(Note to presenter: Be sure to hand out copies of the Code of Ethics and Bibliography to attendees prior to the start of the presentation)
The Professional Ethics Committee in 2002 recognized that the Code of Ethics of AHIMA needed revision. It had not been revised since 1998. The Committee felt that the practice of HIM had changed over the past four years and the revisions needed to reflect those changes. The update strengthens the code to include current practice, while serving as a resource to educate our members and a guide to current issues in healthcare ethical behavior.
Revision Process

- Revised last in 1998
- Reviewed other Associations’ Codes
  - National Social Workers Association
  - American Physical Therapy Association
  - American Nurses Association
  - American Medical Association
  - International Medical Informatics Association

In November 2002, the Committee reviewed the current code and previous versions of the Code of Ethics of AHIMA from 1957, 1977, 1988, and 1998. They also reviewed other Association Codes, including the National Social Workers Association, the American Physical Therapy Association, the American Nurses Association, the American Medical Association and the International Medical Informatics Association. This was not an easy task and considerably all consuming. The committee favored the National Association of Social Workers’ Code and used that document and the AHIMA 1957 version as guides to formulate the new code.
Revised Code

- Based on the core values of AHIMA.
- Applies to all health information management professionals.
- Developed to help members in their professional lives.

The revised Code is based on the core values of AHIMA. It provides a road map to the inherent ethical responsibilities of all members who work with health information and health information management professionals. It reiterates what we all know about our obligation to protect information: promote confidentiality, and preserve and secure health information. This revised Code was developed to help members in their professional lives. It is a guide for members to get through the complexity of competing interests and obligations they face every day.
Adoption

The Code of Ethics and How to Interpret the Code of Ethics were adopted by the House of Delegates on July 1, 2004.

The revision of the Code of Ethics and How to Interpret the Code of Ethics were reviewed by the House of Delegates beginning at the Fall 2003 House of Delegates Meeting. After suggestions and further revisions, the House of Delegates voted and adopted the Code on July 1, 2004.
During 2003, the committee decided there should be two elements: the Code of Ethics and How to Interpret the Code of Ethics. How to Interpret the Code of Ethics is information designed to assist AHIMA members in applying the Code of Ethics to their professional lives. The examples provided are not meant to be all-inclusive, but should assist the membership in interpreting the code.

Both documents contain the 11 principles pertaining to all AHIMA members and credentialed nonmembers.

Included in your handouts is a copy of the 2004 Code of Ethics and How to Interpret the Code of Ethics. You might wish to refer to them as we review information from the documents.
The Code of Ethics consist of a Preamble, Professional Values, Purpose and Use of the Code. These provide background information for the Code of Ethics.

• The Preamble sums up the ethical obligations of the health information management professional.

• The Professional Values discuss the core professional values on which the Association was developed in 1928.

• The Purpose includes six purposes for which the Code of Ethics exists.

• The Use of the Code discusses who should be using the Code and how it can be used in practice.
Six Purposes of the Code

• Identifies HIM mission-based professional core values.
• Summarizes broad ethical principles to guide decision-making and actions.

The AHIMA Code of Ethics serves six purposes, which are included on your handout on pages 1 and 2. This slide illustrates the first two purposes.

• Identifies core values on which the HIM mission is based.
• Summarizes broad ethical principles that reflect the profession's core values and establishes a set of ethical principles to be used to guide decision-making and actions.
Six Purposes of the Code, cont.

• Helps HIM professionals in conflict resolution.
• Provides ethical principles for accountability.

The next two purposes are:
• Helps HIM professionals identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
• Provides ethical principles by which the general public can hold the HIM professional accountable.
Six Purposes of Code, cont.

• Orient new practitioners.
• Articulates guidelines to evaluate conduct.

The final two purposes for the Code of Ethics are:
• Socializes practitioners who are new to the field to HIM's mission, values, and ethical principles.
• Articulates a set of guidelines the HIM professional can use to assess if they have engaged in unethical conduct.
Guidelines for ethical principles are provided in this interpretation of the code. Terms “shall and shall not” are used as a basis for setting standards for behavior. These guidelines are not meant as a comprehensive list of all situations that can occur in HIM practice.

For example, not everyone participates in the recruitment or mentoring of students stated under Principle VI. Recruit and mentor students, peers, and colleagues to develop and strengthen the professional workforce. An HIM professional is not being unethical if this activity is not part of his or her professional practice; however, if the professional is in a position to assist students as a mentor or clinical preceptor it would be considered a part of one’s professional responsibilities and there is an ethical obligation to follow the guidelines stated in the code as they pertain to students.

Notice under How to Interpret the Code of Ethics, starting on page 4, says:

• Health information management professionals shall and
• Health information management professionals shall not
• Both are guidelines to assist HIM professionals in understanding how the principle would be interpreted in the practice setting.
As mentioned previously, you have a handout that includes the Code of Ethics principles and How to Interpret the Code of Ethics, which includes the guidelines. Therefore, we will not review all principles during this session. We hope that you will read the Code of Ethics and How to Interpret the Code of Ethics to gain a better understanding of how to use it in your professional life.

We would like to take this opportunity to highlight one principle and one guideline corresponding to that principle. The one that is selected is Principle IV, guideline 4.6. It is on page 6. We have included a few examples to help you in interpreting this particular guideline.

The principle is:
Refuse to participate in or conceal unethical practices or procedures.
Guideline 4.6

Health information management professionals shall not:

4.6 Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A noninclusive list of examples includes:

We would like to discuss guideline 4.6 for Principle IV, which states that health information management professionals shall not:

4.6 Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A noninclusive list of examples is included on the next slide.
Guideline 4.6

Examples:

• Allowing patterns of retrospective documentation to avoid suspension or increase reimbursement
• Assigning codes without physician documentation
• Coding when documentation does not justify the procedures that have been billed

For this specific guideline, examples were developed in How to Interpret the Code of Ethics of what HIM professionals shall not do. These examples are:

• Allowing patterns of retrospective documentation to avoid suspension or increase reimbursement
• Assigning codes without physician documentation
• Coding when documentation does not justify the procedures that have been billed
Guideline 4.6 cont.

- Engaging in negligent coding practices
- Hiding or ignoring review outcomes, such as performance data
- Allowing inappropriate access to genetic, adoption, or behavioral health information
- Violating the privacy of individuals

Additional examples of what HIM professionals shall not do are:
- Engaging in negligent coding practices
- Hiding or ignoring review outcomes, such as performance data
- Allowing inappropriate access to genetic, adoption, or behavioral health information
- Violating the privacy of individuals

Other examples are listed under this guideline in your handout. Please be sure to read How to Interpret the Code of Ethics.
Case Study

- Hospital A is scheduled for a regulatory review. Various medical records are being reviewed by clinical personnel to determine if documentation standards are being met. HIM professionals oversee this review. During the review, many data elements are noted as missing such as times, dates, and signatures. The clinical personnel decide to add this information retrospectively upon receiving a directive from the Chief Nursing Officer.

In the case study documented, many HIM professionals may have found themselves in this very situation. Some may not consider this to be out of the norm. Some HIM professionals may have done this for so long, they haven’t even considered whether this is right or wrong.

Even if it is the norm, is it right? Are there ways to make it right?

(Note to presenter: You can use the case study shown here, or substitute one of the six additional case studies included in the Ethics Scenarios attachment.)
Core Ethical Questions

- Should I condone these actions by the clinical personnel?
- What should I do since everyone wants to pass the regulatory review?
- What is the best action, given the competing interests, obligations and values?

The answer is very simple. Retrospective documentation is not wrong as long as the intent isn’t to deceive the reader. Therefore, the documentation needs to reflect when the additions to the documentation were made. When following this rule of practice, the intent can never be called into question.
Additional Resources

- AHIMA Code of Ethics
- Bibliography/Professional Ethics Committee Members
- Case Studies
We hope this helped stimulate thinking about ethics, the Code of Ethics, and the ethical situations you face in your work environment. Thank you for attending this presentation.