or apologizing for the event; reviewing the actions taken to mitigate the circumstances surrounding the event; discussing the corrective action to prevent further similar adverse events; responding to client and/or family and service provider questions; and supporting & offering counseling to staff, service providers and clients involved in or affected by the event. The process may differ somewhat from each adverse event because of the variation in circumstances, environments, providers and clients, and emotions.

Participants noted that this standard is much more specific and thorough than many of the other standards they reviewed. They agreed that an environment of transparency is an important way to deepen the ethical culture within an organization, thus, they felt that it should be part of a more overarching commitment to ethical culture that guides all aspects of the organization, not only adverse events.

10.0 The organization acquires and allocates its resources in an equitable and efficient way.

Participants were unclear about the difference between Standards 10.0- 10.2 outlined here and Standard 14.5 in the *Governance* document.

Participants were pleased to see the inclusion of this section on the allocation of resources. However, they felt that given that they are very different processes, it is important to separate the *acquisition* and *the allocation* of resources into separate standards. They noted that this standard and those that follow in this section use the term *resources*; while it is implied and likely understood by most that this term means both human and financial resources, it would be helpful to make this explicit. Also, the group felt that, in addition to the existing examples of financial resources, it would be useful to include an example of acquiring or allocating human resources in the Guidelines that follow.

Suggestion: The organization acquires resources in ways that reflect the organization's values.

Suggestion: The organization allocates its resources in ways that explicitly consider both *equity* and *efficiency*

10.1 The organization gathers inputs from community partners and stakeholders to make resource allocation decisions. Guidelines: Input may include information gathered about the community, ie. community needs assessment, advice from partners, clients and community itself about service priorities, and/or opportunities to share resources with partners to maximize efficiency. Stakeholders may include foundations and/or donors, government, as well as internal organization committees (ie. capital planning committee)

Participants appreciated that this standard asks for the collection of community and stakeholder input. In addition, they felt it was important to state that this input should be considered when making resource allocation decisions. Further, they felt that it may be worth distinguishing between broader organizational resource allocation *directions or frameworks*, and individual or departmental *allocation decision*, since the latter may warrant the gathering of input much less often.

10.2 The organization follows a formal process to allocate resources equitably.

Guidelines: The process should include explicit criteria or guidelines to guide resource allocation decisions that consider needs & priorities, funding available from public sources, ie. government, as well as private, ie. donors, organizational goals & objectives, as well as data and evidence.

Participants noted that while the standard refers to allocating resources, the Guidelines mention issues of acquiring resources. As mentioned in Standard 10.0, they felt that the standards and accompanying guidelines for allocating and acquiring resources should be separated. As outlined in Standard 14.5 in the *Governance* document, participants thought the term *fair* may be defined or interpreted in various ways, making it difficult to evaluate. Yet they felt it was important to not specify a particular process or theory of justice, but instead to mention the idea of a fair process and some relevant factors to consider. Participants also felt it important to stress that both the *process* of decision-making should be fair, as well as the *content* of those decisions. They felt that the guidelines provided are helpful and important to consider, but that there are other issues of fairness that should be included.

Suggestion: When allocating resources, the governing body ensures that the process of decision-making is fair and transparent, and that the decisions are based upon explicit consideration of ethical issues in the allocation of resources. Values to be considered include but are not limited to social cost, social benefits, the need to address health inequalities, and the social ideal of inclusion. The governing body communicates these decisions in a respectful, sensitive way to those affected by them.

14.0 The organization invests in its people and in the development of capacities among its managers, staff, service providers & volunteers.

The group felt it would be helpful to elaborate on what kind of *capacities* this standard is referring to. Also, as mentioned previously, they suggested that the groups of individuals mentioned here be broadened and made consistent with other standards.

14.1 The organization recruits and selects staff, service providers, and volunteers based on community needs, organizational goals and objectives, equity, and individual qualifications.

Again, the list of those being recruited is different than those mentioned in Standard 14.0 and elsewhere in both documents- participants advised that it would be helpful to make these lists consistent.

14.2 The organization implements concrete strategies to retain staff, service providers and volunteers.

Guidelines: Strategies for retention may include: reviewing compensation to make sure it is fair & equitable; creating opportunities to promote & transfer staff & volunteers; introducing specific strategies for workplace flexibility; providing professional development opportunities; and dealing with staff issues to minimize gaps in service and risk of staff burnout.

This standard and its accompanying Guidelines are extremely important, though they should also consider how the organization's retention strategies align with broader provincial, national and

international considerations of justice. Participants also suggested that this or a related standard should address ethical issues related to retaining and recruiting strategies; for example, ethical issues related to recruiting from other departments within an organization and from external jurisdictions, and how to safely and ethically provide patient care with limited human and financial resources. They also suggested that in order to “raise the bar” here, it would be helpful to include one or two examples that address the idea of meaningful work.

Suggestion: The organization implements concrete and fair strategies to enhance and retain staff, service providers and volunteers.

Guidelines: Strategies for retention may include: finding ways to help the staff, service providers and volunteers to share in the larger meaning and purpose of the organization; reviewing compensation to make sure it is fair & equitable; creating opportunities to promote & transfer staff & volunteers; introducing specific strategies for workplace flexibility; providing professional development opportunities; and dealing with staff issues to minimize gaps in service and risk of staff burnout.

The Provincial Health Ethics Network would like to thank all those who contributed to the discussion sessions or submitted written feedback, as well as the Canadian Council on Health Services Accreditation for its commitment to a participatory review process.