

**Patient Access to Support Persons while in the Hospital
Administrative Housewide Policy**

Applicable Campus	Department Name	Approval Authority
SH and WVH	Corporate Integrity, Safety & Risk Mgmt.	Director, Corporate Integrity
Effective Date - 3/2021		Next Review Date – 2/2024
List Stakeholders Position or Committee	Document Status	Date of Approval
Corporate Integrity, Safety & Risk Mgmt.	Revised	3/2021
Clinical Leadership Group	Reviewed	3/2021
Care Management/Accreditation	Reviewed	3/2021
Access Services	Reviewed	3/2021
Service Excellence	Reviewed	3/2021
Medical Ethicist	Reviewed	3/2021
Chief Medical Officer	Reviewed	3/2021
WVH Administration	Reviewed	3/2021
Final Approval Date SH	Final Approval	3/2021
Final Approval Date WVH	Final Approval	3/2021

Describe briefly the most recent revision made to this policy, procedure or protocol & why:

OHA amended administrative rules due to passage of SB 1606. The new law requires hospitals to allow certain patients to have a support person with them at the hospital and to inform those patients of that right.

Policy Content

It is the policy of Salem Health that each patient admitted to the hospital or in the emergency department (including operating rooms, procedure rooms, PMC or other areas where generally only patients and hospital staff are allowed) that needs assistance to effectively communicate with hospital staff, make health care decisions or engage in activities for daily living due to a disability, has a right to not be discriminated against based on whether they have a POLST, advance directive or advance care-planning instrument.

Treatment may not be conditioned on whether the patient has completed end of life care instructions. **Eligible patients** may designate at least three **support persons** and have at least one support person physically present with them at all times in the emergency department and during the patient’s stay at the hospital, to ensure effective communication and facilitate patient care.

The patient may also have one support person present for any discussions in which the patient is asked to sign an advance directive or other instrument allowing the withholding or withdrawing of life sustaining procedure or artificially administered nutrition or hydration unless the patient requests to have the discussion in the absence of the support person.

Steps/Key Points Procedure

1. When hospital services are scheduled and upon admission, all inpatients will be informed orally and in writing of their right to designate support persons. The information must be provided in alternative formats if requested by the patient or the patient’s legal representative. Support persons must be 18 years or older. Support persons are not considered visitors.
2. Salem Health must document the designated support persons and relevant contact information in the medical record.

3. A summary of the hospital's policy and requirements for support persons will be posted at entry points to the hospital and on the hospital's website.
4. Salem Health may not condition the provision of treatment, communicate, suggest, or discriminate to any individual or person acting on behalf of the individual, when contacting the hospital, or before or after admission to the hospital, that treatment is conditioned on a patient having a POLST, advance directive or any instruction relating to the administration, withholding, or withdrawing of life sustaining procedures or artificially administered nutrition and hydration.
5. An eligible patient may designate at least three support persons and allow at least one support person to be physically present with the patient at all times in the emergency department and during the patient's hospital stay, if necessary, to facilitate the patient's care, including but not limited to when the patient:
 - a) Has a cognitive or mental health disability that affects the patient's ability to make medical decisions or understand medical advice;
 - b) Needs assistance with activities of daily living and the hospital staff are unable to provide or less effective at providing the assistance;
 - c) 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; or
 - d) Has behavioral health needs that the support person can address more effectively than the hospital staff.
6. If an eligible patient or a patient's legal representative does not designate a support person and staff determine that a patient has a communication barrier or other disability, reasonable steps will be taken to further communicate the patient's right to support persons to the patient, family or legal representative.
7. Before life-sustaining treatment is withheld or withdrawn, the attending provider, health care provider or health care representative shall contact via phone or email, the Department of Human Services to determine if an eligible patient has a case manager. If the patient has a case manager, he/she will respond with information regarding the patient's preferences for treatment, his/her values and beliefs about withholding or withdrawing life-sustaining treatment. Notification is not required if the patient has made the decision themselves, has an advance directive that appoints a health care representative and covers life-sustaining treatment, or if they otherwise appointed a healthcare representative to make the decision on their behalf.
8. A support person designated by an eligible patient shall be 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. If an eligible patient cannot communicate his/her needs, Salem Health should default to having the support person present.
9. The clinical care team may impose conditions regarding support persons to ensure the safety of the patient, support person and staff such as requiring a support person to:
 - Wear personal protective equipment provided by the hospital and follow hand washing and other protocols for preventing the potential spread of infection;
 - Be free of any symptoms of viruses or contagious diseases; and
 - Submit to screenings for viruses or contagious diseases upon entering and exiting the hospital.Conditions may also be set for specific patients to reflect individual safety and treatment needs. A designated support person may be refused if he/she refuses or fails to comply with the conditions set by Salem Health. In that situation, staff could permit a different designated support person to be present.
10. The clinical care team may limit the number of support persons allow to be present with the patient at a time and limit the total number of support persons allowed to be present during the course of a day.
11. If Salem Health denies an eligible patient's request for a support person's physical presence, the clinical care team shall document the reason for the denial and notify the eligible patient and support person orally and in writing about the opportunity to request a **support care conference**. The support care conference should be conducted as soon as possible but not later than 24 hours after admission, or prior to a procedure or operation. It must include discussion of denial and any parameters for permitting a support person to be physically present with the eligible patient including but not limited to any limitations, restrictions, or additional precautions that may be implemented for the safety of the patient, support person and hospital staff. Following a support care conference, staff shall document in the treatment plan the decision and any reasons for limitation, restriction, additional precautions or prohibition.

Eligible patient – a patient admitted to a hospital or in an emergency department who needs assistance to effectively communicate with hospital staff, make health care decisions, understand health care information, or engage in activities for daily living due to disability, including but not limited to:

- a) physical, intellectual, behavioral or cognitive impairment;
- b) deafness, being hard of hearing or other communication barrier;
- c) blindness
- d) autism or
- e) dementia

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

Support Person – a family member, guardian, personal care assistant or other paid or unpaid attendant selected by the Eligible patient to physically or emotionally assist the patient or ensure effective communication with the patient. A support person cannot make health care decisions for the patient based on their status as a support person unless the support person is otherwise lawfully authorized to make health care decisions. Note: Support persons must be 18 years or older. Support persons are not considered visitors.

Equipment or Supplies - Insert N/A if not applicable – N/A

Form Name and Number or Attachment Name - Insert N/A if not applicable – N/A

Expert Consultants Position -

Director, Corporate Integrity, Safety & Risk Mgmt.

References (Required for clinical Documents):

SB 1606; OHA fact sheet; ODDS Fact Sheet

Policy, Procedure or Protocol Cross Reference Information – Insert N/A if not applicable.

POLST, Patient Rights, Advance Directive

Computer Search Words

POLST, Patient Rights, Advance Directive, Support Persons

Is there a Regulatory Requirement? Yes or No

Yes. SB 1606

Review and Revision History

History	Review or Revision	Date
New policy with passage of SB 1606 and final rules		2/2021