



COPIES ARE ONLY VALID ON THE DAY PRINTED-OFFICIAL POLICY RESIDES IN MCN

| | |
|---|---|
| SYSTEM: Hospital Sisters Health System | MANUAL(S): Executive Manual |
| TITLE: Patient Preference Policy | ORIGINATING DEPARTMENT: Mission and Ethics |
| EFFECTIVE DATE: 07/05/2022 | REVISION DATE(S): |
| SUPERSEDES: | |
| <small>* As required by CMS Regulation §482.12 A-0043 Conditions of Participation: Governing Body, the following hospitals and entities are included as HSHS entities: ILLINOIS: (1) HSHS St. John’s Hospital – Springfield (2) HSHS St. Mary’s Hospital – Decatur, (3) HSHS St. Francis Hospital – Litchfield, (4) HSHS Good Shepherd Hospital – Shelbyville, (5) HSHS St. Anthony’s Memorial Hospital – Effingham, (6) HSHS St. Joseph’s Hospital – Highland, (7) HSHS St. Joseph’s Hospital – Breese, (8) HSHS St. Elizabeth’s Hospital – O’Fallon, (9) HSHS Holy Family Hospital – Greenville, (10) HSHS Medical Group, Prairie Cardiovascular Consultants WISCONSIN: (1) HSHS St. Vincent Hospital – Green Bay, (2) HSHS St. Mary’s Hospital Medical Center – Green Bay, (3) HSHS St. Clare Memorial Hospital – Oconto Falls, (4) HSHS St. Nicholas Hospital - Sheboygan, (5) HSHS Sacred Heart Hospital – Eau Claire, (6) HSHS St. Joseph’s Hospital – Chippewa Falls, (7) HME Home Medical, (8) Libertas Treatment Center – Green Bay and Marinette.</small> | |

I. POLICY:

This policy applies to any HSHS programs, service or activity including but not limited to inpatient or outpatient care, other care, patient room assignments and colleague assignments. **This policy shall not apply to emergency care situations.** Behaviors will be addressed within the emergency departments and/or for emergency care situations but care will not be refused nor impacted.

Consistent with our Mission, Vision, and Values and in accordance with the Ethical and Religious Directives for Catholic Health Care Services (ERDs), HSHS will not tolerate acts of discrimination against providers, staff, colleagues and those associated with HSHS. Each colleague is expected to accept responsibility for maintaining a safe work environment including the responsibility to adhere to expected standards of conduct and report discrimination related incidents.

ERD #3 states: In accord with its mission, Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees. In particular, the person with mental or physical disabilities, regardless of the cause or severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.

HSHS will not routinely accommodate any requests from patients or ADMs that would violate non-discrimination laws. Administration and or the appropriate level of leadership is responsible for determining and implementing the appropriate response to implied or express requests from patients or ADMs for a different colleague to provide services than the colleague originally assigned to a patient

II. PURPOSE:

HSHS maintains an inclusive environment of work that fosters the patient/provider relationship and is characterized by solidarity and mutual respect. HSHS is committed to providing a safe and healing environment for its patients, visitors, providers and colleagues.

III. SCOPE:

This policy is applicable to all HSHS hospitals*, Physicians’ Organizations, and operating entities including their employees, agents and medical staff, as well as employed providers of HSHS Medical Group(s).



COPIES ARE ONLY VALID ON THE DAY PRINTED-OFFICIAL POLICY RESIDES IN MCN

IV. DEFINITIONS:

- A. Authorized Decision Maker (ADM): A broad term that refers to the person who is considered to speak on behalf of a patient who lacks decision-making capacity. This lack of capacity may be permanent or temporary. Examples include but are not limited to activated Health Care Power of Attorney (POAHC), Legal Guardian of Person, or family member (or in Illinois, the designated surrogate decisionmaker).
- B. Discrimination: The bias, unjust or prejudicial treatment of individuals based on certain characteristics. Examples of discrimination include but are not limited to: Race, color, religion, language, ethnicity, creed, sex, sexual orientation, body composition and/or disabilities.
- C. Express request: When a patient or ADM requests that another colleague provides services to the patient based on a protected characteristic.
- D. Implied request: When a patient or ADM's behavior (either verbal or non-verbal) suggests a desire for another colleague based on a protected characteristic.
- E. Health Care Team: For purposes of this policy, refers to any HSHS colleagues, physicians, other health care professionals and partners, as appropriate, who are responsible to make, put in place, and review a care plan that meets a patient's needs. Includes all clinical colleagues and/or privileged providers.
- F. Protected Characteristic: For purposes of this policy, refers to race, color, religion, language, ethnicity, national origin, creed, sex, sexual orientation, body composition, disability, genetic information, pregnancy status, or any other characteristic protected by federal or state law, rule or regulation.

V. GUIDELINES/PROCEDURES

HSHS will not routinely accommodate an explicit or Implied Request by patients or ADMs to alter a patient's care plan based on the Protected Characteristic of a colleague or Health Care Team. Using the HSHS Patient Preference Job Aid in Appendix A, the department/unit leadership will work with the Health Care Team to establish a plan of action and how the plan may affect the care plan/patient. This may include transfer to a healthcare provider outside HSHS.

A. Process Steps:

All express and implied requests will be handled in the following manner:

- 1) HSHS will have no tolerance for rude/disrespectful remarks or behaviors by anyone.
- 2) Appropriate local leadership is to be notified immediately by a colleague or health care team member (Administrator on call, Department Leadership, Medical staff leader-as appropriate) at time of an express or implied request.
- 3) Appropriate local leadership will initiate dialogue with the patient and/or ADM to understand the nature and rationale for the request.
- 4) Local leadership will use the HSHS Patient Preference Job Aid to evaluate the request and communicate a decision to the patient and/or ADM.



COPIES ARE ONLY VALID ON THE DAY PRINTED-OFFICIAL POLICY RESIDES IN MCN

- 5) If a patient or ADM refuses services due to the decision communicated by local leadership, such refusal of services will be documented in the patient’s medical record and in accordance with ministry and HSHS practices.
- 6) If the safety of patients, providers and colleagues is at risk, Security or local law enforcement will be contacted.

VI. REFERENCE

- A. *Ethical and Religious Directives for Catholic Health Care Services.*
- B. McCruden P: *Dealing with Racist Patient Requests: Law, Rights and Catholic Identity.* Health Care Ethics USA Summer 21-29, 2017

ORIGINATOR: _____ *Rachelle Barina* _____
Senior Vice President, Chief Mission Officer

ACCOUNTABLE LEADER: _____ *Rachelle Barina* _____
Senior Vice President, Chief Mission Officer

ADMINISTRATIVE APPROVAL: _____ *Diamond Boatwright* _____
President & CEO

Appendix A



JOB AID: PATIENT PREFERENCE POLICY

This job aid supports the HSHS Patient Preference Policy E-11 and provides colleagues with tools to establish a plan of action and/or care plan when patient preference issues arise.

- HSHS will not routinely accommodate discriminatory requests. When a patient makes what is perceived as a discriminatory request, the health care team member should inform appropriate leadership immediately pursuant to the Patient Preference Policy. Health care team members will not directly enforce the Patient Preference Policy.
- The Patient Preference Policy does not apply to emergency care situations in the Emergency Department setting, where care is subject to EMTALA obligations.
- Terms as utilized in this job aid are defined within the Patient Preference Policy.
- **Requests based on performance/safety/quality/professionalism:** The applicable leader will initiate a dialogue with the patient and/or ADM to understand the nature and rationale of the request in order to determine if the request stems from a perceived performance issue, safety issue, professionalism and/or quality of care concerns.
 - If so, leader should assess if fulfilling the request is operationally feasible, and will communicate with the patient/ADM, and health care team, if applicable, regarding the outcome of the request.
 - If the leader feels the request is not grounded in a performance, quality/safety, or professionalism concerns, the leader should assess the need for additional support and involve appropriate care team members to further evaluate the request.
- **Requests based on cultural sensitivity:** A patient's request for a health care team member with certain personal traits may be motivated primarily by a robust psychological trauma, need for privacy, or cultural/religious grounding.
 - Examples may include:
 - An observant Muslim female patient may not want to be touched by a male physician who is not a family member, even as part of a medical examination, and may request to be seen by a female physician.
 - A victim of assault may request a clinician of the opposite gender as the perpetrator, or
 - A former prisoner of war or refugee may fear treatment with a clinician of the same national origin as his/her captors.
 - Leaders, with appropriate health care team member(s) involvement, should determine whether fulfilling a cultural sensitivity request is reasonable and operationally feasible.
 - If accommodating the request is not feasible based on operational and/or patient safety concerns, it should be explained to the patient/ADM why we cannot accommodate the request. Options should be communicated to the patient/ADM, and HSHS should support the patient in making the best choice for them considering their request. Options may include transfer to another institution for treatment, receive treatment from the qualified provider who is available, delaying treatment until the provider/staff of preference is available, forgoing treatment, etc.

Appendix A

- If the patient/ADM chooses to forgo treatment or selects any option other than to proceed with treatment, the conversation and choice should be documented in detail and will constitute a refusal of service(s).
- **Requests based on Protected Characteristics:** If leader determines the patient/ADM request is discriminatory in nature, the leader should assess the individual care situation, and may utilize the below tools to address the situation:
 - Leader should affirm HSHS's position on diversity and inclusion. Patient/ADM should be informed that the patient has the right to refuse service(s), but HSHS does not accommodate such requests.
 - Options for continued care, which may be communicated to the patient/ADM as appropriate include:
 - **Refusal of treatment**
 - Patient/ADM should be informed of the risks and consequences of not undergoing a medically indicated or necessary treatment, including, where applicable, serious complications including death.
 - These conversations, including the patient/ADM response and decision, should be thoroughly documented in the patient's medical record.
 - If the patient chooses to depart against medical advice ("AMA"), standard AMA procedures and documentation should be completed.
 - **Acceptance of the service by the health care provider**
 - If the patient/ADM chooses to accept the service(s), they must agree to show respect to all health care team members and should be informed that we have no tolerance for rude or disrespectful remarks or behaviors. Leader to determine if extra oversight may be necessary to protect staff.
 - Leader should have an individual conversation with the impacted health care team member(s) reaffirming HSHS's commitment to a diverse workplace and the support of the team member and ensuring the impacted team member(s) feel comfortable proceeding with care. Should the impacted team member(s) not feel comfortable, accommodation to our team member may be warranted if the department can accommodate operationally and still ensure patient safety.
 - **Transfer to another health care facility (not for use in the Emergency Department)**
 - If the patient refuses service(s) provided by our health care provider, and cannot safely be discharged, we may seek to transfer the patient to another facility for continued care.
 - As a lateral transfer from an inpatient unit, other hospitals are not obligated to accept this transfer.
 - If transfer is accepted, patient/ADM may be informed, if applicable, that insurance may not cover transportation and care at another facility.

Appendix A

- The patient/ADM should also be informed that they are welcome to change their mind and accept the services available from HSHS, in compliance with our policy of non-discrimination and behavior expectations.

- **Staff Requests for Reassignment Due to Discriminatory Patient Preference:**
 - All HSHS colleagues are expected to provide unbiased care and service. Colleagues may not refuse to treat a patient based on the patient's race, ethnicity, sexual orientation, gender identity, incarceration status, criminal history, religion, etc.
 - A colleague may request a change in assignment in certain situations, including significant distress as a result of ongoing patient/ADM hostilities. If a colleague feels this impacts their ability to provide exceptional care, leader should determine if an alternative provider is available and then accommodate the request.
 - Leaders should offer support to impacted colleagues, including through the HSHS Employee Assistance Program (EAP).

- **General Tools:**
 - Disruptive or violent patient requests or behavior should be entered into IRIS. The Violent Patient Flagging Job Aid may be utilized as well if applicable for a particular patient.
 - Security, where available, or local law enforcement, should be contacted whenever patient/ADM or family behavior warrants. The presence of Security or law enforcement may serve as a deterrent to continued disruptive or discriminatory behavior.
 - Behavioral contracts may be utilized with patients where the care team feels they would be useful.