



Origination:	12/8/2017
Last Approved:	12/13/2018
Last Revised:	12/13/2018
Next Review:	12/12/2021
Owner:	<i>Ann Ottman</i>
Policy Area:	<i>SMH Guidelines</i>
References:	
Applicability:	<i>University of Rochester - Strong Memorial Hospital</i>

## Ensuring a Respectful and Inclusive Environment

At Strong Memorial Hospital, our mission is to improve the well-being of patients and communities by delivering innovative, compassionate, patient and family centered health care, enriched by education, science and technology. Our mission is enriched and supported by the diversity of our staff, trainees, and patients who serve as the foundation and purpose for our academic medical center.

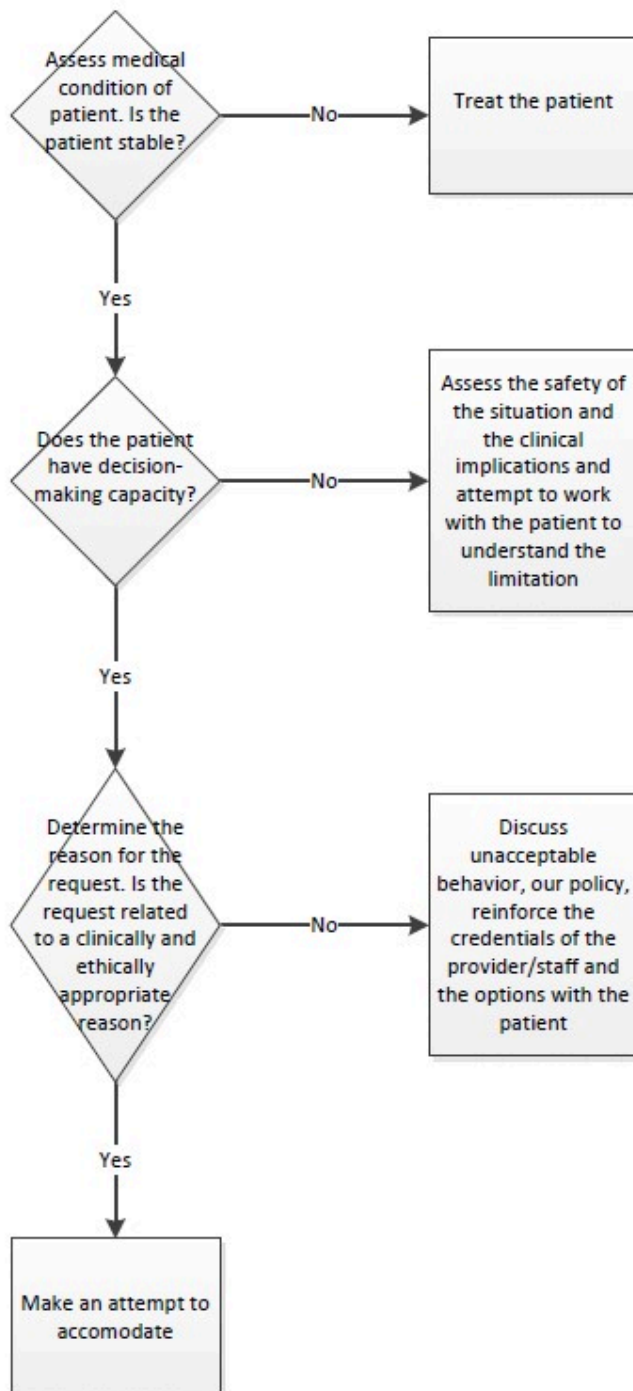
It is the policy of the University of Rochester that the University prohibits and will not engage in discrimination and harassment on the basis of age, color, disability, domestic violence status, ethnicity, gender identity or expression, genetic information, marital status, military/veteran status, national origin, race, religion/creed, sex, sexual orientation, or any other status protected by law. This policy not only applies to our faculty, staff, residents, fellows, postdoctoral appointees, student employees, students, and volunteers, but also to our patients, visitors and vendors.

As a National Health Service Corp site we agree not to discriminate in the provision of services to an individual based on: the individual's inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

At times, staff may interact with patients and families who display disruptive and/or inappropriate behaviors, make harassing or discriminatory remarks, or make requests for staff preferences based on gender, ethnicity, race or other identity. These experiences are often painful for staff and difficult to respond to in the context of patient care. This guide is to help you address these concerns with your patients and to support one another in these instances. See below for additional resources that are available to assist you.

Patient- and family-centered care: Does that mean that we must accommodate all patient requests including those for a health care staff member of a particular gender, race or religious background?

- Our commitment is to provide the highest quality of care for patients and families. This does not require accommodations for every request, and indeed, some requests are inappropriate to accommodate. **It is not our practice to change providers or assigned staff when the request or statement is related solely to the provider's personal identity such as age, color, disability, ethnicity, gender identity or expression, marital status, military status, national origin, race, religion/creed, sex, or sexual orientation.** There are a few instances, such as a patient who has experienced a sexual assault or has a specific religious reason, where a request to accommodate a change in provider may be appropriate. However, these are based on clinical assessment of the situation.
- When considering a patient's request a health care provider should assess the following:



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- These interactions are often uncomfortable. If you are present but not the target of the request or statement, it is important to speak up and support the provider or team member who is the subject of the request or targeted statement, both during the interaction as well as in debriefs or later discussions.
- If the staff member or provider is uncomfortable in providing care to the patient after such an interaction, requests to transfer the care to another provider and an appropriate substitute is available, it may be appropriate to make a change. However, in such a situation, it is important to assure the patient knows that inappropriate behaviors, comments and requests will not be accommodated or tolerated.
- Relay the event to a manager, supervisor, or attending who may be able to provide additional guidance, support or escalation as needed.

- Document in the event reporting system on the Safety/Security Form.

## Strategies

### **How can members of our provider teams and staff address patients who express anxiety about a provider or staff member?**

- Reassure the patients and/or their families that we take care of and protect the privacy of every patient who comes through our doors.
- Stress that every patient is treated safely, fairly and with dignity and respect.
- Reinforce that every member of the treatment team is qualified and an essential member of the team in providing the patient's best care.

### **How do providers and staff manage a patient who refuses to see a provider or a member of the care team?**

- Begin by assessing the clinical situation and patient's capacity.
- Try to better understand the patient/family's concerns and why they are refusing a specific provider.
- Let the patient/family member know that it is not our practice to change providers when the request or statements are related to the provider's personal identity such as age, color, disability, ethnicity, gender identity or expression, marital status, military status, national origin, race, religion/creed, sex, or sexual orientation.
- Reinforce to the patient or family that the provider is qualified and a critical member of the team that is caring for them and that you support your colleague.
- If the patient continues to refuse the provider/team member's involvement in their care, they must be informed that they have the right to refuse care but they must understand the consequences of refusal of the team member is the same as refusing the care altogether. We do not have to provide an alternate provider or team member in response to their request.
- If the patient/family demonstrates disruptive behavior, then it should be treated in the same way as any other disruptive behavior which may require contacting Public Safety at 585-275-3333.

### **How do providers and staff support a colleague or trainee who has been the target of a patient's or family's refusal to have care provided by that person?**

- Support and assist the provider/team member who is the subject of the request or targeted statement. Let them know that you recognize that the behavior of the patient/family is inappropriate and that you will support them. Ask how you can be of help to them.
- If the patient agrees to allow the provider/team member to provide care and the provider/team member does not feel able to continue to care for the patient and there are other providers available, alternate team members may take over the care of the patient.
- If the patient agrees to allow the provider/team member to provide care and the provider/team member is comfortable continuing to care for the patient, support the team member through the process.
- Work with the team to debrief the feelings regarding the request and the outcome.
- Relay the information regarding event and requests for changes to the care team to your immediate supervisor who may be able to provide additional guidance and support.

### **What should staff members do if they see or hear an inappropriate interaction or remark on floors, in our hallways, cafeteria or any other public area maintained by the University of Rochester?**

- If you feel comfortable and safe, stand close to or in front of the person who is being verbally targeted. Point out the threatening or inappropriate behavior in a safe and respectful manner.

- You can also approach the targeted individual and initiate supportive conversation.
- Help to remove the targeted individual from the situation.
- Call Public Safety at 585-275-3333 or designate someone to call on behalf of the targeted individual.

## Employee:

- Incident Report
  - Report the incident immediately to your Supervisor and/or Nurse Manager.
- Resources
  - Supervisor
  - [Human Resources Business Partner](#)
  - Office for Inclusion and Culture Development - 276-7652
  - Public Safety - x13 or 275-3333
  - [HR Policy #106](#)
  - [EAP/YoUR Support](#)

## Patient:

- Incident Report
  - Patient and Family Relations 585-275-5418
- Resources
  - Patient and Family Relations 585-275-5418
  - Policy
    - [SMH Policy 11.01.1 Patient's Bill of Rights and Responsibilities Policy](#)
    - [SMH Policy 11.07 Patient Complaints and Grievances](#)
    - [SMH Policy 11.07.1 ACA Grievance Policy](#)

## Appendix

### Suggested Talking Points for Challenging Situations Dealing with Discriminatory Comments and or Requests

**Note:** Report incident to supervisor and or Nurse Manager.

#### Scenarios:

1. Patient makes prejudicial comments at an individual or in general. Response should be similar to any patient or family member who is using profanity or abusive language.
  - **Response to patient:** "Please do not use that type of language as it offensive to others and not acceptable in this hospital."
  - If patient or family member continues contact Public Safety to come and speak with them.
2. Patient or Patient's Family Member make a request to change a staff assignment based on the race, religion, or sexual orientation of the care provider.
  - **Response to patient:** "It is not our policy to make staff changes based on the race, ethnicity, religion or sexual orientation (name the protected group cited) of the care provider. All of our staff is well-trained and extremely competent to care for any patient."
  - **Response to staff member** (outside the room): "I am so sorry this happened to you. Please know our policy is that we will not honor such inappropriate requests and it is our responsibility to support

each other as a team. How do you feel about continuing to care for XXX? I (or our team, supervisor, etc.) will support you and join you in working to address this issue with this patient in an educational way. If you do not feel that you can continue to provide XXX appropriate care at this time, I understand and we will make every effort to support you in that decision. ”

- **Response to Patient if staff member will no longer care for them:** “XXX will no longer be caring for you. Not based on your request but because he/she is no longer comfortable caring for you after your inappropriate comments.”
- **Patient continues to escalate the situation (i.e. refuses other staff):** “If you continue to refuse care from any member of our health care team we encourage you to seek health care elsewhere. Please understand that if you continue to refuse care by anyone on the team, (inpatient) we might consider your refusal to be a request for discharge from the hospital, which of course would be against our medical advice since you still need care; (outpatient) we might discharge you from this practice and you will have to find a new one.”
- **Recommend debriefing with the team – You need to talk about it!**
  - “We’re one team and every member of this team is equally valued”
  - Encourage others to offer emotional support and validation to the targeted staff member – especially those who were present.

3. Patient or Patient’s Family Member makes a request to change room assignment based on the race, religion, or sexual orientation (or other protected group) of the roommate or visitors.

- **Response to patient:** “It is not our policy to make room changes based on the race, ethnicity, religion or sexual orientation (or other protected group named) of your roommate.
- **Response to other patient:** “I am so sorry you had that experience. Please know our policy is that we will not honor such requests and we have informed XXX of this policy. However, we understand that this may be uncomfortable for you. Do you still feel comfortable sharing a room with XXX? If the patient is not comfortable, ask “Would it be your preference for us to move XXX or would you prefer to move to another room? Your comfort is important to us”
- **Response to Patient if roommate wants to change:** “XXX will no longer be rooming with you. Not based on your request but because he/she is no longer comfortable doing so after your inappropriate comments.”
- **Patient Relations can be contacted as a resource. 275-5418**

4. Patient or patient’s family member makes a comment to staff indicating that they do not want them to care for them or tells them to leave the room (for example, environmental services, financial case managers, or patient care technician).

- **Response to the patient or family member:** “I am here to assist you. Can you please let me know why you do not wish my assistance?”
  - If the response indicates the request is based on the race, religion, gender or other protected group, the staff member may respond to the patient: “It is not our practice to accommodate requests for changes in staff based on race, ethnicity, religion (name the protected group cited).
  - If the staff member is not comfortable addressing the patient or family at that time, he/she should inform the charge nurse, shift supervisor, or lead on staff so that they can address the situation with the patient or staff. The supervisor may inform the patient that “Our (name the staff member or type of worker) is part of the care team and we do not accommodate requests

for changes in any team member based on race, ethnicity, religion (name the protected group cited).”

- If appropriate, the supervisor may say “I have approved NAME not providing you services today but he/she must be allowed to provide services to you tomorrow.”

## Statement

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, guidelines can and should be tailored to fit individual needs.

Key Terms: Bias, biased patient, hateful patient, difficult patient, harassment

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Final Approval to Post	Ann Ottman: Assistant Quality Officer	12/13/2018
Clinical Council	Ann Ottman: Assistant Quality Officer	11/13/2018
Policy Owner	Ann Ottman: Assistant Quality Officer	10/15/2018

## Applicability

University of Rochester - Strong Memorial Hospital