

Policy Title: Right to Support Persons for Patients with Disabilities	Policy Number: NW.KFH.ADMIN.2097
Owner Department: Hospital Care Mgmt	Effective Date: 03/17/2021
Custodian: Care Management Director	Last Review / Revision Date: 03/17/2021
Approver: Hospital Administrator	Next Review Date: 03/17/2024
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1.0 Policy Statement

This policy is to address the right to support persons for patients with disabilities while admitted to the hospital or seeking medical evaluation and care in the emergency department.

2.0 Purpose

To outline the requirements related to the designation of support persons by patients as required by Oregon Support Persons Law.

3.0 Scope/Coverage

3.1 This policy applies to all employees who are employed by the following entities:

- 3.1.1 Kaiser Foundation Hospital – Westside;
- 3.1.2 Kaiser Foundation Hospital – Sunnyside;
- 3.1.3 Professional staff members of KFHNW hospitals;
- 3.1.4 All contingent workers, vendors, volunteers, students and/or other individuals affiliated with KP who are legally required to follow Kaiser Permanente policy.

4.0 Definitions

4.1 **Patient** – A patient admitted to the hospital, or seeking medical evaluation and care in an emergency department, who needs assistance to effectively communicate with hospital staff, make health care decisions or engage in activities of daily living due to a disability, including but not limited to:

- 4.1.1 A physical, intellectual, behavioral or cognitive impairment;
- 4.1.2 Deafness, being hard of hearing or other communication barrier;
- 4.1.3 Blindness;
- 4.1.4 Autism; or
- 4.1.5 Dementia

4.2 **Support Person** – A family member, guardian, personal care assistant or other paid or unpaid attendant selected by the patient to physically or emotionally assist the patient or ensure effective communication with the patient.

4.3 **Support Care Conference** – A meeting in person, by telephone or electronic media, that includes a representative of the patients care team, the patient, legal representative (if applicable), and the patient’s designated support person(s).

4.4 **Admitted** – A patient in a hospital bedded unit for purposes of this policy only, including emergency room.

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5.0 Provisions

- 5.1** The hospital may not condition the provision of treatment on a patient having a POLST, an advance directive, a form appointing a healthcare representative, or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration.
- 5.2** The hospital shall post a summary of this policy at hospital entrances, clearly visible to the public. The posting shall state that a copy of this policy will be available upon request.
- 5.3** The policy will be publicly available on the hospital website.
- 5.4** At the time hospital services are scheduled or upon admission to the hospital, patients will be notified orally and in writing of the right to support persons.
- 5.4.1** The notice shall include that treatment cannot be conditioned upon having an advance directive, POLST, or an order withdrawing or withholding life support, such as a Do Not Resuscitate order.
- 5.4.2** The notice will be available in alternate formats at the request of the patient or the patient's legal representative.
- 5.5** The hospital will allow a patient to designate at least three support persons, and to allow at least one support person to be present with the patient at all times in the emergency department and while the patient is admitted to the hospital, if necessary to facilitate the patient's care, including but not limited to when the patient:
- 5.5.1** Has a cognitive or mental health disability that affects the patient's ability to make medical decisions or understand medical advice;
- 5.5.2** Needs assistance with activities of daily living and the hospital staff are unable to provide or less effective at providing the assistance;
- 5.5.3** Is deaf, is hard of hearing or has other communication barriers and requires the assistance of a support person to ensure effective communication with hospital staff; in accordance with federal and state laws; or
- 5.5.4** Has behavioral health needs that the support person can address more effectively than the hospital staff.
- 5.6** Either the patient or a patient's legal representative in collaboration with the patient, may designate support persons.
- 5.7** Support persons must comply with hospital policies and procedures.
- 5.8** The hospital may impose conditions regarding support persons to ensure the safety of the patient, support person and staff such as:
- 5.8.1** Requiring a support person to:

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- 5.8.1.1 Wear personal protective equipment provided by the hospital and follow hand washing and other protocols for preventing the potential spread of infection; and other protocols for preventing the potential spread of infection;
 - 5.8.1.2 Be free of any symptoms of viruses or contagious diseases; and
 - 5.8.1.3 Submit to screenings for viruses or contagious diseases upon entering and exiting the hospital;

- 5.8.2 Limiting the number of support persons allowed to be present with the patient at a time; and

- 5.8.3 Limiting the total number of support persons allowed to be present during the course of a day.
 - 5.8.3.1 As a reasonable accommodation under the Americans with Disabilities Act of 1990

- 5.8.4 Support persons or caregivers may not perform tasks that must be done by a hospital employee including but not limited to:
 - 5.8.4.1 Changes to hospital devices or technology such as pumps and oxygen

- 5.8.5 Supportive Care Conferences
 - 5.8.5.1 Support persons may accompany patients to locations visitors would otherwise not be permitted such as, and not limited to, operating rooms or nuclear imaging.
 - 5.8.5.2 If a hospital denies a patient's request for a support person's physical presence with the patient, or a portion of such a request, the hospital shall:
 - 5.8.5.2.1 Immediately notify the patient and the patient's designated support person(s) orally and in writing of the opportunity to request a support care conference to discuss the denial and any parameters for permitting a support person to be physically present.
 - 5.8.5.2.2 Upon request for a support care conference, conduct a support care conference as soon as possible but not later than 24 hours after admission or prior to a procedure or operation.
 - 5.8.5.2.3 Following a support care conference, the hospital shall document the decision and any reasons for limitation, restriction, additional precautions or prohibition in the treatment plan.

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5.8.5.3 If a support care conference does not occur, the hospital shall document why the support care conference did not occur.

5.8.5.4 The hospital may refuse to allow the presence of a support person who refuses or fails to comply with conditions imposed by the hospital or remove a designated support person from a procedure room, operating room, or other area where generally only patients and hospital staff are allowed, if necessary to ensure the safety of the patient, support person, or staff. The hospital shall ensure that another designated support person is permitted to be physically present with the patient if otherwise consistent with this policy.

5.8.5.5 Any staff or clinician may facilitate a support conference.

5.8.5.6 That the hospital may not condition the provision of treatment to a patient in accordance with Oregon Laws 2020, chapter 20, section 1 (Special Session).

5.9 The hospital must provide patients with effective communication supports or other reasonable accommodations in accordance with federal and state laws.

5.10 A hospital must ensure that a support person designated by a patient is present for any discussion in which the patient is asked to elect hospice care or to sign an advance directive or other instrument allowing the withholding or withdrawing of life-sustaining procedures or artificially administered nutrition or hydration, unless the patient requests to have the discussion outside of the presence of a support person.

5.10.1 Virtual presence is permissible by mutual agreement with the hospital and the patient for care conversations and support care conferences.

5.11 A patient may change their identified support people anytime during their care.

5.12 Identification of a support person will serve as consent to share information for the purposes of care communication for the episode of care.

5.13 If a patient, or a patient's legal representative does not designate a support person(s) and the hospital determines that a patient has a communication barrier or other disability, the hospital shall take reasonable steps to further communicate the patient's right to support persons to the patient, patient's family or patient's legal representative.

5.14 A support person is exempt from any visitor policy.

6.0 Procedures

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- 6.1** Identified support persons will be documented in the electronic medical record visible for all employees and clinicians. The following shall be documented:
 - 6.1.1** The name and contact information for each designated support person;
 - 6.1.2** The date and time the patient was informed on their rights to designate support persons and have one support person present at all times in the emergency room and while the patient is admitted to the hospital.
 - 6.1.3** Any conditions imposed on the support person or patient.

7.0 References/Appendices

- 7.1** OAR (Oregon Administrative Rule) 333-505-0030
- 7.2** OAR (Oregon Administrative Rule), 333-505-0033
- 7.3** OAR (Oregon Administrative Rule) 333-505-0050
- 7.4** Oregon Senate Bill 1606, adopted by the 80th Oregon Legislative Assembly, 2020 Special Session
- 7.5** Americans with Disabilities Act of 1990