

## NHPCO Project ECHO *Equity Where It Matters*

### Key Takeaways: Policy and Advocacy: Addressing Discrimination at the Bedside

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#### Key points:

- Advocacy is defined as any action that speaks in favor of, recommends, argues for a cause, supports, or defends, or pleads on behalf of others. Advocacy at the bedside should happen for the patient and staff, to ensure a safe and inclusive care experience.
- Discrimination is defined as the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, ethnicity, age, sex, sexual orientation, or disability. It is important to seek to understand how discrimination can negatively impact cultivating a diverse and equitable organization.
- Policy is a course or principle of action adopted or proposed by a government, party, business, or individual. NHPCO and its members have a responsibility to advocate for policy that promotes the principles and values of diversity, equity, and inclusion.

#### Actionable Steps:

- Be present and actively listen, avoid stating that you know how the person feels.
- Recognize that there may be fear from the colleague of thinking that they won't be believed or that they may be fired because of the "patient is always right."
- Check in to determine if the behavior is continuing and be prepared to put a plan into action of replacing that colleague to remove them from harm.
- Determine which leader will have a discussion with the patient about the comments, this is a form of advocacy for our colleagues, that they should be able to work in a safe environment.
- Inform the patient or their caregiver about the expectations of safe environment and their role in creating that environment.
- Consider having a statement or policy for your organization that states the organization's commitment to supporting a workplace that is free of discrimination and harassing behaviors.
- Proactively and routinely discuss organizational protocol with staff so that they are prepared to handle discriminatory situations if they arise.
- Understand the key factors of advocating to our legislative and governing bodies.
- Seek to understand how discrimination can negatively impact cultivating a diverse and equitable organization.

#### Conversation Starters:

- What would be an effective response from the IDG Team to advocate for patients?
- What would be the appropriate follow up for physicians to understand how their bias and discrimination could have a negative impact on a patient's plan of care?
- Do managers/supervisors know how to support their colleagues that experience discriminatory, harassing, or abusive comments/behaviors?



## Participant Perspectives:

- “If we allow discrimination toward our staff, it will continue, and they will feel devalued.”
- “There has to be a culture of respect, learning, and education, but there also has to be a culture of intolerance of certain [inappropriate or offensive] statements.”
- “Why not address [inappropriate comment] in the moment? It shows that it is not tolerated. By allowing it to go ignored in the moment shows a culture of acceptance or sweeping it under the rug.”
- “Doing nothing is the same as condoning. You do not have to be aggressive, but it needs to be handled in the moment.”
- “It certainly doesn't create a place of safety for the staff when the leader is allowed to other in this way.”
- “Offer support to the nurse, listen to the nurse and how they feel.” It is important for organizations to determine the appropriate steps to take to address discriminatory behavior from patients.
- “It would be important for the nurse to have immediate support from their supervisor and organization. I would say that someone in a leadership position from the hospice would need to contact that patient to tell him that his statements are unacceptable and will not be tolerated. And that if the patient is unable to speak with their providers in a respectful way, they will have to be discharged from service.”
- “Organizations also need to consider how they can support patients who DO want to use more traditional medicine practices regardless of how clinical staff views the outcomes of these. It's unfortunate that despite so much DEI work people who would like to use traditional medicine or spiritual healing are disparaged as somehow fundamentally lacking in logical reasoning simply because they don't wish to utilize western medicine. Treating patients this way rolls onto employees who follow these practices too and might then feel unsafe in the workplace to share this part of their lives because they now fear it'll call their intelligence and ability to their job into question.”

## References:

- Becoming Better Messengers Series: <https://www.networkforphl.org/wp-content/uploads/2020/01/Becoming-Better-Messengers-Series.pdf>
- Hospice Action Network: *Legislative Action Center* - <https://www.hospiceactionnetwork.org/take-action/#/>
- NHPCO Access and Inclusion - <https://www.nhpc.org/resources/access-and-inclusion/>
- *Hospice Through the DEI Lens: A Research Study Identifying Barriers to Hospice Care in Underserved Communities*, National Hospice and Palliative Care Organization.
- *LGBTQ+ Resource Guide*. National Hospice and Palliative Care Organization
- NHPCO Diversity Tools and Resources <https://www.nhpc.org/education/tools-and-resources/diversity>
- Culturally and Linguistically Appropriate Services (CLAS) <https://thinkculturalhealth.hhs.gov/clas>
- CMS Framework for Health Equity <https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity>

