PATIENT CARE GUIDELINES PLEASE NOTE: UNDER REVIEW D-00-07-30247

# Preferences for Staff: Responding to Patient/Resident/Client and/or Family Requests for Staff

### **Site Applicability**

VGH, UBCH, GPC, GFS, MPAP

#### **Practice Level**

One of the key dimensions of patient centred care is respecting patients' individuality.

- Respecting individuality involves:
  - o understanding how cultural beliefs, values, and practices affect patients' perceptions of illness and expectations for treatment;
  - o eliciting and respecting their preferences for involvement in their care; and
  - o clarifying patients' therapeutic goals and weighing appropriate treatment options.

#### Goal

- At times patients/residents/client and/or families may request that specific staff care for the patient and that others not be involved in his/her care.
- The purpose of this document is to provide guidelines to assist staff to respond to these requests.

## **DIRECTIVE / POLICY / STANDARD:**

Principles to be considered in responding to patients/residents/clients and/or families making this request:

#### In principle:

- Staff are assigned to patients/residents/clients according to their care needs and the competencies of the staff member.
- Decisions to accommodate requests should be related to the therapeutic goals for the patient/resident/client.
- The rights and dignity of patients/resident/client and/or families must be respected at all times.
- The rights and dignity of staff must be respected at all times.
- Decisions regarding staff assignment must not be based on staff characteristics established by the B.C. Human Rights Code and the VHHSC Policy on Human Rights as protected against discrimination (eg. ancestry, race, colour, gender, birthplace, age, sexual orientation and physical differences).
- Requests should be investigated immediately and attended to in a timely manner.

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### PROCEDURE / RECOMMENDATIONS / ASSESSMENT:

#### Guideline (See ASSOCIATED FORMS FOR: flowchart)

- 1. When a request is made the first objective is to identify the reason for the request. The staff member receiving the initial request communicates the request to the PSM/ designate.
- 2. The PSM/designate meets with the patient/resident/client and/or family to explore the reasons for the request. This discussion should elicit the underlying need of the patient/resident/client and/or family (e.g., safety, comfort, etc.) that is the reason for the request. The request and the need are to be documented in the patient chart/kardex where the concern or response will affect patient care. Staff names not to be documented. The PSM/designate determines whether the request is based on the behaviour (e.g., communication, unsafe practice, attitude), characteristic (e.g., gender, race, physical attributes) or performance (communication, attitude, unsafe practice).

#### • Concern about behaviour:

- o If the concern is related to unethical behaviour the PSM/designate follows the protocol established in the appropriate professional Standards of Practice and, if relevant, the Abuse of Patients, Residents, Clients Policy (See <u>D-00-11-30012</u>) Contact the Duty Administrator if additional assistance is required. OR
- o Concern about characteristic of provider or performance:
- If the request is related to a characteristic or concerns regarding performance of the provider, proceed to Step 3.
- 3. The PSM/designate reviews with the patient/resident/client and/or family how the request will be pursued. The PSM/designate indicates that he or she will review the concern with the staff members in question and will discuss resolution of the issue with them.
- 4. At this point the PSM/designate confirms with the patient/resident/client and/or family whether they would like their request to proceed or whether they want to withdraw the request (eg. the patient/resident/client and/or family may speak with the staff member directly).
  - If the patient/resident/client and/or family wish to pursue the request proceed to Step 4.
- 5. The PSM/designate reviews the request with the staff member in a confidential manner in a private location. In discussing the request with the staff member the PSM/ designate should describe the need that underlies the request from the patient/resident/client and/or family perspective and explore ways in which the staff member can meet the need.
- 6. The PSM/designate informs the patient/resident/client and/or family how the issue will be addressed.

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#### The PSM/designate determines:

- a. The patient/resident/client and/or family are satisfied with this resolution (eg. the request for accommodation is withdrawn) or if
- b. They still want their request accommodated (eg. not to be cared for by staff member).
  - If (a) PSM/designate documents that the request has been resolved.
  - If **(b)** PSM/designate decides whether to accommodate request.
  - A request to accommodate is bonafide if it will:
  - Support patient/resident/client and/or family needs
  - Support staff rights to respect and dignity
  - Not foster discrimination
- 7. If the decision is to accommodate the request, the appropriate staffing changes are made and the PSM/designate informs the patient/resident/client and/or family and the staff member. If the decision is not to accommodate the request, the PSM/designate informs the patient/resident/client and/or family and the staff member. The PSM/designate should also ensure appropriate resources have been made available to assist the staff member in continuing to provide care to the patient/resident/client/ and/or family (e.g. MOAB, communication skill development).

# Additional Resources to support the PSM/designate\* or staff when a request to accommodate is made:

- Duty Administrator Call Locating 5000
- Human Rights Centre: Telephone: 875-6266
- Patient Relations Coordinator: Telephone: 875-5591 Pager: 872-9810

# **ASSOCIATED GUIDELINES / FORMS / EDUCATIONAL MATERIAL:**

Patient/Resident/Client and/or Family request for Care Providers - Click here to view FLOWSHEET

**UNIT(s) OF ORIGIN: Professional Affairs, 2000** 



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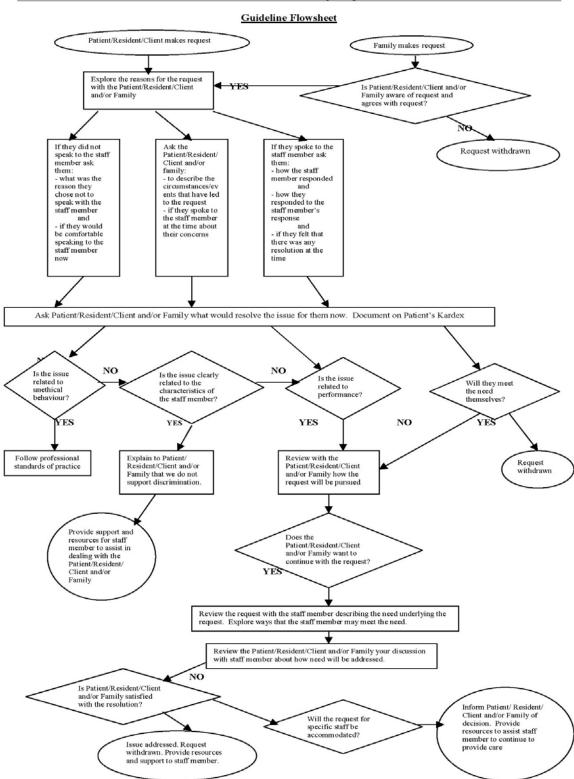
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