

# ACE<sup>©</sup> - AAPACE CERTIFIED FOR ETHICS STANDARDS

The following are the Standards and its sub-standards or “elements” an organization must demonstrate proficiency in, prior to being granted the AAPACE Certified for Ethics designation. Some standards may not require all elements to be met in order to meet that standard. Those elements tagged with an asterisk (\*) in Standards 1-10 are required by all applicants to be met and must include sufficient supporting documentation.

Standards 1-10 apply to all organizations. However, Physician/NP Lead Medical Groups, Medical Practices, Healthcare Clinics are also required to meet Standard 11, Home Care and Hospice Agencies are required to meet Standard 12 (in addition to Standards 1-10), and Ancillary Health Care Providers are required to meet Standard 13 (in addition to Standards 1-10). Please reference the latest edition of the “AAPACE Certified for Ethics Handbook” for further information.

## STANDARD 1: LEADERSHIP

***The facility leadership is trained in Ethics and incorporates the highest ethical principles throughout all operational, clinical & financial areas of the facility's daily processes.***

- A. At least one member of the leadership team has specialized training in ethics (\*)
- B. There is a designated contact person for compliance & ethics for reporting (\*)
- C. There is an alternate anonymous way to report concerns (\*)
- D. The practices of the facility's leadership team, from a clinical & financial perspective, applies ethical principles in the daily identification & decision process (\*)
- E. The leadership team utilizes an objective, unbiased approach to conflict resolution (\*)
- F. The leadership team references ethical standards for all communication and decisions (\*)
- G. Leadership team maintains professional standards at all times (\*)
- H. Leadership team collects and reports data with accuracy and transparency (\*)

## STANDARD 2: ORGANIZATIONAL ETHICS

***The facility has a published code of ethics that are clear, visible and regularly referenced.***

- A. Facility has an ethics and compliance code, policy or a position statement (\*)
- B. The facility follows the Office of Attorney General (OIG) 7 elements of compliance: (\*)
  - a. Implementing written policies, procedures, and standards of conduct
  - b. Designating a compliance officer and compliance committee
  - c. Conducting effective training and education
  - d. Developing effective lines of communication
  - e. Conducting internal monitoring and auditing
  - f. Enforcing standards through well-publicized disciplinary guidelines
  - g. Responding promptly to detected offenses and undertaking corrective action
- C. The facility staff is informed on facility's compliance and ethics position and references it regularly (\*)
- D. The facility has a system to monitor & audit for any ethical concerns (\*)

### STANDARD 3: MEDICAL ETHICS

***The facility has practices and resources to support an ongoing focus on issues of medical ethics & meets regularly and as need to address ethical concerns.***

- A. The facility has a policy on medical ethics which includes the 4 guiding principles of health care ethics (autonomy, beneficence, non-maleficence and justice) (\*)
- B. The facility has a Medical Ethics Committee that meets regularly and includes at minimum a physician, social worker, nurse(s), Director of Nursing, educator; and has functions outlined in the medical ethics policy (\*)
- C. The facilities medical ethics committee utilizes an industry standard code of ethics as a reference & guiding principle when addressing ethical dilemmas (ie AMA Code of Professional Ethics, and/or ANA Code of Ethics) (\*)
- D. Ethical training is provided for all medical staff upon hire, annually and as needed (\*)
- E. Advanced directives are discussed with every patient upon admission, change in condition, upon patient and/or family request and as needed (\*)
- F. Facilities have access and offer hospice and palliative services for their patients (\*)
- G. Providers utilize a collaborative approach to care by facilitating an informed decision-making process
- H. Facility resources, staffing and training is considered prior to admitting any patient to ensure safe care
- I. Facility utilizes evidence-based practices to ensure safe and quality care
- J. Patients and family are informed of hospice and palliative services

### STANDARD 4: CONFIDENTIALITY & PRIVACY

***The facility has practices in place that provide patients with confidentiality and privacy health of information.***

- A. The facility has a HIPAA policy in place (\*)
- B. The facility has an active Compliance Committee in place that includes addressing any HIPAA concerns (\*)
- C. The facility's HIPAA policy includes measure to ensure both HIPAA privacy and HIPAA security (electronic protection) (\*)
- D. HIPAA training is provided for all staff upon hire, annually and as needed (\*)

## STANDARD 5: CULTURAL AWARENESS

***The facility consistently demonstrates cultural sensitivity and competence by recognizing and applying cultural considerations throughout all daily interactions, processes and procedures.***

- A. The facility has a policy on cultural awareness, or a policy that includes cultural awareness (\*)
- B. The facility has a means to effectively communicate with the patients they have accepted into their care based on their individualized needs (\*)
- C. The admission process includes intake of areas of cultural differences including but not limited to dietary, role of the patient as it relates to family members, communication, religion and any community organizations supporting the patient (\*)
- D. The facility adapts health care services to meet the needs of the individualized patient within their scope of practice
- E. Health disparities are identified and actions are taken to increase health equity

## STANDARD 6: COMPLIANCE/FINANCIAL ETHICS

***The operations of a facility are governed by rules and regulations that promote patient safety, protect patient privacy, and ensure ethical billing practices.***

- A. The facility has a policy on compliance management (\*)
- B. The facility has a system or process in place to regularly identify and resolve any financial discrepancies (\*)
- C. The facility has a process of reviewing and checking their billing for accuracy on a monthly basis prior to bill submission (ie triple check) (\*)
- D. The facility has a process by which they check vendors to ensure they are in good standing and not on the Office of Inspector General (OIG) exclusion list

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## STANDARD 7: ETHICS AND COMPLIANCE EDUCATION

***The facility is committed to the professional growth of nurses.***

- A. The facility staff have received training on medical ethics and receives this on a regular ongoing basis (\*)
- B. The facility staff received training on compliance and HIPAA and receive this on an ongoing basis (\*)
- C. The facility staff has received training on Cultural Awareness and receives this on an ongoing basis (\*)
- D. The facility reviews ethics and compliance education as part of the initial orientation process for new employees (\*)

## STANDARD 8: ORGANIZATIONAL VALUES

***The facility maintains an organizational culture that instills and promotes healthy values.***

- A. Respect- Respect for the leadership team, staff, patients, business and community partners amongst all team members is demonstrated in daily practices (\*)
- B. Honor- The organization honors the role of each individual within the organizations eco-system (\*)
- C. Integrity- All members of the organization conduct behavior and make decisions based on integrity for self and others (\*)
- D. The organization re-invests into the community through community service

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## STANDARD 9: OPERATIONS

***The facility operates in a manner that upholds high ethical standards in all areas of their operation.***

- A. Conflict of interest is avoided in all corporate and community relations (\*)
- B. All advertising and marketing initiatives are presented with accuracy and honesty (\*)
- C. Billing practices are transparent, accurate and abide by generally accepted accounting principles (\*)
- D. The facility is legally compliant with all federal, state and county requirements (\*)
- E. Ethical considerations are made for all administrative and financial decisions
- F. Compliance and/or Ethics Department or Committee is notified of all financial, malpractice and litigation concerns and discussions are noted in the meeting minutes (\*)
- G. Cost of services match the quality of care provided
- H. Care provided is accessible to all without limitations to age, gender, race, personal beliefs, or individual choices (\*)

## STANDARD 10: WORK ENVIRONMENT

***The facility provides a safe and healthy work environment that protects the physical and psychosocial wellbeing of all members and its constituents.***

- A. The facility honors and facilitates positive working relationships
- B. The facility ensures a safe working environment (\*)
- C. Staffing within the facility is sufficient to provide safe and effective care (\*)
- D. Methods to assess and address stress and burnout amongst staff is regularly implemented
- E. The facility values and implements strategies to encourage diversity, equity and inclusion in the workplace
- F. Staff is provided a platform to address work related issues including but not limited to staffing, work environment and policies in a non-punitive way (\*)
- G. Staff concerns are regularly reviewed and addressed in a non-punitive way
- H. The facility has a clear and concise emergency preparedness plan to address, contain and mitigate the effects of any adverse events or threats (\*)

## STANDARD 11: PHYSICIAN/NP LEAD MEDICAL GROUPS, MEDICAL PRACTICES, HEALTHCARE CLINICS

***The organization operates with ethical awareness in order to discern potential conflicts that may arise.***

- A. Care and treatment are provided without discrimination to all patients within parameters of patient's payment system (\*)
- B. Fees billed for services rendered are standardized regardless of insurance type (\*)
- C. Patients are only accepted when sufficient and safe care can be provided (\*)
- D. Referrals are appropriately made for changes in patient status (\*)
- E. Collaborations with community partners exist to provide expanded care options for patients (\*)
- F. Conflict of interest and personal gains are avoided in all business matters and clinical care (\*)
- G. Care and treatment options are provided when appropriate; not to maximize billing opportunities (\*)

## STANDARD 12: HOME CARE AND HOSPICE AGENCIES

***The organization operates with ethical awareness in order to discern potential conflicts that may arise.***

- A. Care and treatment are provided without discrimination to all patients within parameters of patient's payment system (\*)
- B. Fees billed for services rendered are standardized regardless of insurance type (\*)
- C. The organizations resources, staffing and training is considered prior to admitting any patient to ensure safe and sufficient care can be provided (\*)
- D. Referrals are appropriately made for changes in patient status (\*)
- E. Collaborations with community partners exist to provide expanded care options for patients (\*)
- F. Conflict of interest and personal gains are avoided in all business matters and clinical care (\*)
- G. Care and treatment options are provided when appropriate; not to maximize billing opportunities (\*)

## STANDARD 13: ANCILLARY HEALTH CARE PROVIDERS

***Ancillary health care providers (dentists, podiatrists, psychiatrist/psychologist/mental health providers) working with the adult and geriatric post-acute care population, operate with ethical awareness in order to discern potential conflicts that may arise.***

- A. Care and treatment are provided without discrimination to all patients within parameters of patient's payment system (\*)
- B. Fees billed for services rendered are standardized regardless of insurance type (\*)
- C. Patients are only accepted when sufficient and safe care can be provided (\*)
- D. Referrals are appropriately made for changes in patient status (\*)
- E. Collaborations with community partners exist to provide expanded care options for patients (\*)
- F. Conflict of interest and personal gains are avoided in all business matters and clinical care (\*)
- G. Care and treatment options are provided when appropriate; not to maximize billing opportunities (\*)

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