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Annual Mandatory Training (Acute Care) Library

Rapid Regulatory Compliance: Clinical: Part I – An HCCS Regulatory Course

HLC Version: 1

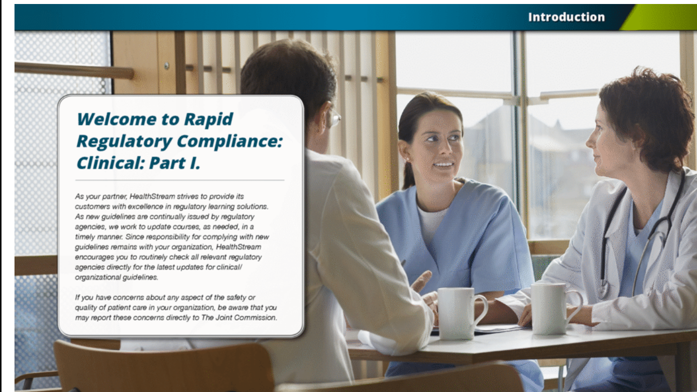
Lesson 1: Introduction
Lesson 2: Compliance and Ethics
Lesson 3: Patient Rights
Lesson 4: Patient Care and Protection

Introduction

Welcome to Rapid Regulatory Compliance: Clinical: Part I.

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.



Introduction

This course will rapidly review and update your knowledge of:

- Compliance and ethics
- Patient rights
- Patient care and protection

For additional information on the topics discussed in this course, please refer to the HealthStream Regulatory course titles listed on the right.

Courses discussing topics in detail:

- *Corporate Compliance: A Proactive Stance*
- *Sexual Harassment in the Workplace*
- *Patient Rights*
- *HIPAA*
- *Informed Consent*
- *Advance Directives*
- *EMTALA*
- *Developmentally Appropriate Care of the Adult Patient*
- *Cultural Competence: Background and Benefits*
- *Patient Restraint and Seclusion in the Acute-Care Setting*
- *Identifying and Assessing Victims of Abuse and Neglect*

Course Goals

After completing this review, you should be able to:

- Cite key points of relevant laws and regulations for healthcare.
- Identify the guiding principles of medical ethics.
- Identify four sets of issues in medical ethics today.
- Define sexual harassment.
- Cite key points for each of the seven categories of patient rights.
- Identify The Joint Commission's expectations for the use of restraint and seclusion.
- Identify The Joint Commission's expectations with regard to victims of assault, abuse, and/or neglect.

Course Outline

This introductory lesson gave the course rationale.

Lesson 2 will discuss compliance and ethics including corporate compliance, medical ethics, and sexual harassment.

Lesson 3 will cover patient rights including confidentiality, patient participation, disclosure and informed consent, advance directives, access to emergency services, respect, safety, nondiscrimination, and grievances.

Lesson 4 will focus on patient care and protection including developmentally appropriate care, cultural competence, restraint and seclusion, assault, abuse, and neglect.

Lesson 1: Introduction
Lesson 2: Compliance and Ethics
- Corporate compliance
- Medical ethics
- Sexual harassment

Lesson 3: Patient Rights
- Confidentiality
- Patient participation in treatment decisions
- Disclosure and informed consent
- Advance directives
- Access to emergency service
- Respect, safety, and nondiscrimination
- Grievances

Lesson 4: Patient Care and Protection
- Developmentally appropriate care
- Cultural competence
- Restraint and seclusion
- Patient assault and abuse in the healthcare setting
- Victims of abuse and neglect

Introduction	
Welcome to the lesson on compliance and ethics. This lesson covers: • Corporate compliance • Medical ethics • Sexual harassment	Lesson 2: Compliance and Ethics • Corporate compliance • Medical ethics • Sexual harassment

Corporate compliance means following business laws and regulations.

Laws and regulations for healthcare are:

- Medicare regulations
- Federal False Claims Act
- Stark Act
- Anti-Kickback Statute
- Sections of the Social Security Act
- Mail and wire fraud statutes
- EMTALA
- HIPAA
- “Red Flags” Rule

Let’s take a closer look at each of these laws on the following screens.

Let's look first at:

- **Medicare regulations**
- **Federal False Claims Act**
- **Stark Act**

Click on each for a brief review of key points.

Medicare regulations

Any facility that participates in Medicare must follow Medicare regulations. For example, facilities must:

- Meet standards for quality of care
- Not bill Medicare for unnecessary items or services
- Not bill Medicare for costs or charges that are significantly higher than the usual cost or charge
- Follow other rules for claims and billing

Let's look first at:

- **Medicare regulations**
- **Federal False Claims Act**
- **Stark Act**

Click on each for a brief review of key points.

Federal False Claims Act

The Federal False Claims Act makes it illegal to submit a falsified bill to a government agency. This act:

- Applies to healthcare because Medicare is a government agency
- Allows a citizen who has evidence of fraud to sue on behalf of the government. This "whistleblower" is protected from retaliation for reporting the fraud.

Note: State laws also focus on false claims in addition to the Federal False Claims Act.

Let's look first at:

- **Medicare regulations**
- **Federal False Claims Act**
- **Stark Act**

Click on each for a brief review of key points.

Stark Act

The Ethics in Patient Referrals Act (EPRA) is commonly known as the Stark Act. This act makes it illegal for physicians to refer patients to facilities or providers:

- If the physician has a financial relationship with the facility or provider
- If the physician's immediate family has a financial relationship with the facility or provider

Note: This law does not apply in certain cases.

Let's next look at:

- **Anti-Kickback Statute**
- **Sections of the Social Security Act**
- **Mail and wire fraud statutes**

Click on each for a brief review of key points.

Anti-Kickback Statute

The Medicare and Medicaid Patient Protection Act of 1987 is commonly referred to as the Anti-Kickback Statute (AKBS). This act makes it illegal to **give** or **take** kickbacks, bribes, or rebates for items or services that will be paid for by a government healthcare program.
Note: This law does not apply in certain cases.

Let's next look at:

- **Anti-Kickback Statute**
- **Sections of the Social Security Act**
- **Mail and wire fraud statutes**

Click on each for a brief review of key points.

Sections of the Social Security Act

The Social Security Act makes it illegal for hospitals to:

- Knowingly pay physicians to encourage them to limit services to Medicare or Medicaid patients
- Offer gifts to Medicare or Medicaid patients to get their business

Let's next look at:

- **Anti-Kickback Statute**
- **Sections of the Social Security Act**
- **Mail and wire fraud statutes**

Click on each for a brief review of key points.

Mail and wire fraud statutes

Mail and wire fraud statutes make it illegal to use the U.S. Mail or electronic communication as part of a fraud. For example, these statutes make it illegal to mail a fraudulent bill to Medicare.

Finally, let's look at:

- **EMTALA**
- **HIPAA**
- **"Red Flags" Rule**

Click on each for a brief review of key points.

These laws will be reviewed in greater detail later in the course.

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) is commonly known as the Patient Anti-Dumping Statute. This statute requires Medicare hospitals to provide emergency services to all patients, whether or not the patient can pay. Hospitals are required to:

- Screen patients who *may* have an emergency condition
- Stabilize patients who *have* an emergency condition

Finally, let's look at:

- **EMTALA**
- **HIPAA**
- **"Red Flags" Rule**

Click on each for a brief review of key points.

These laws will be reviewed in greater detail later in the course.

HIPAA

HIPAA is the Health Insurance Portability and Accountability Act. The HIPAA Privacy Rule protects a patient's right to privacy of health information. This act requires healthcare businesses to follow standards for how to:

- Perform electronic transactions
- Maintain the security of health information
- Ensure the privacy of health information
- Use identifiers for health business employers

Finally, let's look at:

- **EMTALA**
- **HIPAA**
- **"Red Flags" Rule**

Click on each for a brief review of key points.

These laws will be reviewed in greater detail later in the course.

"Red Flags" Rule

The "Red Flags" Rule protects patients from identity theft. "Red Flags" are warning signs that signal the risk for identity theft. Some hospitals must:

- Identify relevant "Red Flags"
- Detect "Red Flags"
- Prevent and mitigate identity theft
- Update programs periodically

Corporate Compliance: Potential Consequences of Noncompliance

When a provider is convicted of breaking any of the laws described on the previous screens, penalties can include:

- Criminal fines
- Civil damages
- Jail time
- Exclusion from Medicare or other government programs

In addition, a conviction can lead to serious public relations harm.

To help prevent misconduct, healthcare facilities have **corporate compliance programs**.

A good compliance program reduces the risk of error or fraud.

It does so by giving guidelines for how to do your job in an ethical and legal way.

A copy of your facility's compliance program should be readily available to you. Ask your supervisor for more information.

Medical Ethics: Four Guiding Principles

The four basic concepts of medical ethics are:

- **Beneficence**
- **Non-maleficence**
- **Respect for patient autonomy**
- **Justice**

Click on each for a brief review.

Beneficence

Beneficence means that healthcare providers have a duty to:

- Do good
- Act in the best interest of their patients
- Act in the best interest of society as a whole

The four basic concepts of medical ethics are:

- **Beneficence**
- **Non-maleficence**
- **Respect for patient autonomy**
- **Justice**

Click on each for a brief review.

Non-maleficence

Non-maleficence means that healthcare providers have a duty to:

- Do no harm to their patients
- Do no harm to society

Medical Ethics: Four Guiding Principles

The four basic concepts of medical ethics are:

- **Beneficence**
- **Non-maleficence**
- **Respect for patient autonomy**
- **Justice**

Click on each for a brief review.

Respect for patient autonomy

This principle means that healthcare providers have a duty to protect the patient’s ability to make informed decisions about his or her own medical care.

Medical Ethics: Four Guiding Principles

The four basic concepts of medical ethics are:

- **Beneficence**
- **Non-maleficence**
- **Respect for patient autonomy**
- **Justice**

Click on each for a brief review.

Justice

Justice means that healthcare providers have a duty to be fair to the community. In particular, providers have a duty to promote the fair distribution of healthcare resources.

Unfortunately, the four guiding principles sometimes conflict.

To address ethical conflicts, you must be able to take into account:

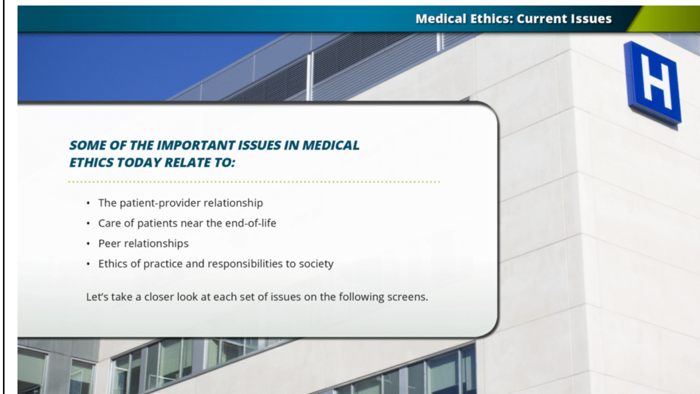
- The guiding principles of medical ethics
- The particular situation

Medical Ethics: Current Issues

Some of the important issues in medical ethics today relate to:

- The patient-provider relationship
- Care of patients near the end of life
- Peer relationships
- Ethics of practice and responsibilities to society

Let's take a closer look at each set of issues on the following screens.



Ethics in the patient-provider relationship relate to:

- **The nature of the relationship**
- **Payment**
- **Patient confidentiality**
- **Disclosure and informed consent**
- **Medical risk**

Click on each for a brief review of key ethical duties.

The nature of the relationship

- Be professional and responsible in the care of patients.
- Treat patients with compassion and respect.
- Maintain appropriate boundaries with patients.

Ethics in the patient-provider relationship relate to:

- **The nature of the relationship**
- **Payment**
- **Patient confidentiality**
- **Disclosure and informed consent**
- **Medical risk**

Click on each for a brief review of key ethical duties.

Payment

- Expect to be paid fairly for your services.
- Remember, however, that your duty to patients comes before money. Providers have an ethical duty to care for patients, whether or not they can pay.

Ethics in the patient-provider relationship relate to:

- **The nature of the relationship**
- **Payment**
- **Patient confidentiality**
- **Disclosure and informed consent**
- **Medical risk**

Click on each for a brief review of key ethical duties.

Patient confidentiality

- Protect the confidentiality of your patients.

Ethics in the patient-provider relationship relate to:

- **The nature of the relationship**
- **Payment**
- **Patient confidentiality**
- **Disclosure and informed consent**
- **Medical risk**

Click on each for a brief review of key ethical duties.

Disclosure and informed consent

- Fully disclose patient health status and treatment options.
- This makes it possible for patients to exercise the right to give informed consent or refusal for treatment.

Ethics in the patient-provider relationship relate to:

- **The nature of the relationship**
- **Payment**
- **Patient confidentiality**
- **Disclosure and informed consent**
- **Medical risk**

Click on each for a brief review of key ethical duties.

Medical risk

- Expect your workplace to limit your risk of infection through an infection-control program.
- It is unethical to refuse to treat a patient because of his or her infectious state.

Ethics in the care of patients near the end of life relate to:

- **Palliative care**
- **End-of-life decisions**
- **Withdrawing treatment**
- **Organ donation**
- **Physician-assisted suicide and euthanasia**

Click on each for a brief review of key points.

Palliative care

- The goal of palliative care is to prevent and relieve suffering and to support the best quality of life for patients and their families.
- Palliative care is appropriate at the end of life but is not exclusive to this stage.
- Understand the importance of addressing **all** of the patient's comfort needs near the end of life. This includes psychosocial, spiritual, and physical needs.
- Stay up to date on the legality and ethics of using high-dose opiates for physical pain.

Ethics in the care of patients near the end of life relate to:

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- **Organ donation**
- **Physician-assisted suicide and euthanasia**

Click on each for a brief review of key points.

End-of-life decisions

- Patients have the right to refuse life-sustaining treatment.
- Respect this right and this decision.

Ethics in the care of patients near the end of life relate to:

- **Palliative care**
- **End-of-life decisions**
- **Withdrawing treatment**
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Withdrawing treatment

- Withdrawing and withholding life-sustaining treatment are ethically and legally equivalent. Both are ethical and legal when the patient has given informed consent.
- Be sure to check your facility's policies on withholding and withdrawing life-sustaining treatment.

Ethics in the care of patients near the end of life relate to:

- **Palliative care**
- **End-of-life decisions**
- **Withdrawing treatment**
- **Organ donation**
- **Physician-assisted suicide and euthanasia**

Click on each for a brief review of key points.

Organ donation

- Patients should be made aware of the option to donate organs and tissues.
- The care of the donor must be kept separate from the care of the recipient.

Ethics in the care of patients near the end of life relate to:

- **Palliative care**
- **End-of-life decisions**
- **Withdrawing treatment**
- **Organ donation**
- **Physician-assisted suicide and euthanasia**

Click on each for a brief review of key points.

Physician-assisted suicide and euthanasia

- The ethics of assisted suicide and euthanasia are controversial. Both practices are illegal in most states.
- Do not confuse these practices with 1) a patient's informed decision to refuse life-sustaining treatment, or 2) unintentional shortening of life, as a result of treating pain with high-dose opiates.

Medical Ethics: Peer Relationships

Ethics around peer relationships include:

- Protect patients from incompetent providers.
- Help colleagues who lack competency or need consultation.
- Request consultation, as needed.
- Work with other providers to optimize patient care.
- Be respectful of one another.
- Discipline colleagues who have engaged in fraud or other misconduct.

Medical Ethics: Practice and Society

Ethics around responsibilities to society include:

- Advocate for the health and well-being of the public.
- Report infectious diseases as required by law.
- Provide the general public with accurate information about healthcare and preventive medicine.
- Work to ensure that all members of the community have access to healthcare.
- Serve as an expert witness when needed, in civil and criminal legal proceedings.

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Sexual Harassment

Title VII of the Civil Rights Act of 1964 defines sexual harassment.

This definition is summarized in the graphic to the right.

To work toward eliminating sexual harassment in your facility:

- Be aware of the definition of sexual harassment.
- If you are a victim, confront the harasser directly, if you feel able to do so.
- Follow your facility's policies and procedures for reporting harassment.

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Summary of Title VII Definition of Sexual Harassment

Sexual harassment involves the following actions:
- Sexual advances,
- Requests for sexual favors, or
- Other sexual conduct...

When these actions are unwelcome and:
- Affect job status,
- Interfere with work performance, or
- Create a hostile work environment.

Introduction	
Welcome to the lesson on patient rights. This lesson addresses: • Confidentiality • Patient participation in treatment decisions • Disclosure and informed consent • Advance directives • Access to emergency services • Respect, safety, and nondiscrimination • Grievances	Lesson 3: Patient Rights • Confidentiality • Patient participation in treatment decisions • Disclosure and informed consent • Advance directives • Access to emergency services • Respect, safety, and nondiscrimination • Grievances

Confidentiality

Patients have the right to privacy and confidentiality.

Always use a private place for:

- Case discussion and consultation
- Patient examination and treatment

A patient's medical records may be shared with:

- Clinicians directly involved in the patient's case
- Regulatory agencies looking into a facility's quality of care
- Other people with a legal or regulatory right to see the records

Protected healthcare information should not be shared with ANYONE else.

Only authorized employees should have access to areas where medical records are stored.

Confidentiality: HIPAA

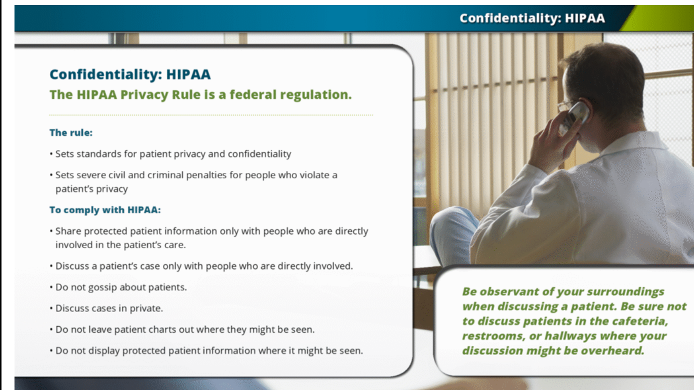
The HIPAA Privacy Rule is a federal regulation.

The rule:

- Sets standards for patient privacy and confidentiality
- Sets severe civil and criminal penalties for people who violate a patient’s privacy

To comply with HIPAA:

- Share protected patient information only with people who are directly involved in the patient’s care.
- Discuss a patient’s case only with people who are directly involved.
- Do not gossip about patients.
- Discuss cases in private.
- Do not leave patient charts out where they might be seen.
- Do not display protected patient information where it might be seen.



Confidentiality: Necessary Breaches

Patient confidentiality is not absolute.

A provider may have a duty to breach [glossary] confidentiality when there is a conflict between:

- Patient autonomy (the right of the patient to control his or her own health information)

and

- Non-maleficence (protecting the patient or others from harm).

Examples are:

- A patient threatens serious self-harm or harm to someone else.
- The patient is a suspected victim of child abuse or neglect.
- The information relates to a crime.
- The patient is a healthcare provider, and has a condition that makes him or her a danger to patients.
- The patient is not fit to drive.

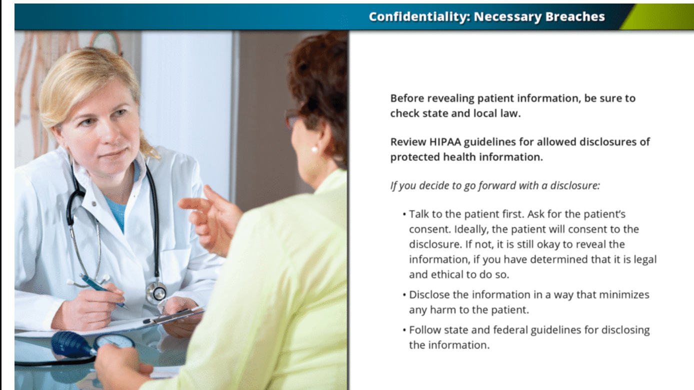
Confidentiality: Necessary Breaches

Before revealing patient information, be sure to check state and local law.

Review HIPAA guidelines for allowed disclosures of protected health information.

If you decide to go forward with a disclosure:

- Talk to the patient first. Ask for the patient's consent. Ideally, the patient will consent to the disclosure. If not, it is still okay to reveal the information, if you have determined that it is legal and ethical to do so.
- Disclose the information in a way that minimizes any harm to the patient.
- Follow state and federal guidelines for disclosing the information.



Participation in Treatment Decisions: Disclosure

Patients have the right to:

- Participate in decisions about their care
- Set the course of their treatment
- Refuse treatment

To make informed decisions about treatment, patients must be given full and accurate information in a manner they can understand.

Participation in Treatment Decisions: Informed Consent

Healthcare professionals must discuss **all** treatment options with their patients. This includes the option of no treatment.

For each treatment option, the patient needs to know:

- Risks
- Benefits
- Potential medical consequences

The patient can then give informed consent or refusal for treatment.

Note: Minors do not have the right to consent for treatment. Parents must accept or refuse treatment for their minor children.

Participation in Treatment Decisions: Informed Consent

PARENTS MUST CONSENT TO CARE FOR THEIR MINOR CHILDREN.

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Advance Directives: Definitions

Patients have the right to make decisions about their care. This is true even when they are no longer able to communicate those decisions directly.

An **advance directive** is a legal document that helps protect this right.

There are two types of advance directive:

- **Living will**
- **Durable power of attorney for healthcare**

Additional tools for participating in future healthcare decisions are the:

- **Do-not-resuscitate (DNR) order**
- **Do-not-intubate (DNI) order**

Click on each for a brief review of key points.

Living will

In a living will, a patient documents his or her wishes for future treatment in the event of terminal illness. It does not appoint a representative. A living will goes into effect if and when a patient develops a terminal condition that makes it impossible to communicate healthcare decisions directly.

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Click on each for a brief review of key points.

Durable power of attorney for healthcare

In this document, the patient appoints a representative to make healthcare decisions. The power of attorney goes into effect if and when the patient loses the ability to communicate his or her own decisions.

Advance Directives: Definitions

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DNR Order

A DNR order states that a patient does not want CPR if he or she goes into cardiac or respiratory arrest. A patient may request a DNR order. However, only a physician can approve and give the order.

Advance Directives: Definitions

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DNI Order

A DNI order states that a patient does not want an endotracheal tube inserted if he or she has trouble breathing or goes into respiratory arrest. A patient may request a DNI order. However, a physician must write and sign the order.

Advance Directives: Your Role

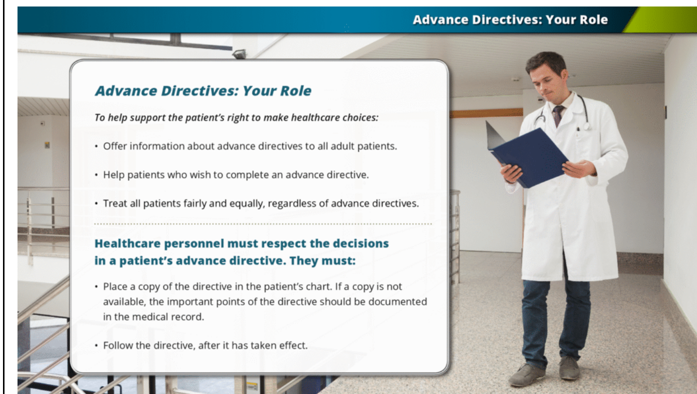
To help support the patient’s right to make healthcare choices:

- Offer information about advance directives to all adult patients.
- Help patients who wish to complete an advance directive.
- Treat all patients fairly and equally, regardless of advance directives.

Healthcare personnel must respect the decisions in a patient’s advance directive.

They must:

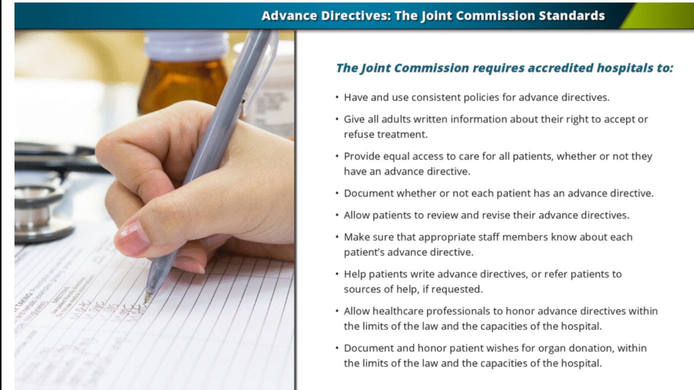
- Place a copy of the directive in the patient’s chart. If a copy is not available, the important points of the directive should be documented in the medical record.
- Follow the directive, after it has taken effect.



Advance Directives: The Joint Commission Standards

The Joint Commission requires accredited hospitals to:

- Have and use consistent policies for advance directives.
- Give all adults written information about their right to accept or refuse treatment.
- Provide equal access to care for all patients, whether or not they have an advance directive.
- Document whether or not each patient has an advance directive.
- Allow patients to review and revise their advance directives.
- Make sure that appropriate staff members know about each patient's advance directive.
- Help patients write advance directives, or refer patients to sources of help, if requested.
- Allow healthcare professionals to honor advance directives within the limits of the law and the capacities of the hospital.
- Document and honor patient wishes for organ donation, within the limits of the law and the capacities of the hospital.



Access to Emergency Services: Prudent Layperson

Patients have the right to emergency medical treatment.

However, patients and insurance companies can disagree about the need for emergency care.

To solve this problem, insurance companies must use a standard definition for the need for ED services.

This definition uses the idea of a "prudent layperson."

Under this definition, a person has need for ED services if he or she has signs or symptoms that a reasonable non-medical person would consider an emergency.

Example:

A person has severe chest pains. He thinks he is having a heart attack.

He goes to the emergency department. Tests show that the problem is heartburn.

The patient's insurance company must reimburse for the emergency services, even though the symptoms did not turn out to be a medical emergency.

Why?

Because services were provided based on symptoms that would cause a reasonable person to fear an emergency.

Access to Emergency Service: EMTALA

EMTALA is the **E**mergency **M**edical **T**reatment and **A**ctive **L**abor **A**ct.

Under EMTALA, all hospitals that participate in Medicare must provide emergency services to all patients, whether or not they can pay.

For a hospital to comply with EMTALA:

- When a patient comes to the emergency department, the hospital must screen for a medical emergency.
- If an emergency medical condition is found, the hospital must provide stabilizing treatment.
- Patients with emergency medical conditions may not be transferred out of the hospital for economic reasons.

Access to Emergency Service: EMTALA
EMTALA is the Emergency Medical Treatment and Active Labor Act.
Under EMTALA, all hospitals that participate in Medicare must provide emergency services to all patients, whether or not they can pay.
For a hospital to comply with EMTALA:
• When a patient comes to the emergency department, the hospital must screen for a medical emergency.
• If an emergency medical condition is found, the hospital must provide stabilizing treatment.
• Patients with emergency medical conditions may not be transferred out of the hospital for economic reasons.
EMERGENCY
EMTALA Mandates:
• Emergency medical screening
• Stabilizing emergency care
• Medically appropriate transfers

Respect, Safety, and Nondiscrimination: Respect

Patients have the right to considerate, respectful, compassionate care.

Respect means valuing the patient's:

- Needs
- Desires
- Feelings
- Ideas

Hospitals must respect the patient's:

- Cultural and personal values, beliefs, and preferences
- Right to privacy
- Right to effective communication
- Right to pain management

Respect, Safety, and Nondiscrimination: Respect Into Action

You should put your respect for patient rights into action by:

- Treating each patient in a respectful manner that supports his or her dignity
- Involving each patient in his or her care, treatment, and services
- Accommodating religious or other spiritual services

Treat patients with common courtesy. For example:

- Knock and wait before entering a patient’s room.
- Respond politely to patients.
- Listen to patients.
- Remain compassionate.

Respect, Safety, and Nondiscrimination: Respect

You should put your respect for patient rights into action by:

- Treating each patient in a respectful manner that supports his or her dignity
- Involving each patient in his or her care, treatment, and services
- Accommodating religious or other spiritual services

Treat patients with common courtesy. For example:

- Knock and wait before entering a patient’s room.
- Respond politely to patients.
- Listen to patients.
- Remain compassionate.

Respect, Safety, and Nondiscrimination: Safety

Patients have the right to safety and security.

Do your part to ensure a safe environment of care for your patients.

Know your facility's policies for:

- Environmental safety
- Infection control
- Security

Respect, Safety, and Nondiscrimination: Nondiscrimination

All patients have the right to fair and equal delivery of healthcare services.

This is true regardless of:

- Race
- Ethnicity
- National origin
- Religion
- Political affiliation
- Level of education
- Place of residence or business
- Age
- Gender
- Marital status
- Personal appearance
- Mental or physical disability
- Sexual orientation
- Genetic information
- Source of payment

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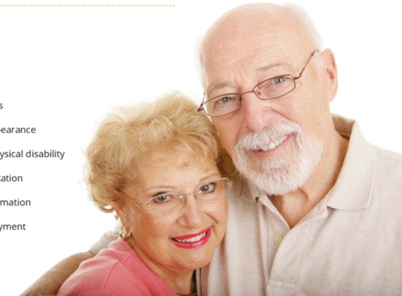


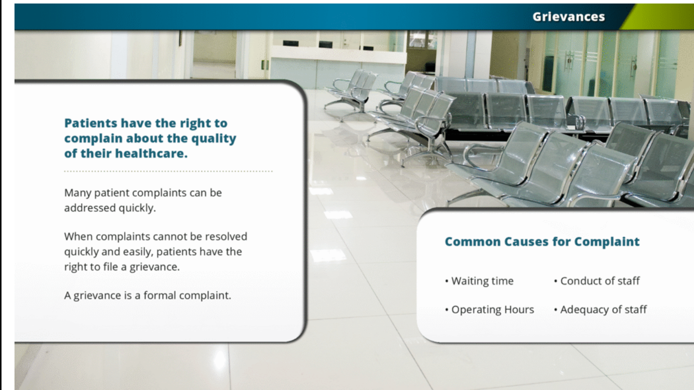
Grievances

Patients have the right to complain about the quality of their healthcare.

Many patient complaints can be addressed quickly.

When complaints cannot be resolved quickly and easily, patients have the right to file a grievance.

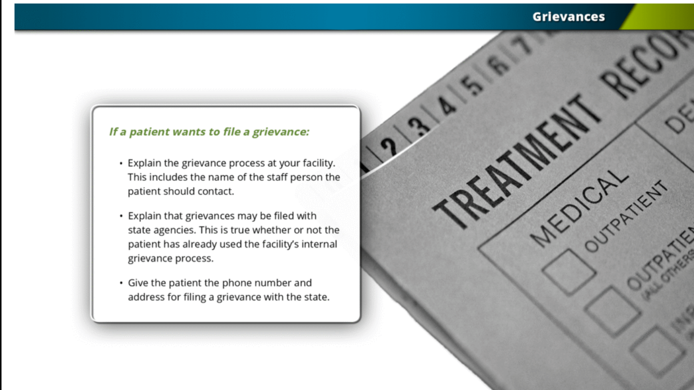
A grievance is a formal complaint.



Grievances

If a patient wants to file a grievance:

- Explain the grievance process at your facility. This includes the name of the staff person the patient should contact.
- Explain that grievances may be filed with state agencies. This is true whether or not the patient has already used the facility's internal grievance process.
- Give the patient the phone number and address for filing a grievance with the state.



Introduction	
Welcome to the lesson on patient care and protection. This lesson covers: • Developmentally appropriate care • Cultural competence • Restraint and seclusion • Patient assault and abuse in the healthcare setting • Victims of abuse and neglect	Lesson 4: Patient Care and Protection • Developmentally appropriate care • Cultural competence • Restraint and seclusion • Patient assault and abuse in the healthcare setting • Victims of abuse and neglect

Developmentally Appropriate Care

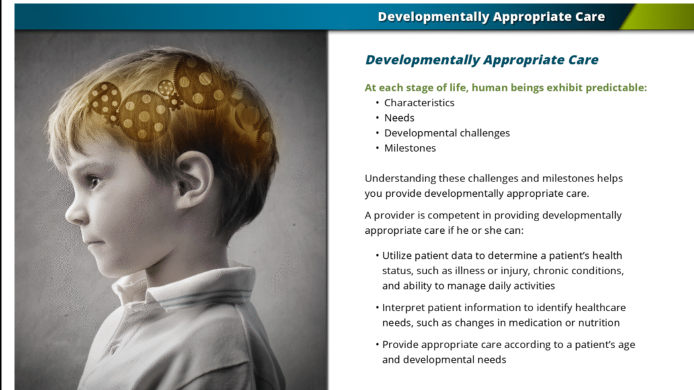
At each stage of life, human beings exhibit predictable:

- Characteristics
- Needs
- Developmental challenges
- Milestones

Understanding these challenges and milestones helps you provide developmentally appropriate care.

A provider is competent in providing developmentally appropriate care if he or she can:

- Utilize patient data to determine a patient's health status, such as illness or injury, chronic conditions, and ability to manage daily activities
- Interpret patient information to identify healthcare needs, such as changes in medication or nutrition
- Provide appropriate care according to a patient's age and developmental needs



Cultural Competence

Cultural competence means providing care in a way that takes into account each patient’s values, beliefs, and practices.

Culturally competent care promotes health and healing.

Examples of culturally competent care include:

- If a patient values spirituality, find a way to integrate spiritual and medical practices for healing.
- If a family elder must participate in all medical decisions in a patient’s culture, be certain to involve the elder in the care of that patient.

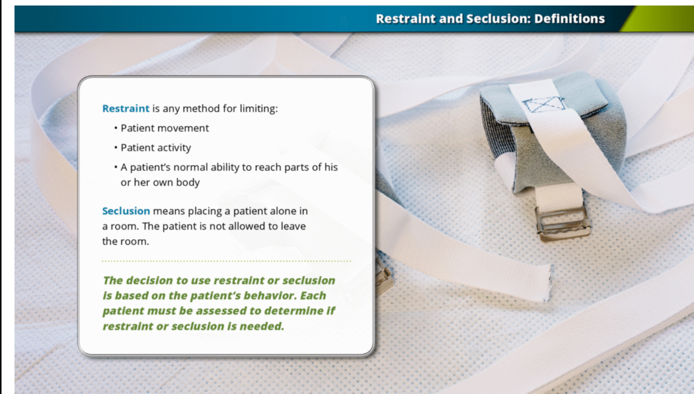
Restraint and Seclusion: Definitions

Restraint [glossary] is any method for limiting:

- Patient movement
- Patient activity
- A patient's normal ability to reach parts of his or her own body

Seclusion [glossary] means placing a patient alone in a room. The patient is not allowed to leave the room.

The decision to use restraint or seclusion is based on the patient's behavior. Each patient must be assessed to determine if restraint or seclusion is needed.



Restraint and Seclusion: Appropriate Use

Use of restraint has risks.

Therefore, all healthcare facilities should work toward reducing or eliminating use of restraint. Facilities should:

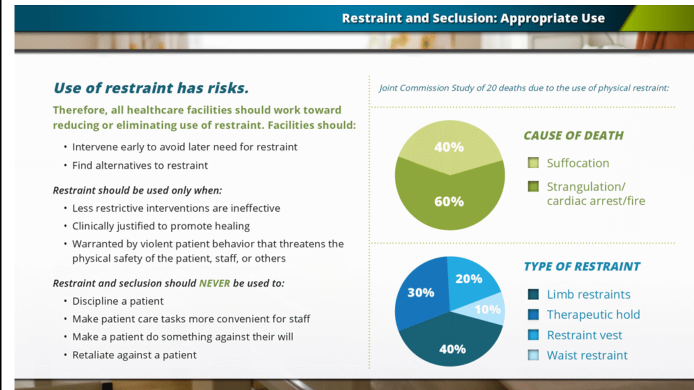
- Intervene early to avoid later need for restraint
- Find alternatives to restraint

Restraint should be used only when:

- Less restrictive interventions are ineffective
- Clinically justified to promote healing
- Warranted by violent patient behavior that threatens the physical safety of the patient, staff, or others

Restraint and seclusion should **NEVER** be used to:

- Discipline a patient
- Make patient care tasks more convenient for staff
- Make a patient do something against their will
- Retaliate against a patient



Restraint and Seclusion: Safely Using Restraint

The rights and safety of a patient must be protected during restraint or seclusion.

Safe techniques for restraint and seclusion must be implemented in accordance with:

- Hospital policy and procedure
- Written modification of the patient's plan of care

Examples of safe restraint application are given in the text image on the right.

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Examples of safe restraint application are given in the text image on the right.

Examples of Safe Restraint Application Include:

For supine restraint, leave the head free to rotate and elevate the head of the bed to decrease risk of application.

For prone restraint, make sure the airway is unobstructed (do not cover or bury the patient's face) and that expansion of the lungs is not restricted by excessive pressure on the patient's back. Otherwise, suffocation could occur, especially in children, the elderly, or the obese.

Never restrain patients in beds with unprotected split bedside rails. Restrained patients risk strangulation if they slip between unprotected bedrails.

Limit or eliminate the use of vest-type restraints, which can cause strangulation if they slip up around the patient's neck.

Restraint and Seclusion: Orders for Violent Patients

Restraint or seclusion for violent patients must be ordered by a physician, clinical psychologist, or LIP [glossary]:

- Orders must be issued on a case-by-case basis.
- Orders are time-limited.
- PRN [glossary] orders are NOT acceptable
- Every 24 hours, the physician, clinical psychologist, or LIP who is primarily responsible for the patient must see and re-evaluate the patient before writing a new order.

Restraint and Seclusion: Orders for Violent Patients

Maximum duration of an order for restraint or seclusion: Violent, self-destructive patient

Four Hours: Adults 18 & over

Two Hours: Adults 9 to 17

One Hour: Children under 9

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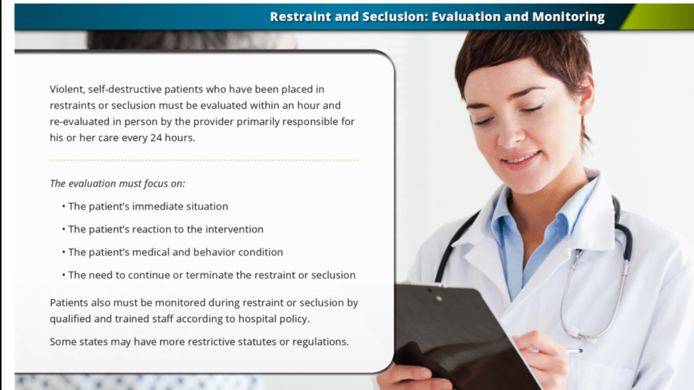
Violent, self-destructive patients who have been placed in restraints or seclusion must be evaluated within an hour and re-evaluated in person by the provider primarily responsible for his or her care every 24 hours.

The evaluation must focus on:

- The patient's immediate situation
- The patient's reaction to the intervention
- The patient's medical and behavior condition
- The need to continue or terminate the restraint or seclusion

Patients also must be monitored during restraint or seclusion by qualified and trained staff according to hospital policy.

Some states may have more restrictive statutes or regulations.



Restraint and Seclusion: Staff Training

All staff members involved in the use of restraint and seclusion must be trained and competent (see graphic to the right).

Training should include techniques for imposing restraint and seclusion in a way that ensures patient safety and dignity.

To use restraint or seclusion safely, only trained staff members should apply and remove restraints.

Staff must be trained and competent in the following:

1. How to identify behaviors, events, and situations that may trigger circumstances that require the use of restraint or seclusion
2. How to use nonphysical intervention skills
3. How to use an assessment of the patient's status or condition to choose the least restrictive intervention
4. How to safely apply and use all types of restraint and seclusion
5. Recognition of signs of physical distress in held, restrained, or secluded patients
6. Knowledge of behavioral criteria for terminating restraint or seclusion
7. How to assess a restrained patient's status and physical needs
8. Use of first aid techniques and certification in the use of cardiopulmonary resuscitation

Restraint and Seclusion: Documentation and Reporting

Restraint and seclusion must be documented fully in the patient's medical record.

Hospitals also must report deaths associated with the use of restraint and seclusion to the Centers for Medicare and Medicaid Services (CMS).

Documentation should include:

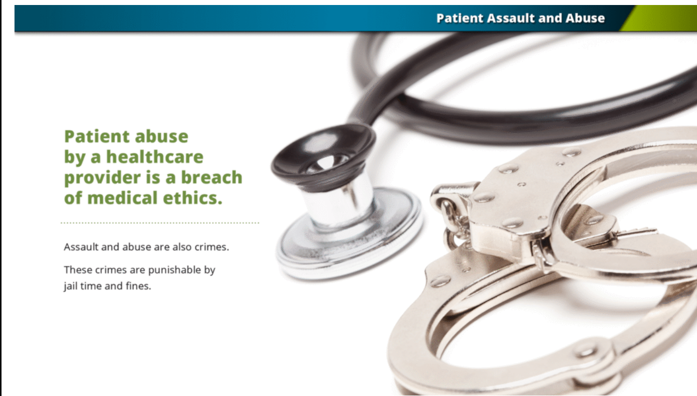
- In-person medical and behavioral evaluations
- Description of the patient's behavior and intervention used
- Alternatives or less restrictive interventions attempted
- Patient's condition and/or symptoms that warranted use of restraint or seclusion
- Patient's response to intervention
- Rationale for continued use of intervention
- Patient assessment and reassessments
- Intervals for monitoring
- Plan of care revisions
- Staff concerns regarding safety risks that necessitated use of restraint or seclusion
- Injuries or death associated with the use of restraint or seclusion
- Orders for restraint or seclusion
- Identity of person who ordered restraint or seclusion
- Notification of attending physician
- Consultations

Patient Assault and Abuse

Patient abuse by a healthcare provider is a breach of medical ethics.

Assault and abuse are also crimes.

These crimes are punishable by jail time and fines.



Patient Assault and Abuse: Protecting Patients

To help protect patients from assault:

- Be aware of the warning signs of abuse.
- Report suspected abuse immediately.
- Manage your own stress properly.
- Encourage your facility to include a criminal background check as part of its hiring process.
- Take note of visitors on your unit.

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- Report suspected abuse immediately.
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- Encourage your facility to include a criminal background check as part of its hiring process.
- Take note of visitors on your unit.

Manage your stress appropriately so that you do not risk taking anger and frustration out on patients.

Patients also may be abused outside the healthcare setting.

As a healthcare provider, you are in a unique position to identify victims of abuse.

With regard to victims of abuse and neglect, The Joint Commission requires that accredited facilities:

- **Identify victims of abuse or neglect**
- **Educate healthcare staff**
- **Assess and refer victims to available resources**
- **Report abuse and neglect**

Click on each for a review of key points.

Identify victims of abuse or neglect

Facilities must establish criteria for identifying victims of assault, abuse, and neglect. These criteria should be used to identify victims at any time during their care.

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Educate healthcare staff

Facilities must educate staff on the dynamics and signs and symptoms of abuse and neglect.

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Assess and refer victims to available resources

- **Assess:** Facilities must assess identified victims of abuse, or refer victims to outside agencies for assessment. If the facility performs abuse assessments, the assessment should preserve or document evidence of abuse, for potential legal proceedings.
- **Refer:** Facilities must maintain a current list of relevant local agencies and resources, to facilitate referrals for victims.

Identifying and Assessing Victims of Abuse and Neglect

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- **Report abuse and neglect**

Click on each for a review of key points.

Report abuse and neglect

Facilities must report abuse and neglect according to state and local law.

Educate yourself about the dynamics of abuse.

Domestic Violence	Elder Abuse & Neglect	Child Abuse & Neglect
The victim is an adult or adolescent. In the majority of cases, the victim is a woman. The abuser is a person who is, was, or wishes to be in an intimate relationship with the victim. In most cases, the abuser is a man. The abuse may be physical, sexual, and/or psychological. The goal of the abuse is to control the victim.	Elders may be abused, neglected, or exploited. This mistreatment may be physical, sexual, psychological, or financial. The perpetrator may be a family member or other caregiver.	Child abuse may be physical, emotional, or sexual. Child neglect occurs when a child's basic needs are not met.

Identify victims of abuse.

Domestic Violence	Elder Abuse & Neglect	Child Abuse & Neglect
As part of a routine health history, ask adolescent and adult patients direct questions about domestic abuse. Some victims may not disclose abuse. Therefore, know and screen for the signs and symptoms of abuse.	As part of a routine health history, ask elders about abuse and neglect. Some elders may not disclose abuse or neglect. Therefore, know and screen for the signs and symptoms of abuse and neglect.	Children most often do not disclose abuse or neglect. Therefore, know and screen for: • Risk factors for child abuse • Signs and symptoms of abuse and neglect

Assess victims of abuse (or refer for appropriate assessment).

Domestic Violence	Elder Abuse & Neglect	Child Abuse & Neglect
Unless the patient is in crisis, complete assessment of a victim of domestic violence may be conducted over several visits. The assessment should document or preserve evidence of abuse. Potential evidence includes: • A thorough written record • Detailed written description of injuries (with or without photographs) • Forensic evidence of sexual or physical assault Collect, store, and transfer forensic evidence according to state and local evidence protocols.	To assess a victim of elder abuse or neglect, evaluate the patient's: • Access to healthcare • Cognitive status • Emotional status • Overall health and functional status • Social and financial resources Evidence of elder abuse should be documented as described for domestic violence.	When child abuse is suspected: • Perform a thorough pediatric health assessment. • Interview the parents / caretakers and the child, if possible. Interviews should be separate. • Collect evidence as described for domestic violence.

Refer victims of abuse.

<table>
<tr><th>Domestic Violence</th><th>Elder Abuse & Neglect</th><th>Child Abuse & Neglect</th></tr>
<tr><td>Victims of domestic abuse may need to be referred to local resources such as:
• Emergency shelter
• Organizations that provide for other basic needs
• Counseling or support groups
• Childcare / welfare assistance
• Legal assistance
• Substance abuse treatment
• Police / court system</td><td>For a list of agencies and resources on elder abuse and neglect:
• Visit the National Center on Elder Abuse (NCEA)
• Call 1-800-677-1116

[link National Center on Elder Abuse (NCEA) to http://www.ncea.aoa.gov/Stop_Abuse/Get_Help/State/index.aspx</td><td>For a list of agencies and resources on child abuse and neglect, visit the
• U.S. Department of Health & Human Services, Administration for Children & Families website

[insert “Administration for Children & Families website to: http://www.childwelfare.gov/organizations/search.cfm]</td></tr>
</table>

Report abuse.

Domestic Violence	Elder Abuse & Neglect	Child Abuse & Neglect
Most states require healthcare providers to report certain cases of domestic violence. **Learn the reporting requirements in your state.**	Many states require healthcare providers to report known or suspected elder abuse and neglect. **Learn the reporting requirements in your state.**	All states require healthcare providers to report suspected child abuse and neglect. **Learn the laws in your state**. Be certain that you understand: • What you are required to report • How to report • Protection for mandatory reporters • Potential penalties for failure to report

Glossary

Term	Definition
breach	to violate or break
LIP	licensed independent practitioner; most often a physician, but also sometimes a nurse practitioner or other healthcare professional
PRN	as needed
restraint	any physical or chemical method for restricting a patient’s movement, activity, or normal access to his or her own body
seclusion	involuntary confinement of a patient in a room alone

Exam

1. Which of the following is an example of sexual harassment under Title VII?
   a. Two people in the same department have an overt romantic relationship outside the workplace.
   b. Jerry frequently chats with Susan when they are away from their desks. He asks her if she would like to go out for coffee.
   c. Ted tells Laura that he'll help her get a raise if she will have sex with him.
   d. Tricia always tells Lee how great he looks because it makes him smile.

Correct: C
Rationale: Under Title VII, sexual harassment must involve unwelcome sexual conduct that either affects job status or creates a hostile work environment.

2. Under the Stark Act, physicians are prohibited from referring patients to specific facilities or providers ___________.
   a. in all cases
   b. if the physician or the physician's family has a financial relationship or provider
   c. because the patient's privacy cannot be protected as a result of such referrals
   d. if the patients use Medicare

Correct: B
Rationale: The Stark Act makes it illegal for physicians to refer to patients to providers or facilities in which they or their families have a financial stake. HIPAA regulations protect patients' privacy. Medicare patients have the same rights as all patients.

3. Which of the following is illegal under the Emergency Medical Treatment and Active Labor Act (EMTALA)?
   a. Joanna comes to the emergency room with a possibly broken arm. She has no insurance and cannot pay for an X-ray. The emergency room doctor recommends that Joanna go to the neighborhood free clinic.
   b. Mark has no insurance and is unemployed. He may have a broken ankle. At the emergency room, the doctor stabilizes the ankle and then suggests that Mark go to the neighborhood free clinic for an X-ray.
   c. A hospital routinely e-mails copies of patient files to other providers. They use a standard, easily available e-mail program that comes with most personal or office computers.
   d. Both A and B.

Correct: A
Rationale: The EMTALA prevents hospitals from turning away people who cannot pay for treatment. They are allowed to suggest that patients get additional treatment so that the patients do not rack up bills that they cannot pay. HIPAA protects patients' privacy; hospitals could not send private information unless it is secured.

4. George is suffering from early dementia. While he has many moments of clarity, he is increasingly confused about “when” and “where” he is. He relies on his family for help with much of daily life. George has a kidney infection, discovered when his son brings George to the hospital. The guiding principles of medical ethics require that the hospital ___________________________.

a. discuss treatment plans with George’s son alone, so as not to upset George
b. give George palliative care, but not treat the underlying infection as it is not in the best interest of society
c. tell George that he needs to take vitamins, but give him antibiotics
d. talk to both George and his son about treatment options

Correct: D
Rationale: Respect for patient autonomy means that healthcare providers must allow patients to make informed decisions about their own healthcare; George must be involved in treatment decisions, regardless of his need for family help. Non-maleficence requires caregivers to avoid harming individuals or society; it is not in anyone’s best interest to not treat George.

5. Physicians may withdraw or withhold aggressive life-sustaining treatment under which condition?

a. The state allows physician-assisted suicide.
b. The patient knows all of the options and refuses treatment.
c. The patient wishes to be an organ donor for a relative.
d. The insurance company does not cover the treatment.

Correct: B
Rationale: In all states, patients have the right to be informed of treatment and to refuse any treatment. Physician-assisted suicide is not the same as allowing a patient to refuse or discontinue treatment. Hospitals must treat all non-elective patients, regardless of their ability to pay. Healthcare providers do need to provide information about organ donation, and patients may decide to donate or not donate. The care of the donor, however, must be completely separate from the care of the recipient.

6. Which of the following scenarios shows an appropriate use of restraint?

a. Amelia needs antibiotics to treat a contagious respiratory infection. She is tired of waiting for a caregiver, so decides to go home and return when the clinic is less busy.
b. Danny is having a psychotic episode. He believes that the nurses and doctors are determined to hurt him and is violently trying to fend off their care and leave the hospital
c. Rosalyn is a difficult patient who is condescending and rude. The staff members are tired of her behavior and want to teach Rosalyn that there are consequences for her actions.
d. Marvin tends to wander off if someone does not monitor him. The nurse needs a short break and does not want to wait for another nurse to stay with Marvin.

Correct: B
Rationale: Restraint is used to protect the safety of the patients and staff, and *never* for coercion, discipline, punishment, retaliation, or staff convenience.

7. Under which conditions may healthcare providers breach patient confidentiality?
    a. There are no conditions under which a healthcare provider may breach patient confidentiality.
    b. The patient threatens to harm another person or herself/himself.
    c. The physician knows that the person who learns the information will not disclose it further.
    d. Both B and C

Correct: B
Rationale: Caregivers may disclose information if doing so prevents the patients from harming themselves or others. They should do so with the patient's knowledge and (if possible) consent. They should also disclose information in a way that minimizes harm to the patient. Only people who need to know patient information may receive that information.

8. Patients need to know __________________.
    a. risks of treatment
    b. benefits of treatment
    c. possible consequences
    d. all of these

Correct: D
Rationale: Healthcare providers must discuss all of the treatment options (including no treatment) with their patients, including all possible benefits, risks, and other consequences. Providers should give minors age-appropriate information; the children's parents, however, are responsible for the medical decisions.

9. In regard to advance directives, healthcare professionals must ________________.
    a. follow the patient's wishes, unless doing so would shorten the patient's life
    b. respect the patient's directives if the patient is conscious
    c. place a copy of the directive (or its important points) in the patient's chart
    d. provide legal aid to patients who need legal advice

Correct: C
Rationale: Healthcare professionals must inform patients about advance directives and what types of treatments they may choose to accept or not accept. Copies of the advance directive (or its key points) must be in the patient's charts. Physicians must sign off on Do Not Resuscitate (DNR) or Do Not Intubate (DNI) orders; once they have, hospitals should comply with the directives, regardless of the patient's state. Patients who want legal assistance may obtain it on their own.

10. Healthcare professionals should ask about domestic abuse ______________.
    a. as a matter of routine health care

b. only when a patient has physical injuries
c. if the patient is crying
d. if it will not embarrass the patient

Correct: A
Rationale: Healthcare professionals should ask questions about domestic abuse as part of a routine exam. Hospital facilities may differ on whether routine inquiries are for all adolescent and adult patients or only for female adolescent and adult patients.