



ADDRESSING PATIENT AND MEMBER¹ BIAS: GUIDING PRINCIPLES

These principles are based on

- *HealthPartners' Vision of health as it could be, affordability as it must be, through relationships built on trust*
- *Patient (and member) autonomy – the right to accept or refuse care consistent with one's values*
- *Professional obligations, including the mandate to do no harm to the people we serve*
- *Colleagues' right to work in a safe environment that is free from harassment and discrimination*
- *HealthPartners' obligation to provide that environment for colleagues*

Principles

The first principle should always be the primary and foremost factor in decision-making:

1. Clinical Stability of the Patient Is Primary

- Is the patient experiencing a medical emergency that requires immediate treatment in order to stabilize?
- Does the care the patient needs require specialized skills that only this caregiver can render?

Note: If either of the above circumstances exist, personal preferences on the part of both the patient and the caregiver must be put aside in order to stabilize the patient and keep him or her safe.

All of the remaining principles should be considered once the individual is clinically stable:

2. Communication Is Critical

- Whenever possible, leaders should communicate openly with the patient or member to understand and respond to their concerns, express support for and confidence in the skills of our colleagues and keep the focus on common patient care goals and member service
- It is appropriate for leaders to intervene in hostile or otherwise unacceptable patient and member interactions to express that while we are trying to help the individual it is not acceptable for him or her to talk to or treat our colleague in this way

3. Capacity of the Patient or Member Must Be Evaluated

- To what degree is the patient or member responsible for his or her behavior? For example, does the individual have a mental illness or condition (such as delirium, dementia or psychosis) or is the individual under the influence of drugs or alcohol that could interfere with their judgment or ability to control their impulses?
- The organization's responsiveness to the individual's request or tolerance of their behavior will increase as needed to provide safe and compassionate care and service for the patient or member in situations where the individual has less capacity to control or understand their own behavior

¹ HealthPartners provides care financing and administration as well as direct care. This document refers to people who receive care from our providers and facilities as "patients," and to people who are enrolled in our health plans as "members."

4. Cultural and Personal Context Are Relevant

- Is the individual's request to change caregivers or other personnel due to their cultural background or personal history? Or is the request driven by bias, disrespect or blatant discrimination?
- Cultural/personal context is never justification for disrespectful or abusive behavior toward a colleague, which will not be tolerated, even if the request to change caregivers or other personnel *is* attributable to cultural/personal context
- In all interactions, we strive to lead with cultural humility, avoiding assumptions and seeking to understand patient and member needs

5. Caregivers and Other Colleagues Must Be Supported

- *All* colleagues should be empowered and encouraged to report inappropriate words and behaviors when observed, even if not directed at them personally; the burden of recognizing and responding to intolerance and discrimination should not be borne solely by the person being targeted
- When clinically appropriate and alternative resources are available, caregivers and other colleagues should be consulted before any decisions are made regarding a change request; colleagues may choose to continue caring for or serving the individual if they believe they can do so safely, objectively and professionally

6. Personal Safety Is Important

- Would the patient or member be so resistant to being treated or served by a particular colleague that he or she would likely suffer physical or psychological harm if cared for or served by that person?
- Would the colleague who has been "targeted" be at risk for physical or psychological harm if the care or service relationship were to occur or continue?

7. Legal Requirements Must Be Followed

- Would transferring the patient or refusing to provide care comply with organizational policies about emergency or active labor situations (EMTALA)?
- Would transferring the patient or member or refusing to provide care or service comply with government programs and other legal requirements?

Resolution and Follow-Up

After consideration of all of the above, the team leader will need to choose one of the following courses of action:

- A. Negotiate agreement of patient/member to continue to work respectfully with colleague*
- B. Accommodate the request to change care or service providers and follow up with the affected colleague*
- C. Offer transfer to another facility, if applicable*
- D. In partnership and with counsel from appropriate partners (legal, communications, diversity and inclusion), begin the process of terminating a patient or member*