



# Critical Thinking Part 2: You Can't Make This Stuff Up

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# Our World

SLANG

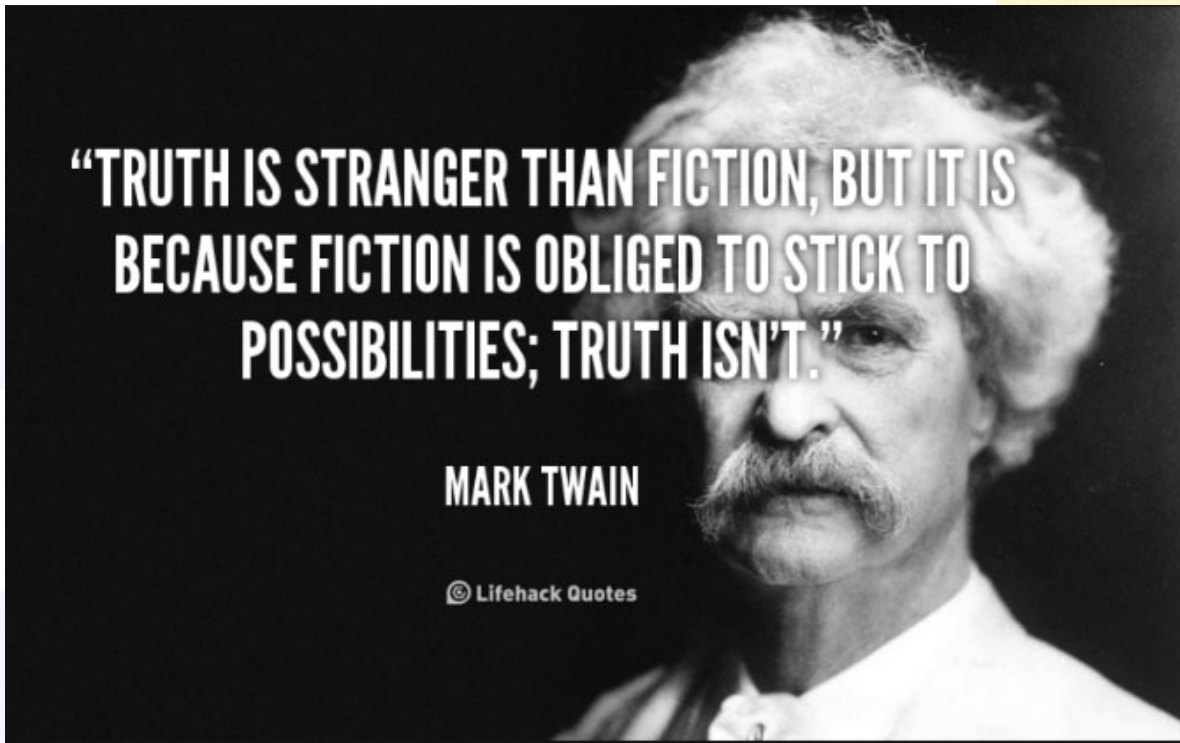
Internet Slang, Chat Texting & Subculture

## YJCMTSU

means

You Just Can't Make That Stuff Up

by [acronymsandslang.com](http://acronymsandslang.com)





## CRITICAL THINKING – PART 2

### “YOU CAN’T MAKE THIS UP”

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- To pay or not to pay: glasses, hearing aids, dentures, etc.
- Protecting patients from financial abuse and neglect
- BOLO’S (Be On the Look-Out)
- Your foreign body in someone else’s hospital – what now?
- “E”-Consults
- Domestic violence issues



## Cinderella and Her Lost Shoe (and Glasses, Dentures and Hearing Aid) – To Pay or Not Pay

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- Cinderella is a resident in your skilled nursing unit who just can't seem to keep track of her personal belongings – in just the last month she has lost her dentures twice, one of her slippers, and now her very expensive hearing aid is missing.



- She is adamant that someone “wicked” has stolen her things and is selling them on e-Bay. You suspect that she might be hiding or destroying her things for attention, or because she doesn't like wearing them. Her step-sisters insist that all of these items be replaced by your facility at no cost to Cinderella (or them). Who pays for the new hearing aid?



## Property Loss in General — The Law

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- The liability of ... an operator of a licensed hospital, rest home or sanitarium, ... for losses of or injuries to personal property, is that of a depositary for hire; provided, however, that in no case shall such liability exceed the sum of one thousand dollars (\$1,000) in the aggregate.
- For each item: limit is \$500 for “trunk and contents” and \$250 for each valise, travel bag or box, unless consented in writing with the owner thereof to assume a greater liability.
- This includes items placed in the hospital safe
  - » *Civil Code section 1859, 1860*



## Sample Terms and Conditions of Admission

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- **PERSONAL VALUABLES:** \_\_\_\_\_ Medical Center asks patients and families not to bring valuable items into its facilities. \_\_\_\_\_ Medical Center shall not be liable for the loss of or damage to any money, documents, jewelry, glasses, dentures, furs, cell phones, electronic devices or other articles of unusual value and shall not be liable for loss or damage to any personal property, unless deposited in the fireproof safe maintained by \_\_\_\_\_ Medical Center. The liability for loss of any personal property deposited with \_\_\_\_\_ Medical Center shall be no more than \$500.



## Nursing Policy Language on Property Inventory

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- **Inventory:** An itemized list of patient belongings and valuables documented in the Patient Belongings List
- **Inventory must be detailed:** e.g. documenting “wallet” or “overnight bag” alone is not sufficient to complete inventory unless those items are empty: wallet and bag must be opened and each item is detailed in the Patient Belongings List.



# Upping the Game on Property Inventory

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- It is the policy of \_\_\_\_\_ Medical Center that staff offer to inventory and document patient belongings and valuables as soon as possible after a patient is registered and begins care. Documentation is recorded on a paper version (“Patient Property Record”) and in the electronic version on admission from the ED, Pre Op, or by transport. Staff must also complete and document this inventory when an incapacitated patient or minor receives care but has no parent or guardian present. The inventory recorded on a paper form is witnessed and signed by two Medical Center employees.



## Upping the Game — Timing

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- **Timing:** When admitted to an inpatient unit, belongings are inventoried and documented by the end of a RN's shift. If the patient has arrived within the final hour of that RN's shift, the belongings list may be completed by the end of the next RN's shift.
- **Expedited for safety:** Patients who have been non-compliant with \_\_\_ Medical Center's policies regarding disruptive behaviors, violence or drug and/or other illicit possession may have been flagged in the Electronic Health Record. These patients' records will show a "FYI Alert." If the patient has a history that may put staff or other patients at risk, the admitting RN should review the FYI alert and expedite a belongings inventory.



# Practical Issues with Property

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- The patient may bring in property over the course of the hospitalization and we have no way of knowing
- Property inventory is now not just about property loss, it is about making sure weapons, drugs and other things are not brought in
- AND sometimes the loss of a sensory item, such as glasses, hearing aids and dentures is because we didn't follow our policy — it creates a medical hardship for the patient



## Remember “My Fair Lady” and the Song, “I’m Getting Married in the Morning”: Well, Robert Doesn’t Remember Financial Abuse in the Hospital

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- Robert, age 71, was transferred to your hospital with various GI, alcohol and Cardiac issues. He has coded twice in the last three weeks. His mental status varies.
- He is quite a character who has been married four times. His current girlfriend, Shirley has been with him for several years.
- Shirley and at least two of Robert’s children have been visiting Robert and there are no signs of family conflict.





# Protecting Patients



- Since his codes, Robert has been confused, pulling out lines, etc.
- Shirley approaches one of your physicians and asks for a letter stating that Robert is in the hospital and can't make it to City Hall. The doctor complies, but doesn't ask why, and doesn't call Risk for help before providing Shirley with the following:

To Whom It May Concern,

This letter is to certify that Robert has been hospitalized at \_\_\_\_\_ from \_\_\_\_\_ through today, \_\_\_\_\_, for a serious medical condition. Due to this medical condition, he will be unable to appear in person to the Office of the County Clerk and likely has a long recovery period ahead.

Signed: \_\_\_\_\_, MD



# Protecting Patient



- A few days later, a man comes into the room, does some finger printing of Robert and has him sign at least eight documents
- Robert's adult daughter, Sally, is there, doesn't like what she sees but films it all
- She doesn't tell your nursing staff that she is upset
- No one calls Risk to ask for help



## There's More .....

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- The next day, Friday, Sally and Shirley are visiting in the morning — everything is fine
- After Sally leaves, Shirley tells everyone to leave the room so that she and Robert can exchange vows
- No one calls Risk!!!
- Two days later, on Sunday, the rest of the family finds out about the marriage and all heck breaks loose
- Shirley is escorted out and visitation restrictions are applied



# Does it Sometimes Seem Like We Are In a Jerry Springer Show Episode?





# The Aftermath of Robert's Wedding

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- Invalidating the Advance Directive based on lack of capacity
- Continued visitor restriction of the “wife”/Girlfriend
- Viewing the video of the patient blindly signing paperwork
- Dealing with attorneys from both sides — the “attorney” who had the patient sign paperwork was a friend and had spoken to a physician about the patient’s medications — no documentation and no physician who meets the description
- Due to the patient’s continued deterioration, allowing witnessed visitation by his girlfriend
- The patient died, and now there is a will contest
- Who can get the record? — the new or old Agent for health care decisions?



## Complaint to CDPH

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- On top of the will contest (in which multiple staff will be witnesses), the family complained to CDPH that the hospital had not protected their loved one from Elder or Dependent Adult Abuse. Questions asked:
  - What was the documentation of the social situation?
  - What is our policy on patients getting married in the hospital?
  - What processes do we have in place to protect patients from Elder or Dependent Adult Abuse?



## Response to CDPH

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- No history of family acrimony
- Family did not notify us of issues with the girlfriend or visitors
- Patients have the right to visitors and we don't screen visitors based on their status as a lawyer, etc.
- Patients have done estate planning in the hospital
- After much discussion, no deficiencies
- **BUT IT DOES RAISE CONCERN ON THE SCOPE OF OUR DUTY**



# Factors to Consider

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## Patient factors:

- Direct and Indirect effects of terminal illness
- Co-morbidities
- Medications
- Urgency of situation
- Emotional and psychological challenges
- Family issues
- Undue influence
- Need to be clear that capacity needs to be reviewed if legal documents are involved
- Involve Social Work to do a complete social assessment
- Studies show that one in ten elders are financially abused by their family



# Keeping Everyone Safe

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**BOLO**

**Be on the lookout**





## “Bad Boy Brad” is on the GO — Watch Out

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- Brad was brought into your hospital’s ED
- He told your ED staff that he was a physician and that he had lost his ID and wanted a new ID and stethoscope
- Later, he was up in the ICU and stated he was with his girlfriend and was waiting to see a patient; he provided a false patient name — he was escorted out
- What was he up to?



# “BOLO’s” Be On The Look-Out

## Posing as a Physician

### BOLO / INFO ONLY

Sent: 01/02/2019

Case: FCN#

Author: Deputy

NIC #

Last Name

First Name

Nickname

Alias "Prince Denver of Prussia", "Denver Prince"

Age 32

Gender Male

Height 5'10"

Weight 185

Eyes Blue

Hair Brown

Complexion

Race Caucasian

Birth Date

Last Contact 01-02-2018

Marks UNK.





## “Bad Boy Brad” is on the GO — Watch Out

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- Brad had made similar representations that he was a physician in a hospital in another state
- How are we to know???
- Does your facility have a strong policy? If you see something, say something?
- What is the threshold for getting police involved to help with this?
- Do we need to look at our visitor policies; what are your ingress and egresses?



## What is a “BOLO”?

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- Also known as “All Points Bulletin” (APB) or “Attempt to Locate” (ATL)
- What about the person’s privacy?
  - Hospital does not have a duty to Brad to protect his privacy
  - If there is concern that he is committing a crime on your premises — you can talk to police
  - If we think that this is a pattern of behavior, getting authorities involved to communicate could be helpful to prevent further inappropriate behavior at a different facility



## The Princess and the Pean Forceps – Foreign Body Frolics



- Princess had surgery at your facility for a ruptured spleen three months ago after a painful carriage accident, and has been back to your clinic twice, complaining of a sharp pain in her abdomen. Her physician has dismissed her complaints, first as “the healing process” and most recently as probably due to adhesions from a prior tummy tuck procedure years ago — he suspects that Princess is in fact “drug seeking,” and using her apparent sensitivity to every little twinge of pain as an excuse to get more Vicodin. He has noted his suspicions in her chart.
- You just got a call from Three Bears Hospital that a 6.25” curved Rochester-Pean surgical forceps has been visualized on x-ray and that surgical removal of the foreign body is scheduled for later today. Given Princess’s medical history, Three Bears suspects it’s yours. What’s the first thing you are you going to do?



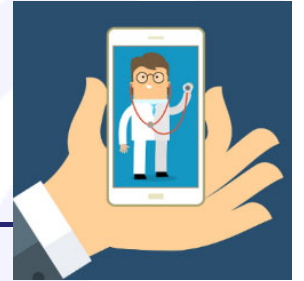
## The Digital World Expands — E-consult

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- Nancy Nervous lives in a remote part of California — she is a nature girl, but does have a few medical issues
- She is being followed by her Primary Care Physician, Dr. Dogooder
- Nancy has some symptoms that may be neurologic in nature, but it is confounding Dr. Dogooder
- He thinks it would be helpful to get some specialty help from a neurologist — but there isn't anyone in the area
- What are his options?



## What is an “E-consult”?



- “An asynchronous consultative communication between providers occurring within a shared EHR or secure web-based platform”
- It excludes “curbside” consultations, telehealth or electronic referral
- There are more and more programs to assist with the management of patients between Primary Care and Specialists

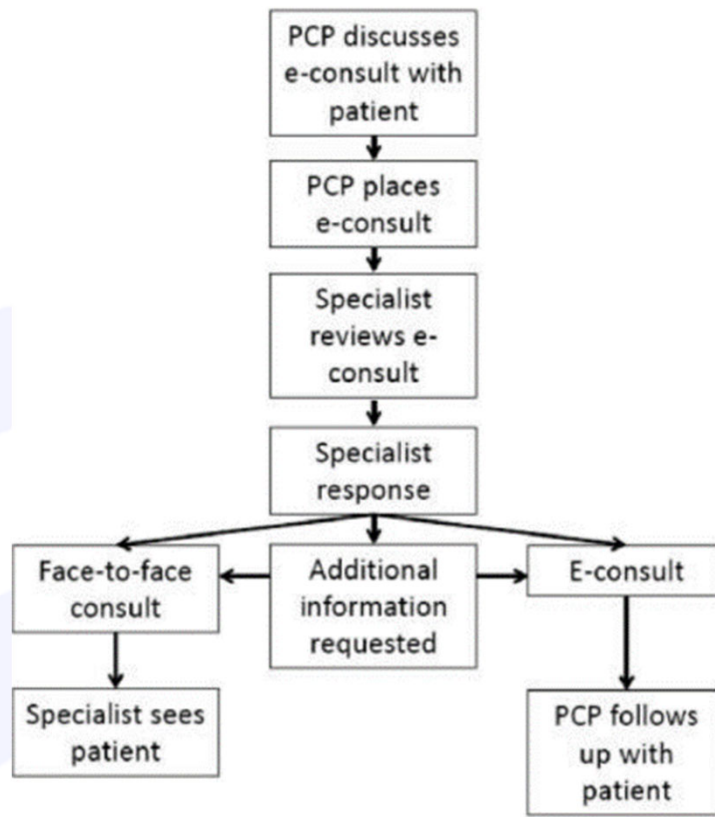


## Why the Need?

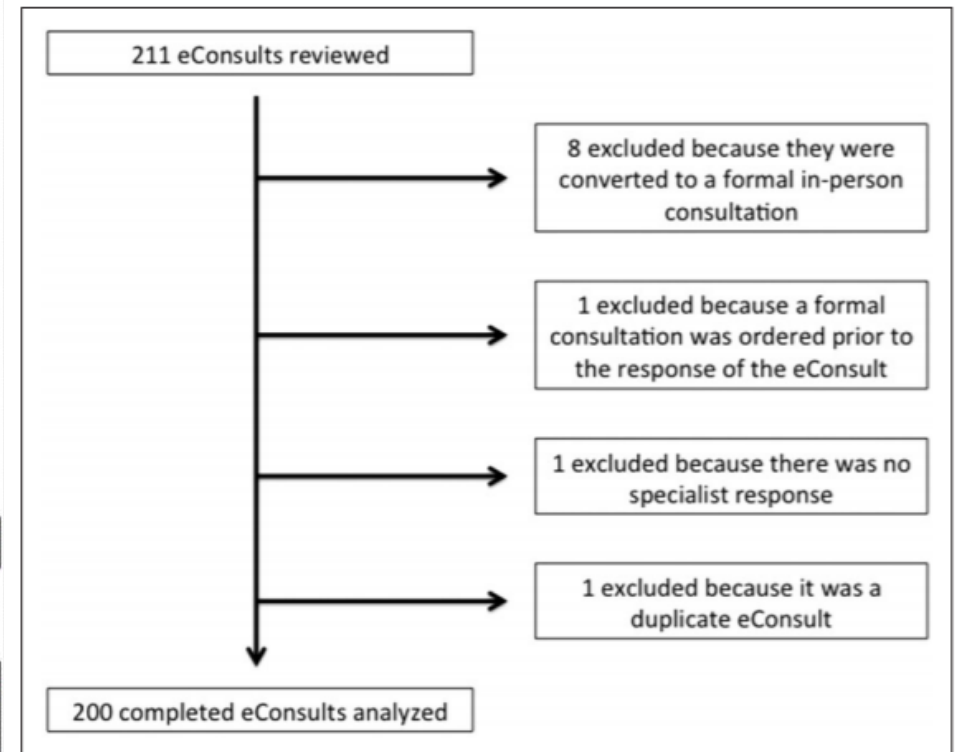
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- It is estimated that 1/3 of patients are referred to a specialist each year
- Issue with timely access to specialists, particularly among low income patients
- Concern about the quality of communication between PCP's and Specialists — Curbsides — a recipe for miscommunication
- Actual referrals are not always appropriate

# What is the Process?



## UCSF Initial Study





## What are E-consults Used For?

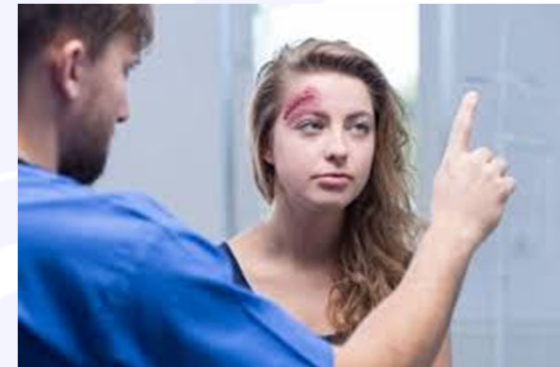
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- Per a UCSF Study of 211 e-consults:
  - Diagnosis (71%)
  - Treatment (46%)
  - Monitoring 21%
  - 14% of patients had an actual visit in the specialty during the 6 month period following the e-consult
- Are there risks?
  - The patient is agreeing to sharing of PHI
  - Now there is a record of the advice — better than a curbside
  - The PCP manages the care (unless there is a referral)



## Red Riding Hood and the Wolf – Reporting Wounds and Injuries from Assaultive and Abusive Conduct

- Red Riding Hood told her parents “she was going to visit Grandma” but instead secretly met up with Wolf – a seductive type her parents had forbidden her to see.
- Unfortunately her parents were right, he is no darn good, and she ended up in your clinic with a sprained ankle, a laceration, and other non-life threatening injuries that need medical attention. Red is a minor.
- Can you treat her without her parents’ knowledge? Do you have any mandated reporting duties? What duties? What about billing (she’s insured on her Mom’s health plan)?





## KEEP IT CONFIDENTIAL.



If you are covered under another person's health plan in California—like your parent's or spouse's—your health information will not be kept private unless you...

### TAKE ACTION.

It's easy: **Submit a Confidential Communication Request to your health plan provider today.**

### TAKE 3 SIMPLE STEPS.

**1 Know your health plan and policy number**

**2 Submit a confidential communications request**

**3 Call to confirm your information is protected**

The Confidential Communication Request form is available for download in [English](#) and [Spanish](#).

FIND YOUR HEALTH PLAN

### FOR PROVIDERS

#### Languages

- [English](#)
- [Español](#)

#### You can do this if you:

- Get sensitive services like birth control, STD/pregnancy tests or mental health care
- Think you could be at risk if your private health information about any health care service was shared

#### SHARE THESE RESOURCES



#### Questions?

DOWNLOAD CONFIDENTIAL COMMUNICATIONS REQUEST FORM

NEED HELP?



Questions?



# Thank You

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