

TRAIN FOR SUCCESS INC.
PROFESSIONAL ETHICS 2Hr

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TRAIN FOR SUCCESS INC.

PROFESSIONAL ETHICS 2Hr

PURPOSE:

The purpose of this course is to provide an overview of Professional Ethics.

This course is designed for

Nurses: LPN, RN, ARNP and other the health care professionals, Occupational Therapists, Certified Nursing Assistants (CNA), Home Health Aid (HHA) and other individuals, to provide a review of ethical – code of conduct, standards and practices to assist individuals in developing and maintaining the highest level of ethical decision making skills, to continue to provide care and services as a desirable model.

OBJECTIVES

At the end of this course, the reader will be able to:

1. Discuss principles of the Code of Ethics
2. Discuss ethical issues in the workplace
3. Define ethical behavior for the healthcare team and other Professionals.
4. Describe the role of the professionals in the ethical practice of health care
5. Describe ethical decision making skills
6. List specific ways to integrate ethical considerations in the day-to-day decision-making.
7. Discuss strategies for effective communication.

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ETHICS- RULES OF CONDUCT

Ethics - defined as rules of conduct; the branch of philosophy that deals with morality. Ethics is concerned with distinguishing between good and bad in the workplace, schools and overall in the society / in the world. Ethics involves distinguishing between right and wrong human actions, and between virtuous and non-virtuous characteristics of individuals.

Ethics involves moral principles that govern an individual's behavior or a group's conduct or behavior. All professionals, Nurses: License Practical Nurses, Registered Nurses, Advanced Registered Nurse Practitioners, and other the health care professionals, Occupational Therapists, Massage Therapists, Certified Nursing Assistants (CNA), and Home Health Aid (HHA) need to follow the ethical principles and code of ethics that are in place.

Ethics provides a guideline or a set of standards for behavior that assists the individuals to decide how he/ she behave or conduct themselves in various situations. Ethics involves making choices or decisions and provides reasons why individuals should make these choices.

PRINCIPLES OF ETHICS

The Principles of Ethics are model standards of exemplary, flawless, professional behavior /conduct that should be demonstrated by all professionals; representing the best.

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PROFESSIONAL RELATIONSHIPS

In all professional relationships, work and /or services should be practiced with compassion, recognizing human dignity and value that is present in each client, co-worker/ each individual. All professionals need to maintain the highest regard for the standards of one's profession/ position and;

Avoid actions that are based on prejudice,

Avoid behavior/ actions that are threatening of others,

Avoid actions that brings harassment to others,

Provide fair treatment to others, and

Maintain relationships that are caring.

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RESPECT FOR HUMAN DIGNITY

Respect for human dignity requires that the professional is aware of, acknowledge and understands that the clients/patients have specific rights (will review later in this course).

HONESTY

Honesty is the quality of being honest,

Honesty reflects uprightness of character or action,

Honesty means being trustworthy, fair, loyal and sincere,

Honesty implies a refusing to lie, steal, or deceive in any way,

Fairness or uprightness of character or actions,

Honesty reflects a part of one's moral character and reflects positive, virtuous attributes for example: truthfulness, integrity, and straight forwardness.

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PROVIDING CARE/ SERVICES

In the provision of care and services, the professionals should respect the beliefs, values and customs of each individual, the family and community.

RELATIONSHIPS TO CLIENTS/PATIENTS

The professional establishes therapeutic relationships with the clients/ patients and administers care and services taking into consideration the individuals' lifestyle, religious beliefs and values. Effective communication should always be employed to ensure that the clients / patients needs are met at optimum levels of care.

RESPECT VALUES AND BELIEFS

The professionals should always respect the values and beliefs of the clients/ patients and avoid enforcing their personal values and beliefs on the clients/patients.





THE NATURE OF THE /PATIENTS/ CLIENTS STATUS

HEALTH PROBLEMS

SOCIAL STATUS

ECONOMICAL STATUS

The professional does not allow the functional status of the clients/ patients, diagnosis or any disabilities to determine the client's/patient's worth.

The professional also respects the clients' rights, dignity, and values regardless of their socio-economic status.

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RESIDENTS' RIGHTS

Rights are often defined as legal, ethical or social principles of entitlement or freedom; which involves normative rules about what is allowed of people or what is owed to people or a legal or moral entitlement to obtain or have something or to act in a certain way.

Within the nursing home setting, residents' rights are the moral and legal rights of the residents of a nursing home. There are legislations that exist in various jurisdictions to help to protect such rights. In 1980 the Florida statute was enacted to protect such rights; Florida statute 400.022, commonly known as the Residents' Rights Act.

All individuals who work with residents must be aware of the rights of the resident, so that they can adhere to the legal /ethical principles, respect the residents' rights and also follow the standards of practice.

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FLORIDA STATUTES 400.022 RESIDENTS' RIGHTS — NURSING HOMES AND RELATED HEALTH CARE FACILITIES states that:

(1) All licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the following:

(a) The right to civil and religious liberties, including knowledge of available choices and the right to independent personal decision, which will not be infringed upon, and the right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights.

(b) The right to private and uncensored communication, including, but not limited to, receiving and sending unopened correspondence, access to a telephone, visiting with any person of the resident's choice during visiting hours, and overnight visitation outside the facility with family and friends in accordance with facility policies, physician orders, and Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act regulations, without the resident's losing his or her bed. Facility visiting hours shall be flexible, taking into consideration special circumstances such as, but not limited to, out-of-town visitors and working relatives or friends.

Unless otherwise indicated in the resident care plan, the licensee shall, with the consent of the resident and in accordance with policies approved by the agency, permit recognized volunteer groups, representatives of community-based legal, social, mental health, and leisure programs, and members of the clergy access to the facility during visiting hours for the purpose of visiting with and providing services to any resident.

(c) Any entity or individual that provides health, social, legal, or other services to a resident has the right to have reasonable access to the resident. The resident has the right to deny or withdraw consent to access at any time by any entity or individual. Notwithstanding the visiting policy of the facility, the following individuals must be permitted immediate access to the resident:

1. Any representative of the federal or state government, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the

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Department of Elderly Affairs; any law enforcement officer; any representative of the State Long-Term Care Ombudsman Program; and the resident's individual physician.

2. Subject to the resident's right to deny or withdraw consent, immediate family or other relatives of the resident.

The facility must allow representatives of the State Long-Term Care Ombudsman Program to examine a resident's clinical records with the permission of the resident or the resident's legal representative and consistent with state law.

(d) The right to present grievances on behalf of himself or herself or others to the staff or administrator of the facility, to governmental officials, or to any other person; to recommend changes in policies and services to facility personnel; and to join with other residents or individuals within or outside the facility to work for improvements in resident care, free from restraint, interference, coercion, discrimination, or reprisal.

This right includes access to ombudsmen and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. The right also includes the right to prompt efforts by the facility to resolve resident grievances, including grievances with respect to the behavior of other residents.

(e) The right to organize and participate in resident groups in the facility and the right to have the resident's family meet in the facility with the families of other residents.

(f) The right to participate in social, religious, and community activities that do not interfere with the rights of other residents.

(g) The right to examine, upon reasonable request, the results of the most recent inspection of the facility conducted by a federal or state agency and any plan of correction in effect with respect to the facility.

(h) The right to manage his or her own financial affairs or to delegate such responsibility to the licensee, but only to the extent of the funds held in trust by the licensee for the resident. A quarterly accounting of any transactions made on behalf of the resident shall be furnished to the resident or the person responsible for the resident. The facility may not require a resident to deposit personal funds with the facility. However, upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility as follows:

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1. The facility must establish and maintain a system that ensures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.
2. The accounting system established and maintained by the facility must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.
3. A quarterly accounting of any transaction made on behalf of the resident shall be furnished to the resident or the person responsible for the resident.
4. Upon the death of a resident with personal funds deposited with the facility, the facility must convey within 30 days the resident's funds, including interest, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate, or, if a personal representative has not been appointed within 30 days, to the resident's spouse or adult next of kin named in the beneficiary designation form provided for in s. 400.162(6).
5. The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under Title XVIII or Title XIX of the Social Security Act.
 - (i) The right to be fully informed, in writing and orally, prior to or at the time of admission and during his or her stay, of services available in the facility and of related charges for such services, including any charges for services not covered under Title XVIII or Title XIX of the Social Security Act or not covered by the basic per diem rates and of bed reservation and refund policies of the facility.
 - (j) The right to be adequately informed of his or her medical condition and proposed treatment, unless the resident is determined to be unable to provide informed consent under Florida law, or the right to be fully informed in advance of any nonemergency changes in care or treatment that may affect the resident's well-being; and, except with respect to a resident adjudged incompetent, the right to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident's physician; and to know the consequences of such actions.

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(k) The right to refuse medication or treatment and to be informed of the consequences of such decisions, unless determined unable to provide informed consent under state law. When the resident refuses medication or treatment, the nursing home facility must notify the resident or the resident's legal representative of the consequences of such decision and must document the resident's decision in his or her medical record. The nursing home facility must continue to provide other services the resident agrees to in accordance with the resident's care plan.

(l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.

(m) The right to have privacy in treatment and in caring for personal needs; to close room doors and to have facility personnel knock before entering the room, except in the case of an emergency or unless medically contraindicated; and to security in storing and using personal possessions. Privacy of the resident's body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. Residents' personal and medical records shall be confidential and exempt from the provisions of s. 119.07(1).

(n) The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis.

(o) The right to be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints, except those restraints authorized in writing by a physician for a specified and limited period of time or as are necessitated by an emergency. In case of an emergency, restraint may be applied only by a qualified licensed nurse who shall set forth in writing the circumstances requiring the use of restraint and, in the case of use of a chemical restraint, a physician shall be consulted immediately thereafter. Restraints may not be used in lieu of staff supervision or merely for staff convenience, for punishment, or for reasons other than resident protection or safety.

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(p) The right to be transferred or discharged only for medical reasons or for the welfare of other residents, and the right to be given reasonable advance notice of no less than 30 days of any involuntary transfer or discharge, except in the case of an emergency as determined by a licensed professional on the staff of the nursing home, or in the case of conflicting rules and regulations which govern Title XVIII or Title XIX of the Social Security Act. For nonpayment of a bill for care received, the resident shall be given 30 days' advance notice.

A licensee certified to provide services under Title XIX of the Social Security Act may not transfer or discharge a resident solely because the source of payment for care changes.

Admission to a nursing home facility operated by a licensee certified to provide services under Title XIX of the Social Security Act may not be conditioned upon a waiver of such right, and any document or provision in a document which purports to waive or preclude such right is void and unenforceable. Any licensee certified to provide services under Title XIX of the Social Security Act that obtains or attempts to obtain such a waiver from a resident or potential resident shall be construed to have violated the resident's rights as established herein and is subject to disciplinary action as provided in subsection (3). The resident and the family or representative of the resident shall be consulted in choosing another facility.

(q) The right to freedom of choice in selecting a personal physician; to obtain pharmaceutical supplies and services from a pharmacy of the resident's choice, at the resident's own expense or through Title XIX of the Social Security Act; and to obtain information about, and to participate in, community-based activities programs, unless medically contraindicated as documented by a physician in the resident's medical record.

If a resident chooses to use a community pharmacy and the facility in which the resident resides uses a unit-dose system, the pharmacy selected by the resident shall be one that provides a compatible unit-dose system, provides service delivery, and stocks the drugs normally used by long-term care residents. If a resident chooses to use a community pharmacy and the facility in which the resident resides does not use a unit-dose system, the pharmacy selected by the resident shall be one that provides service delivery and stocks the drugs normally used by long-term care residents.

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(r) The right to retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents or unless medically contraindicated as documented in the resident's medical record by a physician. If clothing is provided to the resident by the licensee, it shall be of reasonable fit.

(s) The right to have copies of the rules and regulations of the facility and an explanation of the responsibility of the resident to obey all reasonable rules and regulations of the facility and to respect the personal rights and private property of the other residents.

(t) The right to receive notice before the room of the resident in the facility is changed.

(u) The right to be informed of the bed reservation policy for a hospitalization. The nursing home shall inform a private-pay resident and his or her responsible party that his or her bed will be reserved for any single hospitalization for a period up to 30 days provided the nursing home receives reimbursement.

Any resident who is a recipient of assistance under Title XIX of the Social Security Act, or the resident's designee or legal representative, shall be informed by the licensee that his or her bed will be reserved for any single hospitalization for the length of time for which Title XIX reimbursement is available, up to 15 days; but that the bed will not be reserved if it is medically determined by the agency that the resident will not need it or will not be able to return to the nursing home, or if the agency determines that the nursing home's occupancy rate ensures the availability of a bed for the resident. Notice shall be provided within 24 hours of the hospitalization.

(v) For residents of Medicaid or Medicare certified facilities, the right to challenge a decision by the facility to discharge or transfer the resident, as required under 42 C.F.R. s. 483.12.

(2) The licensee for each nursing home shall orally inform the resident of the resident's rights and provide a copy of the statement required by subsection (1) to each resident or the resident's legal representative at or before the resident's admission to a facility. The licensee shall provide a copy of the resident's rights to each staff member of the facility. Each such licensee shall prepare a written plan and provide appropriate staff training to implement the provisions of this section. The written statement of rights must include a statement that a resident may file a complaint with the agency or state or local

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ombudsman council. The statement must be in boldfaced type and include the telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the numbers of the local ombudsman council and the Elder Abuse Hotline operated by the Department of Children and Families.

(3) Any violation of the resident's rights set forth in this section constitutes grounds for action by the agency under s. 400.102, s. 400.121, or part II of chapter 408. In order to determine whether the licensee is adequately protecting residents' rights, the licensure inspection of the facility must include private informal conversations with a sample of residents to discuss residents' experiences within the facility with respect to rights specified in this section and general compliance with standards and consultation with the State Long-Term Care Ombudsman Program.

(4) Any person who submits or reports a complaint concerning a suspected violation of the resident's rights or concerning services or conditions in a facility or who testifies in any administrative or judicial proceeding arising from such complaint shall have immunity from any criminal or civil liability therefor, unless that person has acted in bad faith, with malicious purpose, or if the court finds that there was a complete absence of a justiciable issue of either law or fact raised by the losing party (See your state for more information).

All professionals have to make sure that they are aware of these rights and provide care / services to the clients/ patients, ensuring that the rights of the clients/ patients are being honored and there are no violations.

COMMUNICATION WITH CLIENTS/ PATIENTS

Interpersonal skills are very important in establishing and maintaining an effective and productive and rewarding relationship with the clients/patients.



EFFECTIVE INTERPERSONAL RELATIONS

Effective interpersonal relationships involve:

Maintaining open communication,

Being a good listener

Being honest

Being sincere

Being courteous,

Being patient

Being hopeful.

Developing trusting and supportive relationships with clients/ patients by being trustworthy and supportive.

Encouraging clients/ patients to express their feelings.

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Respect each client/ patient as a unique individual with their own behavior patterns.

APPROPRIATE STEPS TO STARTING A CONVERSATION

If the client/patient is in a private room with door closed, knock on the door before entering.

Identify yourself by name and title and greet client/ patient by their name.

Greet the client/patient in a courteous manner

Approach the client/patient in a calm manner.

Explain what you are going to do.

Explain the procedure to the client/ patient

Encourage the client/ patient to participate as needed.

SPEAKING/ ATTENTIVE LISTENING

It is recommended that you get the client's /patient's attention before speaking.

Always use courtesy when you are communicating.

Use normal tone of voice and adjust your volume to the individual client's/ patient's needs.

Listen and respond appropriately to the clients/ patients

Keep conversations brief and concise

Avoid using slang while communicating.

Speak slowly (avoid the rush tone)

Avoid mumbling and speak clearly

Employ positive messages by using praise, encouragement, smiles and other methods that are acceptable to the client/ patient.

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Your verbal and nonverbal message should match

Be attentive and listen to what the client/ patient is saying.

Give/ receive feedback and/or request feedback as appropriate to make sure the communication is understood.

AVOID BARRIERS TO CONVERSATION

Avoid discussing or talking about your own personal problems and the problems of other patients or co-workers with the client/patient.

Avoid expressing your own opinions if it involves passing judgment

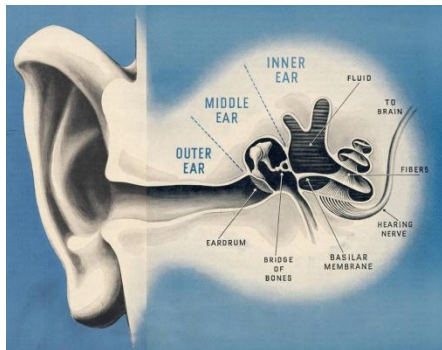
Avoid interrupting the clients/ patients when they are speaking

Avoid changing the subject.

Avoid personal phone calls while client/patient is speaking with you.



COMMUNICATING WITH CLIENTS / PATIENTS WITH HEARING LOSS (HARD OF HEARING)



Avoid startling the client/ patient.

Stand comfortably close to the client/ patient in a good light and face him/her while you are speaking.

Speak at a normal or only slightly increased volume, so that you avoid shouting.

Write down key words if necessary or use other communication assistive devices such as communication boards if applicable.

Utilize short words and sentences.

Always clarify client's/ patient's understanding and rephrase message if applicable.

Eliminate as much as possible, any distracting background noise and /or activity.

Assist the client/ patient to use a hearing aid as applicable.

If the client/ patient hears better in one ear, then stand on the preferred side.

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Speak slowly and distinctly/ clearly.

Avoid chewing gum or covering your face with your hands while speaking.

Avoid conveying negative messages by the tone of voice or even by your body language.



If the client/ patient use sign language, try to locate an individual who knows sign language to interpret.

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COMMUNICATING WITH CLIENTS/ PATIENTS WITH LOSS OF VISION



Always identify self by name and title as you enter room to avoid startling the client/ patient.

Encourage and assist patient to keep glasses clean and to wear them (as applicable).

Ensure there is good light in the room and face client/ patient when you speak.

Speak in a normal tone of voice.

Give explanations of what you will be doing and what is expected of the client/ patient.

Clarify client/ patient's understanding as appropriate.

Remember not to rearrange the environment without the client's/ patient's knowledge.

If rearrangement is necessary, always replace items to their original location in the client's /patient's room.

Always inform the client/ patient when you are finished and when you are leaving.

COMMUNICATING WITH PATIENTS WHO HAVE PROBLEMS WITH SPEECH /SPEAKING

Try to keep conversation short as much as possible.

Ask direct questions if client/ patient can answer - Yes or No.

If you are unable to understand the words or uncertain, validate what you think the patient is saying.

Allow the client /patient adequate time to respond.

Employ attentive listening (listen carefully).

Emphasize positive aspects.

Take the time and complete every conversation, to avoid conveying any impatience.

Assist the client /patient to point, write or use assistive devices for communication for example word boards or picture board as appropriate.

Encourage the client /patient to nod as appropriate.

Monitor body language to make sure you are not giving negative messages.

NON-VERBAL COMMUNICATION

Non- verbal communication is also an important aspect of communication. Gestures, nodding of head, waving of hand all convey a message; therefore it is vital for the professionals to be aware that effective non-verbal communication is also needed while working with the clients/patients and other colleagues.

Non- verbal communication has several functions:

Non- verbal communication is sometimes a substitute for verbal message such as gestures or facial expressions.

Non- verbal communication is frequently used to accent verbal messages.

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Non- verbal communication is sometimes used to repeat the verbal message for example pointing in a direction while giving directions.

Non- verbal communication often complements the verbal message.

Non- verbal communication often regulates interactions for example non-verbal cues may indicate when the other person should respond or not respond.

CONFLICT OF INTEREST

Conflict of interest may be frequently encountered while working with or providing services to clients/ patients. The professional should not exploit the client/ patient for any kind of personal gain.

All professionals have to consider their personal beliefs/values, the beliefs/ values of the clients/ patients and others who are involved while they are providing care /services.

Whenever you are guiding the clients/ patients in making decisions, you have to consider the beliefs/ values of the clients/ patients and make sure that the clients/patients values are honored.

CONFLICT / TEAM BUILDING

Conflicts may also arise among members of the team. Some ways to form a collaborative work relationship and a strong and effective team with diverse members of the team is by:

Setting expectations

Providing guidance

Providing supervision

Defining responsibilities of each members of the team

Communicating the expectations to each member of the team so they are aware of what they are accountable for.

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Meeting regularly to keep the lines of communication open

Meeting as needed to address any team-building issues that exist.

Strengthening work relationships; staff appreciation group awards etc.

Meeting regularly to find out if they have any concerns or issues that needs to be addressed

Meeting regularly to assess personal development

Meeting regularly to develop future goals.

TYPES OF CONFLICTS

- Intrapersonal conflict
- Interpersonal conflict,
- Intragroup conflict,
- Intergroup conflict.

Intrapersonal conflict

- Intrapersonal conflict occurs within the individual (within the mind).

Interpersonal conflict

- Refers to conflict which occurs between two people.

Intragroup conflict

- Intragroup conflicts refers to conflicts that happens among individuals within the group

Intergroup conflict

Intergroup conflict refers to conflicts that take place among different teams within an organization.

CONFLICT RESOLUTION

5 STYLES OF MANAGING CONFLICT

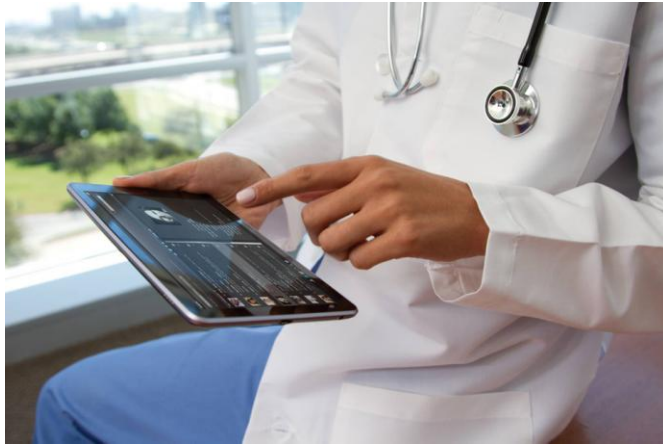
A tool that has been developed is the Thomas-Kilmann Instrument (TKI). TKI identifies 5 different styles that people frequently use when facing a conflict;

1. Accommodating with a goal to yield harmony and relationships.
2. Collaborating is the process of 2 or more individuals or organizations works together to realize mutual goals.
3. Compromising is defined as a settlement of differences by mutual concessions or an agreement reached by adjustment of conflicting
4. Avoiding conflicts – it is recommended that avoidance should only be used when the issue is not of great importance especially if the potential damage of having a confrontation outweighs the benefits.

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5. Competing is often a negative way to manage conflict with a goal of winning what ever the cost.

CONFIDENTIALITY



All professionals have to continually remind themselves of the importance of keeping client/ patient information private. Safeguarding the rights of the clients'/ residents' personal health information is a legal and ethical obligation as healthcare workers, other professionals and providers.

The trust between the clients/ patients can be compromised by unnecessary disclosure of medical information.

Confidentiality is defined as a set of rules or a promise that limits access or place restrictions on certain types of information. Within the health care setting, confidentiality is a major issue in patient/resident care. Nurses, social workers, Therapist, Physicians, Certified nursing assistants as well as everyone else who works with the patient has to maintain confidentiality of patient information. For example: you cannot talk about the patient with others who are not working with the patient and you cannot leave patient's chart at the bedside for unauthorized personnel to view. Legally, you can be fined or imprisoned; if you talk about the patient or share patient information. HIPAA laws must be followed and maintained.

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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Confidentiality of patients' information

HIPAA violations involves both civil and criminal penalties which include fines and imprisonment. The fines can range from \$100 for each violation of the law to a limit of \$25,000 per year for multiple violations. For misusing or disclosing any of the patient's information, criminal sanctions carry fines of 50,000 to 250,000 and one to ten years imprisonment.

Always maintain confidentiality of patients' information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security and Breach Notification Rules:

The Office for Civil Rights enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; the HIPAA Breach Notification Rule, which requires covered entities and business associates to provide notification following a breach of unsecured protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

The HIPAA Privacy Rule provides Federal protections for individually identifiable health information held by covered entities and their business associates and give the patient an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it allows the disclosure of health information needed for patient care and other important purposes.

Protected Health Information (PHI)

The HIPAA Privacy Rule protects most "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form; electronic, on paper, or oral. The Privacy Rule calls this information protected health information (PHI). Protected health information is information, including demographic information, which relates to:

- the person's present, past, or future physical, mental health or condition,

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- the provision of health care to the individual, or
- the present, past, or future payment for the provision of health care to the individual, and that identifies the person or for which can be used to identify the individual.

Protected health information includes many common identifiers such as name, address, Social Security Number, date of birth when they can be associated with the health information.

A medical record, hospital bill or laboratory report, would be Protected health information because each document would contain a patient's name and the other identifying information associated with the health data content.

According to an article from the American Nurses Association, the issue of health care reform brings ethical issues of justice to the forefront, as communities, individuals and the legislature struggle with how to provide quality health care to several individuals without sacrificing the basic rights of the few. The June 2012 Supreme Court decision that upheld the constitutionality of the Patient Protection and Affordable Care Act (PPACA), first enacted in 2010, provides some guidance to employers, states, consumers and insurers about what they were required to do by 2014 (OJIN 2012).

Provisions in the Patient Protection and Affordable Care Act are designed to expand insurance coverage, control costs, target prevention; with one of the primary target being adults aged 19-64, because their use and access to health care / health services deteriorated between 2000 and 2010, especially among those individuals who were not insured.

The Patient Protection and Affordable Care Act include but not limited to reforms such as:

- Expanding Medicaid eligibility,
- Subsidizing premiums for insurance
- Allowing incentives for various businesses to provide health care benefits
- Prohibiting insurance companies from denying coverage for pre-existing condition etc.

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It is very important for nurses and other health workers/ professionals to consider how the implementation of the Patient Protection and Affordable Care Act (PPACA) relates to their role in understanding and trying to rectify conditions of injustice in health care. Through our education, practice and interactions with various segments of society, we are able to gain a unique perspective of what constitutes injustice in health care and which groups and individuals are especially disadvantaged. “Through understanding how certain human contexts and conditions erect and maintain barriers to the improvement of well-being, nurses and other health professionals can make important differences in helping to provide the human good of health to both individuals and societies” (OJIN 2012).

CODE OF ETHICS – NURSING

Providing the highest quality healthcare services is a major function for nurses. Therefore the Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession (ANA 2016).

As required for all other professionals, so the nurses also have to:

- Avoid actions that are based on prejudice,
- Avoid behavior/ actions that are threatening of others,
- Avoid actions that brings harassment to others,
- Provide fair treatment to others, and
- Maintain relationships that are caring.

RESPONSIBILITY AND ACCOUNTABILITY

Nursing practice involves actions that include providing treatment, medications, and care to patients. Other task involves teaching, research, delegation, management and supervision. Nurses are responsible for the care that their patient receives and their own practice therefore the nurse has a responsibility to follow the standards of care at all times.

Accountability is the acknowledgment and assumption of responsibility for actions, to account for one's actions. Therefore the nurse has to follow the standards that are in place.

According to the Florida Administrative Code and Florida;

64B9-8.005 Unprofessional Conduct

Unprofessional conduct shall include:

- (1) Inaccurate recording;
- (2) Misappropriating drugs, supplies or equipment;
- (3) Leaving a nursing assignment without advising licensed nursing personnel;
- (4) Stealing from a patient;
- (5) Violating the integrity of a medication administration system or an information technology system;
- (6) Falsifying or altering of patient records or nursing progress records, employment applications or time records;
- (7) Violating the confidentiality of information or knowledge concerning a patient;
- (8) Discriminating on the basis of race, creed, religion, sex, age or national origin, in the rendering of nursing services as it relates to human rights and dignity of the individuals;
- (9) Engaging in fraud, misrepresentation, or deceit in taking the licensing examination;
- (10) Impersonating another licensed practitioner, or permitting another person to use his certificate for the purpose of practicing nursing;
- (11) Providing false or incorrect information to the employer regarding the status of the

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license;

(12) Practicing beyond the scope of the licensee's license, educational preparation or nursing experience;

(13) Using force against a patient, striking a patient, or throwing objects at a patient;

(14) Using abusive, threatening or foul language in front of a patient or directing such language toward a patient.

Check your state for more information.

ETHICAL DECISION-MAKING

Ethical decision-making involves a process of assessing /evaluating the situation and choosing among the alternatives in a manner that is consistent with ethical principles.

When making ethical decisions, it is necessary for the professional to perceive and eliminate choices or options that are unethical and choose the best ethical alternative.

With regard to ethical decision-making, professionals have a duty to have respect for the values of others and make sure that they are not giving opinions or making decisions that place them in the position of crossing professional boundaries.

When the professionals are presented with situations that the values, actions or beliefs, are personally or socially unacceptable, the professional should provide skilled professional care and provide care or services in a respectful manner.

Various situations may cause the nurse, healthcare worker or other professionals to respond or act in ways which are a violation of the values of the profession/ violation of the code of ethics. All professionals have a duty to retain the integrity of their profession. Healthcare team members are obligated to preserve patient safety. Healthcare workers cannot abandon their patients. Resident's rights have to be honored and maintained.

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FLORIDA STATUTES 429.28

Florida Statutes 429.28; Resident bill of rights declares that:

(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:

- (a) Live in a safe and decent living environment, free from abuse and neglect.
- (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
- (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
- (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.

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(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.

(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.

(g) Share a room with his or her spouse if both are residents of the facility.

(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.

(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.

(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

(2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the

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statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and, if applicable, Disability Rights Florida, where complaints may be lodged.

The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and Disability Rights Florida.

(3)(a) The agency shall conduct a survey to determine general compliance with facility standards and compliance with residents' rights as a prerequisite to initial licensure or licensure renewal. The agency shall adopt rules for uniform standards and criteria that will be used to determine compliance with facility standards and compliance with residents' rights.

(b) In order to determine whether the facility is adequately protecting residents' rights, the biennial survey shall include private informal conversations with a sample of residents and consultation with the ombudsman council in the district in which the facility is located to discuss residents' experiences within the facility.

(c) During any calendar year in which no survey is conducted, the agency shall conduct at least one monitoring visit of each facility cited in the previous year for a class I or class II violation, or more than three uncorrected class III violations.

(d) The agency may conduct periodic follow up inspections as necessary to monitor the compliance of facilities with a history of any class I, class II, or class III violations that threaten the health, safety, or security of residents.

(e) The agency may conduct complaint investigations as warranted to investigate any allegations of noncompliance with requirements required under this part or rules adopted under this part.

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(4) The facility shall not hamper or prevent residents from exercising their rights as specified in this section.

(5) A facility or employee of a facility may not serve notice upon a resident to leave the premises or take any other retaliatory action against any person who:

(a) Exercises any right set forth in this section.

(b) Appears as a witness in any hearing, inside or outside the facility.

(c) Files a civil action alleging a violation of the provisions of this part or notifies a state attorney or the Attorney General of a possible violation of such provisions.

(6) A facility that terminates the residency of an individual who participated in activities specified in subsection (5) must show good cause in a court of competent jurisdiction. If good cause is not shown, the agency shall impose a fine of \$2,500 in addition to any other penalty assessed against the facility.

(7) Any person who submits or reports a complaint concerning a suspected violation of the provisions of this part or concerning services and conditions in facilities, or who testifies in any administrative or judicial proceeding arising from such a complaint, shall have immunity from any civil or criminal liability thereof, unless such person has acted in bad faith or with malicious purpose or the court finds that there was a complete absence of a justiciable issue of either law or fact raised by the losing party.
(See your state for more information).

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