

**VA EASTERN COLORADO HEALTH CARE SYSTEM
VETERANS HEALTH ADMINISTRATION
DEPARTMENT OF VETERAN AFFAIRS**

00-23

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EMPLOYEE / PATIENT RELATIONSHIPS

1. PURPOSE: To clarify the relationship boundaries between staff (including all volunteers, students, part-time and full-time staff) and patients (including former patients and patients' families). This policy is designed to protect veterans, staff, and the Eastern Colorado Health Care System (ECHCS) from the results of patient abuse and other complications that may occur inadvertently or purposely within an ambiguous dual relationship.

2. BACKGROUND: Providing healthcare to the veteran is the primary responsibility and duty of the VHA. The importance and primacy of this duty is such that it is written into the ethical codes of the professions who provide healthcare, and it should not be compromised and confused by other requests for non-healthcare related services.

An environment of trust is an essential component of patient care. Relationships with clear boundaries between staff and patients are necessary to achieve the mission of the healthcare system to maintain and provide for the health and well-being of veterans. When a relationship becomes poorly defined, blurred, or compromised by outside interests, a violation of relationship boundaries may occur.

3. DEFINITIONS:

a. **Appropriate Relationship:** A relationship with clearly defined boundaries that derive from the primary professional and/or medical purpose of the relationship.

b. **Therapeutic relationship:** All relationships between employees and patients for the purpose of or in support of: evaluation, treatment, referral, and follow up, along with all services from departments that support their function.

c. **Social/Sexual Relationship:** All relationships between an employee and patient for the purpose of pleasure, entertainment, and personal fulfillment not directly associated with the patient's therapeutic regimen. Sexual relationships include but are not limited to kissing, touching, and sexual intercourse.

d. **Inappropriate Business Relationship:** Any interactions/transactions between patients and employees which may be licit or illicit for monetary or personal gain including but not limited to gambling, betting, dealing drugs, contraband, financial employment, joint business ventures, bartering or contractual agreements. An inappropriate business relationship doesn't have to be for personal or monetary gain to be inappropriate (example-loaning money to a patient, even with no expectation of being repaid).

e. **Dual Relationship:** A relationship in which an employee is concurrently participating in two or more role categories with a patient; such dual relationships may be benign (as when both are members of the same social group), demonstrate a potential risk to the patient (as when a patient is also an employee), or be exploitative (a sexual relationship).

f. **Boundaries:** In psychological terms, boundaries are the known and/or unspoken limits that define appropriate behavior within any human relationship. For the purposes of healthcare they "create an atmosphere of safety and predictability within which the treatment can thrive."

g. **Boundary Violation:** An act by an employee on behalf of a patient that goes beyond the expected role of that individual, causes harm to the patient, and/or harms or unacceptably puts at risk the therapeutic relationship. A sexual relationship with a patient is an example.

h. **Patient:** Any person who receives treatment from the VA whether in an inpatient or outpatient status.

4. **POLICY:**

a. Patients who seek treatment from this health system are considered to be in a vulnerable and disadvantaged position. Patients will be treated with the utmost respect and dignity by all employees. Employees will ensure their interactions with patients, both on and off duty, reflect the highest level of professionalism and therapeutic benefit.

b. All employees, regardless of service or assignment, are expected to limit their contact and interchange with patients to those actions and attitudes that will be beneficial to the patient, or administratively necessary to support the therapeutic environment.

c. In those cases in which an employee is a member of a profession with its own Code of Ethics, the employee is expected to also adhere to the standards of his/her profession and state licensing Code of Ethics, Conduct and/or regulations governing the profession.

d. Inappropriate social, business and sexual relationships between patients and employees may be considered justification for a formal investigation into an allegation of patient abuse, which may, if substantiated, subject an employee to various levels of disciplinary action including dismissal.

e. **Employees who are veterans and receive care at ECHCS:**

(1) It is recommended that healthcare for a veteran who is also an employee will be provided at a site where the veteran is not currently employed. The veteran does have the right to choose where to go for healthcare and cannot be forced to receive care at an alternate location.

(2) Health care professionals who are supervisors must not engage in patient care with their employees. Care of the employee-veteran must be referred to another care provider who is not part of the employee-veteran's supervisory chain, if at all possible.

(3) Fee basis care will be considered and offered when a veteran's treatment and employment creates a dual relationship that may reasonable be expected to compromise one or both relationships.

(4) Fee basis or transfer to another VA for inpatient care for an employee-veteran can be considered and offered to the veteran before an inpatient admission occurs. If the veteran declines fee based care to a non-VA facility or a transfer, the veteran shall be advised about the risks to his/her employee privacy as an inpatient at the facility in which they are also employed. Confidentiality and privacy laws will be respected and followed at all times by all ECHCS employees.

f. This policy applies during the entire course of a veteran's treatment, and for as long as a differential in power exists between the healthcare provider and the patient, and also applies to any relationship between employees of the VA and their patients' families.

g. Relationships that predate contact within the medical center are not ordinarily covered by this policy. However, an attempt to use one's medical center position to initiate, resume, intensify, or compromise the pre-existing relationship is covered.

h. The Service Chief will consult the Integrated Ethics committee and Human Resources when necessary to resolve difficulties in employee dual relationships. This does not preclude other individuals or employees from consulting with the Ethics Consultation Team.

i. Should the employee have a complaint or concern regarding their medical care at ECHCS, they should be referred to the patient advocate's office.

j. "Hallway" consults are not appropriate. The employee-veteran must not initiate such a conversation with their provider, nor must the provider participate in such a conversation. If the employee-veteran has a question regarding their health care, they should make an appointment with a provider. Providers must advise the employee-veteran to make an appointment if they are asked questions outside of a scheduled appointment.

5. RESPONSIBILITY:

a. It is the responsibility of each employee to become familiar with and abide by the contents of this policy. Each employee should avoid any act which could be construed as a violation of this policy, give the appearance of improper action, or could discredit the Department of Veterans Affairs.

b. Service Chiefs and CBOC Managers will provide every employee with a copy of this policy and ensure that he/she signs the Employee/Patient Responsibilities Statement of Understanding (Attachment A) and file the document in the employee's competency folder within 60 days of publication of this policy. All new employees will receive a copy of the policy during orientation, sign the Employee/Patient Responsibilities Statement of Understanding and have the form filed in their employee competency folder within 90 days of entry on duty.

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c. Managers who become aware of possible inappropriate social/sexual/business relationships between employees and patients will be responsible for documenting the alleged occurrence and informing their respective Executive Leadership Team (ELT) Member within eight business hours.

d. An employee may request to be recused from providing services to a veteran if they have a previous or current relationship with the veteran. A request will be made to the employee's supervisor and a determination will be made.

6. PROCEDURES:

a. All employees must report their knowledge or suspicion of any incident, to include self-reporting, of inappropriate social/sexual/business relationship between employees and patients to the respective Service Chief within eight business hours of identification of information.

b. Police Service will investigate the alleged occurrence for criminal implications.

c. Only after Police Service has determined that the matter can be turned over to the appropriate supervisor for administrative action, the supervisor will consult with their servicing Employee/Labor Relations Specialist in the Human Resources Management Service to determine if:

(1) A fact finding needs to be conducted;

(2) Referral to the ELT to determine if an Administrative Investigative Board (AIB) is appropriate; and/or

(3) Determine the appropriate duty status of the employee while the investigation is occurring (i.e. temporarily assigned to another area of responsibility within his/her respective service, temporarily assigned to another area and/or shift of the Health Care System, or placed in a non-duty status with pay).

d. If it is determined a professional with a license to practice is to be referred to a state licensing board, ECHCS will follow the process established in VHA Handbook 1100.15 Reporting and Responding to State Licensing Boards.

7. CONCURRENCES: 05, AFGE Local #2241 and #2430, NNU #21, OI, 04, 11, 001, 001P, 11B, 11C, 111, 112, 112A, 00A,

If there is a conflict between the provisions of the Medical Center Policy or Service Procedures and the applicable bargaining unit agreement, the terms of the bargaining unit agreement will prevail.

8. REFERENCES:

ECHCS Policy 00-78, Patient Abuse Policy, April 2009

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ECHCS Policy 00-14, Patient Rights and Responsibilities Policy, April 2009

ECHCS Policy 00-030 Staff Request to Not Participate in an Aspect of Patient Care, December 2006

ECHCS Policy 00-083 Organizational and Integrated Ethics, August 2010

VHA Handbook 1050.01 National Patient Safety Improvement Handbook, March 4, 2011

VHA Handbook 1100.18 Reporting and Responding to State Licensing Boards, December 22, 2005

9. RESCISSION: 00-23 Employee/Patient Relationships, dated April 24, 2009

10. REVIEW DATE: October 2015

This policy will remain in effect until renewed, replaced or rescinded.


Lynette A. Roff
Director, VA Eastern Colorado HCS

EMPLOYEE/PATIENT RELATIONSHIPS STATEMENT OF UNDERSTANDING

This Statement of Understanding must be filed in the Employee Competency File

Do Not Remove from the Employee Competency File While Employed at the
Department of Veterans Affairs, Eastern Colorado Health Care System

This is to certify that I have read and understand the ECHCS Local Policy 00-23, Employee/Patient Relationships. I understand that inappropriate relationships with patients will not be tolerated. I understand that if an allegation of an inappropriate relationship is substantiated, I will be subject to appropriate administrative action, up to removal from my position.

I also understand that criminal behavior must be reported to the VA Police or the VA Office of the Inspector General (OIG) immediately and that substantiated criminal behavior will be referred to the United States Attorney's Office or local prosecutor as appropriate.

Receipt of a copy (electronic or hard-copy) of ECHCS Policy 00-23, Employee/Patient Relationships is hereby acknowledged.

Employee's Signature	Employee's Printed Name	Date
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Witness's Signature	Witness's Printed Name	Date
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