

TLC Home Care

TLC - RN Orientation Online Annual Training

Patient Rights for Clinicians and Administrators

Welcome to the eLearning course titled, *Patient Rights for Clinicians and Administrators*. This course covers both federal and Medicare patient rights regulations as they apply in the various post-acute settings. Also discussed is the positive impact of upholding patient rights for the patient and the organization.

The intended audience for this course is post-acute clinicians and administrators.

Disclaimer for Learners

Learning Outcome

Unit 1: Patient Rights

Unit Introduction

Patient Rights

Unit 2: Federal Acts and Patient Rights

Unit Introduction

Federal Acts and Patient Rights

Unit 3: Medicare/Medicaid Requirements for Patient Rights

Unit Introduction

Patient Rights Under Medicare and Medicaid

Unit 4: The Importance of Complying with Patient Rights Regulations

Unit Introduction

Complying with Patient Rights Regulations

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Post-Test

Disclaimer for Learners

Lesson 1 of 10

Home Care Pulse is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

To obtain contact hours participants must view the entire course and pass the post-test with a score of **80% or greater**. Upon successful completion, **0.5 contact hours** will be awarded to nurses. Post-learning survey completion is required for the course to be marked as complete in the system.

Home Care Pulse reports the absence of relevant financial relationships to disclose for all persons in control of the content of this course. There was no commercial support for the development and implementation of this program.

The course has been reviewed for evidence of bias and Home Care Pulse guarantees the absence of bias. At Home Care Pulse, we acknowledge and respect all gender identities that exist today. Gender-specific terms and pronouns may be used to ease the text flow of our training.

We are also using the term "clinician" to encompass the various roles in the post-acute setting, including nurses, therapists, social workers, counselors, and other skilled professionals. We

also use the term “patients” to refer to the people receiving care in the various post-acute settings with the understanding that your organization may use designations like “clients,” “residents,” or “members.”

Learning Outcome

Lesson 2 of 10



Learners will **gain an understanding of the regulatory requirements associated with patient rights and why supporting patient rights is critical to quality outcomes and patient satisfaction**, as evidenced by the ability to meet the following objectives:

Learning Objectives:

- + Identify the six federal acts that protect patient rights. Choose best practices that comply with Medicare and Medicaid
- + patient rights requirements in patient scenarios.
- + List two ways upholding a patient’s rights impacts care and outcomes.

Unit Introduction

Lesson 3 of 14

Understanding patient rights and incorporating them into practice is a core competency for clinicians. This course will provide information on the regulatory agency requirements related to patient rights and allow learners to apply these principles in patient scenarios.

Patient Rights

Lesson 4 of 10

In this unit, you will learn the definition of patient rights and why it is important to honor patient rights in your healthcare setting.



Patient rights can be defined as a set of rules of conduct for patients and healthcare providers. These rules guide both the conduct and interactions between both parties.

Patient rights are outlined in the following ways:

- + Six federal acts exist to prohibit discrimination.
- + The Medicare Conditions of Participation outlines the provider's responsibilities to ensure the patient's rights are protected and honored.
- + The Health Insurance Portability and Accountability Act (HIPAA) outlines provider responsibilities to protect the privacy of the patient's health information.

Honoring patient rights is more than just following the law; it impacts patients and families. **Incorporating patient rights into everyday practice supports the development of a trusting therapeutic relationship.** This relationship is key to positive healthcare outcomes and patient and family satisfaction.



Unit Introduction

Lesson 5 of 10

In this unit, you will learn about the six federal acts that prohibit discrimination in health care.

Federal Acts and Patient Rights

Lesson 6 of 10



Healthcare providers must adhere to six federal acts that protect patients from discriminatory practices during admission to healthcare services and while care is provided.

Review each act and how it impacts how you and your organization provide care.

Title VI of the Civil Rights Act of 1964

- + This act prohibits any healthcare organization that receives federal funding from discriminating in admission or provision of care based on race, color, national origin, religion, disability, or age.
- + As an example, healthcare facilities cannot refuse to admit or provide services to a patient because their religious practice requires special provisions during the provision of care.

Section 504 of the Rehabilitation Act of 1973

- + This act prohibits discrimination against otherwise qualified people with disabilities by any program or activity that receives federal funds. Qualified people with disabilities include persons with physical and/or mental health concerns that substantially limit their ability to perform basic activities such as walking, seeing, hearing, caring for themselves, speaking, breathing, working, performing tasks, and learning.
- + This act also protects against discrimination toward patients who

have limited or no command of the English language.

- + Examples of failure to adhere to these requirements include lack of physical access to a building due to barriers, lack of accommodations for those needing assistive devices, lack of effective communication tools, and lack of interpreters for those whose primary language is not English.

Title II of the Americans with Disabilities Act of 1990

- + This act prohibits discrimination based on disability by any public entity regardless of whether they receive federal funding or financial assistance.

- + Private agencies who do not receive federal funds are still prohibited from discriminating against persons living with disabilities.

- + This act is responsible for the promotion of non-discrimination and accessibility in all facets of life, not just health care.

The Age Discrimination Act of 1975

- + This act specifies that providers must admit and treat patients without discriminating based on age unless age is a factor necessary to the normal operation of the organization.

- + As an example, an organization that does not provide pediatric services as a part of their normal operations would be able to have an admission criteria policy that specifies the age range of patients admitted for services.

- + Organizations that provide services to all ages could not refuse services to a particular patient due to their age.

Title IX of the Education Amendments of 1972

- + This federal act prohibits healthcare providers associated with educational institutions who receive federal funding from discrimination based on sex.

- + Discrimination based on pregnancy status, sexual orientation, and gender identity is prohibited under this act.

- + A home care organization affiliated with a university health system could not refuse to provide care or provide a different level of care based on a patient's gender identity.

Section 1557 of the Affordable Care Act

+ This act prohibits discrimination based on race, color, national origin, sex, and disability with specific applications within the Affordable Care Act.

+ Discrimination based on sex includes the following: sexual orientation, gender identity, persons seeking gender affirming care, pregnancy-related conditions.

This act applies to:

- Any health program or activity where any part receives funding from Health and Human Services.

- Any program or activity administered by Health and Human Services under Title I of the Affordable Care Act.

- Health Insurance Marketplaces and all plans offered by insurers that participate in those marketplaces.

+ A healthcare HMO could not deny coverage for care based on a person's disability, pregnancy status, or gender identity for example.

This act has been the subject of frequent legal challenges which have led to changes in the act. **Organization must check for changes in these requirements frequently**

The common denominator in each of these federal acts is the effort to **remove barriers to care** and **increase accessibility for those who face discrimination** based on race, color, national origin, religion, disability, age, pregnancy-related status, sexual orientation, and gender identity.

Unit Introduction

Lesson 7 of 10

In this unit, you will learn about patient rights under Medicare/Medicaid and why upholding those rights is important.

Patient Rights Under Medicare and Medicaid

Lesson 8 of 10

While federal acts focus on removing barriers to care related to discrimination, **Medicare and Medicaid patient rights regulations focus on individual patients' rights**. These rights apply to facilities and care providers who receive federal funds. Organizations that are strictly private pay do not have a legal requirement to follow Medicare and Medicaid patient rights requirements, but most organizations will have patient rights policies that closely mirror the federal requirements.

All healthcare providers need to know and understand patient rights under Medicare and Medicaid. **Each care provider type functions under a distinct set of regulations called the Conditions of Participation**. Despite the differences in services provided, the requirements related to patient rights are similar for all organization types.

Clinicians and administrators are responsible for upholding patient rights. They have three principal areas of responsibility in doing so. The first is notifying patients of their rights prior to admission and providing care. The second is ensuring the patient or their legal representative is permitted to exercise their rights related to the respect of person and property. The third is knowing, understanding, and upholding the patient's rights in accordance with regulations and organizational policies.

Notification of Rights

+ **Organizations must notify patients or their families of their rights during the initial assessment and prior to providing care.**

- The information must be provided verbally and in writing and must be in a language and format that the patient and/or family can understand.
- When required by the Conditions of Participation, organizations must also provide information about their policies on advanced directives. -
- Organizations must obtain signatures from the patient and family indicating they have been informed of their rights.
- + **Patients and families must be provided with contact information for reporting concerns**, including contact information for:
 - Medicare
 - Medicaid
 - State office of healthcare quality or other state reporting agency
 - The long-term care ombudsman, if applicable

Exercising Rights

- + **The patient and/or their legal guardian or representative must be free to exercise the following rights and act when they are not upheld:**
 - Exercise their rights as a patient of the organization.
 - Have their property and person treated with respect, manage their own money, or choose someone to manage it for them.
 - Voice grievances about their treatment, care that is (or fails to be) provided, or disrespect of the person or property by anyone furnishing services for the organization.
 - Not to be retaliated against or discriminated against for exercising their right to bring grievances forward and identify care concerns.
 - Receive timely communication regarding actions the organization takes in response to complaints.

Upholding Patient Rights

- + Patients have the right to the following:
 - Receive competent and effective care that addresses their unique health needs.
 - Receive information on the services to be provided and any limitations to those services.
 - Be involved in developing and implementing their plan of care,

including requesting specific interventions if they are supported in the plan of care and refusing treatments and care they do not wish to receive.

-Be notified in writing prior to discharge or transfer, and when changes are made to the level or frequency of care. Notification time frames vary by care setting. (Hospice/Home Health/Skilled Nursing Facility/Long-term Care)

- Choose their own attending physician or visit their attending physician who might not have privileges in a facility.

- Have their confidential medical record maintained in accordance with HIPAA regulations and be informed of who has access to the record.

- Have their privacy respected and maintained.

- Be free of mistreatment, abuse, neglect, and involuntary seclusion.

- Be free from restraints.

- Receive visitors and spend time with them privately during reasonable hours. Families must be allowed to visit at any time.

Hospice patients must have extended visiting hours as well.

Think back to Mr. Schwartz and his daughter and their first encounter with the social worker on the phone. Several important steps in upholding Mr. Schwartz's rights were missing in that encounter.

+ There was no indication that Mr. Schwartz and his daughter were informed of his rights.

+ Mr. Schwartz was not informed about the specific services or any restrictions related to those services by the senior living community or the hospital. It was unclear who determined that his community could not offer the necessary services in his home. Why was it necessary that he transfer to the skilled facility? Understanding this was crucial for Mr. Schwartz's decision-making process.

+ The clinician did not solicit any input from Mr. Schwartz and discounted his request to remain in his own apartment. Mr. Schwartz's right to participate in the development of his plan of care was not upheld.

Complying with Patient Rights Regulations

Lesson 9 of 10

Beyond being a federal requirement, **upholding patient rights has positive outcomes for both patients and organizations.**

Patients

Patients and their families deserve to be treated with dignity and respect. Upholding their rights supports the development of a trusting, therapeutic relationship.

Upholding patient rights means patients:

- + Will feel valued and respected.
- + Will know that their concerns will be addressed.
- + Can develop a trusting therapeutic relationship with their caregivers.
- + Will receive quality care based on their unique needs.
- + Will have better care outcomes.
- + Will be more satisfied with their care.

Organizations

Organizations uphold patient rights because regulations require it and because doing so positively impacts the organization and its successes. For the organization, upholding patient rights means:

- + They are confident that federal and state regulations are being met.
- + They are confident that employees are satisfied with organizational culture in relation to patient-staff interactions.
- + Individual employees are confident in their colleague's interactions with patients.
- + Billing with confidence that regulatory requirements for patient rights are being met.
- + Improved quality scores as patient outcomes are better and satisfaction is higher.
- + Increased referrals due to the organization's reputation for quality care and improved outcomes.

Consequences of non-compliance

Infringing on patient rights has a negative impact on the patient and the organization. These negative outcomes include:

- + Patients or their loved ones who are dissatisfied with their care.
- + Care outcomes that are subpar.
- + Citations and/or deficiencies during surveys.
- + The loss of privileges for the clinician and/or provider involved.
- + Clinician and/or provider exclusion from federal funding.
- + Financial losses from claims associated with failure to uphold patient rights.
- + Increased risk of legal consequences.

Think back again to Mr. Schwartz and his daughter. He was not provided verbal and written information about his rights. He was not allowed to participate in the development of his plan of care.

The infringement of his rights would be evident when his medical record was reviewed by a surveyor or during a Medicare/Medicaid payment review. Mr. Schwartz could complain to the state healthcare quality entity. He could bring legal action against the organization. **The organization would be cited during the survey and claims for his care could be denied.**

Your organization has policies and practices in place to ensure everyone is prepared to uphold and honor patient rights.

Knowing your organization's policies and following them consistently will ensure positive outcomes for your patients and minimize risks for your organization.

Wrap-Up

Lesson 10 of 10

Patient rights guide healthcare interactions and the provision of care. They are meant to **ensure that patients are treated as individuals whose unique needs and self-worth are incorporated into the care provided.**

While federal acts focus on increasing access to care by eliminating discrimination and barriers to access, Medicare and Medicaid patient rights requirements focus on maintaining the dignity of individuals and ensuring access to quality care that meets their unique needs.

Upholding patient rights leads to improved outcomes and higher patient satisfaction. These, in turn, improve quality scores and the organization's financial health.

Reviewing your organization's policies and what you have learned in this course will allow you to be confident that you can uphold your patient's right as you provide care.