

Patient Advocacy

This course is part of a series of regulatory requirements for New Caregiver Orientation

- ≡ Introduction
- ≡ Patient Rights
- ≡ Patient Considerations and Sensitivity
- ≡ Serving the Patient in Their Time of Need
- ≡ Responding to Victims
- ≡ Safe Surrender/Safe Place Program
- ≡ Directives, Acts, and Preferred Language

Introduction

Welcome!



Upon completion of this course, learners will be able to:

- Identify and report suspicion of abuse, neglect or exploitation
- Understand patient treatment and visitation rights

- Understand when Advance Healthcare Directives need to be implemented
- Know resources for interpretation services
- Know how to address a Safe Surrender/Safe Place Program situation
- Communicate with your patients according to Age Appropriate Care Guidelines
- Incorporate cultural awareness and sensitivity into daily practices

CONTINUE

Patient Rights



Patient Rights

- Patients or their surrogate decision maker have the right to refuse treatment
- Even if a patient has signed a consent for treatment, they may revoke that consent at any time
- If the patient or their surrogate decision maker refuses treatment, document it in their medical record

Patient Visitation Rights

- Visitor policy specifies that every patient has the right to determine who may and may not visit them
- Children may be allowed with adult supervision
- The patient has the right to select a support person
- We will not restrict or deny visitation privileges on the basis of race, color, national origin, culture, language, physical or mental disability, religion, sex, sexual orientation, gender identity, or on any other criteria disallowed under the law

Click on the heart-shaped icons below to review some important points about Patient Rights.





Full and equal visitation shall be offered to people who are designated by a patient as a support person, consistent with the patient's references or wishes. These visitors may include but are not limited to spouse, domestic partner, family member, or friend.



The hospital may restrict visitor access based on the clinical needs of the patient, communicable disease of the patient or visitor, failure of the visitor to adhere to laws and regulations and inappropriate behavior while on site.



Visiting restrictions will be explained to patients upon request.



Patients also have a right to request their visitors, including family members, be restricted.



Complete the content above before moving on.

Patient Considerations and Sensitivity



“Our job is to respect each difference while providing competent care. Our patients deserve to be in an environment that is free of prejudice regarding their beliefs.”

- Avani



“Our caregivers and patients have a multitude of different cultures, beliefs, rituals, and languages. Supporting patients in their spiritual and cultural beliefs is good for their health and healing.”

- Anthony


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How can we increase our cultural awareness and sensitivity in the busy healthcare environment in which we practice every day? We can do this by developing general skill sets based on knowledge and respect.

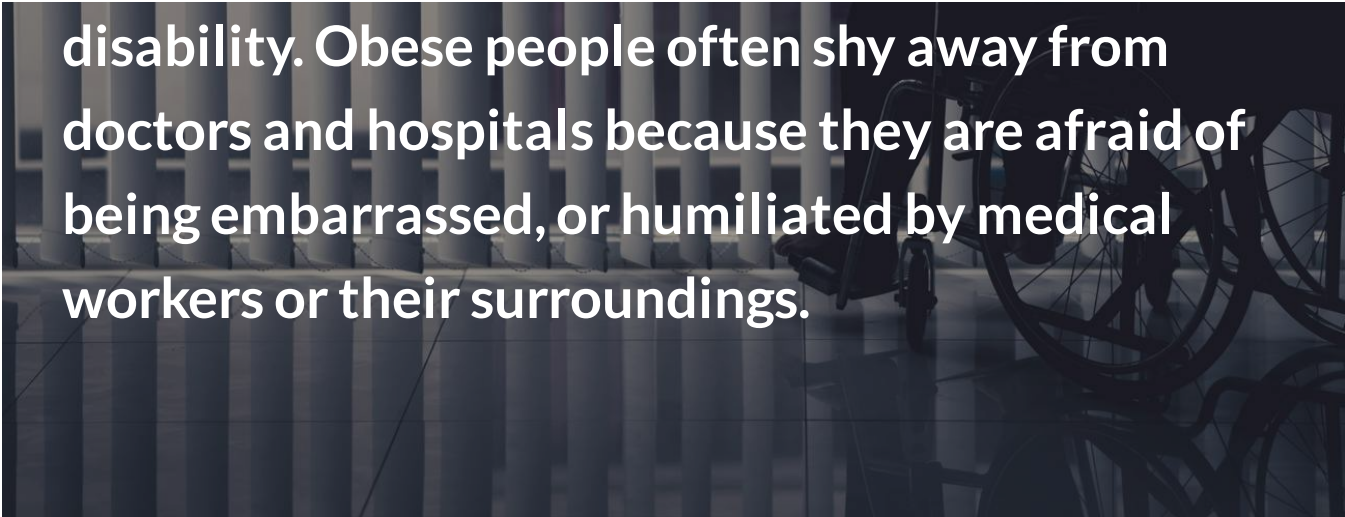
What do awareness and sensitivity look like in action?

- Facilitating language - appropriate use of interpreters, providing clear information so the patient can understand their care plan
- Negotiating the family environment
- Understanding patient beliefs and experiences
- Compassionately respecting patient and human rights

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In society and even healthcare, obese persons are often blamed for their own conditions. They can be targets of discrimination and not afforded the same consideration as others who suffer from a



disability. Obese people often shy away from doctors and hospitals because they are afraid of being embarrassed, or humiliated by medical workers or their surroundings.

Understanding the challenges of a bariatric patient is the key to providing safe and effective care. The goal is to make the patient less stressed and anxious.

Be mindful of your communication and body language. Avoid labels that identify patients as obese.

Plan ahead. A bariatric patient may need specialized equipment. Know the availability of such equipment in your unit/facility.

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Providence caregivers need to provide an affirmative, inclusive, and respectful environment for all patients.

Making LGBTQ people and their families feel safe and included can lead to a more trusting relationship with health care providers, and improved communication about their unique needs for care.



Providence St. Joseph Health is working to improve patient satisfaction, engagement, and health outcomes for sexual and gender minorities, especially transgender patients. Caregiver tools have been developed to collect this information and to help clinicians make accurate decisions when there is incongruence between legal sex, sex assigned at birth, and gender identity.

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People grow and develop in stages that are related to their age and share certain qualities at each stage. Every patient population has unique needs and requires specific treatments.

Meet Unique Needs of Age Group

In order to assure that each patient's care meets his or her unique needs, caregivers who interact with patients as part of their job must develop skills and competencies for delivering age-appropriate communication, care, and treatments.

By adhering to the guidelines for each specific age group, caregivers can bond and build trust with patients and meet their psychological needs as well.



Age Specific Care Guidelines

Click the plus signs (+) below to learn more about each patient age group.

Infants and Toddlers (Approximate ages 0-3 years) —

Healthy Growth and Development:

- Physical - rapid growth rate, especially the brain
- Mental - senses, explores, plays, communicates by crying, facial expressions, babbling, then baby talk and simple sentences
- Social/emotional - is trusting, dependent, beginning to develop a sense of self

Communication: Parents provide security and physical closeness, parent/child bonding; love and security are vital needs.

Safety: Needs a safe environment for exploring, playing, and sleeping.

Health: Immunizations, proper nutrition, sleep, skin care, oral health, routine screenings.

Examples of age-specific care for infants and toddlers:

- Involve child and parent in care
- Cuddle and hug the child
- Provide safe toys and the opportunity to play
- Encourage the child to communicate - smile, talk softly, laugh
- Help parents learn about proper care

Young Children (Approximate ages 4-6 years) —

Healthy Growth and Development:

- Physical - grows at a slower rate, motor skills improve, dresses self, is toilet trained
- Mental - symbols become important, memory improves, and imagination is active

- Social/emotional - identifies with parent(s), is more independent, sensitive to others' feelings; note: safeguard against drowning associated with becoming independent at this age; exhibits fears; likes stories; may be aloof with strangers

Communication: Parents and staff working with children, praise and give rewards, state rules as necessary, play with child; child loves to learn via games. In the hospital setting, staff may give a toy stethoscope, and reassure the child that procedures are not punishment.

Safety: Teach safety habits (bike/skate helmets, seat belts, swimming pools, and team sports)

Health: Continue immunizations, checkups, teach healthy nutritional habits, and good personal hygiene, including the importance of handwashing.

Illnesses: At this age, the child's immune system is still immature. Subject to the onset of juvenile diabetes, colds, earaches, head lice, mumps, and ringworm

Examples of age-specific care for young children:

- Involve parent(s) and child in care - let the child make some choices, like food or juice choices; let the child feel he or she is helping
- Use play techniques - toys, games, fun, etc., to teach children and to reduce fear
- Encourage the child to ask questions, play with others if appropriate in the setting, and talk about feelings
- Help parents teach child safety rules

Older Children (Approximate ages 7-12 years) —

Healthy Growth and Development:

- Physical - grows slowly until that spurt at puberty
- Mental - active, eager learner, understands cause and effect, can read, write and do math
- Social/emotional - focuses on school activities and "fitting in," while also developing a greater sense of self; negotiates for greater independence; needs to learn to cope with peer pressure

Communication: Encourage them, and give them the opportunity to feel competent and useful; build their self-esteem - ask them to help and praise them for helping; give them tasks they can do successfully (if they can't mow the whole yard, give them half the yard to mow for now); they need a measure of privacy

Safety: Continue to promote safety habits (school safety, etc.): encourage them to resolve conflicts peacefully instead of hitting; etc.

Health: Continue to keep up immunizations and checkups; continue to teach healthy nutritional habits, and good personal hygiene, including the importance of handwashing; provide information on smoking, drugs, alcohol, and sexuality.

Illnesses: Mumps and measles are common for this age group. If they're not vaccinated, they can still get these diseases; also sore throats, head lice, ringworm, etc.

Examples of age-specific care for older children:

- Allow the child to make some care decisions ("In which arm do you want the vaccination?")
- Help build self-esteem - ask the child to help you do a task, and recognize his/her achievements
- Guide the child in making healthy, safe lifestyle choices (choosing apple juice over a carbonated beverage)
- If appropriate to the situation, help parents talk with the child about peer pressure, sexuality, alcohol, tobacco, other drugs (make appropriate referrals to social workers in the case of management department)

Adolescents (Approximate ages 13-20 years)

Healthy Growth and Development:

- Physical - grows in spurts; matures physically; is able to reproduce
- Mental - can think abstractly; goes beyond simple solutions, considers many options; able to make independent decisions; can consider consequences; chooses own values; is idealistic; thinks about the future
- Social/emotional - develops own identity; builds close relationships; tries to balance the desire to be part of a peer group with family interests; is concerned about appearances; challenges authority. At this age, may also set career goals and choose lifestyle; likes to feel in control of self (in a hospital setting will want to know what test they're going to do next, and what is involved); may need to learn to do dishes again (after about age 12, they forget how)

Communication: Key concepts are their need for privacy, respect, and acceptance, and the need to learn teamwork

Safety: Discourage risk-taking; promote safety habits (safe driving, violence prevention, the hazards of gangs, etc.)

Health: Continue regular checkups and update immunizations; promote sexual responsibility; advise against substance abuse

Illnesses: Viruses (sties in their eyes, etc.), acne, athlete's foot, mononucleosis, hepatitis

Examples of age-specific care for adolescents:

- Treat more as adult than child; respect their opinions; avoid authoritarian approaches (don't order them around; they will probably rebel)

- Show respect and patience - be considerate of how being in the hospital, or the procedures, etc., are affecting them (may be affecting their appearance); their friendships and their friends' opinions are very important to them
- Provide guidance in making positive healthy choices in the hospital setting (set example for when they go home); correct misinformation
- Encourage communication between doctor & adolescent, and if appropriate, between parent & adolescent
- Encourage them to ask a question regarding any fears they may have
- Involve them in decision-making (even letting them choose their nurse - they'll cooperate better with someone they "click" with)

Young Adults (Approximate ages 21-39 years) —

Healthy Growth and Development:

- Physical - reaches physical and sexual maturity; nutritional needs are for maintenance, not growth
- Mental - acquires new skills and information, uses these to solve problems
- Social/emotional - seeks closeness with others; sets career goals and chooses lifestyle (if it hasn't already done so by now); chooses community and starts own family; this can be a stressful age: is the person meeting his/her goals? illness adds to stress - staff in a hospital setting should be aware of this

Communication: Needs support and honesty, needs respect for personal values; they need telephones and activity; they need respect for their choices.

Safety: Provide information for hazards at home and work; information regarding back safety (avoiding injuries); hurricane/disaster preparedness

Health: Encourage regular checkups, update immunizations (tetanus, hepatitis, flu, pneumonia); promote a healthy lifestyle (proper nutrition, exercise, weight, etc.); inform about health risks (heart disease, diabetes, cancer, etc.)

Illnesses: Heart disease, lung disease, diabetes, cancer, thyroid disease, gastrointestinal disease, increases blood pressure, signs of stress (diarrhea, ulcers), backaches, prostatitis for males, etc.

Examples of age-specific care for young adults:

- Support in making health care decisions
- Encourage healthy and safe habits at home and at work
- Encourages choices for stress reduction
- Acknowledge/respect commitments to family, career, community

- Acknowledge/address worries about the future

Middle Adults (Approximate ages 40-64)

Healthy Growth and Development:

- Physical - begins to age; may develop/manifest chronic health problems (heart disease, lung disease, etc.); hormonal changes (menopause for women)
- Mental - remains mentally active, builds on what he/she already knows; uses life experience to continue to learn to create, solve problems
- Social/emotional - hopes to contribute to future generations; stays productive; balances dreams with reality; plans for retirements; may care for children and parents (sandwich generation); needs to feel life is meaningful (does not like to feel "stuck")

Communication: Keeps a hopeful attitude; concentrates on strengths, not limitations

Safety: Address age-related changes (e.g., change in senses, slowing reflexes); increase following time in traffic to allow for a slower reflex response; abuse and neglect to show up

Health: Encourage regular checkups and immunizations; encourage preventive care; address age-related changes (taste buds change, vision changes); address risk factors for heart disease, etc; continue to emphasize the need for exercise, good nutritional habits; diet and exercise to control adult-onset diabetes; stress-related lifestyle can impact health in major ways (divorce, loss of a job, etc.)

Illnesses: Signs are more evident - heart disease, gastrointestinal disease, cancer (skin cancer, etc.), arthritis

Examples of age-specific care for middle adults:

- If appropriate and with respect for privacy, may encourage talking about concerns, plans, finances
- Acknowledge physical, mental, social abilities and plans
- Guide in planning for healthy, active retirement

Older Adults (Approximate ages 65-79 years)

Healthy Growth and Development:

- Physical - continues to age gradually (aging is more noticeable); natural decline in some senses and physical abilities (but older adults do not always decline in all physical and mental abilities)

- Mental - continues to be an active learner and thinker; memory skills may start to decline
- Social/emotional - takes on new roles (may volunteer); balances independence with the need to be dependent in some ways; life review (friends begin to die, make new friends and many other life issues)

Communication: Respect; avoid isolation; encourage acceptance of aging and limitations; driving equals independence; address the sense of loss after retirement

Safety: Promote home safety (especially to avoid falls)

Health: Monitor health more closely; promote physical, mental, social activity; guard against depression, apathy (suicide rate rises in this age group; sometimes suicide pacts among married couples); update immunizations (flu, pneumonia)

Illnesses and Ailments: Joints get stiffer; skin changes and gets thinner; they bleed more easily and heal more slowly; Alzheimer's disease shows up more frequently; osteoporosis, arthritis; for men BPH (benign prostatic hypertrophy) - a lot of hospital admissions may start around this age

Examples of age-specific care for older adults:

- If appropriate and with respect for privacy, encourage talking about feelings, fears, loss, grief, life
- Inform about home safety (ramps, bathtub grips), and medication safety
- Provide support for any impairments - refer to social workers
- Encourage socialization - with peers as a volunteer, etc.
- Support end-of-life decisions, provide information* provide nutritional support, information, and counseling
- Encourage as much independence as possible, provide opportunities for physical, mental, social activities
- Assist in self-care

Elderly and Older Frail Adults (Approximately 80 years or older)

Healthy Growth and Development:

- Physical - physical abilities decline; increased risk for chronic illness; major health problems; skin may become very fragile and subject to breakdown (handle with care, using palms of hands rather than fingertips); body's ability to regulate heat decreases
- Mental - continues to learn; memory skills and/or speed of learning may decline; confusion often signals illness or a problem with medications; confusion is not necessarily a sign of permanent loss of mental abilities

- Social/emotional - lives as independently as possible; accepts end of life (and related issues) and personal losses

Communications: Encourage expression of thoughts and feelings; avoid despair; use humor and stay positive

Safety: Ensure safe living environment; eliminate hazards; prevent falls and injuries

Health: promote self-care and independence; monitor health more closely; emphasize proper diet, activities and rest; decrease stress update immunizations

Illnesses and Ailments: More illnesses and ailments, and more pronounced existing illnesses and ailments; increased or decreased blood pressure; circulation problems, feeling cold

Examples of age-specific care for elderly and older frail adults:

- Encourage talking about feelings, fears, loss, grief, life review, end-of-life decision, provide resources
- Help to stay positive, avoid despair
- Continue to encourage appropriate independence - physical, mental, social activities (classes and programs for older adults to keep the brain stimulated)
- Promote safety in the home (safety grips, ramps, etc.); medication safety (remembering to take medications and watching for adverse reactions)
- Help take steps to reduce stress
- Physical care - change position slowly, frequently, to avoid skin breakdown
- Ensure warmth
- Ensure safety in the hospital setting to avoid falls and injuries

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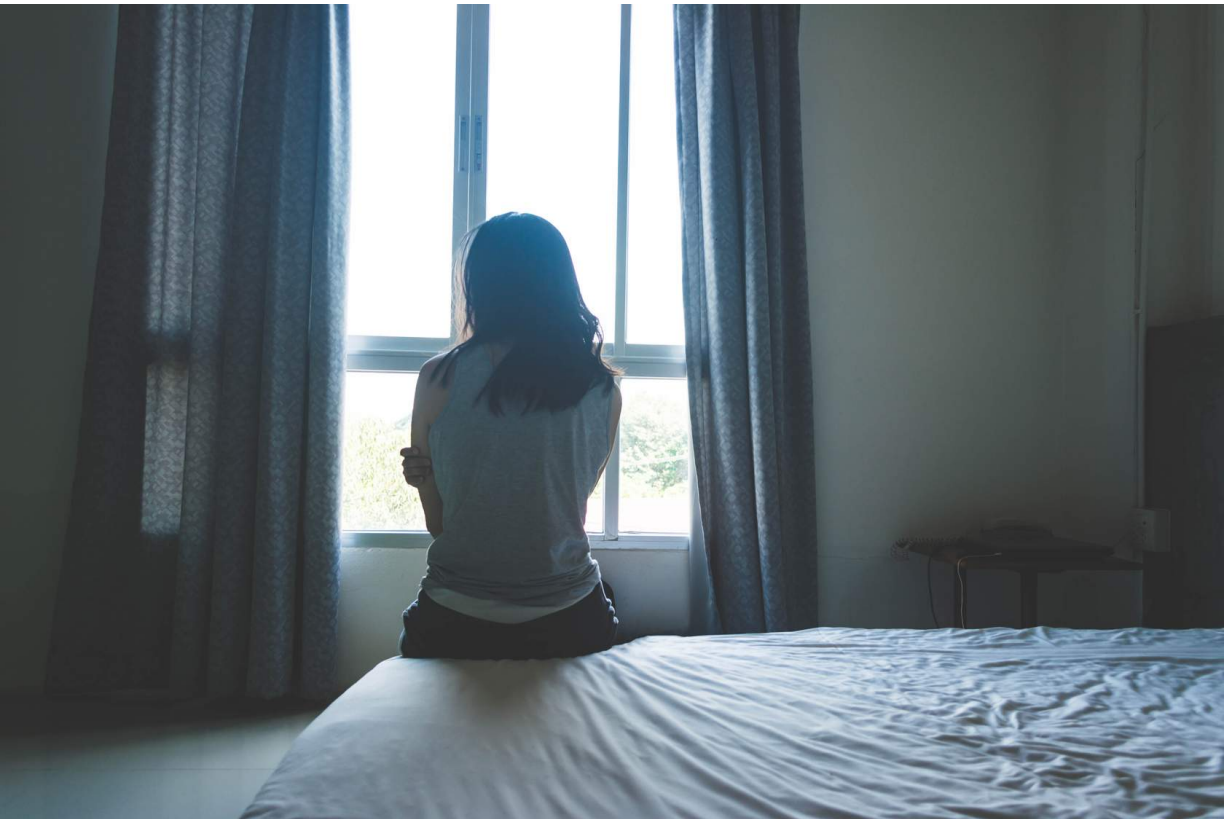
Serving the Patient in Their Time of Need

Freedom from Abuse

All healthcare staff must be able to identify abuse or neglect as well as the extent and circumstances of abuse in order to give the appropriate care.

It is our policy to:

- Identify victims of abuse
- Report known or suspected abuse to the proper authorities, per legal mandate
- Care for and refer for protective services
- Prevent abuse whenever possible



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What Does Abuse Look Like?

Patients may be experiencing one of a number of forms of abuse; physical, emotional, financial, neglect, domestic violence, human trafficking, or other violence, and identifying those being abused can sometimes be tough.

Click the plus signs (+) below to learn more about types of abuse.

Physical

Physical abuse is any intentional act causing injury or trauma to another person by way of bodily contact.

Examples include:

- Bruises or abrasions
- Broken or fractured bones
- Burns or scalds
- Bite marks
- Sexual abuse

Neglect

Failure of a caretaker to provide the goods and services or care necessary to maintain the health or safety of a vulnerable child or adult.

Examples include:

- Abandonment
- Imprisonment in the home
- Failure to feed a dependent person
- Conduct that endangers the person's physical or psychological well-being
- Leaving a person sitting or lying in urine or stool

Psychological/Emotional

Verbal harassment, threats, criticism, and isolating behaviors are types of psychological abuse.

Examples include:

- Verbal abuse
- Threats of physical harm

- Cultural shaming
- Racial slurs
- Threats of abandonment
- Social isolation

Financial/Economic

Improper, unauthorized removal of a person's money, property, or possessions.

Examples include:

- Cleaning out bank accounts
- Selling off possessions
- Improper use of Power of Attorney or guardianship
- Forcing a vulnerable adult to work against his/her wishes

Domestic Violence

A pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks. Economic coercion that adults or adolescents use against their intimate partners is another example.

Indicators include:

- Overly attentive partner
- Delay in seeking medical care
- Multiple cuts, scrapes and/or bruises in various stages of healing
- Inconsistent description of how injuries occurred
- Emergent presentation for medically insignificant trauma

Human Trafficking

Human trafficking is the recruitment, transportation, transfer, harboring or receipt of persons for the purpose of exploitation.

Examples include:

- Prostitution
- Sexual exploitation
- Forced labor
- Slavery



Complete the content above before moving on.

All caregivers are required to report cases of known or suspected abuse of vulnerable adults and children. In addition to the mandatory requirement to report to the appropriate protective agency, the caregiver will report to their supervisor or to a nurse supervisor.

Prior to reporting to a protective agency, it may be necessary to collaborate with other members of the healthcare team to determine

if suspicion of abuse exists.

Reporting Protocol:

1. Notify person in charge
2. Call clinical social worker. If a social worker is unavailable, work with your supervisor, charge nurse, and/or Nurse manager to follow the next steps
3. Complete report for Adult Protective Services or Child Protective Services



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Responding to Victims

Treating a Victim

When treating a victim of abuse or suspected abuse, including human trafficking, it is important to create an environment where they can feel safe. Have visitors wait in waiting areas, use a calm voice, ask questions without placing blame or judgment, and reassure them that help is available. Obtain appropriate consultation from members of the healthcare team.

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Domestic Violence/Partner Abuse

If you believe the patient is a vulnerable adult, please contact a social service clinician, charge nurse or house supervisor to discuss the reporting process.

- Interview in private
- Express concern for safety and well being
- Report as appropriate for vulnerable patients (those who do not have decision making capacity and patients under the age of 18 years)

- If a report of harm is made due to the patient's vulnerability, please discuss with social work/house supervisor and ensure a discussion is had with the patient about the report
- Address patient safety in the discharge plan. This may include letting them know about appropriate community resources from which they could benefit.
- Refer to your local policy for your specific reporting requirements

CONTINUE



Be aware of the warning signs of abuse

Report suspected abuse immediately



Manage your own stress properly so that you do not risk taking anger and frustration out on patients or each other

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Safe Surrender/Safe Place Program



This program allows mothers of newborns to surrender their baby to a law enforcement officer, firefighter, or medical person without legal consequences of abandonment.

Any caregiver or medical staff member on duty at the hospital must accept an infant up to 72 hours old that is surrendered by a person having lawful custody. If it turns out the infant is more than 72 hours old, the state protective agency can help with placement.

What to do if you are approached:

If you are approached by someone who wants to surrender their newborn, ask them to walk with you to the Emergency Department.

The Emergency Department caregiver is trained for these situations and has all the paperwork that needs to be completed by the person surrendering an infant.

If the person surrendering an infant refuses to go to the ED with you but still wants to leave the baby, you can take the baby to the emergency room.

- If you are unsure and need help, you can contact the Emergency Department, a clinical social worker, or the house supervisor for assistance
- If possible ask about newborn's family medical history
- The person surrendering newborn is not required to stay and cannot be held for questioning
- Do offer to provide support through the hospital chaplain or clinical social worker

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Directives, Acts, and Preferred Language

Advance Healthcare Directives

Federal and state law requires that patients be informed about their right to formulate advance healthcare directives upon being admitted to the hospital.

Ideally, individuals are having conversations about their end-of life wishes with their primary care physicians, families, financial planners, and other trusted professionals before an emergency health situation occurs.

An advance directive is a document that allows a person to make their health care wishes known if they are unable to speak for themselves or have designated someone else to speak for them.

It is important for the healthcare provider to review the advance directive with the patient when the patient has decision-making capacity (or surrogate if not) to be sure the document reflects the patient's current wishes.

Advance directive forms are available on our website or in a patient's medical record.

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[Preferred Language of Communication](#)

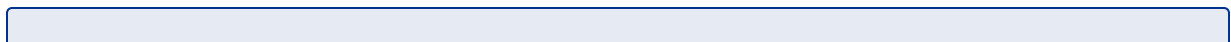
The heart of all human interactions is the ability to communicate effectively.

To ensure safe, high-quality care, we will offer free interpretive services to all patients and/or their companions where it is necessary to accurately communicate medical information.



Interpretation must be performed by a QUALIFIED or CERTIFIED professional healthcare interpreter.

It is not appropriate to use family or friends for medical interpretation. If a patient declines interpreter services in lieu of a companion, the caregiver should still engage either by phone or video remote interpreter (VRI) to ensure that the caregivers and providers are receiving accurate communication.





It is never appropriate to use minors for medical interpretation.

Interpretation must be made available regardless of the interaction and time of day (e.g. if the patient is present or on the phone).

Click on the plus-shaped (+) icons below to learn more about interpretation.





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It is not appropriate to use family or friends for medical interpretation. If a patient declines interpreter services in lieu of a companion, caregiver should still engage either by phone or a video chat to ensure that the caregivers and providers are receiving accurate communication. It is never appropriate to use minors for medical interpretation.



Interpretation services must be made available regardless of the interaction and time of day (e.g. if the patient is present or on the phone).



Provided in the requestor's preferred method if available and reasonable

For deaf patients, an in-person interpreter should be scheduled and caregivers should use the VRI until in-person interpreter arrives. For deaf-blind patients, an in-person interpreter is always required.

Check your local hospital/regional policies and resources for regionally approved in-person, phone, and /or Video Remote Interpreter (VRI) services.



For Caregivers

Documentation is required in the Epic Language/Communication flowsheet for each interpretive service used during the encounter.

Bilingual caregivers may or may not provide interpretive services in accordance with your region's policy.



Complete the content above before moving on.

Congratulations! You have completed this eLearning module. Click the Exit Course link above to return to HealthStream.