

SUBJECT: PATIENT RIGHTS AND RESPONSIBILITIES	REFERENCE #1002
DEPARTMENT: HOSPITALWIDE	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

**POLICY:**

- Patient Rights:

\_\_\_\_\_ Hospital and medical staff have adopted the following statement of patient rights. These rights are explained to the patient or the patient's representative (as allowed under state law). These rights shall include, but not be limited to, the patient's right to:

- Become informed of his/her rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should he/she so desire.
- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- Considerate, dignified and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Have his/her cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. To assure these preferences are identified and communicated to staff, a discussion of these issues will be included during the initial nursing admission assessment.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Have access and accommodation for religious and spiritual services attendance.
- Appropriate assessment and management of pain.
- Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.

SUBJECT: INTERPRETER SERVICES	REFERENCE #1103
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 5
APPROVED BY:	EFFECTIVE: REVISED:

**PURPOSE:**

\_\_\_\_\_ Hospital ensures that Limited English Proficient (LEP) patients and their families are able to effectively provide hospital staff with a clear statement of their medical condition and history and understand the healthcare provider’s assessment of their medical condition and treatment options. This is essential to the provision of quality patient care.

**POLICY:**

- \_\_\_\_\_ Hospital provides language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency, at all points of contact in a timely manner during all hours of operation, thus ensuring that LEP patients have available translators to assist in understanding the activities of staff members on their behalf and ensuring the patients’/families’ involvement in planning care, treatment and services
- LEP patients shall have services provided to them in their primary language or have interpreter services provided to them during the delivery of all significant healthcare services.
- LEP patients shall be advised of their right to have interpreter services provided within a reasonable time, at no charge to the patient.
- The following types of encounters/procedures, when performed by providers who do not speak the same primary language spoken by the patient, shall require the use of healthcare interpreter services, including, but not limited to:
  - Providing emergency medical services
  - Obtaining medical histories
  - Explaining any diagnosis and plan for medical treatment
  - Discussing any mental health issues or concerns
  - Explaining any change in regimen or condition
  - Explaining any medical procedures, tests or surgical interventions
  - Explaining patient rights and responsibilities

SUBJECT: INFORMED CONSENT	REFERENCE #1302
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 7
APPROVED BY:	EFFECTIVE: REVISED:

Note: See state law for any additional requirements.

**POLICY:**

- All inpatient and outpatient medical records must contain a properly executed and completed written informed consent form for all procedures and treatments specified by the hospital's medical staff, and state or federal laws/regulations.
  - See Addendum A for a list of specific care, treatments and services that require informed consent, as approved by the medical staff.
- \_\_\_\_\_ Hospital's informed consent process assures patients or their legal representatives are given the information and disclosures needed to make an informed decision about whether to consent to surgery/procedures/treatments.
- Informed consent must be obtained from the patient, or the patient's legal representative, by the anesthesiologist prior to the administration of anesthesia **and** by the performing practitioner prior to the performance of operative and/or invasive procedures, diagnostic or therapeutic procedures, or situations when it is deemed advisable to have formal documentation of the patient's consent for treatment.
- Written verification of the informed consent **must** be on the patient's medical record **prior** to initiation of anesthesia or any of the above stated procedures, **except** in the case of emergency surgery.
  - The hospital's medical staff shall determine which surgeries and circumstances are considered an emergency and may be undertaken without an informed consent.
- The following healthcare professionals may obtain a patient's informed consent (as allowed under state law):

_____	_____
_____	_____
_____	_____
_____	_____

SUBJECT: ADVANCE DIRECTIVES	REFERENCE #1703
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 5
APPROVED BY:	EFFECTIVE: REVISED:

**PURPOSE:**

- The purpose of this policy is to provide an atmosphere of respect and caring and to ensure that each patient's ability and right to participate in medical decision making is maximized and not compromised as a result of admission for care through \_\_\_\_\_ Hospital.
- Additionally, the purpose of this policy is to assure compliance with the Patient Self-Determination Act (PSDA) in such a manner as to expand the patient, personnel and community knowledge base regarding advance directives and the process by which patient participation in medical decision making is carried out at this facility.

**POLICY:**

- \_\_\_\_\_ Hospital shall respect and encourage patient self-determination. Patients will be encouraged and assisted to be active participants in the decision making process regarding their care through education, inquiry and assistance as requested.
- Patients will be encouraged to communicate their desires in regard to advance directives to their significant others, to allow for guidance of significant others and healthcare providers in following the patient's wishes should the patient become incapacitated, rendering them unable to make decisions.
- The existence of an advance directive, or lack thereof, will **not** determine the patient's access to care, treatment and services.
- In an advance directive (or medical power of attorney), the patient may provide guidance as to his/her wishes in certain situations, or may delegate decision making to another individual as permitted by state law.
  - If such an individual has been selected by the patient, or if a person willing and able under applicable state law is available to make treatment decisions, relevant information should be provided to the representative so that informed healthcare decisions can be made for the patient.
  - However, as soon as the patient is able to be informed of his/her rights, this hospital shall provide that information to the patient.

SUBJECT: PATIENT GRIEVANCE PROCESS	REFERENCE #2002
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APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

- \_\_\_\_\_ Hospital shall provide a system whereby patients and/or their significant others or representatives, can voice a grievance/complaint about the quality of care and/or services received at \_\_\_\_\_ Hospital.
- This organization shall respond to such concerns in a timely, reasonable and consistent manner. Concerns regarding care received includes, but are not limited to, concerns over perceptions related to premature discharge.
- \_\_\_\_\_ Hospital shall not subject patients, who voice complaints and recommend changes, to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.

**DEFINITIONS:**

- A patient grievance is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient’s representative, regarding the patient’s care, abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations.
- Staff present includes any hospital staff present at the time of the complaint or who can quickly be at the patient’s location (i.e., nursing, administration, nursing supervisors, patient advocates) to resolve the patient’s complaint.
- A written complaint is always considered a grievance, whether from an inpatient, outpatient, released/discharged patient or his/her representative regarding the patient care provided, abuse or neglect, or the hospital’s compliance with CoPs.
- Letter, e-mail or fax is considered written.
- Information obtained with patient satisfaction surveys does not usually meet the definition of a grievance. However, if an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a grievance. If an identified patient writes or attaches a complaint to the survey but has not requested resolution, the hospital must still treat this as a grievance if the hospital would usually treat such a complaint as a grievance.