

# People Choose & Understand Healthcare Needs and Providers

Core Services of Northeast Tennessee is committed to supporting people in managing their healthcare and making choices regarding medical care. This includes providing understandable information about:

* available healthcare providers
* information about health and conditions
* medications and treatments (including the purpose, intended outcomes, side effects or other risks and alternatives)
* other healthcare choices

There are individuals who have had the right to make medical decisions removed by a court. These individuals have a court appointed person (i.e. conservator, POA) to make medical decisions. Core Services is committed to providing understandable information to everyone regardless of their legal competency to make healthcare decisions.

To accomplish these goals, support must include communicating healthcare information in the manner most appropriate for the individual. If the person is competent to make their own medical decisions and needs to make a pressing medical decision the Informed Consent Checklist below will be used as a tool to determine the persons support needs in making the decision.

When communicating healthcare choices, the Core Services nursing department, in consultation with other members of the support/leadership and COS team who are most familiar with the person, will decide on the best approach to explain information in a way the person can best understand, taking into consideration the effectiveness of the persons expressive and receptive communication skills. This can include but is not limited to:

* + Speaking directly to the person and listening to what the person says/asks in response
  + Choosing appropriate language
    - Use plain language. Avoid jargon.
    - Use short, simple sentences.
    - Use concrete as opposed to abstract language, for example: “Show me”; “Tell me”; “Do this” with gesture; “Come with me”; “I’m going to…”

When a person experiences a new or emerging health condition or there is observed to be a lack of information about existing conditions, the following will occur.

* The Core Services nursing department will request from the treating health care provider a written or oral explanation about the condition and proposed treatment or procedure including:
  + Diagnosis for which the treatment is proposed;
  + Nature of the treatment, procedure, medication, etc.;
  + Name, dosage and frequency of any prescribed medications;
  + Expected benefits;
  + Possible risks and side effects;
  + Availability of alternatives; and
  + Prognosis without proposed intervention.
  + Research and use appropriate tools
    - Can the person read? Is there an easy to read fact sheet?
    - Are there pictures available that can help explain?
    - Are there videos available that can help explain?
    - Can simple gestures or diagrams help communicate the information?
* The Core Services nursing department will follow up with the person and their support team to determine if further education is needed. Does the person demonstrate an understanding of the information? Do they have questions or concerns?
* To aid in the process the following tools are available if needed “Communicating a Medical Condition Worksheet” and if appropriate, the “Informed Voluntary Consent Checklist” will be completed by the nursing department with the person supported. Education efforts will be documented within the ECM system.

When a person needs to change or choose a new healthcare provider the following will occur.

* The Core Services nursing department will obtain a list of possible healthcare providers appropriate for the need, accept insurance, etc.
  + - Efforts will be made to learn the person preferences regarding demographics of a preferred provider, i.e. male/female, old/young, affiliation with a particular medical practice.
    - Available tools will be used to educate people about available providers and facilitate the selection process. These can include but are not limited to:
      * Can the person read? Are there reviews or bios the person can read?
      * Are there pictures or videos available, such as on a medical practice website?
      * Have others recommended specific providers?

When a person’s right to make medical decisions has been removed by the court the Core Services nursing department will share with the court appointed conservator, the person’s stated medical preferences.

Communicating a Medical Condition Worksheet

Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 1. Diagnosis for which the treatment is proposed; |  |
| 1. Name, dosage and frequency of any prescribed medications; |  |
| 1. Expected benefits; |  |
| 1. Possible risks and side effects; |  |
| 1. Availability of alternatives; and |  |
| 1. Prognosis without proposed intervention. |  |

Date of Discussion with Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Who was present for the discussion? |  |
| What tools were used (include websites, pictures, fact sheets, etc) |  |
| What questions did they ask? What response did they have? |  |
| What do you believe to be their level of understanding? |  |
| Follow Up Action Needed? |  |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **INFORMED, VOLUNTARY CONSENT CHECKLIST** | | | |
| Explain to the person that you will be doing a capacity assessment with them. Do not assume the person will understand the connection between the illness and subsequent interventions. | | | |
| **1. Does the person understand that an intervention is being offered for a health problem?** | | | |
| Yes | No | Unsure | e.g. What problem are you having right now?  What problem is bothering you most?  Do you know why you are in the hospital, need to see a specialist? |
| **2. Does the person understand the nature of the proposed exploration or treatment and the expected benefits?** | | | |
| Yes | No | Unsure | e.g. What could be done to help you with your current health problem?  Do you think you are able to have this treatment?  Do you know what might happen to you if you have this treatment?  Do you know if this treatment can cause problems? Can it help you live longer? |
| **3. Does the person understand possible alternative treatment options and their expected benefits, burdens and risks?** | | | |
| Yes | No | Unsure | e.g. Do you know the different ways that might make you feel better? |
| **4. Do you understand the likely effects of not having this treatment?** | | | |
| Yes | No | Unsure | e.g. Do you know what could happen to you if you don’t have this done?  Could you get sicker or die if you don’t have this done?  Do you know what could happen if you have this? |
| **5. Is the person free from any duress (e.g. illness, family pressure) or pain/distress that might impair his/her capacity regarding the particular decision?** | | | |
| Yes | No | Unsure | e.g. Can you help me understand why you have decided to accept/refuse this treatment?  Do you feel you are being punished?  Do you think you are a bad person?  Is anyone telling you, you should or should not get this treatment |
| **6. Is the person free from a mental health condition that may influence his/her capacity to give consent?** | | | |
| Yes | No | Unsure | e.g. Are you hopeful about the future?  Do you think you deserve to be treated?  Do you think anyone is trying to harm you?  Do you trust your doctor, nurse, support staff? |

|  |  |  |
| --- | --- | --- |
| CAPABLE | NOT CAPABLE | UNSURE |
| If yes to all of the above and person can remember the information long enough to make a decision (verify by asking the person to explain to you) then consider their capacity exists to consent or refuse proposed treatment | If no to ANY of the above questions, you may need to repeat the process several times. If the person still does not understand consider a legal surrogate or Supported Decision Maker be involved | Consult family/COS if you have not already done so. |