Model 4
Clients and Their Rights

Lesson 1: The Client

Key Terms

- **Adult family home (AFH**): residential, neighborhood home licensed to care for two to six people (qualified homes can apply for a capacity up to eight people).
- **Assessment**: gathering information to determine what care and services a client needs and wants and how and when they want assistance provided.
- **Assisted living facility (ALF):** larger residential facility licensed to care for seven or more people.
- **Care setting**: where a client lives, such as an adult family home, assisted living facility, enhanced services facility, or their own house or apartment.
- **Care team**: everyone who supports a client, including professionals, friends, family, and the client themselves.

- **Enhanced services facility (ESF):** residential facilities for up to sixteen people with specialized staff and intensive services that focus on behavioral interventions.
- **Functional disabilities**: a physical, cognitive, emotional, or mental condition caused by disease, developmental disability, or chemical dependency which impairs a person’s ability to live independently
- **Self-determination**: the ability of a person to control what they do and what happens to them.
- **Service plan or care plan**: a guide or map of the care and services a client wants and needs, including how and when services should be offered and who will provide them. In an assisted living facility, this document is called a "negotiated service agreement."

Clients

- Terminology: “Client” or “Resident?
  - The Department of Social and Health Services frequently uses the term “client” for people who receive long-term care. In residential settings, such as an adult family home, assisted living facility, or enhanced services facility, “resident” is often used. You may hear other terms such as “care recipient,” “service participant,” or “consumer.”
- Care Settings
  - The type of care setting that a client chooses depends on the services and support they need. Clients can receive assistance from Home Care Aides in many different settings, including: • their individual house or apartment, • an adult family home, • an assisted living facility, or • an enhanced services facility.
- Care Teams
  - As a Home Care Aide, you are part of the team that supports the client’s well-being. This group also includes the client themselves and anyone else the client chooses, such as: • the client’s relatives, • their friends, • doctors, • nurses, • formal representatives, • social workers, and • case managers.

- Care and Client Choice
  - The goal of person-centered long-term care is to support the client's independence and respect their preferences.
- Service Plans
  - When a person begins to receive long-term care services, an assessment determines their needs and preferences. The case manager or supervisor works with the client and the rest of the care team to develop a service plan (also called a negotiated care plan).
  - The service plan is a detailed explanation of the client's needs and the services they will receive. In general, a service plan identifies:
  - 1. What tasks the client wants and needs support with;
  - 2. Who will support them with each task; and
  - 3. How and when the client wants the task to be done.
- A client's needs can change over time, and they may want or need more or less support. One responsibility of a Home Care Aide is to report these changes to the rest of the care team.

Aging and Health

- Understanding the Aging Process
  - Everyone experiences changes as they age. Some people experience these changes sooner than others. There are many common misunderstandings about the natural aging process. For example, some people may believe that all older people are: • sick, • lonely and sad, • cognitively declined, • unproductive, • totally dependent on others, and • weak or frail. None of these are true for everyone.
- Common Physical Changes Associated With Aging
  - While everyone experiences different changes as they age, there are some common changes many people share: Eyesight, Hearing, Smell and taste, Touch, Kidneys and Bladder, Bones, Heart, Lungs, Muscles, Skin, Nails, Digestion, and Nervous system.

- Common Diseases and Conditions
  - Most older adults live with one or more chronic health conditions. , the following are most common. • Hypertension (High Blood Pressure) • Stroke • High cholesterol • Arthritis • Heart disease • Diabetes • Chronic kidney disease • Heart failure • Depression • Alzheimer's Disease or other forms of dementia • Chronic Obstructive Pulmonary Disease • Macular degeneration
- Memory and Aging
  - Memory loss is different from forgetfulness and is not a normal part of the aging process.
  - Memory loss can include:
    - • not being able to remember important events (e.g. family weddings, familiar people, or places);
    - • forgetting how to do familiar tasks (e.g. opening a door with a key);
    - • repeating phrases or stories in the same conversation; and
    - • difficulty making choices.

Lesson 2 Resident and Client Rights

A person’s quality of life depends on the freedom to exercise their basic human rights. Part of your job as a Home Care Aide is to protect the rights of the people you support.

Key Terms

- **Abuse** (RCW 74.34.020): willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult, including sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult.
- **Advance directives**: a written document of a person's wishes regarding medical care in the event they become unable to make decisions for themselves.
- **Cardiopulmonary Resuscitation (CPR**): manual chest compressions and ventilation in an attempt to restart a person's heart.
- **Confidential**: private, secret information not to be shared unless necessary for the client's care.
- **Grievance**: a formal complaint.
- **Guardian**: a person authorized by the court to act and make decisions in the best interest of a client who is incapacitated.

- **Incapacitated**: unable to act, make, or communicate sound decisions (i.e. a person is unable to make decisions about their care.)
- **Involuntary seclusion**: making a person stay alone against their will, a form of mental abuse.
- **Ombuds**: a person who advocates for the rights of clients in long-term care facilities.
- **Restraints**: an object or method for restricting movement for discipline or convenience and not medically necessary. The use of restraints is illegal.
- **Vulnerable adult** (RCW 74.34.020): a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or found incapacitated under chapter 11.88 RCW; or who has a developmental disability as defined under RCW 71A.10.020; or admitted to any facility; or receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or receiving services from an individual provider; or who self-directs his or her own care and receives services from a personal aide under chapter 74.39 RCW.

Basic Rights

All people have human, civil, and legal rights regardless of any disease, disability, or condition.

- Freedom from Abuse and Neglect
  - Clients have the right to live free from abuse.
- Self-Determination
  - All clients have the right to control their life decisions
- Balancing a Client's Right of Choice and Safety
  - Clients have the right to make their own choices, even if those choices are not the healthiest or safest. When a client’s personal choice could be unhealthy or unsafe for themselves or others, follow these steps:
  - 1. Explain to the client why you are concerned.
  - 2. Offer safe alternatives that could meet the client’s desire while allowing them to make the final choice.
  - 3. Report your concerns to the appropriate person in your care.
  - 4. Document your concerns, what you did, and who you reported it to.

- A Client's Right to Make Health Care Decisions
  - In Washington state, all adults have the right to make their own decisions about medical care. Before receiving treatment, the client must understand the purpose, benefits, alternatives and potential risks. The client's health care provider explains these. Then, the client decides whether they want the treatment or not. This process is called "Informed Consent." However, the client has the right to accept or choose not to receive any treatment at any time
- The Right to Refuse Treatment
  - Clients have the right to refuse treatment, medications, or services at any time. No one can force a client to do anything the client does not want to do.

- **A Restraint-Free Environment:** All people have a human and legal right to live free from restraints and involuntary seclusion. Physical/mechanical and chemical restraints, and involuntary seclusion are dangerous and can cause serious harm.
  - Physical / Mechanical Restraints
    - Anything that prevents or limits a client's movement or access to their body is a physical restraint.
    - Examples of physical restraints include:
      - • a tie, belt, or vest used to keep a client from getting out of a bed or a chair;
      - • clothing that a client cannot independently remove (such as a top that buttons in the back to stop a client from taking it off);
      - • a reclining or lounge chair, couch, or bed the client can't get out of;
      - • bed rails that cannot be independently lowered or are used to keep the client in bed; or
      - • "lap buddies" in a wheelchair

- Chemical Restraints
  - Chemical restraints are drugs that control mood, mental state, or behavior, but do not treat medical conditions.
- Involuntary Seclusion
  - Involuntary seclusion or isolation is when barriers confine a person to a specific space against their will. E.g. • locking a client in their room; or • forcing a client to stay in bed against their will
- Alternatives to Restraints
  - Restraints are not the answer to difficult problems and behaviors. Instead, the care team should work to identify the underlying causes of the issue. Then, care strategies should address the individual needs of the client without the use of restraints.

- Confidentiality and Privacy
  - Protecting Client Privacy.
    - E.g. knocking and waiting to be invited before entering a client's room; • making sure the client is not exposed to public view during personal care; • not taking pictures, videos, or recordings of clients; and • making sure the client has privacy during communication (e.g. visits, meetings, telephone, and mail).
  - Keeping Information Confidential
    - share only what is needed and what is in the best interest of the client; • do not gossip; and • do not have the discussion in a public area where others may overhear.
    - You may not share confidential information with others outside of the care team without written permission from the client.
  - Health Insurance Portability and Accountability Act (HIPAA)
    - HIPAA is a federal law that regulates the use and disclosure of health information. This law protects a person's health information while making it accessible to their health care providers.
- Interpreters and Translations
  - Clients have the right to interpreter/translation services at no cost and without significant delay.

Resident Rights

- Protection of Basic Rights
  - the right to freely exercise their rights without interference, force, discrimination, or punishment.
- Right to Information
- Comfort and Security
  - the right to a safe, clean, comfortable and homelike environment.
- Communication and Visitation
  - The facility must allow visitors that the resident wants to see when they want to see them.
- Property and Finances:
  - Residents have the right to keep and use their personal possessions in a safe and reasonable manner.
- Grievances
  - Residents have the right to make official complaints about services or lack of services.

Legal Protections

- Advance Directives: legal documents that protect a client's right to make their own decisions
  - A living will outlines a client's desire to receive or withhold life sustaining procedures. If a client becomes incapacitated, their living will tells health care providers which procedure they do and do not agree to. For example, a living will might tell a health care provider that the client refuses life support or artificial ventilation. Living wills are sometimes called Health Care Directives.
  - Powers of attorney authorize another person to make decisions or act on behalf of the client
    - A simple POA (Powers of Attorney) is only active while the client is able to make their own decisions. It ends when the client becomes incapacitated.
    - A durable power of attorney becomes (or remains) active when the client becomes unable to make decisions.
    - healthcare POAs and financial POAs are separate documents.

- Guardians
  - If an adult client is incapacitated, a legal guardian can take responsibility for their interests. s.
  - A relative, friend, care facility, or case manager may ask the court to appoint a legal guardian.
  - After a detailed process and review, the judge signs papers appointing a guardian
- Portable Orders for Life-Sustaining Treatment (POLST) Form
  - It is a summary of the client's wishes regarding life sustaining treatment identified in their advance directives.
  - Clients who have one or more chronic illnesses, or who are in the last stages of a life threatening illness might prepare a POLST form.
  - The client (or their legal representative) works with a medical provider to complete and sign it.
  - It gives instructions to doctors and emergency medical staff in the event of a medical emergency. It explains what treatments the client wants, and whether or not to start Cardiopulmonary Resuscitation (CPR).
- A DNAR is a client's request to refuse CPR if their heart or breathing stops.

Washington State Long-Term Care Ombuds Program

protects the rights, dignity and well-being of individuals in long-term care facilities.

- Ombuds Duties
  - working to resolve resident complaints; • monitoring state oversight agencies; and • commenting on proposed state laws and regulations.
- Accessing the Ombuds Program
  - any group or individual concerned about the welfare of residents of long-term care facilities; and the community-at-large.
  - For more information or to find your local ombuds office, visit waombudsman.org or call 1-800-562-6028.
  - For information about the Office of the Developmental Disabilities Ombuds, visit www.ddombuds.org
- Disability Rights Washington (DRW)
  - DRW is a private non-profit organization that protects the rights of people with disabilities statewide. Contact DRW at 1-800-562-2702 or visit disabilityrightswa.org.