Charter on Professionalism for Healthcare Organizations

<u>Preamble</u>

This document is intended to articulate a set of principles and behaviors for healthcare organizations that aspire to nurture professionalism, to encourage the pursuit of excellence by all employees, and to achieve outstanding healthcare with the broader community. The document is structured as a set of expectations as to how model healthcare organizations should be led and managed. It is aspirational and supports a health system that is dynamic and constantly trying to improve.

A key tenet of this document is that healthcare organizations have been gradually evolving so that the activities of model healthcare organizations should go beyond trying to treat disease and restore health. The work of model healthcare organizations should include health promotion, disease prevention, value driven care, interdisciplinary collaboration, and community involvement, all within a fiscally responsible environment.

This evolution of the healthcare environment has and will continue to create challenges for all of the traditional professions that operate within healthcare organizations. As increasing numbers of the members of these professions are employed by and function within these organizations, the organizations will have further opportunities to profoundly affect the professional behaviors of those individuals in both positive and negative ways. Organizational behaviors do more than create an environment that influences the professionalism of those within it. They have a powerful influence on the environment beyond their walls: they interact with other organizations that affect health and can directly impact the social determinants of health in ways that individual professionals or healthcare professional membership organizations cannot.

This Charter was created to help meet these challenges. There are four themes or concepts that apply to all healthcare organizations' activities. First, model healthcare organizations need to emphasize the primacy of obligations to patients and ensure that all members of the organization reflect this priority in their day-to-day work. Second, model healthcare organizations promote the goal of broad access to healthcare. Third, model healthcare organizations are good stewards of resources invested in healthcare. Finally, model healthcare organizations are learning organizations. The organization continually transforms itself to perform its core mission better and to take on new roles as the health system evolves.

Patient Partnership

The primary focus of healthcare organizations is the care and wellbeing of patients. Model organizations partner with patients to ensure a patient-centered approach that supports the health of the whole person, not just the treatment of disease.

Commitment to engagement. Model organizations invite active participation of patients and their formal and informal care partners in all relevant aspects of care. These partnerships support care that is respectful of and responsive to an individual's priorities, goals, needs and values. Utilizing communication strategies that engender trust, model organizations foster an outcomes-based approach to health that goes beyond delivery and receipt of healthcare.

Commitment to shared decision-making. Together patients and their care partners clarify and evaluate all care options and the best available evidence to choose a course of care consistent with the patient's personal values and preferences. Organizational professionalism ensures that the culture, environment, and infrastructure support communication and literacy needs of all involved in the decision-making process.

Commitment to collaboration, continuity and coordination. Model organizations foster effective team-based care and support the role of patients as a member of team. In collaboration with patients and their formal and informal care partners, model organizations ensure safe and effective team transitions across settings and time to support a "one patient, one team" model of care.

Commitment to measure what matters to patients. In partnership with patients, model organizations identify outcomes of interest to patients and use patient reported and generated data to monitor progress and performance on those outcomes. Model organizations establish methods to support their continuous learning from these data. They provide meaningful feedback to patients and their care partners related to these data and the learning from it.

Organizational Culture

Organizational culture is the set of beliefs and practices that creates the expectations, norms, and operational behaviors within an organization. Organizational culture is reflected in the wellbeing of patients and employees, employee retention, quality of care, health outcomes, and elimination of medical error.

Commitment to the wellbeing of individuals. Model organizations promote the wellbeing of all those who are cared for or work within them. Encouraging and modeling self-reflection and humility ensures that all interactions are respectful and that employees are valued and empowered.

Commitment to teamwork. Best care happens when all members of the team, including patients, share information and decision-making responsibility. Ensuring teamwork requires organizational structures and processes that support communication across staff and with patients.

Commitment to a healthy work place. Model organizations create work environments that are physically and psychologically safe and provide tools and incentives for employees to achieve healthy lifestyles.

Commitment to inclusion and diversity. Model organizations incorporate the voices of employees and patients in organizational initiatives, including clinical domains. They encourage respectful attention to alternative viewpoints. Communication training for all staff emphasizes teamwork, respect, inclusiveness, and cultural sensitivity. The workforce, including leadership, reflects the diversity of patients and the community.

Commitment to accountability. Model organizations create a culture of trust and empowerment by articulating the mission and values of the organization, aligning policies, creating an infrastructure to promote those values, and eliminating activities that undermine professionalism. They align employee incentives with organizational values, reward success, provide supportive remediation for those who struggle to meet expectations, promote job satisfaction, and provide opportunities to learn. Model organizations encourage feedback to leadership regarding any experience and observation of activities that compromises the organization's values. Model organizations create an environment that encourages disclosure of events or suspect processes using knowledge gained to prevent harm and improve safety for patients and staff.

Community Partnership

Model organizations collaborate with other healthcare organizations and the communities they serve to reduce health disparities related to factors such as education, income and the environment. They focus particularly on preventable root causes of illness and access to appropriate, effective, culturally sensitive healthcare.

Commitment to address the social determinants of health. Clinicians frequently encounter root causes of preventable illnesses, such as environmental toxins, nutritional deficits, unhealthy behaviors and other preventable social factors. Treating these in a clinical vacuum diminishes the organization's full potential to improve health. Therefore it is a model organization's ethical obligation to help identify, understand and address social determinants of health, and to incorporate this understanding into its work.

Commitment to partner with communities. Model organizations engage in strategic partnerships with governmental entities, community organizations and other organizations serving the community to identify and mitigate root causes of illness as well as to ensure effective, culturally appropriate care. Model healthcare organizations include the community in organizational activities and governance, and their employees participate in community activities and governance.

Commitment to advocate for access and high value care. Model organizations partner with others to promote universal access and rational allocation of healthcare resources and to moderate incentive structures that do not directly lead to high value care and healthier communities. They advocate with communities for regulatory reforms to improve environmental conditions, mitigate barriers to healthcare access, and improve social services.

Commitment to community benefit. Model organizations and their leaders engage generously with community organizations and civic leaders to make innovative, strategic investments that leverage improved community health.

Operations and Business Practices

Model organizations ensure patient safety, clinical excellence, transparency, evidence-based practices, high-value care, and professional competence. They provide sensitive, respectful, compassionate, prompt, and courteous patient care.

Commitment to safeguard the privacy of patients and their health information. Model organizations must safeguard the privacy of patients and their health information. This is particularly important in the use of electronic health records, which pose continually evolving challenges to the privacy and security of patient information.

Commitment to ethical operations. Ethics and compliance programs in model organizations articulate mission and values, guidelines for observing legal requirements, and standards for the highest ethical focus in addressing the healthcare needs of diverse populations. These programs require qualified senior level executive leadership, mechanisms to set standards, evidence-based policies, comprehensive training and education, mechanisms to report violations without fear of retaliation, and approaches to monitor compliance and audit performance. Model organizations adhere to credentialing and regulatory standards in their operations, recruitment, training, education, and privileging.

Commitment to transparent management of conflicts of interest. Model organizations have systems to identify and address potential conflicts of interest. When patients may be affected, patient welfare is given priority.

Commitment to align incentives with values. Model organizations routinely review their incentive systems to ensure that they are in alignment with articulated organizational values.

Commitment to fair treatment, education and development. Model organizations compensate employees fairly; provide appropriate benefit packages; avoid staff shortages; and promote employee education, training and growth.

Commitment to high value care. The policies and practices of model organizations engender evidence-based care and treatment that are provided to every patient. Model organizations always strive for high-value, optimal clinical outcomes, aligned with the three aims of better care, healthy populations and reduced costs. They ensure that ordering practices for testing and treatment are evidence-based and supported by standards of care.

Commitment to innovation. Model organizations strive to improve current models of care. Creating opportunities to assist other organizations to achieve similar success is a form of public service. The search for and implementation of innovative approaches to management, leadership, and patient care are important indicia of organizational professionalism.

Commitment to accounting and financial reporting standards. Model organizations ensure that their financial statements accurately reflect the performance of the organization. They create financial control systems and internal auditing mechanisms that ensure financial integrity.

Commitment to assure fair and equitable access to healthcare. Model organizations display price transparency. They make adjustments to bills for uninsured patients, so that they are not expected to pay substantially more than insured patients. They act fairly in granting "charity status" to patients who have no plausible means of paying the cost of treatment. They show flexibility in settling patient balances that exceed the patient's financial capabilities.

Note: This Charter was created by the Organizational Professionalism Working Group:

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