

CENTRAL STATE HOSPITAL
POLICY

SUBJECT: **ORGANIZATIONAL ETHICS & INDIVIDUAL RIGHTS**

ANNUAL REVIEW MONTH: December

RESPONSIBLE FOR REVIEW: Chairperson, Rights & Ethics Team

LAST REVISION DATE: September 2009

A. PURPOSE:

To outline those rights which must be guaranteed to all clients receiving services from Central State Hospital (CSH), as specified in Department of Behavioral Health and Developmental Disabilities (DBHDD) Rules and Regulations 290-4-6, Patient Rights. CSH Policy 4.37, Allegations of Client Abuse - Investigative and Employee Actions to be Taken, provides procedures for investigating and any employee actions to be taken in cases of alleged/substantiated client abuse.

The Chief Executive Officer (CEO) shall be responsible for establishing specific procedures to ensure that any allegations of client abuse are investigated. The Chief Executive Officer shall appoint, at the beginning of the fiscal year, a Client Rights Committee. The Central State Hospital Rights & Ethics Function Team shall serve as the Client Rights Committee for purposes of this policy. The Client Rights Committee's primary task is to review allegations of abuse or any other client related concerns. The CEO shall provide a current copy of this policy to the Regional Coordinator.

Any suspected abuse occurring prior to the client's admission to CSH shall be handled in accordance with the procedure outlined in CSH Policy 4.46 Victims of Suspected Abuse or Neglect.

The Client Rights Committee will be led by a chairperson appointed by the Chief Executive Officer. The Facility Risk Manager or Risk Management Director shall be appointed to this committee as an "ex officio" committee member. The Client Rights Committee shall have at least one staff member from each of the hospital's client treatment areas, Consumer Specialist(s) Advocate and at least one police officer.

The Staff Development and Training Department (SD&T), with consultation from the Client Rights Committee, shall develop and execute training efforts to reduce

the risk of client rights violations, the handling of clients' complaints, and provide client rights investigative training procedures to be utilized by the Committee. This training shall be conducted based on the hospital's training requirement.

RIGHTS

A. Personal Rights

1. The individual dignity of clients will be respected at all times.
2. Clients will not be deprived of any civil, political, personal or property rights or be considered incompetent for any purpose without due process of law.
3. Clients have the right to as much freedom of movement as possible. This right may be limited only when it is necessary for self-protection or the protection of others.
4. If able to pay for treatment, a client may be transferred to a private hospital upon request and if accepted by the hospital and if the attending physician concurs.
5. The hospital, in coordination with Community Service Boards, will help the client find community placement if the client is able to live outside the hospital.
6. No staff member will engage in sexual activity of any kind with any client (see CSH Policy 4.01 Relationship Between CSH Employees/Clients).
7. Client has the right to attend religious services as long as they do no harm to themselves or infringe on the rights of others. Clients cannot be required to attend religious activities.
8. Clients have the right to know the cost of their treatment and the source of any assistance available to help them meet these expenses.
9. Female clients will not be transported at any time without another female in attendance who is not a client, unless the client is accompanied by her husband, father, adult brother or adult son.
10. Each client admitted will receive information explaining the hospital's complaint procedure, including appeals in a manner which can be easily understood by the client.

11. Clients may seek assistance and advice from the Client Rights Committee representative or the Client Advocacy unit in Atlanta. Names and telephone numbers can be obtained from their respective units.
12. Clients may spend their own money and wear their own clothes.
13. Clients have the right to socialize with and participate in recreational activities with other clients, including members of the opposite sex.
14. Clients are encouraged and may be assisted in finding suitable employment outside the hospital if the client wishes to be employed and if such employment will aid in treatment. All wages and benefits earned by the client in employment outside the hospital will belong solely to the client.
15. No individual with a disability shall be excluded from participation in or be denied the benefits of the services, programs or activities of the hospital on the basis of the disability.

B. Personal Effects

1. The right of clients to keep their personal possessions will be respected. However, under certain circumstances, those clients admitted in the Forensic Services Division (FSD) may not be allowed to keep personal property. Those circumstances are:
 - a. To protect the health and safety of the client and others.
 - b. To prevent the client from using an item that would disrupt the orderly operation of the unit.
 - c. To protect the valuable property of clients when there is a substantial risk that it will be lost or stolen.
 - d. When property constitutes a prohibited item, which is any article that is illegal or that the hospital feels is unsafe to be kept on the unit.
2. Clients' personal effects will be inventoried on admission and staff members will assist clients with the care and safekeeping of valuables.
3. Whenever a client's property is kept by CSH, a list of the items kept will be placed in the client's record, CSH Form 703, Waiver of Responsibility

and Personal Effects. Brand name, color and present condition will be documented.

4. Clients will be encouraged and assisted by the hospital to safe keep their money in a bank account and to keep their other valuables in safe places at the hospital.
5. No staff member will be held responsible for the loss or damage to property where reasonable efforts to assure the safety of the property have been made.
6. The personal effects of a client may not be examined or searched after admission unless there is reasonable cause to believe that the client has something that may be dangerous or illegal. Clients have the right to be present at any search unless the search is deemed urgent and the client is not immediately available.
7. At the time of the client's discharge or at another agreed upon time, the client will receive all money and personal effects placed in the hospital's custody for safekeeping. All property will be returned except where its possession would be illegal.

C. Communication, Visitation and Client Mail

1. Any type or restriction of client communication shall be reported to the Chief Medical Officer (see DBHDD) Policy 6001-1001, Reporting of Consumer Deaths and Critical Incidents (CIR). Clients have the right to make reasonable use of telephones. Reasonable restrictions like time, distance, length and frequency of calls are made according to hospital guidelines.
2. Any restriction of a client's right to use the telephone must be ordered by the client's physician, explained to the client and documented in the client's record. (The physician's order shall expire automatically 24 hours after it is given unless it is terminated sooner.) (This information shall be reported to the CMO via incident reporting system.) Telephone communication between clients and their attorneys will not be restricted.
3. Clients have the right to use the telephone without being monitored, unless restricted by the physician.
4. If clients have no money, they must be allowed access to telephones, for a reasonable number of calls.

5. Clients have the right to send and receive sealed mail. Any restriction of this right must be ordered by the client's physician, explained to the client and documented in the client's record. (These restrictions will be reported to the CMO via incident reporting system. Those clients receiving services in the FSD may have additional guidelines relating to sealed mail.)
6. The hospital may apply to the Court of proper jurisdiction for a temporary order to restrict a client's outgoing mail if it is shown that this mail is dangerous to the client or others.
7. Correspondence with a client's attorney or private physician will not be restricted nor will correspondence with a public official.
8. If there are reasonable grounds to believe that incoming mail may be dangerous to the client or others, an examination of this mail in the presence of the client may be directed and appropriate disposition made of items found therein. All writings must be presented to the client within 24 hours of inspection.
9. If a client has no money, they will be provided with writing materials and postage in reasonable amounts.
10. Clients have the right to have visitors daily during visiting hours or to refuse to see visitors. Any restriction of this right must be ordered by the client's physician, explained to the client, and documented in the client's record. (These restrictions will be reported to the hospital clinical director via incident reporting system).

D. Client Records and Confidentiality

1. All clients have a clinical record at the hospital containing information on all aspects of their treatment. This record is kept confidential and no part of it will be released to anyone other than the client, or, if appropriate, the client's parent or guardian, except:
 - a. To physicians and staff as necessary for the client's treatment.
 - b. To any person designated in writing by the client or the client's guardian.
 - c. When the client is admitted to a hospital, the client's record at another hospital may be released to the admitting hospital.
 - d. To the client's attorney, if the attorney requests it and the client

consents to the release.

- e. The client's record will be produced at any hearing concerning the client's treatment.
- f. In response to a valid subpoena or order of any Court of competent jurisdiction, except for matters privileged under Georgia Law.

- 2. If the client is being treated for substance abuse, a full and fair show cause hearing must be held before the client's record may be released to a Court.
- 3. Law enforcement officials, in the process of conducting a criminal investigation, may be informed that an individual is a client or has been a client of the hospital if they are investigating a case in which the individual is involved.
- 4. Clients have the right to examine their clinical records unless the disclosure is determined by the client's attending physician to be detrimental to the client's physical or mental health. The hospital will assist clients in reviewing their records and may limit the time, place and frequency of reviews.
- 5. Clients have the right to request that any inaccurate information in their clinical records be corrected or amended

E. Treatment Rights

- 1. Clients will receive care and treatment suited to their needs in the least restrictive setting available.
- 2. Clients are entitled to a safe and humane treatment environment.
- 3. The abuse of any client is prohibited and will not be tolerated. Client abuse is divided into six categories:

Abuse – The willful infliction of physical pain, physical injury, mental anguish, or unreasonable confinement, and includes sexual contact between an employee and a patient or client. For purposes of this policy, “willful” means other than accidental.

Abuse includes, but is not limited to, acts such as –

- a. any form of sexual contact, or attempt at such, with a

- consumer, including sexual harassment;
 - b. any reckless, inappropriate and/or intentional physical contact, physical maltreatment or unreasonable confinement of a consumer which causes or could cause pain, mental anguish, injury or death;
 - c. the use of excessive force against a consumer or the inappropriate use of seclusion or restraint to discipline a consumer or for staff convenience;
 - d. the use of coarse, insulting, contemptuous, and/or profane words towards a consumer;
 - e. neglect is the failure to provide necessary supervision, interaction, or necessities of life (e.g., failure to change soiled clients, failure to attend to physical ailments, failure to report instances of abuse or neglect committed by others, etc.);
 - f. exploitation refers to any improper or unjust act with/to or involving a client(s) for another person's advantage, personal gain, profit or any type of personal gratification.
4. Clients have the right to receive standard psychiatric and medical treatment. This right includes receiving information about expected benefits, risks and side effects of all medications, treatment and treatment alternatives.
5. Clients have the right to know what is expected of them.
6. Clients have the right to refuse participation in any research project.
7. No invasive treatment of any kind will be given without a client's consent, except under the following conditions:
- a. If two physicians agree that serious physical consequences may result without the treatment, see #16.
 - b. If the client's physician determines that refusal to take psychotropic medications would be unsafe for the client or others.
 - c. If the client has been determined by a court of law to be incompetent to give such consent, in which case, consent will be obtained from the client's guardian.
 - d. If the client is a minor, consent will be obtained from the client's parent or guardian.
 - e. If the client is physically unable to give or withhold consent due to unconsciousness or other condition, substituted consent may be obtained. (See item 16, A-G.)

8. If the client is a minor, the client has the right to appropriate education at public expense during hospitalization.
9. Unless it has been found to be detrimental to the client's physical or mental health, the client or guardian (or parent, if the client is a minor), will have the right to:
 - a. Be told the client's diagnosis.
 - b. Be consulted and informed about treatment recommendations.
 - c. Be informed of any risk involved with treatment.
10. Clients have the right to participate in making their own treatment plan and to know the names of the staff members responsible for their care.
11. All clients will have an individualized treatment plan that will be reviewed at regular intervals to evaluate their progress toward the stated goals and objectives in the plan and to determine whether the plan should be modified.
12. All manual holds, physical restraints and seclusion will be used solely for the purpose of protecting the client's safety and the safety of other and will not be used as punishment or for the convenience of staff.
13. Any work that clients complete at the hospital must be a part of their treatment plan, designed for their benefit, and be part of a formalized work program.
14. All medication will be used solely for the purposes of providing effective treatment and will not be used as a punishment or for the convenience of the staff.
15. If the client has a private physician who is not on the medical staff of the hospital, the client has the right, at his/her expense, to have that physician visit them at any reasonable time and see them in private. If the client gives written authorization, the private physician will be allowed to examine the client's clinical record.
16. In cases in which the client does not have the ability to make the decision, surgical and diagnostic procedures may be performed with the consent of one of the following (as per the Georgia Medical Consent Law):
 - A. Any adult, for him/herself, whether by living will or otherwise;

- B. Any person authorized to give such consent for the adult under a health care agency complying with Chapter 36 of Title 31, the Durable Power of Attorney for Health Care Act”;
- C. In the absence or unavailability of a living spouse, any parent, whether an adult or a minor, for his/her minor child;
- D. Any married person, whether an adult or minor, for himself/herself and for his/her spouse;
- E. Any person temporarily standing in loco parentis, whether formally serving or not, for the minor under his/her care; any guardian, for his/her ward; and any standby guardian for under 17 years old or less (see policy 4.18)
- F. Any female, regardless of age or marital status, for herself when given in connection with pregnancy, or the prevention thereof, or childbirth;
- G. Upon the inability of any adult for him/herself ad in the absence of any person to consent under paragraphs (2) through (5) of this subsection the following persons in the following order of priority:
 - (a) Any adult child for his/her parents;
 - (b) Any parent for his/her adult child;
 - (c) Any adult for his/her brother or sister; or
 - (d) Any grandparent for his/her grandchild.

Alternately, a family member may file for guardianship in the appropriate probate court. If a guardian is appointed, then he/she should be approached for a written consent for the proposed medical procedure. The hospital risk management director should be contacted for assistance and further information.

In an emergency where medical staff determines that immediate surgical or other intervention is necessary to prevent serious physical consequences or death, and delay in obtaining consent would create grave danger to the physical health of the client, then surgery or other intervention may be performed without the consent of the client, spouse, next-of-kin, attorney, guardian, or any other person. The signatures of two physicians shall constitute valid authorization for the procedure and they shall document their medical opinion and reasons in the client’s medical record.

If the client is both legally competent and able to make such decisions,

then the attending physician, along with the hospital clinical director or CMO needs to determine the urgency of the proposed procedure. If the medical procedure is considered urgent, the hospital risk management director should be contacted for assistance and further information.

17. In cases of grave emergency, when the client is not able to make such decisions, and when immediate medical or surgical intervention is necessary to prevent serious physical consequences or death and where delay in obtaining consent would create extreme danger to the client's physical health, as determined by at least two physicians, then essential surgery or other intervention may be administered without the client's consent or consent of any other person.

F. Legal Affairs

1. Clients have the right to contact attorneys of their choice to represent them in their personal affairs. However, the attorney must be hired at the client's expense.
2. Hospital staff will not interfere with clients' right to communicate freely with their attorneys.
3. Every treatment unit at the hospital will have prominently posted the name, address and telephone number of local lawyer referral services and local agencies which provide legal services to the indigent.
4. At any time and without notice, a person detained by the hospital or another person on his/her behalf may petition for a Writ of Habeas Corpus or a Protective Order.
5. The hospital will make available to the client's attorney all information the attorney requires in order to advise and represent the client concerning their hospitalization.
6. At reasonable times, the client's attorney for hospitalization matters has the right to interview the attending physician and other staff members who have attended or are now attending the client and the right to have the client's record interpreted by them.
7. If the client does not have an attorney, one will be appointed for commitment hearings and other proceedings having to do with the client's hospitalization.
8. The client has the right to appear and testify at hearings as free from the side or adverse effects of medication as possible. The client's attorney

should be informed of any medication the client is receiving at the time of the hearing.

9. At the time the client's representative is designated and at least every 12 months after that, unless the client objects, the representative will be permitted to consult with the hospital regarding the development of the client's individualized treatment plan and the client's treatment under that plan.
10. The representative, if the client does not object, will be notified at least seven days prior to any substantial change in the client's individualized treatment plan. Substantial change means a significant change, such as a transfer from one hospital to another, but does not include:
 - a. Changes in day-to-day routine.
 - b. Adjustments in medication.
 - c. The formulation of the client's initial treatment plan.
 - d. The client's discharge from the hospital.
11. The client's guardian, if the client has one, will have the consultation and notification rights of a client's representative without regard to whether or not the client objects to such consultation and notification rights or both.
12. If requested by the client, family members/representative(s) shall be notified of any seclusion/restraint event of the client.

It is the responsibility of all Central State Hospital employees to act in a manner that is consistent with this Code of Ethics.

- A. Client Care Ethics
 1. Will treat all clients, their family members and significant others, with dignity and respect.
 2. Will involve clients and their parents, guardians, or authorized surrogates for decision-making, in decisions regarding the care that we deliver, within the framework of applicable laws and policies.
 3. Will seek to inform all clients and authorized decision-makers about the therapeutic alternatives and the risks associated with the care they are seeking.
 4. Will treat all clients in a like manner giving reasonable thought to their culture, religion, objectives for care, and what we know of their personal ethics.

5. Will provide treatment in the least restrictive environment available and appropriate for the individual client's care.
6. Will make client care decisions regardless of the client's race, creed, color, religion, gender, disability, or ability to pay for services.
7. Will provide individualized client care services reflective of our mission and within our capabilities.
8. Will adhere to a uniform, best practices standard of care throughout the hospital.
9. Will guard confidentiality of client information; we will not share client information in an unauthorized manner.
10. Will determine each client's legal status by applicable laws and policies, and consider the preference of parents, guardians, and clients, as applicable.
11. Will seek to educate clients, their authorized decision-makers, and appropriate persons providing their care and support, about the client's condition and treatment needs.
12. Will vigorously work to prevent client abuse and take appropriate action to prevent recurrence of known instances of abuse, and to protect the client.
13. Will provide information and opportunity for clients to obtain advocacy services, internal and external to the Department of Behavioral Health and Developmental Disabilities, regarding resolution of conflicts and allegations of rights violations.
14. Will inform clients of rights to request discharge and provide form 1010 upon request when no hold orders are specific to the client making the requests.

B. Hospital Ethics

1. Will follow the Code of Ethics for Government Service, incorporated hereto on page 14.
2. Will treat all employees, visitors, and all persons with whom we do business, with dignity and respect.
3. Will require all employees to be competent and qualified for tasks they perform.

4. Will provide the Ethics Committee as a forum in which persons may raise their organizational ethics concerns and issues.
5. Will disclose to clients and persons responsible for client care fees that we operate under agreements with the Regional Boards and other health care providers.
6. Will follow State rules and guidelines, including conflict of interest, guidelines and best-bid practices, in all purchasing and contracting.
7. Will include the dates of service, per diem rate for cost of care, and notice of right to request a hearing, in all client billing.
8. Will fairly and accurately market our services by advertising only the services available and in accordance with our licensure and accreditation.
9. Will respect the ethical guidelines of professional organizations.
10. Will require any organization or institution with which we affiliate to abide by the same ethical standards.
11. Will attain and maintain professional and business relationships with other health care providers and educational institutions that are based upon the needs of the client, best-bid practices, and no potential conflict of interest.

REFERENCES:

- A. Official Code of Georgia Annotated, sections 3-37-3-140-168; 3-37-4-100-127; 37-7-140-168.
- B. DBHDD rules and regulations for client rights section 290-4-6.

Approved:

This policy has been approved by the CEO and CMO on 12/09.

Addendum I: Central State Hospital Code of Ethics

CODE OF ETHICS

GOVERNMENT SERVICE

Any person in government service should:

- I. Put loyalty to the highest moral principles and to country above loyalty to persons, party, or government.
- II. Uphold the Constitution, laws, and legal regulations of the United States and the State of Georgia and of all governments therein and never be a party to their evasion.
- III. Give a full day's labor for a full day's pay; giving to the performance of his duties his earnest effort and best thought.
- IV. Seek to find and employ more efficient and economical ways of getting tasks accomplished.
- V. Never discriminate unfairly by the dispensing of special favors or privileges to anyone, whether for remuneration or not; and never accept, for himself or his family, favors or benefits under circumstances which might be construed by reasonable persons as influencing the performance of his governmental duties.
- VI. Make no private promises of any kind binding upon the duties of office, since a government employee has no private word which can be binding on public duty.
- VII. Engage in no business with the government, either directly or indirectly, which is inconsistent with the conscientious performance of his governmental duties.
- VIII. Never use any information coming to him confidentially in the performance of governmental duties as a means for making private profit.
- IX. Expose corruption wherever discovered.
- X. Uphold these principles, ever conscious that public office is a public trust.

Authorized by
Senate Resolution 25 Resolution Act 253
Approved April 10, 1968

ETHICS

PREAMBLE

Central State Hospital places a great deal of importance in treating everyone, inclusive of clients, their family members, employees, visitors and others, in an honest and decent manner. This ideal forms the basis of the organization's ethics, and it is our goal to ensure that every action reflects this ethical framework for patient care and business operations.

DEFINITION

Ethics: A system of moral ideals of principles and values that determines the rules and standards governing the conduct of the members of the organization.

THE CSH ETHICS TEAM

In early 1994, despite the presence of functioning and effective Client Rights Committees, clinical and administrative staff determined a need to formulate an Ethics Forum. The purpose of the CSH Ethics Forum was to formally establish a process for discussion, consultation and resolution of ethical and client rights' issues which were problematic, had variable courses or were stimulated by difficult questions or issues raised by clients, their advocates and families. After initial discussion among the CSH clinicians and administrators in January and February, 1994, Central State Hospital joined the Health Care Ethics Consortium of Georgia. This consortium of hospitals and health care organizations represents one hundred and eight (108) groups who convene at regular intervals to review and discuss significant Ethical and Client Rights Issues. Members are as diverse as small community home health-care providers and large, academic, urban hospitals.

CLIENT RIGHTS AND ETHICS AND THE CONTINUUM OF CARE

Central State Hospital has implemented a number of specific policies to assure a spectrum of client rights as an individual accesses different points and aspects of care in our facility. These policies are conceptualized as specific components of our client rights and approaches to Ethics. Each of these policies is self-contained and is included in the Appendix of this volume. Each of these policies should be referred to for specific information relating to each topic listed under the title section immediately below. Accordingly, each policy delineated below is considered an aspect of this overall policy. It is apparent from reviewing these policies that issues as diverse as involvement in the treatment plan, intrahospital transfer, confidentiality, and numerous other aspects in the continuum of care are addressed. Specific policies include:

<u>CSH Policy #</u>	<u>Policy Title</u>
4.30	Admission to Central State Hospital
4.29	Confidentiality
4.31	Continuity of Care, Transition Planning and Medical Alert
4.04	CSH Client Satisfaction Survey
4.37	Allegations of Client Abuse-Investigative and Employees Action To Be Taken
4.37A	Allegations of Client Verbal and Physical Abuse and/or Neglect
4.18	Notification to Authorized Representative of His/Her Rights to Consultation and Involvement in the Clients Treatment Plan
4.34	Intra-hospital Transfer of Clients
4.26	Elopement and Escape
4.22	Client Access to Telephone Communication
4.23	Criminal Prosecution of Clients
5.09	Suicidal Precautions
4.00	Organizational Ethics & Individual Rights
4.00A	Client Rights and Ethics Team

CSH MEDICAL STAFF, NEEDS OF TREATMENT AND END OF LIFE ISSUES

The CSH Medical staff has adopted A Code of Ethics which is included in this policy and is also a part of the CSH Medical Staff Bylaws. Of particular concern are the issues of advance directives and withholding life-sustaining measures and do not resuscitate policies. The medical staff and leadership and clinical services of Central State Hospital advocate for respect and dignity of clients not only during their treatment but also when a client may approach death, and event which may occur in our skilled nursing facilities. The following policies have been in place for at least four years and should be referred to for specific points:

<u>CSH Policy #</u>	<u>Policy Title</u>
4.42	Advance Directive: Client Self Determination in the Planning of Medical and/or Surgical Treatment for Physical Conditions
1.08	Do Not Resuscitate (Protocol)
4.39	Organ Donation
4.00	Client Rights and Organization Ethics
4.00A	Client Rights and CSH Ethics Team

RESEARCH

CSH Policy 7.02 defines the role and responsibilities of CSH staff and of the issues critical to clients in research projects which are undertaken at this facility. The purpose of this policy is to (1) describe the purpose and scope of research activities at Central State Hospital (CSH); (2) outline the review, screening, and approval process for research

proposals; (3) specify the responsibilities of those conducting research; and (4) ensure that research activities at CSH comply with applicable accreditation standards, with the policies and procedures of the Department of Behavioral Health and Developmental Disabilities (DBHDD), with other CSH policies and procedures, with the U.S. Department of Health and Human Services (DHHS) policy on the protection of human subjects and with other applicable federal regulations, such as those of the Food and Drug Administration (FDA).

Research, as used here, includes any activity which goes beyond the application of established methods and procedures necessary to meet the treatment needs of clients or any administrative procedure not customarily used to manage an ongoing service program. Research activities are those which are conducted for the purpose of developing or contributing to general knowledge. Examples of research include experimental treatments and procedures, special tests, and collection of non-routine information on clients or employees utilizing questionnaires, interviews, observations, medical records and related activities.

Recognizing that the understanding, prevention and improved treatment of mental illness, mental retardation and substance abuse ultimately depends upon the knowledge gained through research, CSH staff members and other qualified investigators are encouraged to identify appropriate problems/topics and initiate research proposals. To the fullest extent possible, CSH will make opportunities and resource available to qualified investigators who wish to conduct basic research. Hospital personnel shall cooperate with investigators in conducting approved research project.

Instructions and guidelines for preparing research proposals are covered in procedure 7.02A, along with the steps in the review process. Preliminary review of research proposals will be made by the head (and medical director, if applicable) of the client care service/department/office at CSH where the research is to be conducted, by the appropriate professional services committee (if applicable), Legal and Special Services and by the CSH Client Rights Committee when clients are involved. Proposals must then be reviewed and recommended for approval by the CSH Institutional Review Board and Research Coordination (IRB), be approved by the Chief Executive Officer and Chief Medical Officer and, if a Class A or B project (as defined in DBHDD policy), receive final approval from the DBHDD Human Research Review Board before the project can begin. Additional details about the function of the research and the mechanisms for protection of clients are provided in CSH Policy 7.02.

INFORMED CONSENT

Central State Hospital has supported structured approaches toward ensuring client protection and education regarding informed consent. CSH has implemented the DBHDD policy dated June 1, 1994 from Mr. Carl E. Roland and entitled Informed Consent to Psychotropic Medication. This policy supersedes other CSH policies regarding informed

consent for psychotropic medication. Informed Consent for Psychotropic Medication is therefore an on-going monitoring. In addition, CSH Policy 4.36 defines the mechanisms for informed consent not only for psychotropic medications but also for other procedures which may be recommended including surgery and invasive diagnostic procedures. CSH Policy 4.47, Adaptive Supportive; Policy 4.48, Medical Protective and Policy 4.49, Medical Immobilization provide guidance and mechanisms for addressing this issue. The individual CSH Policies which are included in the appendix should be consulted for specific mechanisms and approaches to the sectors of interest delineated above.

COST OF CARE FOR CLIENTS AND OTHER RESPONSIBLE PERSONS

The legal authority under which charges are made and liabilities are established for payment of cost of care and treatment is the Patient Cost of Care Act, OCGA 37-9 (copy attached). The Patient Cost of Care Act is applicable to state hospitals operated by the DBHDD and any facility operated in conjunction therewith.

The overall administration of the Patient Cost of Care Programs is vested in the DBHDD. The Department promulgates the policies and procedures for the program, to ensure consistency of the application, uniformity, and fairness in administration of the Act among the DBHDD hospitals. Chief Executive Officers, through designated Patient Billing Services employees, are responsible for the enforcement of the provisions of the Cost of Care Act, DBHDD. (Department policy statement attached.) Department Policy is published in the manuals entitled Policies and Procedures Manual Governing Patient Cost of Care and Patient Cost of Care Operations Manual, both of which are maintained in the Patient Billing Office, Yarbrough Building, second floor. No person can be denied treatment in a State Mental Health/Mental Retardation/Substance Abuse facility nor shall they be denied the right to quality care regardless of ability to pay.

The law, however, does require that all legally liable persons, both jointly and severally, shall be responsible for payment of services received, based on "ability to pay". Persons liable for cost of care, as defined by the law, are (1) the client or his/her estate; (2) the client's spouse; (3) the parent or parents of any client under 18 years of age; (4) any fiduciary or representative holding assets for or on his/her behalf, (5) any person, if not otherwise liable, listed as the ensured member of a contract, plan, or benefit to the extent that such contract, plan, or benefit provides payment of hospital care, and (6) a stepparent or other person residing with and providing support of a client under 18 years of age who has not been legally adopted by such individual, with maximum liability limited to the amount such individual is authorized by Georgia income tax law to claim as a standard deduction and personal exemption for the client.

Per Diem rates, based on cost, are calculated annually and approved by the State Board of Human Resources. Available in the Appendix is State Fiscal Year 1995 schedule of per diem rates, effective December 1, 1996. Actual assessments for cost of care are based

on income, assets, benefits coverage and other circumstances of the client and /or responsible parties. The Federal Poverty Level Scale is used to determine, in part, the income assessment, taking into consideration family size and other circumstances, as outlined in Department Policies and Procedures.

Central State Hospital is JCAHO accredited and certain service areas are Medicare and Medicaid certified. The following is a breakdown of services and areas which are Medicare or Medicaid certified:

Adult Mental Health	Medicare certified
Forensics	non-Medicare/Medicaid
Child and Adolescents	non-Medicare/Medicaid
ICF/MR	
Piedmont Hall	Medicaid certified
Pecan Manor	Medicaid certified
Allen Hall	Medicaid certified
Phoenix Center	Medicaid certified
Nursing Home Center	Medicaid certified
Craig Nursing Center	Medicaid certified

THE RELATIONSHIP TO OTHER HEALTH CARE PROVIDERS AND THIRD PARTY PAYERS

The legal authority under which charges are made and liabilities are established for payment of cost of care and treatment is the Patient Cost of Care, OCGA 37.9. The Patient Cost of Care Act is applicable to Central State Hospital, as one of the hospitals operated by the DBHDD. A basic requirement of the Cost of Care Act and DBHDD policy is that each client and other responsible parties shall be required to pay for care received based on their respective abilities to pay. It is the intent of the Act, however, that, to the greatest extent possible, funding sources such as Medicaid, Medicare, Veterans Administration, private insurance, CHAMPUS, and others, be utilized.

DBHDD policy requires that to the extent economically feasible, the facilities and services of each state hospital shall meet the standards and requirements of the respective third party funding plans, programs, or organizations. To the extent feasible, and within the requirements of acceptable medical practices and the client's right of choice, it is the policy that referrals of clients to professional resources outside the hospital are made to providers who are under funding plans or programs, such as Medicare and Medicaid. Such referrals, to the extent possible, should include a provision to ensure the client's entitlement of third party coverage is utilized before requiring any payment directly from the client and/or the State.

Central State Hospital has an agreement with the Medical College of Georgia, Augusta,

GA. Similar arrangements are made with other hospitals and health care providers, as needed. The relationship with providers may vary depending upon circumstances, with the immediate care and safety of the client being of primary concern.

ACCESS TO CSH ETHICS FUNCTION TEAMS (EFT)

The CSH Rights and Ethics Team meets monthly and upon receipt of an ethics consult, and additional called meetings. Consulting teams have been established so that a clinician, treatment team, client or client advocate bringing a concern to the treatment team may obtain a consultation within a reasonable interval. It is the intention of the EFT to respond directly to the treatment team who will act as the direct referral point. The EFT will consult directly with the treatment team and make every effort to complete their consultation within forty-eight hours of reviewing the issue.

In unusually difficult consultations, the EFT may request the entire membership of the Ethics Team to convene. In view of the experience of the CSH Ethics Team to date, it has become apparent that there may not always be unanimity of opinion. When such a situation pertains, a majority view and a minority view (opinion) may be provided to the treatment team. Thus, the CSH Ethics Team provides an additional mechanism to address issues as diverse as informed consent, surrogate decision making, clinical care decisions with point of conflict, advance directives, decisions to withhold resuscitative services or life-sustaining treatment, privacy, security, complaints, and communication needs. It is equally intended that the CSH Ethics Team will not only educate its members and the consulting treatment teams but will also present at intervals to management teams, medical staff and hospital personnel. The Ethics Forum may access by utilizing the attached Ethics Consult Request Form. This form must be forwarded to the Chief Medical Officer.

CENTRAL STATE HOSPITAL CODE OF ETHICS

Central State Hospital (CSH) values excellence in health care and the quality of life of its clients. The hospital promotes those values through the institutional code of ethics founded on the principles of its' mission and vision statements, and respect for all CSH clients, the clients' families, staff and for all those with whom we have professional or business relationships. While requiring adherence to laws regulations, and policies governing the hospital, CSH policy also requires recognition of ethical concerns and conflicts, and has established procedures designed to effect resolution of those concerns and conflicts, whenever possible.

It is the responsibility of all CSH employees to act in a manner that is consistent with this Code of Ethics.

A. CODE OF ETHICAL BEHAVIOR

Central State Hospital has an ethical responsibility to our clients, employees and the community we serve. In order that we act in a responsible manner, Central

Provide services to clients in such a way as to ensure that each person is accorded dignity as an individual, is treated with respect and is afforded his or her constitutional, civil, political, personal, and property rights as appropriate.

Provide services and care with as little restriction as possible, assuring the least restrictive emotional and physical environment consistent with the client's treatment needs and safety.

Admit clients and provide treatment without regard to race, creed, color, sex, religion national origin or ability to pay.

Strive to provide the highest quality of care to those most in need, and to take a leadership role in promoting excellence in healthcare in our community.

Provide services that are consistent with our mission and within our capabilities.

Promote and place high priority on the safety of clients, visitors and employees, and to this end, continue to maintain and improve our safety and risk management programs.

Work closely with families/significant others in order to keep them informed and educated about the needs of our clients.

Promote continuous evaluation of performance improvement and the quality of care provided.

Provide a program of client advocacy in order to assure protection of the rights of our clients and take appropriate action against any employee or other person who is guilty of client abuse.

Operate as an equal opportunity employer and employ staff without regard to race, creed, color, sex, religion or national origin who meets the specifications for their positions.

Assure that employee grievances are given a fair hearing through continued adherence to the Department of Human Resources grievance procedure thereby assuring that legitimate grievances when not resolved at the first level of supervision will be dealt with in a fair and just manner at successively higher levels of management.

Offer a salary and benefit package that fairly compensates our employees.

Provide on-the-job training and in-service education while encouraging and supporting career development for our employees and to provide funds for this purpose in the hospital's budget to the extent financially feasible within allocated funds and the judgment of the management team.

Grant membership on the Medical Staff and privileges to treat clients only to those practitioners who have been determined to be qualified by education and experience to perform their duties at a level of expectation in keeping with the objectives of the hospital, the Bylaw, Rules, and Regulations of the Medical Staff and the Governing Body.

Encourage volunteers from the community to provide services to the hospital and its clients and visitors through the Volunteer Services Department. Such efforts will be organized as an integral part of the hospital's programs and services initiated will be utilized according to the needs of the clients.

To maintain accreditation of the hospital's operations by The Joint Commission on Accreditation of Healthcare Organizations and to meet the standards set by this organization in all aspects of our organization.

Cooperate with other local healthcare facilities, Community Service Boards and Regional Boards in order to avoid unnecessary duplication of expensive services within the context of the need for such services and this hospital's stated mission.

Promote a working relationship with other healthcare facilities, Community Service Boards, Regional Boards and other institutions that will facilitate the continuity of

services to clients and provide for a smooth and orderly referral of clients to the appropriate source of care at the appropriate time.

Maintain a mechanism for strategic planning that anticipates future needs and identifies priorities.

The integrity of clinical decision-making is based upon the assessment and reassessments of the bio-psychosocial needs of the patients and not on financial incentives.

Be ethical in all relationships with vendors and other providers.

Neither deny nor provide a different level of treatment to any client because of inability to pay.

Bill legally liable clients for services based on “ability to pay” according to the provisions of the Cost of Care Act, OCGA 37-9 and the Department Policies and Procedures Manual Governing Patient Cost of Care and Patient Cost of Care Operations Manual.

Ethics of Our Organization

1. We will follow the Code of Ethics for Government Service, incorporated hereto on page 14.

We will treat all employees, visitors, and all persons with whom we do business, with dignity, respect, and courtesy.

We will fairly and accurately represent ourselves and our capabilities.

We will require all employees to be competent and qualified for tasks they perform.

We will provide the Ethics Committee as a forum in which persons may raise their organizational ethics concern and issues with regards to client care.

We will disclose to clients and persons responsible for client care fees that we operate under agreements with the Regional Boards and other healthcare providers.

We will follow State rules and guidelines, including conflict of interest guidelines and best-bid practices in all purchasing and contracting.

We will include the dates of service, per diem rate for cost of care, and notice of right to request a hearing, in all client billing.

We will market our services by advertising only the services available and the level of our licensure and accreditation.

We will maintain formal procedure under the Patient Cost of Care Act to address and resolve in a timely manner all conflicts with and questions from clients or other payers about hospital charges.