

BEHAVIORAL STANDARDS IN PATIENT CARE

Approved by
Board of Trustees
University of Kentucky
Albert B. Chandler Medical Center
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**UNIVERSITY HOSPITAL
ALBERT B. CHANDLER MEDICAL CENTER
LEXINGTON, KENTUCKY**

BEHAVIORAL STANDARDS IN PATIENT CARE*

SECTION 1

PREAMBLE

The mission of the University of Kentucky Medical Center (University Hospital, Kentucky Clinics, and affiliated entities) is to help the people of the Commonwealth and beyond, gain and retain good health through creative leadership and quality initiatives in education, research, and service. It is well established that the “caring” aspect of treating patients has a therapeutic impact; the quality of the environment and the interpersonal relationships that surround patients appreciably affect the course of their recovery. From experience, we know that we cannot assume that all individuals hold acceptable attitudes or understandings regarding what is ethical, right, or appropriate in regard to relationships with patients, families, and colleagues. Since behavior in patient care, as in other areas, is learned, and since the ultimate goal of an academic health sciences center is exemplary patient care as a teaching model, high standards of professional and humane behavior in patient care should be prominent among the values that are communicated through all learning experiences, formal and informal. This institution has the obligation and responsibility to formulate and implement such standards.

As a state institution, support of the community health care systems consistent with legal and ethical treatment of patients is part of the University of Kentucky Medical Center service mission. In order to fulfill this mission, the Medical Center practitioners must work as a team with community providers, hospitals, and other health practitioners throughout Kentucky. The following Standards are not intended to supplant existing professional codes of ethics where they exist for specific professions and applicable laws and regulations regarding the care and treatment of patients but rather to illustrate, specify, and make relevant these generally accepted ethical codes to our patient care programs. While the Standards are primarily the institution’s goal to provide exemplary patient care and to serve as an instructional document, many of the Standards describe mandatory behavior.

Supervisors, instructors and professionals shall have responsibility for introducing and maintaining an acceptable level of performance according to these Standards in their individual areas of responsibility. They shall have the opportunity and responsibility to exercise discretion and judgment in whether a violation is minor and needs primarily counseling, reprimand, and/or warning or whether it constitutes a major violation requiring disciplinary action.

* Referred to in this document as Standards.

1. Approval of and Amendments to Standards

- 1.1 The Standards shall be established as policy for the Medical Center by the Board of Trustees of the University of Kentucky in accordance with its responsibility in all matters involving the quality of patient care in the Medical Center.
- 1.2 Recommendations for amendments to these Standards may be made by any individual within the Medical Center to the Vice Chancellor for Clinical Services and/or Hospital Director.

2. Applicability

- 2.1 These Standards shall apply to all individuals who come into contact with patients in the Medical Center or participate in Medical Center activities associated with patient care, irrespective of location.

3. Interpretation of Standards

- 3.1 Standards have been expressed in terms of observable behaviors as much as possible to facilitate modeling, instruction, supervision, and evaluation in patient care programs.
- 3.2 These Standards are not to be constructed as exhaustive; other specific actions or behaviors not cited herein should be judged in light of the intent of the document.
- 3.3 As used herein,
 - 3.3.1 “shall” or “must” indicates mandatory behavior, the only acceptable method or level of performance;
 - 3.3.2 “should” indicates commonly accepted methods or behaviors yet allows for effective alternatives;
 - 3.3.3 “may” in the interpretation of a standard indicates an illustration of an acceptable method;
 - 3.3.4 “individuals” means any and all persons (i.e., attending faculty, staff, resident, student, or volunteer) involved in rendering patient care directly or indirectly;
 - 3.3.5 “patient” includes any person receiving services such as a consumer, client, inpatient, or outpatient;
 - 3.3.6 “unit” means any organized administrative component of the Medical Center.
 - 3.3.7 “minor violation” is one that does not compromise the general well-being of the patient and/or has minor legal implications for the institution;

3.3.8 “major violation” is one that compromises the health and well-being of the patient and/or has major legal implications for the institution.

3.3.9 “supervisor” shall mean all persons fulfilling supervisory roles at any level for faculty, staff, or students, except the Hospital Director or Vice Chancellor for Clinical Services.

4. Implementation and Enforcement of Standards

4.1 Procedures for reporting violations by faculty, staff, or students to patient program supervisors, Chief of Staff, the Vice Chancellor for Clinical Services, and the Hospital Director shall be consistent with procedures established herein.

4.2 Procedures for the Medical Center notifying a student’s academic instructor and Dean of a violation shall be consistent with procedures established by the Deans of the Colleges.

4.3 Disciplinary action and appeals shall be consistent with existing procedures appropriate to the individual’s status as faculty or staff as stated within the *Personnel Policy and Procedure Manual* or the *Medical Staff Bylaws* or *Rules and Regulations*.

4.4 The Hospital Director, Chief of Staff, or the Vice Chancellor for Clinical Services may remove any individual from the patient care setting to protect patient safety.

4.4.1 Any supervisor may remove any individual from the patient care setting or activity to protect patient safety. Reporting of the incident and disciplinary action shall be consistent with the Policies and Procedures applicable to the individual’s status in patient care.

4.4.2 This action, if it involves a student, does not constitute disciplinary action against the student nor affect the student’s academic status. This action, if it involves a student, must be reported promptly to the student’s instructor and Dean. All action relative to the academic progress and status of the student shall remain the responsibility of the College.

4.4.3 Reinstatement of a student in a particular patient care setting from which they have been removed shall be on the recommendation of the student’s Dean and with the consent of the Hospital Director or the Vice Chancellor for Clinical Services.

SECTION II

STANDARDS

Principle A

Each patient shall be treated as a whole, irreplaceable, unique, and worthy person.

Standards

1. Individuals shall interact with patients, their families or visitors in a courteous, considerate manner that shows respect uncompromised by such factors as religion, cultural background, national origin, race, color, age, sex, disability, or socioeconomic status.
 - 1.1. Individuals should address adult patients by title and surname unless permission is granted by the patient to use a more informal form of address or unless it is clearly therapeutically beneficial to do otherwise.
 - 1.2. On entering a patient's room, individuals should acknowledge the patient by an appropriate but simple greeting, state their purpose, and ask permission to enter.
 - 1.2.1 Individuals should avoid interrupting or intruding on situations that patients may feel are private, such as eating, bathing, speaking with family or visitors, or resting.
 - 1.3. Individuals shall not refer to patients by their illness, injury, diseased organ, or by any other designation that fails to regard the patient as a whole person.
 - 1.4. Individuals shall have an obligation to be respectful of the cultural, religious, ethnic, racial, and life style diversity of patients, their community, physicians, and other providers.
 - 1.5. Individuals shall not use abusive, obscene, derogatory, or profane language with patients, families, or visitors.
 - 1.6. Individuals shall treat patient's personal belongings carefully, including a patient's medications brought with them to avoid loss or damage.
 - 1.7. Regulations regarding visitors shall be enforced, although special visitation arrangements may be made for special patient needs, with the patient's physician or nurse.
 - 1.8. Individuals may use physical restraint on patients consistent with Hospital policy only when a patient behaves in such a way as to constitute a danger to themselves or others. Restraint must be applied with not more force than is necessary, and the patient must be held in such a way as to minimize injury to themselves.

2. The patient shall be treated as a unique person requiring an individualized care plan and individualized treatment.
 - 2.1 Prior to and during any encounter, individuals should assess through questioning and observation the patient's level of understanding, anxieties, or physical disabilities that may influence what the patient hears or needs to know.
 - 2.2 Individuals must explain administrative, diagnostic, educational, and treatment services at the time they are performed in accordance with Principle D of these Standards, although patients have given general consent at the time of their admission designed to cover all procedures that are not of a nature to require special consent.
 - 2.3 Individuals shall respect a patient's questions, complaints, requests, or expressions of fear, and shall address these appropriately by direct response or prompt and appropriate referral, regardless of the varying abilities of patients to express themselves or to understand explanations.
 - 2.4 Individuals should attempt to educate rather than dictate to the patient concerning the most appropriate means of meeting the patient's needs, taking into consideration the patient's individual abilities, cultural background, and emotional state.
 - 2.5 Individuals should make every effort to provide appropriate stimulation to patients who are in isolation, aphasic, brain-damaged, sensorially impaired, retarded, disfigured, or in any way limited in their own needs for companionship, activity, or entertainment.
 - 2.6 Through designated channels, appropriate individuals shall solicit the family's wishes and permission regarding the disposition of a patient's body.

Principle B

The patient's safety, health, or welfare shall be protected and shall not be subordinated to organizational, staff, educational, or research interests or to any other end.

Standards

1. Any individual performing educational activities beyond what is medically indicated must inform the patient of the purposes and of the patient's right to participate without any effect on the patient's treatment.
 - 1.1 On any specific occasion, individuals shall honor a patient's request to refuse to be examined or observed by any person carrying out educational activities other than those directly involved in rendering the patient's care.
 - 1.2 In all procedures that are to be learned by performing on a patient, an individual must have a person skilled in that technique present, to supervise and to protect the patient's safety and comfort.
 - 1.3 Continuation of educational endeavors following the death of a patient is prohibited by law. Next-of-kin may give permission for instrument procedures

or other learning as part of an autopsy permit.

2. Any individual engaging in research shall be sure that patient consent is obtained on a consent form approved by the Medical Center Institutional Review Board, signed, witnessed, and make part of the patient's medical record before any procedure is carried out.
3. Members of the health care team should provide services to patients in an efficient, expeditious, and coordinated manner with sufficient flexibility to demonstrate respect for an individual patient's desires, comfort, and rest.
 - 3.1 Delay, transfers, or schedule changes involving patients should be avoided wherever possible; individuals responsible for services involving delays, transfers, or schedule changes for the patient should provide a timely and appropriate explanation to the patient.
4. Individuals must follow all standard procedures designed with the safety of the patient in mind to protect patients against injury or infection.
5. Individuals shall not deliberately neglect or intentionally subject a patient to unnecessary treatment, stress, or anxiety.
6. Individuals must recognize that excessive fatigue, emotional stress, and some medications may impair judgment and physical performance and may jeopardize the quality of patient care and learning activities.
 - 6.1 No individual shall knowingly participate nor shall supervisors allow participation in patient care activities under the influence of a situation or substance that may adversely affect the individual's ability to function with adequate reason and judgment in patient care activities or jeopardize patient confidence.
 - 6.2 An individual shall report to their immediate supervisor any condition that might interfere with performing patient care responsibilities competently and safely.
 - 6.2.1 An individual's request to be removed from the patient care environment should be respected without prejudice. The supervisor shall make a decision as to the assignment of the individual.
 - 6.2.2 A supervisor shall request an individual to relinquish their patient care responsibilities if in the supervisor's judgment, reported or observed functioning might interfere with patient's care.
7. Individuals with any illness that may adversely affect patients must report this to their immediate supervisor.
8. Individuals shall maintain neat and clean personal grooming that does not endanger the health or safety of patients and shall dress appropriately for their clinical assignment following standards and/or uniform prescribed by their unit.

9. The University of Kentucky Healthcare Enterprise (UKHE) as a part of the Medical Center shall maintain a patient-centered culture in which:
 - 9.1 All individuals within the University of Kentucky Health Care Enterprise are empowered to anticipate, prevent, and solve problems at the point of service.
 - 9.2 The patient service vision and standards are clear and communicated throughout the Enterprise.
 - 9.3 The Enterprise dedicates resources, e.g., time, training, and reward systems to developing the human resources of the Medical Center.
 - 9.4 All those served are represented in decision making, i.e., from the point of care to strategic planning.
 - 9.5 Collaboration among disciplines and across structural boundaries, e.g., components of the Enterprise, departments, etc., is the norm.

Principle C

The privacy of the patient and the confidentiality of every case and record shall be maintained.

Standards

1. Individuals shall conduct every discussion or consultation involving patients in a discrete and confidential manner.
 - 1.1 Individuals shall not discuss patients in public areas.
2. Individuals who interview and examine patients shall make every effort to provide the patient with reasonable audio and visual privacy.
 - 2.1 The individual shall provide the patient with someone of the same gender to be present during a physical examination, treatment, or procedure, at the patient's request.
3. Only individuals with appropriate authorization (under Hospital or patient care program policy), involved in a patient/s treatment or in the monitoring of its quality, are permitted to have access to a patient's record. Other individuals require the patient's written authorization.
4. Students shall have access to patient records only for a specific assignment, in a duly constituted and specific course of clerkship.
5. Individuals shall not take patient records from the patient care program premises except under subpoena.

6. Only authorized individuals are permitted to give information regarding patients to agencies as prescribed by law, to responsible family members, or to those identified in the patient's chart by permission of the patient if not a family member.
 - 6.1 Every effort should be made to provide family members an opportunity to ask questions and receive sufficient information about a patient's condition and diagnosis within the bounds of maintaining the privacy of the patient and their record.
7. At the request of the patient and/or pursuant to a physician's order, individuals shall limit access of visitors to the patient to ensure the privacy, proper rest, or enhancement of the healing process of the patient.

Principle D

Patients and/or responsible family shall be informed at all stages of care about personnel responsible for the patient's care; treatment plans and activities for the patient; facilities; services available to the patient; and responsibilities of the patient and family (referred to collectively below as "patient's care").

Standards

1. All individuals in patient care roles or present in patient care areas are expected to identify themselves and their function clearly.
 - 1.1 Individuals must be able to provide appropriate identification including name, status, department, or role upon request.
 - 1.2 Individuals must introduce themselves to the patient in any direct encounter by name and discuss their role
 - 1.3 An individual with supervisory or coordinating roles should introduce themselves, identify their area of responsibility, and leave their name in writing, if requested by the patient.
2. Any individual providing diagnostic, preventive, or therapeutic treatment shall provide the patient and family where appropriate, with concise explanation of the procedure.
 - 2.1 The explanation generally should include the following: (a) the purpose of why it is necessary; (b) what is expected of the patient, i.e., position, etc.; (c) what the patient might expect, i.e., pain, pressure, drowsiness, etc.; (d) approximate time involved; (e) results, only if appropriate; (f) patient's right to refuse treatment.
 - 2.2 Even the most routine procedure, e.g., taking temperature, drawing blood, or bathing should not proceed without prior verbal announcement of one's intentions and solicitation of the patient's cooperation as necessary.
3. Individuals shall make prompt and appropriate referrals of patient requests for information on any aspect of the patient's care if unable to provide an accurate and useful response.

- 3.1 Individuals shall make prompt and appropriate referrals of patient requests for legal, spiritual, financial, or any other type of assistance.
4. Individuals responsible for the supervision or coordination of activities in specific units shall assure that relevant and sufficient information regarding their unit and the patient's care is available to the patient.

Principle E

Behavior reflecting the dignity, responsibility, and service orientation of health care professionals, worthy of the public's respect and confidence, shall be practiced by all individuals.

Standards

1. Individuals shall recognize and observe the professional code of ethics where such exists for their particular profession or the profession for which they are in training.
2. Individuals are responsible for their actions and judgments in patient care activities.
 - 2.1 Individuals shall have the responsibility to question and/or to refuse to proceed with directives for patient care when in their judgment inherent danger to the patient exists.
 - 2.2 The team concept shall not diminish or obscure individual's responsibility or accountability in patient care activities.
3. Individuals making patient care assignments shall base the assignment on the individual's competence.
4. Individuals observing or knowing of incompetent, unethical, or illegal conduct that endangers a patient's health or general welfare shall report this through established channels.
5. Individuals shall report errors or omissions in patient care activity to their immediate supervisor.
6. Individuals documenting in official records shall ensure that all relevant information is noted, accurate, and complete.
 - 6.1 Individuals shall not make any misstatement or act of intentional omission in official records for purposes of misrepresentation.
7. Individuals shall be punctual and thorough in meeting their patient care assignments. Repeated tardiness, absence, or a consistent pattern of lack of application, unreliability, or indifference will not be tolerated.
8. Individuals shall not share personal problems, frustrations, or negative comments about colleagues, supervisors, or the institution with patients or their families.

9. Individuals shall not engage in any argument or altercation in the presence of or with patients, family, or visitors.
10. Complaints from the patient or family regarding individuals and institutional services should be received in a positive manner and referred promptly to the appropriate person.
11. Individuals shall avoid inappropriate intimacy with patients.

Principle F

Each patient shall have a responsible attending physician or dentist.

Standards

1. There shall be an attending physician or dentist for each patient.
 - 1.1 The attending and senior resident must be known by name and face to the patient.
 - 1.2 The attending and/or senior resident shall inform the patient of the overall plan for care.
 - 1.3 The attending shall discuss with the patient and family, except in emergencies, the treatment alternatives including procedures, rationales, consequences, and significant risks of proposed treatment and alternatives and the probable duration of disability.
 - 1.4 The attending must discuss with other team members the management of the patient's care, including but not limited to the transfer of patients to other providers and the selection of secondary consultations.
 - 1.5 The attending shall be free to make known to patients all care options and treatment plans.
 - 1.6 The attending shall visit the patient at least once a day on an inpatient basis to answer questions, to clarify the patient's care plan, and to advise the patient and family of the patient's daily progress as well as of major decisions, unless the attending and the patient agree in advance that a daily visit is not necessary
 - 1.7 The attending shall provide explanation for any consultations requested and give the patient a coordinated view of their care as treatment progresses.
 - 1.8 The attending shall apprise the patient that this is a teaching institution and of the involvement of various levels of health professionals in training in the patient/s care, of the benefits this has for the patient, of the importance of the patient's role in the health care team, and of the patient's rights with respect to teaching activities.
 - 1.9 The attending shall inform the patient how questions regarding the patient's condition or treatment can be addressed and how the attending physician or dentist can be reached.

- 1.10 The attending shall give clear and prompt explanation to the patient at the time when professional responsibility for a patient is transferred. The attending to whom the patient has been transferred shall visit the patient as soon as possible to identify themselves and their role.
- 1.11 The attending must communicate in a timely manner during the course of the patient's illness with the referring physician regarding a patient's diagnosis, treatment, progress, and well-being including a specific report at the time of discharge.