

PATIENT RIGHTS FUNCTION

STANDARD	STANDARD: RI.4, RI.4.1, RI.4.2, RI.4.3, RI.4.4
EVIDENCE OF COMPLIANCE	<p>_____ Hospital has adopted a code of ethical behavior that addresses all elements listed in RI.4 through RI.4.2; RI.4.3 does not apply as there are no long lengths of stay where patient involvement at this level is an issue;</p> <p>_____ Hospital has adopted a code of ethical behavior that addresses all elements listed in RI.4 through RI.4.4.</p> <p>There are a series of policies that address the ethical issues listed in standards RI.4.1 through RI.4.2 (or RI.4.1 through RI.4.4). These policies are organizational and have been implemented with the full support and approval of the Governing Body.</p>
SUPPORTING DOCUMENTATION	<p>Copy of _____ Hospital Code of Ethics available in Administration Office</p> <p>Copy of Conflict of Interest Disclosure Letter</p> <p>Copy of Conflict of Interest Policy</p> <p>Copy of Contract Services Policy</p> <p>Copy of Marketing Policy</p> <p>Copy of Admission and Discharge Policies</p> <p>Copy of Transfer Policy</p> <p>Copy of Billing Policy</p> <p>Copy of Resolution of Conflict Related to Patient Billing Policy</p> <p>Copy of Agreement with Educational Institutions available in Administration Office</p> <p>Copy of Agreement with Health care Providers and Payors available in Administration Office</p> <p>Copy of Patient Participation Policy</p>

SUBJECT: PATIENT RIGHTS & RESPONSIBILITIES	REFERENCE #1008
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. This list shall include but not be limited to the patient's right to:

- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- Considerate and respectful care.
- 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 health care providers who will see him/her.
- Receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to refuse treatment.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the hospital. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Reasonable responses to any reasonable request he/she may make for service.
- Leave the hospital even against the advice of his/her physician;

SUBJECT: WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING MEASURES	REFERENCE #1402
DEPARTMENT: HOSPITALWIDE	PAGE: 2
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APPROVED BY:	EFFECTIVE:
	REVISED:

PROCEDURE:

When a decision to place limits on the resuscitative efforts on a patient has been reached:

- An order for "No Code Blue" or "Do Not Resuscitate" or an order to withdraw a specific supportive measure(s), will be written by a physician caring for the patient and communicated to the nursing personnel. A verbal or telephone "No Code Blue" order may be given to two licensed nursing personnel, one of which must be an RN. The order must include time, date and the signatures of the nurses receiving the verbal or telephone order. It is the physician's responsibility to sign the order and record appropriate documentation in the physician's progress notes within 24 hours of the time the order was given.
- A physician likely to be involved in subsequent organ transplantation is disqualified for writing orders that limit resuscitation on a potential donor.
- The following information should be legibly recorded in the patient's medical record when life support is being withheld or withdrawn, or when limits are being placed on resuscitation:
 - The patient's diagnosis, prognosis and mental status;
 - The patient's desire regarding life support measures;
 - Statements or desires of family members especially if the patient has been determined to be incompetent;
 - If the patient is competent, the physician should discuss the options or resuscitation and life support measures with the patient and document the patient's desires and choices in the medical record;
 - If the patient is not competent, and has executed a valid and binding DPAHC or declaration to physicians pursuant to the NDA, the directive will be placed in the record in compliance with the _____ Hospital Advance Directive Policy. If such a directive is not available, the patient's desires may be determined through past statements to family/friends or other written statements. Any available written statements should be placed in the medical record. The physician should look to the named agent for decision making if the incompetent patient has completed a DPAHC.

SUBJECT: INFORMED CONSENT	REFERENCE #1102
DEPARTMENT: HOSPITALWIDE	PAGE: 1
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	REVISED:

POLICY:

It is the policy of _____ Hospital that the patient must be given the opportunity to give an "informed consent" prior to the administration of anesthesia by an anesthesiologist and 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 chart prior to initiation of anesthesia or any of the above stated procedures.

PROCEDURE:

- Concept Of Informed Consent:
 - Must consist of:
 - The risks, drawbacks, complications and expected benefits or effects of anesthesia;
 - Alternate choices of and to anesthesia;
 - The nature of the treatment;
 - The risks, drawbacks, complications and expected benefits or effects of such treatment;
 - Potential problems related to recuperation;
 - Any alternatives to the procedure and their risks and benefits;
 - The likelihood of success;
 - Possible result of nontreatment;
 - That the patient understands the information;
 - That the patient has been verbally informed about the anesthesia or procedure;
 - That the patient has had the opportunity to ask questions.
 - Is needed for complex procedures, not for simple and common procedures (i.e., blood counts) and is needed for any procedure where anesthesia is planned.

SUBJECT: CONFLICT OF INTEREST	REFERENCE #4003
DEPARTMENT: HOSPITALWIDE	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

Any contractual arrangement, partnership, agreement or fiduciary relationship entered into by _____ Hospital and any other party that will affect the mission, vision or values of the hospital, must respect and abide by the policies, procedures and directives of _____ Hospital.

PROCEDURE:

- _____ Hospital accepts the responsibility for the provision of optimum care and services to its patient population, and therefore must protect the integrity of clinical decision making, management of disease processes and the provision of treatment and care to all patients.
- Regardless of any fiduciary relationship with any health care provider (licensed clinical practitioner, vendor, educational institution, payor, outside resource agency, etc.), the hospital and its representative staff (including medical staff), will strive to provide optimum care to patients following appropriate utilization of resources standards. Care provided to patients will not be dependent upon financial relationships or fiduciary responsibilities.
 - Tests, studies, treatments or procedures deemed usual and routine in the diagnosis, management or treatment of disease processes; as standard in the health care community, will not be withheld from any patient (unless the patient exercises his/her patient right to refuse treatment).
 - Any health care provider who feels there is a conflict of interest in patient management and their relationship with the facility, must contact administration and notify the Chief Operating Officer immediately.
 - Discussion at the administrative level will be initiated, whereby problem resolution will be the primary goal. In the interim, the chief of the service/department with jurisdiction over the health care provider, will arrange for coverage of the patient; until resolution has been reached.
 - If resolution cannot be reached at the administrative level, the matter will be forwarded to an executive committee of the Governing Body, who will meet as soon as practicable, however no later than one week after notification of issue. The Governing Body's primary purpose is to assure that optimum patient care and treatment is provided, regardless of fiduciary relationships, while maintaining a fair and just review of all circumstances surrounding the issue. The determination of the Governing Body will be final.