



Support Persons for Patients with Disabilities

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| Doc. #: HC-PRM-140-POL REV.04082021 | Category: Patient Rights Manual | |
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| Reviser (Title): RA Program Manager | Owner (Title): Director, Patient Relations | |

PURPOSE:

To describe the rights of patients with disabilities to support persons.

PERSONS AFFECTED:

All OHSU Healthcare workforce members who provide health care services to patients with disabilities in the ED and in the hospital.

POLICY:

A patient with a disability has the right, and OHSU must allow a patient with a disability, to designate at least three support persons and to have at least one support person physically present with the patient with a disability at all times in the emergency department and during the patient's stay at the hospital if necessary to facilitate the patient with a disability's care including but not limited to when the patient: (a) has a cognitive, intellectual or mental health disability that affects the patient's ability to make or communicate medical decisions or understand medical advice; (b) needs assistance with activities of daily living and the hospital staff are unable to provide the same level of care or are less effective at providing the assistance; (c) is deaf, is hard of hearing or has other communication barriers and requires the assistance of a support person to ensure effective communication with hospital staff; or (d) has behavioral health needs that the support person can address more effectively than the hospital staff. A patient with a disability's health care representative may designate support persons in collaboration with the patient.

If a patient with a disability, or a patient's legally authorized health care representative, does not designate a support person(s) and an OHSU workforce member determines that a patient has a communication barrier or other disability, an OHSU workforce member will take reasonable steps to further communicate the patient's right to support persons to the patient, patient's family or patient's legally authorized health care representative.

DEFINITIONS:

Legally authorized health care representative: shall have the same meaning as "legally authorized health care representative in OHSU Informed Consent policy.

Patient with a Disability: for the purpose of this policy, means a patient admitted to the hospital or seeking medical evaluation and care in the emergency department who needs assistance to effectively communicate with hospital staff, make health care decisions, understand health care information, or engage in activities of daily living due to a disability, including but not limited to: (A) a physical, intellectual, behavioral or cognitive impairment; (B) deafness, being hard of hearing or other communication barrier; (C) blindness; (D) autism; or (E) dementia.



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Support care conference: for the purpose of this policy, means a meeting in person, by telephone, or electronic media, that includes a representative from the patient's hospital care team, the patient, the patient's legally authorized health care representative (if applicable), and the patient's designated support person(s). The support care conference must include a discussion of a denial and any parameters for permitting a support person to be physically present with the patient including but not limited to any limitations, restrictions, or additional precautions that may be implemented for the safety of the patient, support person, and hospital staff.

Support person: means a family member, guardian, personal care assistant or other paid or unpaid attendant selected by the patient with a disability to physically or emotionally assist the patient or ensure effective communication with the patient with a disability.

KEY WORDS: Patient with a disability; support person; advance directive; POLST

RESPONSIBILITIES:

All OHSU Healthcare workforce members who provide health care services to patients with disabilities in the ED and in the hospital are responsible to be aware of a patient with a disability's right to support persons.

POLICY REQUIREMENTS:

1. OHSU will provide all patients with disabilities orally and in writing notice of their right to support persons. Notice to patients with disabilities will occur when hospital services are scheduled, upon admission to the hospital or presenting to the ED and :
 - a. will include that treatment cannot be conditioned upon having an advance directive, POLST, or an order withdrawing or withholding life support such as a Do Not Resuscitate order; and
 - b. will be made available in alternate formats at the request of the patient or the patient's legally authorized health care representative.
2. OHSU will allow patients with disabilities, and will honor the patients with disabilities' right, to designate at least three support persons. Designated support persons will be documented in the patient's medical record.
3. OHSU will allow at least one support person to be physically present with a patient with a disability at all times in the emergency department and during the patient's stay at the hospital. This includes, but is not limited to, an operating room, a procedure room, or other area where generally only patients and hospital staff are allowed. However, consistent with applicable laws, OHSU may impose conditions for any support person(s) present at the hospital to ensure the safety of the patient, support person(s) and staff, such as
 - a. Requiring a support person to:
 - i. Wear personal protective equipment provided by OHSU and follow hand washing and other protocols for preventing the potential spread of infection;
 - ii. Be free of any symptoms of viruses or contagious diseases; and
 - iii. Submit to screenings for viruses or contagious diseases upon entering and exiting the hospital;
 - b. Limiting the number of support persons allowed to be present with a patient with a disability at a time; and
 - c. Limiting the total number of support persons allowed to be present during the course of a day.



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4. If a decision is made to deny a patient with disability's request for a support person's physical presence with the patient, or a portion of such a request,:
 - a. A member of the health care team will have a conversation with the patient with a disability (or their legally authorized health care representative/surrogate decision maker) and their designated support person explaining the reasons they have determined that the conditions for safety of the patient, support person or staff has outweighed the benefits for the role of the support person to be physically present. This conversation must be initiated in a tone of respect, collaboration and curiosity as the healthcare provider continues to identify and address the barriers to physical separation that the support person and the patient/representative identifies. Such points of resolution may include but not limited to:
 - i. Allowing the support person to be with the patient until the point of sedation or prior to medically indicated care.
 - ii. Arranging for the support person to be physically present just prior to the patient coming out of sedation
 - iii. Ensuring understanding of a clear communication pathway for the surrogate person when they cannot be physically present (e.g., Daily updates from the ICU, timely update if there is a significant change in the patient's status—improving or worsening).
 - iv. Contact number(s) and role(s) of OHSU employee(s) the surrogate person can reach in an urgent situation.
 - v. If there is consensus between the healthcare team and the patient and surrogate person, this plan of support care will be documented in the patient's medical record.
 - vi. If no consensus can be reached, and the healthcare team still recommends limiting in person support due to health and safety risks, proceed with step 4.b.
 - b. A member of the health care team will Immediately notify the patient with a disability and the patient's designated support person(s) orally of the opportunity to request a support care conference to discuss the denial and any parameters for permitting a support person to be physically present. The member of the health care team will also immediately notify the Patient Advocate, or AOD during off-hours, and the Patient Advocate, or AOD during off-hours, will provide the patient with a disability and the patient's designated support person(s) in writing of the opportunity to request a support care conference to discuss the denial and any parameters for permitting a support person to be physically present.
 - c. Upon request for a support care conference, a support care conference will be conducted as soon as possible but not later than 24 hours after admission, prior to a procedure or operation, or after the request is made.
 - d. Following a support care conference, the decision and any reasons for limitations, restrictions, additional precautions or prohibitions will be documented by a provider in the treatment plan. If a support care conference does not occur, document in the treatment plan why the support care conference did not occur.
5. Unless a patient with a disability requests otherwise, OHSU must ensure that a support person designated by the patient with a disability, or patient's legally authorized health care representative, is physically present for any discussion in which the patient with a disability is asked to:
 - a. elect hospice care;
 - b. sign an advance directive; or
 - c. sign any other document allowing the withholding or withdrawing of life-sustaining procedures or artificially administered nutrition or hydration.



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6. OHSU will post this policy on its website and post a summary of this policy, with instructions on how to obtain the full policy, at entry points to the hospital. The posting at each entry will be clearly visible to the public. This policy may be requested in an alternative format by contacting the Patient Relations Department at advocate@ohsu.edu or 503-494-7959 or <https://www.ohsu.edu/health/patient-relations>.
7. OHSU will
 - a. not condition the provision of treatment on a patient having a POLST, advance directive or any instruction relating to the administration, withholding or withdrawing of life sustaining procedures or artificially administered nutrition and hydration;
 - b. Communicate to any individual or person acting on behalf of the individual, before or after admission to the hospital, that treatment is conditioned on the individual's having a POLST, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration;
 - c. Suggest to any individual, or person acting on behalf of the individual, who contacts OHSU regarding treatment for the individual that admission or treatment is conditioned on the individual's having a POLST, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration; or
 - d. Discriminate in any other way against an individual based on whether the individual has a POLST, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration.

This section 7 does not prohibit OHSU from providing the written materials and information about advance directives as required by applicable law or prohibit a licensed health care professional from engaging in a discussion with a patient about the written materials and information.

RELEVANT REFERENCES:

- SB 1606 (2020 Special 1, Oregon Laws, Chapter 20)
- OAR 333-505-0030 to 333-505-0033

RELATED DOCUMENTS/EXTERNAL LINKS:

- Patient Rights and Responsibilities
- Advance Directive
- Informed Consent

APPROVING COMMITTEE(S):

- Patient Relations
- OHSU Healthcare Policy Steering Committee

REVISION HISTORY

Revision History Table

HC-PRM-140-POL REV09282021

This document can be printed for use, but the electronic source must be referenced for the most up-to-date version.



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| Document Number and Revision Level | Final Approval by | Date | Brief description of change/revision |
|------------------------------------|-------------------|------------|--|
| HC-PRM-140-POL REV.04082021 | PSC | 4/7/2021 | New Policy |
| HC-PRM-140-POL REV.04082021 | PSC | 09/28/2021 | Revised/inserted new step 4a to include a problem solving conversation to reach consensus prior to delivering a letter that a support person is being refused. This step was approved by the EOC on 9/24/2021 Revised 4c to include timing of a care conference to also be after the support person is requested in an area where staff may need to restrict. |