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Ethical and Policy Factors in Care Coordination PART 1 OF 2

The focus community of this presentation is the nursing home. It is important that the nurses are well aware of the codes of ethics and policies in the Aging nursing communities. A code of ethics is important in that it keeps a standard of ethics for the nurse. It is a reminder of the nurses' commitment to the society and also changes as the moral and societal values change.

The ethical principles that nurses must adhere to are principles of justice, beneficence, nonmaleficence, accountability, veracity, autonomy and fidelity. In justice a care coordinator must be fair in their distribution of care among the patient. As for beneficence a nurse should have the best interest for the patient. In non-maleficence no harm should be done to the patient intentionally or unintentionally. Accountability is taking responsibility for your action while fidelity is being faithful and responsible for one's professional promises. Lastly veracity is being completely truthful to your patient withholding nothing and being completely transparent. The following are some of the impacts of the code of the ethics:

1. **Protection of Rights, Safety and Health for the Patient.**

the code of ethics has taught nurses that their primary commitment is to the patient whether an individual, family, group or community. The patient should always be the first and primary concern. It also equips nurses on what to do in cases where any conflict of interest whether belonging to external organizations or the nurse's habits, or ideals on what to do so as not to impact the patient.

2. Accountability and Responsibility for every Action Taken by the Caregiver to the Patient

Nurses have understood that accountability for all aspects of care aligns with responsible decision making. Therefore, there is no misuse of authority and all patient ethical concerns are taken care of. In addition, ethics have made nursing decisions more thought about, planned and purposefully implemented responsibly hence reducing malpractice.

3. Professional growth.

As nurses keep practicing this code of ethics they become part of them in that they are not only responsible to others but also to others. This also includes safety and promotion of health hence it preserves wholeness of character and integrity, maintaining competence and hence there is growth personally and professionally. Hence, nurses have been able to grow in regards to continued learning of the profession (HCH Clinicians' Network, 2018). This ability to keep growing as a nurse with improvements to care, changes trends in care that should be adapted to maintain competence.

4. Reduction of Health Disparities and Promotion of Health Diplomacy.

The code of ethics has improved this in that nurses understand the obligation to continue to advance care possibilities by committing to constant learning and preparation. The ability of the nurse to practice with various health care settings which may include unusual situations

that require continued acts of diplomacy and advocacy especially as seen in nursing homes.

Health care policies affecting patient-centred care

Patient centred care is defined as the provision of care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensures that the patient values guide all clinical decisions. This is explained by an article by “the eight principles of patient-centred care” (2015).

Policies Relating to The Health or Safety of Nursing Homes.

An example of a policy is the Affordable Care Act has enabled essential health benefits as outlined by Baughman and Dave (2019) include:

- v Mental health and substance use disorder services, including behavioural health treatment.
- v Preventive and wellness services and chronic diseases
- v Rehabilitative and facilitative services and devices

The exact above services covered are selected by each state according to the needs of the state.

The above is defined and described by the link below.

Ethical questions or dilemmas for care coordination.

A number of ethical dilemmas arises in regard to care coordination. Some of them are very

critical, hence they should be treated with care. Ethical dilemmas for care coordination include:

1. **Disclosing medical conditions**

The nurse has an obligation to the patient and the ethical principles of nonmaleficence and fidelity—the obligation to prevent harm and the obligation to be faithful to your colleagues. The nurse’s own value of truth telling must also be considered.

2. **Informed consent**

Concerns that patients and their families have not been fully informed about their treatments or clinical prognosis is a common ethical concern of nurses, Ulrich reported.

“It can create great concern for nurses,” Ulrich said. “Patients feel more comfortable asking the nurse to decipher what was said [by the doctor]. But it’s an ethical issue about how much they should convey.”

This is especially true about end-of-life decision making, she said. But nurses may not be prepared to have this discussion. She suggested building stronger interdisciplinary teams.

3. **Incompetence among peers**

Another dilemma involving nursing ethics is when a nurse notes incompetence in a fellow health care team member and struggles with speaking up or staying silent, said Sarah Delgado, RN, MSN, ACNP, clinical practice specialist with AACN. They may feel the behavior should be reported because of the threat to patient safety but hesitate to do so because it would worsen inadequate staffing Baughman, Dave and Dills (2019). Some

dilemmas can be framed as competing obligations, such as protecting the patient on one hand and protecting the staff on the other. The principles to consider are nonmaleficence and fidelity.

Strategies Leading to Patient-Centred Care

In order to receive patient centred care, as stated by Baughman, Dave and Dills (2019), the following strategies have to be put into place:

- v Patients have to be treated with dignity, respect and compassion.
- v Communication and coordination of care between appointments and services overtime such as making referral from your GP to specialist.
- v Tailoring care suits for the patients' needs and what the caregiver wants to achieve.
- v Supporting the patient to understand and learn about their health.
- v Ensuring that the healthcare and nursing home support policies put the patients(users) at the centre of the care.

Ethical and Policy Issues Affecting the Coordination of Care in Nursing Homes.

Nursing homes are a major part of caregiving organizations in the community. In their structure a

lot of things need to be considered for effective and efficient care coordination. However, there are ethical and policy issues that affect this kind of coordination and continuum in nursing homes. They include: doctor-patient confidentiality, malpractice and negligence and physician assisted suicide. Others include covert medication, end of life issues and use of restraints as indicated by Baughman, Dave and Dills (2019).

1. **Doctor Patient Confidentiality.**

This has been done in cases such as withholding information about a patient's condition could be unethical because it could harm the patient or someone else. The opposite can be harmful too.

Violating a patient's confidentiality can have legal and ethical consequences for healthcare providers as indicated by *the Health Insurance Portability and Accountability Act (HIPAA)*.

Also it sets forth who can see the confidential information and who cannot

2. **Malpractice and Negligence.**

The high-risk nature of the healthcare atmosphere can increase the likelihood of malpractice.

Conditions can come up in unusual ways that wouldn't make sense unless a doctor was

looking for the symptoms (Bollig et al., 2015). Lines can be blurred when doctors disagree

about procedures or necessary tests to provide accurate treatment. Administrators, as well as physicians and nurses must cover the essential responsibilities of patient care to avoid litigation.

3. **Physician Assisted suicide.**

Physician-assisted suicide is the act of intentionally killing oneself with the aid of someone who has the knowledge to do so. Meaning the only person fully qualified to participate in the process is a physician. In states where PAS is allowed, a patient who qualifies must be terminally ill, can take the assisted drug themselves and is mentally capacitated to understand what they're doing.

4. **Covert Medication.**

This is the mixture of medication without informing the resident. Home residents do receive covert medication, often without documentation and discussion with relevant parties. This results in being unethical for the required procedure is not followed (Current Ethical Issues in Healthcare, n.d.). Thus, covert medication deals involve provision of medication without medication.

5. **End of life issues.**

According to Wright (2015), when patients get close to death, the family or relatives are not present, and appear later on after death. It forms a problem and questions arise even

questioning the competency of the care given before death. As noted by Arguelles and Sabharwal (2018; Current Ethical Issues in Healthcare, n.d.) end of life issues should be treated with caution.

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