

ANNUAL REFRESHER R03

# Patient Rights Refresher

Annual Refresher Training

## WHAT YOU'LL REVIEW

# Learning Objectives

- 01 Recall all core patient rights and apply them to complex situations
- 02 Identify subtle dignity violations experienced caregivers sometimes overlook
- 03 Manage a patient's refusal of care appropriately, including escalation
- 04 Distinguish between appropriate family communication and HIPAA boundaries
- 05 Navigate the grievance process from the caregiver's perspective

## WHY THIS MATTERS

# The #1 Survey Finding

Patient rights violations are the **#1 finding** in state and federal home care surveys. They are also the most common reason patients and families file complaints.

The most serious violations are often committed by **long-tenured staff** who have become too comfortable.

*Familiarity does not replace professionalism. Time does not erase boundaries.*

WATCH FOR THESE

# Subtle Dignity Violations

As time passes, boundaries can blur in ways that are hard to see:

- Telling stories about a patient to new caregivers — even with affection
- Making decisions for a patient ("She always wants the blue shirt") instead of **asking**
- Having personal phone conversations in the patient's presence
- Venting about work stress with the patient listening
- Calling patients by nicknames they didn't offer
- Rushing through care when running late — even if the patient doesn't object

## ESCALATION PROCESS

# Managing Persistent Refusals

A single refusal must be respected and documented. But what about repeated refusals?

- 01 **Day 1:** Respect refusal, document, notify supervisor
- 02 **Day 2:** Supervisor calls patient/family, documents effort to resolve
- 03 **Day 3+:** If refusing all care with health/safety concern, supervisor notifies family, physician, and potentially Adult Protective Services

You are responsible for documentation and supervisor notification — not the escalation decisions.

## BOUNDARIES

# Family Communication Boundaries

Family members are often present and often ask questions. Remember:

- Family members **not listed as authorized contacts** do not have automatic rights to patient information
- You can say: *"I want to make sure I'm sharing the right information with the right people. Can I connect you with the office?"*
- You **may share emergency information** with whoever is present during an actual emergency

*Being family does not automatically equal being an authorized contact.*

KNOW THE DIFFERENCE

# Complaint vs. Grievance

COMPLAINT (INFORMAL)

- Verbal concern that can typically be resolved quickly
- Scheduling preference, caregiver request
- Acknowledged and resolved within **10 business days**

GRIEVANCE (FORMAL/WRITTEN)

- Serious concern requiring investigation
- Mistreatment allegation, pattern of missed visits, billing dispute
- Acknowledged within **2 business days**
- Investigation within **14 calendar days**
- Patient notified within **30 calendar days**

YOUR ROLE

# When a Patient **Complains**

- 01 **Acknowledge:** "I hear that you're frustrated. I want to help."
- 02 **Don't defend or argue** — even if the complaint feels unfair
- 03 **Connect to office:** "Let me make sure the right person contacts you today."
- 04 **Document** the complaint factually in your visit note
- 05 **Never change or omit documentation** after a complaint is made

## WHAT WOULD YOU DO?

# Scenario

### SITUATION

Theresa has worked with 88-year-old Ms. J for two years. They have a close, warm relationship. Theresa occasionally shares funny stories from Ms. J's life with new caregivers who cover the case — *"Ms. J is hilarious, she used to be a Vegas showgirl!"*

A) This is fine — it builds caregiver rapport and improves continuity

B) Only a problem if Ms. J asked her not to share

**C) A potential HIPAA violation — personal information should only be shared for care purposes**

D) Acceptable if the colleague has the same security clearance

CORRECT ANSWER: C

## Personal Stories Are Not Clinical Handoffs

HIPAA's **Minimum Necessary** standard applies to all PHI, including personal biographical information.

- Ms. J has the right to decide **who knows her personal history**
- Information handoffs should cover **care needs, functional status, and safety**
- Personal stories are **not clinically relevant** to covering caregivers
- Keep the relationship **warm and professional**

## SUMMARY

# Key Takeaways

- Patient rights violations are the **#1 survey finding** in home care
- Subtle dignity violations often come from **experienced, well-meaning staff**
- Always **ask** — never assume — what a patient wants today
- Persistent refusals require **documentation and escalation**, not overriding
- Family  $\neq$  authorized contact — **redirect to the office**
- **Never alter documentation** after a complaint is filed

ANNUAL REFRESHER R03 COMPLETE

# Patient Rights Refresher

Scroll down to complete the Knowledge Check.  
5 questions — you need 80% to pass.