

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.021

SUBJECT: **Communication With Patients' Family or Significant Others**

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INTERIM SUPERINTENDENT

DATE: JULY 29, 2010

I. POLICY

For most patients, family and significant other contact is a primary source of support. In addition to maintaining contact and support with the patient, families/significant others can also assist staff in the treatment process, helping to assess treatment progress and act as a resource in discharge planning.

All Oregon State Hospital (OSH) staff shall communicate with family and significant others in a responsive, respectful, timely, and collaborative manner and work to facilitate family and/or significant other involvement in the treatment and discharge planning process.

II. DEFINITIONS

- A. "IDT" means the Interdisciplinary Treatment Team (IDT), a group consisting of the patient, professional clinical staff, direct care staff, and others that have responsibility for planning the care and treatment of an individual patient.
- B. "Family" means members of the patient's immediate family (i.e., parents, spouse, domestic partners, children, siblings). It may also include more distant family members if such a relative has a significant relationship with the patient.
- C. "Other Qualified Staff" means staff with at least a master's degree in a mental health-related field, or staff who have been designated to discuss clinical treatment with families.

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- D. "Professional Staff" means Interdisciplinary Treatment Team members affiliated with a professional discipline that requires specific credentials for employment (e.g., physician, social worker, psychologist, nurse, rehabilitation services, etc.).

- E. "Significant Other" means individuals who the patient identifies in their Psychosocial History and throughout their hospitalization as supportive persons in their life.

- F. "Family Education" means providing general or specific information about symptoms, management of symptoms, medication, or other subjects related to mental illness and treatment.

III. PROCEDURES

- A. Communication between staff, guardians, families, and significant others must take into account the patient's right to privacy and the confidentiality of clinical information obtained from the patient as per state and federal confidentiality regulations regarding the release of health care information.
 - 1. No information about the patient, such as acknowledging the patient's presence at Oregon State Hospital, may be shared with the family/significant other unless the patient or guardian expressly consents via the Disclosure of Hospitalization form or Authorization for Use & Disclosure of Information form. Exceptions are authorized in ORS 179.505 and identified in OSH Policy and Procedure 2.008, Confidentiality and Security of Patient Information.
 - a. Exceptions include:
 - 1) In medical emergencies;
 - 2) When a patient poses a clear and immediate danger to others;
 - 3) To authorized personnel within OSH, its agents (i.e., Extended Care Management Unit [ECMU]) or cooperating health care providers, which includes discharge planning between OSH and community placement facilities.
 - b. Unless clinically contraindicated, patients and guardians shall be encouraged to allow staff to share treatment

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information and discharge planning with the family/significant others.

2. Staff may provide the following information without a signed consent for Release of Information (Authorization for Use & Disclosure of Information form):

- a. General information about mental illness;
- b. General information about OSH;
- c. General information about OSH programs and policies (i.e., visitation, phone calls, and mail).
- d. For further information or requests, the family/significant other may be referred to the Director of Consumer and Family Services.

3. Staff may always receive information from families/significant others even if there is no signed Release of Information.

- a. Information received representing an immediate risk to health or safety must be immediately communicated directly to Supervising RN and documented in the patient's medical record. Routine information received shall be documented in the IDT notes in the patient's medical record.
- b. Staff responding to contact from families/significant others when no Release of Information is signed should state: "We can neither confirm nor deny the presence of anyone in this facility. You can give us the information, and we shall pass it on if that individual is here. This in no way indicates the presence of the individual."

B. With patient or guardian consent via the Authorization for Use & Disclosure of Information form:

- 1. Family/significant other request for **critical psychiatric or medical information** shall be responded to by an IDT member identified as most knowledgeable regarding psychiatric or medical issues. In most cases, the staff person identified shall be either an MD or an RN. Requests for critical psychiatric or medical information shall be responded to no later than 24 hours after the request.

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Critical psychiatric or medical information to be provided to the family/significant other includes:

- Outside hospitalization
- Outside emergency medical treatment
- Seclusion or restraint
- Acute alteration of psychiatric and/or chronic medical conditions

2. Family/significant other request for information regarding **routine psychiatric or medical information** shall be responded to by an IDT member identified as either: 1) most knowledgeable regarding the psychiatric or medical issues or 2) by discipline or name as requested by the family member/significant other. Requests for routine psychiatric or medical information shall be responded to no later than 72 hours after the request.
3. Each IDT shall designate a professional or other qualified staff to act as the primary contact person with the family for general communication. In most programs, the Social Worker shall be the designated primary contact person for general communication.

The IDT designated primary contact, or other assigned staff member, shall inform the family member or significant other of the following:

- Transfer to another unit
 - IDT meeting schedule
 - Participation requests for treatment care planning meetings
 - Family education opportunities
4. Information provided to the family/significant others shall be consistent with IDT decisions.
 5. Depending on the type of information a family may need, all professional or other qualified staff on the IDT may be a primary information source to the family.
 6. All contact with the patient's family, significant others, or guardian shall be documented in the IDT notes in the patient's medical record.

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C. Interpreter Services

Oregon State Hospital staff shall be responsible for acquiring interpreter services when language proficiency creates an impediment to effective communication with families or significant others regarding treatment or discharge planning.

1. Staff shall abide by Oregon State Hospital Policy and Procedure 6.020, Language Services for Patients.
2. When interpreter services are necessary, but not provided, the staff member must document the basis for the lack of interpreter services availability in the medical record.
3. Family members can be helpful in assisting with the communication process but should not take the place of a contracted interpreter.

D. Use of interpreter services for family or significant other contact shall be documented in the medical record.

E. Patient consent via the Authorization for Use & Disclosure of Information form shall be requested for primary support persons, as identified by the patient, within 72 hours of admission and as necessary to provide family/significant other participation in treatment and discharge planning. This contact is to ensure the family/significant other has basic information about the unit program, who to contact, and provides an opportunity for the family to give information about their knowledge of the patient's condition. This contact shall be documented in the IDT notes in the patient's medical record.

F. Patients may withdraw consent at any time.

G. An assessment of the potential for family involvement in the patient's hospitalization shall be contained in the patient's Psychosocial History. Once consent for release of health care information is achieved via the Authorization for Use & Disclosure of Information form:

1. Active family/significant other involvement in the treatment planning, treatment review, or discharge planning process shall be documented in the patient's IDT notes in the patient's medical record.
2. Staff shall provide education to family members as part of treatment and discharge planning when family members are actively involved, or if they request information.

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IV. REFERENCES

DHS form 2099, Authorization for Use & Disclosure of Information
OSH Policy and Procedure 2.008, Confidentiality and Security of Patient
Information
OSH Policy and Procedure 6.013, Discharge and Continuing Care Planning
OSH Policy and Procedure 6.020, Language Services for Patients

Replaces Oregon State Hospital Policy and Procedure 6.021, *Communication With
Patients' Family or Significant Others*, dated 5/14/2010.