HealthStream Regulatory Script

Rapid Regulatory Compliance: Clinical: Part I:

Version: September 2006

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.

This course will rapidly review and update your knowledge of:
- Compliance and ethics
- Patient rights
- Patient care and protection

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.

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 JCAHO.
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
- False Claims Act
- Stark Act
- Anti-Kickback Statute
- Sections of the Social Security Act
- Mail and wire fraud statutes
- EMTALA
- HIPAA

Let's take a closer look at each of these laws on the following screens.
<table>
<thead>
<tr>
<th>Let’s look first at:</th>
<th>CLICK TO REVEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare regulations</td>
<td>Medicare regulations</td>
</tr>
<tr>
<td>False Claims Act</td>
<td>Any facility that participates in Medicare must follow Medicare regulations. For example, facilities must:</td>
</tr>
<tr>
<td>Stark Act</td>
<td>• Meet standards for quality of care</td>
</tr>
<tr>
<td></td>
<td>• Not bill Medicare for unnecessary items or services</td>
</tr>
<tr>
<td></td>
<td>• Not bill Medicare for costs or charges that are significantly higher than the usual cost or charge</td>
</tr>
<tr>
<td></td>
<td>• Follow other rules for claims and billing</td>
</tr>
<tr>
<td></td>
<td>False Claims Act</td>
</tr>
<tr>
<td></td>
<td>The False Claims Act makes it illegal to submit a falsified bill to a government agency. This applies to healthcare because Medicare is a government agency.</td>
</tr>
<tr>
<td></td>
<td>Stark Act</td>
</tr>
<tr>
<td></td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>• If the physician has a financial relationship with the facility or provider</td>
</tr>
<tr>
<td></td>
<td>• If the physician’s immediate family has a financial relationship with the facility or provider</td>
</tr>
<tr>
<td></td>
<td>Note: This law does not apply in certain cases.</td>
</tr>
</tbody>
</table>
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.

**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.
Finally, let's look at:
- EMTALA
- HIPAA

Click on each for a brief review of key points.

Both of 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.

**HIPAA**
HIPAA is the Health Insurance Portability and Accountability Act. This act requires healthcare businesses to follow standards for:
- How to perform electronic transactions
- Security of health information
- Privacy of health information
- Identifiers for employers
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.
<table>
<thead>
<tr>
<th>Corporate Compliance: Compliance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>To help prevent misconduct, healthcare facilities have <strong>corporate compliance programs</strong>.</td>
</tr>
<tr>
<td>A good compliance program reduces the risk of error or fraud.</td>
</tr>
<tr>
<td>It does so by giving guidelines for how to do your job in an ethical and legal way.</td>
</tr>
<tr>
<td>A copy of your facility's compliance program should be readily available to you. Ask your supervisor for more information.</td>
</tr>
</tbody>
</table>
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:
- Promote good.
- Act in the best interests 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 as a whole. In particular, providers have a duty to protect and 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 circumstances of each 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:
- **Nature of the relationship**
- **Finances and payment**
- **Patient confidentiality**
- **Disclosure and informed consent**
- **Medical risk**

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

**CLICK TO REVEAL**

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

**Finances and 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

| Palliative care | End-of-life decisions | Withdrawing life-sustaining treatment | Physician-assisted suicide and euthanasia |

Ethics in the care of patients near the end of life relate to:
- Palliative care.
- End-of-life decisions
- Withdrawing life-sustaining treatment
- 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 life-sustaining 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.

**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

<table>
<thead>
<tr>
<th>Ethics around peer relationships include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Protect patients from incompetent providers.</td>
</tr>
<tr>
<td>• Help colleagues who lack competency or need consultation.</td>
</tr>
<tr>
<td>• Request consultation, as needed.</td>
</tr>
<tr>
<td>• Work with other providers to optimize patient care.</td>
</tr>
<tr>
<td>• Be respectful of one another.</td>
</tr>
<tr>
<td>• Discipline colleagues who have engaged in fraud or other misconduct.</td>
</tr>
<tr>
<td>Ethics around responsibilities to society include:</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Advocate for the health and wellbeing of the public.</td>
</tr>
<tr>
<td>• Report communicable diseases as required by law.</td>
</tr>
<tr>
<td>• Provide the general public with accurate information about healthcare and preventive medicine.</td>
</tr>
<tr>
<td>• Work to ensure that all members of the community have access to healthcare.</td>
</tr>
<tr>
<td>• Serve as an expert witness when needed, in civil and criminal legal proceedings.</td>
</tr>
</tbody>
</table>
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

3001

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
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 part of HIPAA.

The Privacy Rule:
• Sets standards for allowed disclosures of patient information
• Sets standards for protecting the privacy of patient information
• Sets severe civil and criminal penalties for people who violate a patient’s privacy

To maintain compliance with HIPAA:
• Share patient health information only with people who need to know.
• When there is a need to know, share the minimum amount of information to meet this need.
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.

| 3005 | NO IMAGE |
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.*
Patients have the right to make decisions about their care. This is true even when they are no longer able to communicate those decisions.

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**

Click on each for a brief review of key points.

---

**Living will**
A living will is a legal document that records which types of medical care a patient does or does not want at the end of life.

**Durable power of attorney for healthcare**
This also may be called a medical power of attorney. It is a legal document that gives a representative the power to make healthcare decisions for the patient.
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.
- Honor the choices expressed in an advance directive.
JCAHO requires that accredited hospital must:

- 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.
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 ER services.

This definition uses the idea of a “prudent layperson.”

Under this definition, a person has need for ER 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 room. 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,
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.

EMTALA mandates:
- Emergency medical screening
- Stabilizing emergency care
- Medically appropriate transfers
Respect, Safety, and Nondiscrimination: Respect

Patients have the right to respectful care.

Respect means valuing the patient’s:
- Needs
- Desires
- Feeling
- Ideas

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.
<table>
<thead>
<tr>
<th>Respect, Safety, and Nondiscrimination: Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients have the right to safety and security.</td>
</tr>
<tr>
<td>Do your part to ensure a safe environment of care for your patients.</td>
</tr>
<tr>
<td>Know your facility’s policies for:</td>
</tr>
<tr>
<td>• Environmental safety</td>
</tr>
<tr>
<td>• Infection control</td>
</tr>
<tr>
<td>• Security</td>
</tr>
</tbody>
</table>

*Image: 3014.JPG*

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
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.

Common Causes for Complaint

- Waiting times
- Operating hours
- Conduct of staff
- Adequacy of staff
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.
Lesson 4: Patient Care and Protection

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
At each stage of life, human beings tend to:
- Face specific challenges.
- Reach specific milestones.

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

Under JCAHO standards, a provider is competent in providing developmentally appropriate care if he or she can:
- Determine a patient’s status, taking into account the patient’s chronological age.
- 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.
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: Medical and Surgical

**Restraint [glossary]** used for medical or surgical reasons must:
- Help with medical healing, or
- Help treat medical symptoms.

Per JCAHO, medical / surgical restraint may be used only:
- In response to dangerous behavior on the part of the patient, or
- As a component of planned care or an approved protocol.

---

Restraint may be necessary to prevent a patient from removing or interfering with medically necessary devices.
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.

If medical or surgical restraint must be used, it should be used only with clinical justification.

Restraint should NEVER be used for:
- Disciplinary reasons
- Convenience
RestRAINT: Medical and Surgical

Restraint may be initiated only upon the order of an [LIP glossary].

At regular intervals, qualified staff must assess the restrained patient:
- To evaluate the continued need for restraint
- To ensure overall physical and mental wellbeing of the patient

As long as restraint is clinically justified, the LIP must examine the patient at least once a day.

The LIP then must renew the original order for restraint or write a new one.

Use of restraint must be documented in the medical record.
Behavioral healthcare restraint or seclusion [glossary] is for patients with behavioral or emotional problems.

It is used to stop dangerous patient behavior in a crisis situation.

A “crisis situation” means that there is imminent risk of physical harm to the patient or others.
Behavioral healthcare restraint and seclusion have physical and psychological risks.

Therefore, all facilities should work toward preventing, reducing, or eliminating the use of behavioral healthcare restraint and seclusion.

For example:
- Use restraint / seclusion only in crisis situations.
- Intervene early to prevent the development of a crisis situation.
- Whenever possible, use non-physical methods to deal with behavioral problems.
- Release patients from restraint / seclusion as soon as they meet established behavioral criteria.

“Behavioral criteria” for release from restraint or seclusion are patient behaviors that show that he or she is no longer out of control.
All staff members involved in the use of behavioral restraint and seclusion must be trained and competent.

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

Restraint or seclusion must be ordered by an LIP:
- Orders must be issued on a case-by-case basis.
- Orders must be time-limited.
- PRN [glossary] orders are NOT acceptable.

After a patient is placed in restraint or seclusion, the patient must be monitored for health and safety continuously.

At least every 15 minutes, the patient must be assessed for and assisted with physical / psychological status and needs, as appropriate for the type of restraint / seclusion used.

**Monitoring** refers to direct observation of the patient to ensure safety.
JCAHO requires that patients restrained or secluded for behavioral healthcare reasons must be reevaluated:
- Every four hours (if 18 years of age or older)
- Every two hours (ages 9 to 17)
- Every hour (Under 9 years of age)

Note that your state or your facility may require more frequent evaluations.

The LIP must perform at least every other evaluation.

Other qualified staff may perform the non-LIP evaluations.

At each evaluation, the LIP or healthcare staff must:
- Help the patient regain control.
- Reevaluate the need for restraint / seclusion.
- Issue a new order for restraint / seclusion (LIP), or consult with the LIP to request a new order (healthcare staff), as needed.

Restraint / seclusion must be documented in the medical record.
<table>
<thead>
<tr>
<th><strong>Patient Assault and Abuse</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient abuse by a healthcare provider is a breach of medical ethics.</td>
</tr>
<tr>
<td>Assault and abuse are also crimes.</td>
</tr>
<tr>
<td>These crimes are punishable by imprisonment and fines.</td>
</tr>
<tr>
<td>In some cases, the criminal penalties for assault and battery are especially severe when the victim is a patient.</td>
</tr>
</tbody>
</table>
To help protect your patients from assault:
- Be aware of the warning signs of abuse.
- Report suspected abuse immediately.
- Manage your own stress appropriately.
- 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, JCAHO requires that accredited facilities:

- Educate
- Identify
- Assess
- Refer
- Report

Click on each for a review of key points.

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

**Identify**
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.

**Assess**
Facilities must assess identified victims of abuse, or refer victims to outside agencies for assessment. If the facility performs abuse assessments, the assessment must 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**
Facilities must report abuse and neglect according to state and local law.
**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>
<td></td>
<td></td>
</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>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
<td>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</td>
</tr>
</tbody>
</table>
Assess victims of abuse (or refer for appropriate assessment).

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unless the patient is in crisis, complete assessment of a victim of domestic violence may be conducted over several visits.</td>
<td>To assess a victim of elder abuse or neglect, evaluate the patient's:</td>
<td>When child abuse is suspected:</td>
</tr>
<tr>
<td>The assessment should document or preserve evidence of abuse.</td>
<td>• Access to healthcare</td>
<td>• Perform a thorough pediatric health assessment.</td>
</tr>
<tr>
<td>Potential evidence includes:</td>
<td>• Cognitive status</td>
<td>• Interview the parents / caretakers and the child, if possible. Interviews should be separate.</td>
</tr>
<tr>
<td>• A thorough written record</td>
<td>• Emotional status</td>
<td>• Collect evidence as described for domestic violence.</td>
</tr>
<tr>
<td>• Detailed written description of injuries (with or without photographs)</td>
<td>• Overall health and functional status</td>
<td></td>
</tr>
<tr>
<td>• Forensic evidence of sexual or physical assault</td>
<td>• Social and financial resources</td>
<td></td>
</tr>
<tr>
<td>Collect, store, and transfer forensic evidence according to state and local evidence protocols.</td>
<td>Evidence of elder abuse should be documented as described for domestic violence.</td>
<td></td>
</tr>
</tbody>
</table>
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</td>
<td>For a list of agencies and resources on elder abuse and neglect, see:</td>
<td>For a list of agencies and</td>
</tr>
<tr>
<td>be referred to local resources such as:</td>
<td>• <a href="#">elderabuse.pdf</a></td>
<td>resources on child abuse</td>
</tr>
<tr>
<td>• Emergency shelter</td>
<td><img src="#" alt="insert link to PDF file" /></td>
<td>and neglect, see:</td>
</tr>
<tr>
<td>• Organizations that provide for other</td>
<td>• childabuse.pdf</td>
<td>• <a href="#">childabuse.pdf</a></td>
</tr>
<tr>
<td>basic needs</td>
<td><img src="#" alt="insert link to PDF file" /></td>
<td>• <a href="#">childsexabuse.pdf</a></td>
</tr>
<tr>
<td>• Counseling or support groups</td>
<td><img src="#" alt="insert link to PDF file" /></td>
<td><img src="#" alt="insert link to PDF file" /></td>
</tr>
<tr>
<td>• Childcare / welfare assistance</td>
<td><img src="#" alt="insert link to PDF file" /></td>
<td></td>
</tr>
<tr>
<td>• Legal assistance</td>
<td><img src="#" alt="insert link to PDF file" /></td>
<td></td>
</tr>
<tr>
<td>• Substance abuse treatment</td>
<td><img src="#" alt="insert link to PDF file" /></td>
<td></td>
</tr>
<tr>
<td>• Police / court system</td>
<td><img src="#" alt="insert link to PDF file" /></td>
<td></td>
</tr>
</tbody>
</table>
Most states require healthcare providers to report certain cases of domestic violence.

**Learn the reporting requirements in your state.**

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>
</tbody>
</table>

**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
<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>antibody</td>
<td>protein produced by immune cells to fight infection</td>
</tr>
<tr>
<td></td>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td></td>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td></td>
<td>cohort</td>
<td>to group together patients with the same active infection, but no other infection</td>
</tr>
<tr>
<td></td>
<td>electrically conductive loop</td>
<td>complete circuit through which electricity is able to flow</td>
</tr>
<tr>
<td></td>
<td>ferromagnetic</td>
<td>able to be attracted by a magnet</td>
</tr>
<tr>
<td></td>
<td>HBV</td>
<td>hepatitis B virus</td>
</tr>
<tr>
<td></td>
<td>HCV</td>
<td>hepatitis C virus</td>
</tr>
<tr>
<td></td>
<td>HIV</td>
<td>human immunodeficiency virus; the cause of AIDS</td>
</tr>
<tr>
<td></td>
<td>JCAHO</td>
<td>Joint Commission on the Accreditation of Healthcare Organizations</td>
</tr>
<tr>
<td></td>
<td>LIP</td>
<td>licensed independent practitioner; most often a physician, but also sometimes a nurse practitioner or other healthcare professional</td>
</tr>
<tr>
<td></td>
<td>MRI</td>
<td>magnetic resonance imaging</td>
</tr>
<tr>
<td></td>
<td>MRSA</td>
<td>methicillin-resistant Staphylococcus aureus</td>
</tr>
<tr>
<td></td>
<td>NIOSH</td>
<td>National Institute of Occupational Safety and Health</td>
</tr>
<tr>
<td></td>
<td>OIG</td>
<td>Office of the Inspector General of the Department of Health and Human Services (DHHS)</td>
</tr>
<tr>
<td></td>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
</tr>
<tr>
<td></td>
<td>pulsed radiofrequency fields</td>
<td>electromagnetic fields used during MRI to cause tissues of the body to give off magnetic resonance signals</td>
</tr>
<tr>
<td></td>
<td>projectile</td>
<td>an object (as a weapon) that is thrown, sent, or cast forward</td>
</tr>
<tr>
<td></td>
<td>restraint</td>
<td>any physical or chemical method for restricting a patient’s movement, activity, or normal access to his or her own body</td>
</tr>
<tr>
<td></td>
<td>seclusion</td>
<td>involuntary confinement of a patient in a room alone</td>
</tr>
<tr>
<td></td>
<td>imminent</td>
<td>just about to occur if not otherwise prevented</td>
</tr>
<tr>
<td></td>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td></td>
<td>type I latex allergy</td>
<td>a relatively severe form of latex allergy</td>
</tr>
<tr>
<td></td>
<td>type IV latex allergy</td>
<td>a relatively minor form of latex allergy</td>
</tr>
<tr>
<td></td>
<td>UTI</td>
<td>urinary tract infection</td>
</tr>
<tr>
<td></td>
<td>VRE</td>
<td>vancomycin-resistant enterococci</td>
</tr>
</tbody>
</table>
Final Exam

1. A Medicare patient comes to your facility with a sore throat and fever. You perform a rapid strep test. This confirms that the patient has strep throat. Antibiotics are prescribed. The patient is sent home. Later, charges for a urinalysis and complete blood count are added to the Medicare bill. This is a violation of the:
   
   a. Stark Act  
   b. False Claims Act  
   c. Anti-Kickback Statute  
   d. Patient Anti-Dumping Act  

   Correct: False Claims Act  
   Rationale: The False Claims Act makes it illegal to submit a false bill to a government agency.

2. Incorrect coding on a bill to Medicare:
   
   a. Is never caught  
   b. Is against the law  
   c. Is a harmless mistake  
   d. Is necessary to increase payment  

   Correct: Is against the law  
   Rationale: Incorrect coding is healthcare fraud.

3. The ________ makes it illegal for physicians to refer patients to a facility or provider, if they have a financial relationship with that facility or provider.
   
   a. Stark Act  
   b. False Claims Act  
   c. HIPAA Privacy Rule  
   d. Anti-Kickback Statute  

   Correct Answer: Stark Act  
   Answer Rationale: The Stark Act enforces ethics in referrals.
4. It is legal for hospitals to:
   a. (a) Offer gifts to Medicare patients to get their business.
   b. (b) Offer kickbacks to local physicians for referring Medicare patients.
   c. (c) Make payments to physicians to encourage them to limit services to Medicare patients.
   d. Both A and C
   e. None of the above

Correct Answer: None of the above
Answer Rationale: These are all illegal.

5. Palliative care addresses:
   a. (a) Physical pain
   b. (b) Spiritual needs
   c. (c) Psychosocial needs
   d. Both B and C
   e. All of the above

Correct: All of the above
Rationale: Palliative care addresses all of a patient’s comfort needs.

6. Choose the true statement about working with patients with hepatitis C:
   a. (a) Providers may ethically refuse to treat such patients, to avoid the risk of infection.
   b. (b) Working with such patients places providers at risk for exposure to bloodborne disease.
   c. (c) There is nothing your facility can do to limit your risk of exposure when working with such patients.
   d. Both A and B
   e. All of the above

Correct: Working with such patients places providers at risk for exposure to bloodborne disease.
Rationale: Working with patients with bloodborne diseases does place providers at risk for serious infection. However, it is not ethical to refuse to treat these patients to avoid the risk of infection. Your facility should protect you through a comprehensive infection-control program.

7. You are treating a terminally ill patient. The patient refuses life-sustaining treatment. You follow her wishes and do not provide the treatment. This is an example of:
8. Healthcare providers have an ethical duty to treat patients only if the patient can afford to pay.
   a. True
   b. False

Correct: False
Rationale: Providers have a duty to care for patients, whether or not they can pay.

9. The federal law that sets standards for allowed disclosures of confidential patient information is:
   a. HIPAA
   b. EMTALA
   c. STARK II
   d. None of the above

Correct: HIPAA
Rationale: If you are uncertain about when it is okay to disclose patient information, refer to HIPAA.

10. EMTALA protects the right to:
    a. Free checkups
    b. Gainful employment
    c. Emergency medical care
    d. Medicare reimbursement for healthcare services

Correct: Emergency medical care
Rationale: EMTALA protects a patient's right to emergency medical care.

11. A living will is a legal document that:
    a. Appoints a representative to make healthcare decisions for a patient
b. Records the patient's wishes for future treatment in the event of terminal illness
  c. States that a patient does not wish to receive CPR if he or she goes into cardiac arrest
  d. Lists the friends and relatives who will get the patient's belongings and money after his or her death

Correct answer: Documents the patient's wishes for future treatment in the event of terminal illness
Rationale: This is an accurate description of a living will.

12. A patient may change his or her advance directive at any time.
   a. True
   b. False

Correct: True
Rationale: A competent patient may change his or her advance directive at any time. If a patient wishes to change a directive, be sure to make this possible.

13. It is okay to share a patient's medical records with:
   a. (a) People who have legal authority to view the records
   b. (b) Clinicians who are directly involved in the patient's case
   c. (c) Regulatory agencies who are looking into quality of care at the facility
   d. Both A and B
   e. All of the above

Correct: All of the above
Rationale: All of these groups may see a patient’s medical records. In addition, a patient may see his or her own medical record. Records should not be given to anyone else.

14. Patients have the right to complain about waiting times at a healthcare facility.
   a. True
   b. False

Correct answer: A
Rationale: Patients have the right to complain about healthcare services.

15. A patient has the right to refuse medical treatment.
   a. True
   b. False
Correct: A
Rationale: Patients have the right to make decisions about their own medical care. This right includes the right to refuse medical treatment.

16. A hospital may not meet JCAHO standards if:
   a. (a) Advance directives are not documented.
   b. (b) Patients are not allowed to review or revise advance directives.
   c. (c) All adult patients are not given information on the right to accept or refuse treatment.
   d. Both B and C
   e. All of the above

Correct: All of the above
Rationale: All of the answers given are non-compliant with JCAHO’s standard on advance directives.

17. Only the elderly and the chronically ill need to complete advance directives.
   a. True
   b. False

Correct: False
Rationale: All patients over the age of 18 should be encouraged to complete some form of advance directive.

18. To obtain informed consent, the healthcare provider must give the patient full disclosure. Full disclosure includes:
   a. (a) The patient’s diagnosis
   b. (b) The patient’s prognosis
   c. (c) Treatment options and their risks and benefits
   d. Both A and C
   e. All of the above

Correct: All of the above
Rationale: All of these must be discussed to give full disclosure.

19. Under JCAHO standards, a healthcare worker capable of providing developmentally appropriate care must be able to:
   a. Provide care appropriate to a patient’s age and developmental needs.
   b. Determine a patient’s status, taking into account the patient’s chronological age.
   c. Identify a patient’s needs, taking into account the patient’s chronological and developmental age.
   d. All of the above
   e. None of the above
Correct: All of the above
Rationale: Healthcare workers must demonstrate all of these competencies to be considered capable of providing developmentally appropriate care.

20. Only a licensed independent practitioner (LIP) can order restraint for a patient.
   a. True
   b. False

Correct: True
Rationale: This statement is true.

21. An appropriate use of restraint is:
   a. (a) Restraint used to prevent a patient from removing bandages
   b. (b) Restraint used to discipline a patient who insults members of the medical staff
   c. (c) Restraint used to contain a violent patient during an episode of acute psychosis
   d. Both A and C
   e. All of the above

Correct: Both A and C
Rationale: Restraint may be used to support medical healing or to protect a patient or others when the patient has a behavioral health crisis. Restraint must NEVER be used to discipline patients.

22. Restraint and seclusion are preferable to non-physical methods for dealing with behavioral problems in patients.
   a. True
   b. False

Correct: False
Rationale: Restraint and seclusion are last-resort choices. Non-physical intervention is always preferable when possible.

23. The use of behavioral restraint or seclusion must be documented in the patient’s medical record.
   a. True
   b. False

Correct: True
Rationale: The use of restraint or seclusion must be fully documented in the medical record.
24. If a provider assaults a patient, it is unethical. However, it is not a crime.
   a. True
   b. False

Correct: B
Rationale: Assaulting a patient is a crime.

25. When assessing an identified victim of elder abuse, assess the patient’s:
   a. Cognitive status
   b. Emotional status
   c. Overall health and functional status
   d. All of the above
   e. None of the above

Correct: All of the above
Rationale: All of these should be assessed for a victim of elder abuse.

26. In domestic violence, the abuser is:
   a. A child
   b. A parent
   c. An intimate partner
   d. None of the above

Correct Answer: An intimate partner
Answer Rationale: Domestic abuse is abuse by an intimate partner.

27. _________ may be part of domestic abuse.
   a. (a) Rape
   b. (b) Physical assault
   c. (c) Isolating the victim from support
   d. Both B and C
   e. All of the above

Correct Answer: All of the above
Answer Rationale: Domestic violence may be physical, sexual, or emotional / psychological.
28. Physical injury is seen in all cases of child abuse.
   
   a. True
   
   b. False
   
   Correct: False
   Rationale: Child abuse may be emotional.

29. All states require healthcare providers to report suspected:
   
   a. Child abuse
   b. Elder abuse
   c. Domestic abuse
   d. All of the above
   e. None of the above
   
   Correct: Child abuse
   Rationale: Many states have reporting requirements for domestic and elder abuse. However, not all do. **ALL** states require healthcare providers to report suspected child abuse.