

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 5: Human Resource Management

POLICY: 5.009

SUBJECT: Staff-Patient Relationships

POINT PERSON: KATHY DEACON
CHIEF NURSING OFFICER

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT

DATE: August 10, 2012

I. POLICY

- A. Relationships between staff and patients are to be guided by and consistent with therapeutic objectives.
- B. Each patient shall be approached with a high level of sensitivity and respect and understood as a unique person, with dignity and basic human rights.
- C. All staff interaction with patients shall seek to foster patients' personal self-worth, self-direction (patient choices), personal responsibility, and basic human rights.
- D. The religious/spiritual rights of a patient shall be respected. A holistic approach in the patient's treatment shall be supported, including the spiritual dimension, if the patient so desires.
- E. Staff shall seek to be culturally competent by understanding and being sensitive to the different needs patients from various cultures and backgrounds may have.

II. DEFINITIONS

- A. "Therapeutic Relationship" means a planned, purposeful interaction between an employee and a patient. It is a goal-directed relationship which accepts the individual as a human being with dignity and establishes and maintains trust in order to effect a beneficial change in the patient's response to his/her problems. This type of relationship exists solely for the patient's therapeutic benefit.

- B. "Dual Relationship" means having both a therapeutic relationship with a patient and also a personal relationship with that patient, involving satisfaction of mutual needs (e.g., providing treatment services to a family member or close friend; developing a close personal relationship with a person after having a treatment relationship with that person).
- C. "Religious/Spiritual Issues" means any subject matter related to the faith or religion of a patient or employee.
- D. "Holistic Approach" means a process therapeutically addressing the patient's spiritual, psychological, social, cultural and physical needs.
- E. "Cultural Competency" refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) Awareness of one's own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) cross-cultural skills.

III. PROCEDURES

- A. Patients shall be addressed respectfully by their first name, last name, or a nick-name at the patient's preference. Name-calling, cursing, mocking, and sexually provocative language are verbally abusive (OAR-943-045-0420), and are in violation of patient rights. Violations of patients' rights could result in suspension, termination of employment, and/or prosecution. Pet names and terms of endearment are inappropriate and may be seen by the patient as patronizing, infantilizing, or as sexual harassment.
- B. The use of humor with patients shall never demean the patient.
- C. Staff shall never discuss personal matters with a patient or within hearing of a patient. Self-disclosure may be used on occasion as planned intervention, but only by staff who are under supervision regarding its use, or who have clinical skills and training in its effective use. Similarly, staff shall never discuss the personal lives of other staff with a patient, or within hearing of a patient.
- D. No employee is to use his/her relationship with a patient to exploit the patient sexually (including, not limited to, inappropriate touching; kissing; or fondling), financially, emotionally, or in any other way. Incidents of such exploitation shall be reported in accordance with patient abuse procedures.
- E. Staff shall be aware of how their personal attire affects patients. Tight or revealing clothing, or strong colognes, shall not be worn.

- F. Sexually explicit pictures or other printed matter shall not be provided to patients, accepted from patients, or viewed with patients. Staff shall never engage in sexually explicit jokes or teasing with patients or within the hearing of patients. Staff shall not behave in a sexually provocative manner.
- G. Economic transactions with patients such as buying or selling products or services is prohibited. Giving or loaning to patient's personal possessions, such as money, gifts, or other materials, is prohibited. Reinforcers paid for by hospital funds, such as a soft drink or candy bar, are acceptable if consistent with the documented, interdisciplinary treatment care plan (TCP). Any "donation" by staff shall be made through the Donations Center in Volunteer Services, and shall be dispersed by that office at its discretion. Borrowing personal possessions or money from patients is prohibited. Altering patient personal possessions without authorization by the patient and the patient's Interdisciplinary Treatment Team (IDT) is prohibited.
- H. Employees are not allowed to accept gifts from patients. Any gifts which are unreturnable shall be given to Volunteer Services. Any gift which is made by a patient, is worth less than \$3.00, and which stays in the work area can be accepted with the approval of the patient's IDT.
- I. Staff shall always be aware of potential conflicts of interest or dual relationships as a result of their employment at Oregon State Hospital. Staff shall not establish relationships with patients beyond the level expected by their position descriptions (e.g., developing personal friendships, writing personal letters, making after work social arrangements, etc.). Such contacts may lead to exploitation of the patient. Questions about the propriety of a specific relationship shall be referred in writing to the employee's supervisor for review and counsel. A written response shall be provided and a copy sent to the Chief Medical Officer (CMO).
- J. When a patient is admitted who is known to a staff member (friend, acquaintance, or relative), the staff member shall notify his/her immediate supervisor. By notifying the supervisor in charge of the situation at the time of admission, the staff person protects both the patient and their own professional status.
 - 1. In those instances where it is difficult for a staff member to be therapeutic with someone they know, a change of assignment or supervision shall be requested.
 - 2. The hospital does not expect that a patient's hospitalization shall alter their relationship with a member of the staff if the relationship originated before admission.

3. In some instances, it may be appropriate to have the staff member or patient transferred to a different unit or program. This action would require review by a Supervisor, a recommendation by the CMO, and approval by the Program Director or Superintendent in consultation with the Human Resource Department.
- K. Employees shall follow Oregon State Hospital Policy and Procedure 7.005, Patient Rights, Administrative Rules (OAR 309-102-000 through 309-118-025, and ORS 426.385) regarding individual rights of patients. Differential treatment of a patient because of race, creed, disability, color, sex, or age is a violation of policy, as is physical or psychological abuse, or corporal punishment.
- L. When a patient is discharged, staff shall terminate their therapeutic relationship with the patient (except for the purpose of delivering any assigned outpatient services as specified in the worker's position description or in the patient's aftercare treatment plan). Staff shall also avoid the establishment of any other type of relationship. When such outpatient relationships do exist, the matter shall be referred in writing for review and counsel by the worker's supervisor. A written response shall be given to the worker and a copy sent to the Chief Medical Officer. (See OSH Policies and Procedures 5.014, Conflict of Interest.)
- M. Any unintentional, casual contact from a former patient outside of the work setting that evolves beyond a casual conversation shall be reported to the worker's supervisor.
- N. Employees, ex-employees, contractors, or volunteers shall not visit patients at OSH. The employee, ex-employee, contractor, or volunteer may request an appeal of this policy, in writing, directly to the Superintendent.
- O. OSH staff are expected to be culturally competent and shall seek out information related to patients' backgrounds to ensure that they are relating with each patient in the most therapeutic manner possible. Staff shall refer to the OSH Cultural Diversity Manager or to the Education and Development Department Manager for resources.
- P. A patient's spiritual/religious questions shall be referred to the IDT for review and/or to Spiritual Services Department. Only Spiritual Services Department personnel are allowed to provide religious training, teaching, or counseling to patients.
- Q. A patient's ongoing insistence to discuss religious/spiritual issues with the staff shall be addressed in the patient's TCP to give staff direction on how to respond. These conversations shall be documented in the patient's progress notes of the medical record.

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IV. REFERENCES

ORS 192.496 and 179.505, relating to disclosure of records.

OAR 309-102-000 through 309-118-025, MHDDSD Administrative Rules relating to Patient and Resident Rights.

Medical Records Procedures Section 3.000.

OSH Policies and Procedures 5.014, Conflict of Interest;

OSH Policies and Procedures 5.017, Dress Wear of Staff and Volunteers;

OSH Policies and Procedures 2.008, Confidentiality and Security of Patient Information;

OSH Policies and Procedures 5.004, Valuing Diversity;

OSH Policies and Procedures 7.005, Patient Rights.

SEIU Contract Article 23.2 C,- G, H-- Client Complaint Investigation

Replaces OSH Policy and Procedure 5.009, *Staff-Patient Relationships*, dated 4/1/2009.