HealthStream Regulatory Script

**Rapid Regulatory Compliance: Clinical: Part I:**


*Release Date: August 2010*
*HLC Version: 605*

- Lesson 1: Introduction
- Lesson 2: Compliance and Ethics
- Lesson 3: Patient Rights
- Lesson 4: Patient Care and Protection
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.
<table>
<thead>
<tr>
<th>Course Rationale</th>
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<tbody>
<tr>
<td>This course will rapidly review and update your knowledge of:</td>
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<tr>
<td>• Compliance and ethics</td>
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<tr>
<td>• Patient rights</td>
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<tr>
<td>• Patient care and protection</td>
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<tr>
<td>Note: This course provides essential information for veteran clinical healthcare staff. If you are new to any of the topics presented here, consider taking the full-length course on that topic.</td>
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</table>
### Course Outline

<table>
<thead>
<tr>
<th>Lesson 1: Introduction</th>
<th>Lesson 2: Compliance and Ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson 3: Patient Rights</td>
<td>Lesson 4: Patient Care and Protection</td>
</tr>
<tr>
<td>Lesson 4: Patient Care and Protection</td>
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</tr>
</tbody>
</table>

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, advanced 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.
Welcome to the lesson on compliance and ethics.

This lesson covers:
- 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.

In recent years, government agencies have started to look more closely for healthcare fraud and misconduct.

A lot of federal money has been used to investigate and prosecute suspected fraud.

This has increased the number of providers convicted of fraud.
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

### Federal False Claims Act
The 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.*

### 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.

CLICK TO REVEAL

**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.*

**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.

**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.

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**EMTALA**

The Emergency Medical Treatment and Active Labor Act (EMTALA), 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

**HIPAA**

HIPAA is the Health Insurance Portability and Accountability Act. The HIPAA 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

**“Red Flags” Rule**

The “Red Flags” Rule protects patients from identity theft. “Red Flags” are warning signs that signal the risk for identity theft. Hospitals must:

- Identify relevant “Red Flags”
- Detect “Red Flags”
- Prevent and mitigate identity theft
- Update programs periodically
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.
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

**Non-maleficence**
Non-maleficence means that healthcare providers have a duty to:
- Do no harm to their patients
- Do no harm to society

**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.

**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
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.

**Payment**

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

**Patient confidentiality**

- Protect the confidentiality of your patients.

**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.

**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.
Medical Ethics: End-of-Life Care

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 not to cure the patient. The goal is to provide comfort.
- 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.

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

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.

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.

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
Ethics around responsibilities to society include:
- Advocate for the health and wellbeing 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
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

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.
## Lesson 3: Patient Rights

**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 service
- Respect, safety, and nondiscrimination
- Grievances

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### 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
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.
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

Be observant of your surroundings when discussing a patient. Be sure not to discuss patients in the cafeteria, restrooms, or hallways, where your discussion might be overheard.
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)
- 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.
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.
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.*
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**

An additional tool for participating in future healthcare decisions is the:
- **Do-not-resuscitate (DNR) order**

Click on each for a brief review of key points.

**CLICK TO REVEAL**

**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.

**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.

**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: Your Role

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

- Encourage all patients over the age of 18 to complete one or both types of advance directive.
- Help patients who wish to complete an advance directive
- Honor the choices expressed in an advance directive.

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.
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

<table>
<thead>
<tr>
<th>Patients have the right to emergency medical treatment.</th>
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<tbody>
<tr>
<td>However, patients and insurance companies can disagree about the need for emergency care.</td>
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<tr>
<td>To solve this problem, insurance companies must use a standard definition for the need for ED services.</td>
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<tr>
<td>This definition uses the idea of a “prudent layperson.”</td>
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<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th>Example:</th>
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<tr>
<td>A person has severe chest pains. He thinks he is having a heart attack.</td>
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<tr>
<td>He goes to the emergency department. Tests show that the problem is heartburn.</td>
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<tr>
<td>The patient’s insurance company must reimburse for the emergency services, even though the symptoms did not turn out to be a medical emergency.</td>
</tr>
<tr>
<td>Why?</td>
</tr>
<tr>
<td>Because services were provided based on symptoms that would cause a reasonable person to fear an emergency.</td>
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</tbody>
</table>
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.
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
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

Patients are vulnerable.
You are responsible for their safety.
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
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.
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.
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
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.

Under The Joint Commission standards, a provider is competent in providing developmentally appropriate care if he or she can:
- Utilize patient data to determine a patient’s status
- Identify a patient’s needs, taking into account the patient’s chronological and developmental age
- Provide care appropriate to a patient’s age and developmental needs

Although these men are the same age, they are most likely NOT the same with regard to development and maturity. Caregivers must consider:

Chronological age
Developmental age
Maturity level
Cultural competence means providing medical 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 [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 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.
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 only should be used 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

Safe techniques for restraint and seclusion must be implemented in accordance with:
  • Hospital policy and procedure
  • Written modification to the patient’s plan of care

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

<table>
<thead>
<tr>
<th>Examples of Safe Restraint Application Include:</th>
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<tbody>
<tr>
<td>For supine restraint, leave the head free to rotate and elevate the head of the bed to decrease risk of aspiration.</td>
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<tr>
<td>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.</td>
</tr>
<tr>
<td>Never restrain patients in beds with unprotected split bedside rails. Restrained patients risk strangulation if they slip between unprotected bedrails.</td>
</tr>
<tr>
<td>Limit or eliminate the use of vest-type restraints, which can cause strangulation if they slip up around the patient’s neck.</td>
</tr>
</tbody>
</table>
Restraint or seclusion for violent patients must be ordered by a physician, clinical psychologist or LIP:

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

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

<table>
<thead>
<tr>
<th>Duration</th>
<th>Adults 18 &amp; older</th>
<th>Children 9 to 17</th>
<th>Children under 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two hours</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>One hour</td>
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</table>
Violent, self-destructive patients who have been placed in restraints or seclusion must be evaluated and reevaluated in person. The evaluation must occur within **one hour** of the start of restraint or seclusion.

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.
### Restraint and Seclusion: Staff Training

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>
| Staff must be trained and competent in the following:  
1. How to identify behaviors, events, and situations that may trigger behavior that requires 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 / seclusion must be documented in the medical record.

Hospitals also must report deaths associated with the use of restraint and seclusion to CMS.
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.
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

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.

<table>
<thead>
<tr>
<th>CLICK TO REVEAL</th>
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</thead>
</table>

**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.

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

**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.

**Report abuse and neglect**
Facilities must report abuse and neglect according to state and local law.
Identifying and Assessing Victims of Abuse and Neglect: Educate

Educate yourself about the dynamics of abuse.

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>The victim is an adult or adolescent. In the majority of cases, the victim is a woman.</td>
<td>Elders may be abused, neglected, or exploited. This mistreatment may be physical, sexual, psychological, or financial.</td>
<td>Child abuse may be physical, emotional, or sexual.</td>
</tr>
<tr>
<td>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.</td>
<td>The perpetrator may be a family member or other caregiver.</td>
<td>Child neglect occurs when a child’s basic needs are not met.</td>
</tr>
<tr>
<td>The abuse may be physical, sexual, and/or psychological. The goal of the abuse is to control the victim.</td>
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</tr>
</tbody>
</table>
Identify victims of abuse.

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
</table>
| As part of a routine health history, ask adolescent and adult patients direct questions about domestic violence. 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 |
Identifying and Assessing Victims of Abuse and Neglect: Assess

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

<table>
<thead>
<tr>
<th><strong>Domestic Violence</strong></th>
<th><strong>Elder Abuse &amp; Neglect</strong></th>
<th><strong>Child Abuse &amp; Neglect</strong></th>
</tr>
</thead>
</table>
| 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  
| 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. |
| Collect, store, and transfer forensic evidence according to state and local evidence protocols. |
| 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. |
Identifying and Assessing Victims of Abuse and Neglect: Refer

Refer victims of abuse.

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victims of domestic abuse may need to be referred to local resources such as:</td>
<td>For a list of agencies and resources on elder abuse and neglect, see:</td>
<td>For a list of agencies and resources on child abuse and neglect, see:</td>
</tr>
<tr>
<td>• Emergency shelter</td>
<td>• <a href="#">elderabuse.pdf</a></td>
<td>• <a href="#">childabuse.pdf</a></td>
</tr>
<tr>
<td>• Organizations that provide for other basic needs</td>
<td>[insert link to PDF file]</td>
<td>• <a href="#">childsexabuse.pdf</a></td>
</tr>
<tr>
<td>• Counseling or support groups</td>
<td></td>
<td>[insert links to pdf’s]</td>
</tr>
<tr>
<td>• Childcare / welfare assistance</td>
<td></td>
<td></td>
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<tr>
<td>• Legal assistance</td>
<td></td>
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<tr>
<td>• Substance abuse treatment</td>
<td></td>
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<tr>
<td>• Police / court system</td>
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</tbody>
</table>

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Identifying and Assessing Victims of Abuse and Neglect: Report

**Report abuse.**

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
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</thead>
<tbody>
<tr>
<td>Most states require healthcare providers to report certain cases of domestic violence.</td>
<td>Many states require healthcare providers to report known or suspected elder abuse and neglect.</td>
<td>All states require healthcare providers to report suspected child abuse and neglect.</td>
</tr>
<tr>
<td><strong>Learn the reporting requirements in your state.</strong></td>
<td><strong>Learn the reporting requirements in your state.</strong></td>
<td><strong>Learn the laws in your state.</strong></td>
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<tr>
<td></td>
<td></td>
<td>Be certain that you understand:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• What you are required to report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How to report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Protection for mandatory reporters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Potential penalties for failure to report</td>
</tr>
<tr>
<td>#</td>
<td>Term</td>
<td>Definition</td>
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<td>---</td>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td><strong>antibody</strong></td>
<td>protein produced by immune cells to fight infection</td>
</tr>
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<td></td>
<td><strong>CDC</strong></td>
<td>Centers for Disease Control and Prevention</td>
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<td></td>
<td><strong>CMS</strong></td>
<td>Centers for Medicare and Medicaid Services</td>
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<tr>
<td></td>
<td><strong>cohort</strong></td>
<td>to group together patients with the same active infection, but no other</td>
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<td></td>
<td><strong>electrically conductive loop</strong></td>
<td>complete circuit through which electricity is able to flow</td>
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<td></td>
<td><strong>ferromagnetic</strong></td>
<td>able to be attracted by a magnet</td>
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<td></td>
<td><strong>HBV</strong></td>
<td>hepatitis B virus</td>
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<td></td>
<td><strong>HCV</strong></td>
<td>hepatitis C virus</td>
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<tr>
<td></td>
<td><strong>HIV</strong></td>
<td>human immunodeficiency virus; the cause of AIDS</td>
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<td></td>
<td><strong>JCAHO</strong></td>
<td>Joint Commission on the Accreditation of Healthcare Organizations</td>
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<td></td>
<td><strong>LIP</strong></td>
<td>licensed independent practitioner; most often a physician, but also</td>
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<td></td>
<td><strong>MRI</strong></td>
<td>magnetic resonance imaging</td>
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<td></td>
<td><strong>MRSA</strong></td>
<td>methicillin-resistant Staphylococcus aureus</td>
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<td></td>
<td><strong>NIOSH</strong></td>
<td>National Institute of Occupational Safety and Health</td>
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<td></td>
<td><strong>OIG</strong></td>
<td>Office of the Inspector General of the Department of Health and Human</td>
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<td></td>
<td><strong>OSHA</strong></td>
<td>Occupational Safety and Health Administration</td>
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<td></td>
<td><strong>pulsed radiofrequency fields</strong></td>
<td>electromagnetic fields used during MRI to cause tissues of the body to</td>
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<td></td>
<td><strong>projectile</strong></td>
<td>an object (as a weapon) that is thrown, sent, or cast forward</td>
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<td></td>
<td><strong>restraint</strong></td>
<td>any physical or chemical method for restricting a patient’s movement,</td>
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<td></td>
<td><strong>seclusion</strong></td>
<td>involuntary confinement of a patient in a room alone</td>
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<td></td>
<td><strong>imminent</strong></td>
<td>just about to occur if not otherwise prevented</td>
</tr>
<tr>
<td></td>
<td><strong>TB</strong></td>
<td>Tuberculosis</td>
</tr>
<tr>
<td></td>
<td><strong>type I latex allergy</strong></td>
<td>a relatively severe form of latex allergy</td>
</tr>
<tr>
<td></td>
<td><strong>type IV latex allergy</strong></td>
<td>a relatively minor form of latex allergy</td>
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<td></td>
<td><strong>UTI</strong></td>
<td>urinary tract infection</td>
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<tr>
<td></td>
<td><strong>VRE</strong></td>
<td>vancomycin-resistant enterococci</td>
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</tbody>
</table>
Exam

1. What is the focus of the Stark Act?
   a. Falsified bills
   b. Ethics in patient referrals
   c. Protected health information
   d. Kickback, bribes, and rebates

   Correct: B
   Rationale: The Stark Act makes it illegal for a provider to refer patients to a provider or facility with whom the referring provider has a financial relationship.

2. Which of the following is one of the four basic concepts of medical ethics?
   a. Kindness
   b. Paternalism
   c. Respect for patient autonomy
   d. Protection of reproductive rights

   Correct: C
   Rationale: Respect for patient autonomy means that healthcare providers have a duty to protect the patient's ability to make informed decisions about his or her own medical care.

3. Which factor must be present for behavior to be considered sexual harassment?
   a. The behavior must be unwelcome.
   b. The behavior must be pre-meditated.
   c. The behavior must be directed at a woman.
   d. The behavior must involve physical contact.

   Correct: A
   Rationale: Sexual harassment is unwelcome behavior of a sexual nature that affects job status or creates a hostile work environment.

4. Which would be a violation of a patient's privacy and confidentiality?
   a. Sharing lab results with a nurse involved in the patient's care
   b. Sharing imaging results with a physician involved in the patient's care
   c. Gossiping about the patient's case with other staff members during a coffee break
   d. Disclosing the patient's medical record to a regulatory agency assessing quality of care
Correct: C
Rationale: Protected healthcare information should not be shared with anyone who does not need to know.

5. A patient has a living will. The patient is in a serious accident and loses the ability to make and communicate healthcare decisions. The patient suffered brain damage and is permanently unconscious. How should decisions be made?
   a. The patient's lawyer should be the decision-maker.
   b. All healthcare decisions should be made by the patient's next-of-kin.
   c. The living will should be followed in making healthcare decisions for the patient.
   d. The patient's primary care physicians should make healthcare decisions for the patient.

Correct: C
Rationale: A living will documents a patient's choices for healthcare. Healthcare providers should respect the choices expressed in a living will.

6. Which of the following scenarios is EMTALA-compliant?
   a. A patient is denied emergency services because he does not have insurance.
   b. An emergency patient is transferred to another hospital for economic reasons.
   c. A hospital provides stabilizing treatment to a patient with an emergency medical condition.
   d. A hospital refuses to screen for emergency conditions because a patient cannot afford to pay.

Correct: C
Rationale: EMTALA requires Medicare-participating hospitals to provide emergency services to all patients, regardless of ability to pay.

7. What is a grievance?
   a. A difficult patient
   b. A formal complaint
   c. A breach in protocol
   d. A healthcare problem

Correct: B
Rationale: A grievance is a formal complaint. Patients have the right to file grievances.

8. Which of the following is true of a healthcare worker (HCW) who is competent in providing developmentally appropriate care?
   a. The HCW provides the same care to all patients, regardless of age.
   b. The HCW is unable to use patient data to determine a patient's status.
   c. The HCW provides the same care to all patients, regardless of developmental stage.
   d. The HCW is able to identify a patient's needs, with respect to age and developmental stage.

Correct: D
Rationale: An HCW competent in providing developmentally appropriate care is able to identify a patient's needs, taking into account the patient's chronological and developmental age.
9. Which of the following is an appropriate use of restraint?
   a. To force a competent patient to give consent for treatment
   b. To discipline a patient who insults members of the medical staff
   c. To keep a patient from interfering with medically necessary devices
   d. To confine a demented patient while his nurse takes a cigarette break
   e. All of these are appropriate

Correct answer: C
Rationale: Restraint must NEVER be used for the purposes of coercion, discipline, punishment, retaliation, or staff convenience.

10. If all of the following methods are EFFECTIVE for dealing with a patient's violent behavior, which is the PREFERRED method?
   a. Seclusion
   b. Physical restraint
   c. Chemical restraint
   d. Nonphysical intervention

Correct: D
Rationale: Restraint and seclusion are last-resort choices. Nonphysical intervention should be used whenever possible.

11. Which statement is true about screening for domestic abuse?
   a. Healthcare providers should routinely ask patients about abuse.
   b. Healthcare providers should avoid asking direct questions about abuse.
   c. Healthcare providers should screen for abuse only if the patient has physical injuries.
   d. Routine screening is not needed or beneficial.

Correct: A
Rationale: Healthcare providers should routinely ask direct questions about domestic abuse. Depending on facility policy, routine inquiry may include all adult and adolescent patients, or female adolescents and adults only.

12. Which of the following is an appropriate use of restraint?
   a. To force a competent patient to give consent for treatment
   b. To discipline a patient who insults members of the medical staff
   c. To contain a violent patient during an episode of acute psychosis
   d. To confine a demented patient while his nurse takes a cigarette break

Correct answer: C
Rationale: Restraint must NEVER be used for the purposes of coercion, discipline, punishment, retaliation, or staff convenience.

13. Why do healthcare facilities have corporate compliance programs?
a. To help avoid random audits
b. To help the facility make more money
c. To help increase employee satisfaction
d. To help prevent fraud, abuse, and waste

Correct: D
Rationale: A good corporate compliance program helps to prevent fraud, abuse, and waste.

14. Hospitals are obliged to respect a patient’s right to all of the following EXCEPT:
   a. The right to privacy
   b. The right to pain management
   c. The right to practice his or her own cultural and personal values, beliefs, and preferences
   d. The right to have his or her own wishes, needs, feelings, and ideas respected.
   e. There are no exceptions; all statements are true.

Correct answer: E
Rationale: Hospitals must respect the patient’s privacy, need for pain management, respect for both the practice of their cultural and personal values and for their needs, feelings, and ideas.

15. Which of the following are necessary for the provider to understand in order to provide culturally competent care?
   a. The patient’s language
   b. The patient’s socioeconomic status
   c. The patient’s values, beliefs, and attitudes
   d. None of the above

Correct: C
Rationale: Providers need to understand the patient’s values, beliefs, attitudes, behaviors, and practices to provide culturally competent care.