

EpiHC: Healthcare Principles in Practice



ECRI, Subang Jaya Malaysia



Signatory since April 2021

ECRI is the world's leading evaluator of quality and efficacy in medical devices and procedures. It was founded in 1968 to assess and evaluate emergency equipment—one of its devices invented by ECRI's founder is on display at the Smithsonian's National Museum of American History—and began testing other products and procedures in 1971. It is a global nonprofit with about 550 employees; in 2020, ECRI acquired the Institute for Safe Medication Practices. In April 2021, ECRI's Asia-Pacific office in Malaysia became an EpiHC signatory. We spoke with three ECRI leaders—Eric Woo, Regional Director of the Asia-Pacific office; Dharmesh Doshi, Associate Director; and Gayathri Thanabalan, Associate Director for Project Management—about building a healthcare community that cares about ethical decision making, the importance of knowledge sharing, and balancing resources and efficiency to maintain effectiveness.



BECOMING A SIGNATORY



ERIC WOO

Regional Director of
the Asia-Pacific Office



DHARMESH DOSHI

Associate Director



GAYATHRI THANABALAN

Associate Director for
Project Management

DHARMESH DOSHI:

ECRI was incorporated based on principles of integrity and independence of judgment as relates to evaluating healthcare technology and providing guidance and advisory services. We saw similarities in approaches with EPIHC. Given that healthcare ethics may not always be in the forefront of considerations, sharing stories and exchanging knowledge of how we can improve is very fulfilling.

ERIC WOO:

This is a good collaboration, not only with EPIHC, potentially with other signatories as well. Together we form a larger community across many healthcare fields, which allows us to advocate for improved healthcare standards together, and for more affordable, accessible healthcare.

GAYATHRI THANABALAN:

It is heartwarming to know that we are not the only organization working on ethical practices, and that there is a community of like-minded people. Hopefully it will be easier, moving forward, to influence healthcare organizations to provide safer and better patient care and support.

THE PRINCIPLES

#3 Promoting High Quality Standards

THANABALAN:

This principle is intrinsic to what we do at ECRI. We are always looking at improving technology management practices in hospitals, based on international best practices, in order to improve patient care.

#4 Conducting Business Matters Responsibly

WOO:

We see a lot of decisions that are driven by dollars and cents. For example, patients being sent for an MRI when they do not really need it. Then there are cases where providers may ask for higher-cost bloodwork diagnosis when it isn't needed, or prescribe branded drugs over generic. How do our health providers use an evidence-based approach to provide the best treatment and avoid errors? Do they learn from all the incidents that have happened so they better protect their patients, staff, and businesses next time? This is all part of conducting business responsibly.

The COVID-19 pandemic has made us look more closely at the broader responsibilities of healthcare businesses. When there are not enough public hospital beds in a crisis, what is the role of the private sector? How can we contribute back to society? These are things providers need to think about.

#10 Supporting Ethical Practices and Preventing Harm

THANABALAN:

For us, this principle relates to having unbiased and fair processes in procuring medical equipment. For example, if the technical specifications for major equipment in a tendering are biased to a certain model because the

physician making the request is influenced by a supplier, then other suppliers will not be able to compete and you may not be getting the best equipment for what you need. Only if the procurement process is fair and based on evidence, can physicians and hospitals learn which available technologies are better and why.

ASSESSING AND EVALUATING PROGRESS

WOO:

We want to build a collaborative understanding of ethical and responsible practice. For example, how should healthcare providers balance efficiency to maintain effectiveness? Should there be one, two, or three nurses in a facility? We have seen many incident reports where the decision to operate with fewer resources has led to harm. This should be monitored so people can learn the right balance over time. Ultimately, every stakeholder should have a monitoring program that includes such example especially risk management as part of their main goal or objective.

DOSHI:

In terms of supporting EPIHC and its members, we are available to share our knowledge base and our experiences from some of the previous engagements that we had. This is part of ECRI's mission to advance evidence-based healthcare globally.