

|  |  |
| --- | --- |
| **POLICY TITLE: Patient Rights and Responsibilities** | |
| **DEPARTMENT: Clinical Patient Care** | **ORIGINATION DATE***: 2/2001* |
| **CATEGORY:** | **EFFECTIVE DATE: 11/30/2012** |

GUIDELINES FOR CARE:

1. Penrose-St. Francis Health Services, with collaboration of leadership, supports the rights of all patients: geriatric, adult, adolescent, pediatric, neonate and/or their surrogate decision-maker (legal representative). **Surrogate decision-maker (legal representative)** is someone appointed to act on behalf of another. Surrogates make decisions only when an individual is without capacity or has given permission to involve others.
2. Penrose-St. Francis Health Services shall educate staff and physicians about patient rights and their role in supporting those rights and urge compliance.
3. These rights apply not only to the patient but also to the family, surrogate decision-maker (legal representative) or guardian. When the patient is a non-emancipated minor or incapacitated, unless the law provides otherwise, these rights apply to the parent(s), legal guardian, and/or surrogate decision-maker (legal representative).

PRACTICES**:**

# Patient Rights: You have the right to…

1. Be informed of your patient rights in advance of receiving or discontinuing care when possible.
2. Patient/family/surrogate decision-maker (legal representative) will receive a written copy of the Patient Rights upon admission or in advance of receiving or discontinuing care when possible.
3. Patient/family/surrogate decision-maker (legal representative) who do not understand the written word will receive their rights verbally in a manner they can understand.
4. Patient Rights are also located in the Patient Information/TV Guides in patient rooms, at Information Desks and are posted in appropriate height visibility areas in public areas in each facility.
5. Have impartial access to care. No one is denied access to treatment because of sex, disability, national origin, age, color, race, religion, or source of payment.
6. Care is provided in response to the patient’s requests and needs, so long as that care is medically indicated and is within the hospital’s capacity, its stated mission and philosophy, and relevant laws and regulations.
7. **Give informed consent for all non-emergent treatment and procedures with an explanation in layman terms of the:**

* The nature of the proposed care, treatment, services, medication, interventions or procedures
* Likelihood of achieving goals
* Reasonable alternatives
* Relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services

1. Upon request, the patient/family/surrogate decision-maker (legal representative) will be informed of:
2. The name of the physician/other practitioner who has primary responsibility for their care.
3. The identity and professional status of individuals responsible for authorizing and performing procedures or treatment.
4. Professional relationship to another health care provider, vendor or institution that might suggest a conflict of interest.
5. Any professional relationship to educational institutions involved in the patient’s care.
6. Any business relationships between individuals treating the patient, or between the organization and any other health care service, or educational institutions involved in the patient’s care.
7. **Participate in all areas of your care plan, treatment, care decisions, and discharge plan.**
8. Patient/family/surrogate decision-maker (legal representative) have the right to be involved in all aspects of the patient’s care including managing pain effectively.
9. Patient/family/surrogate decision-maker (legal representative) have the right to be involved in issues of:
10. withholding resuscitative services,
11. withdrawing life-sustaining treatment, and
12. care at the end of life.
13. Patient/surrogate decision-maker (legal representative) have the right to include or exclude any or all family members in participating in their care decisions.
14. Patient/family/surrogate decision-maker (legal representative) have the right to be informed by the patient’s physician and healthcare team responsible for care of any continuing health care requirement following discharge from the facility.
15. Patient/family/surrogate decision-maker (legal representative) have the right to be involved in resolving dilemmas about care decisions.
16. Patients have the right to not only have their medical needs met but also their psychological needs, when possible.
17. **Have appropriate assessment and management of your pain.**
18. For detailed information refer to the “Care of Patient in Pain” Interdisciplinary Practice (IDPC) P-01-b.
19. Be informed of your health status/prognosis.
20. The patient’s physician and healthcare team shall communicate information regarding the patient’s health status/prognosis to the best of their knowledge and which confidentiality allows.
21. **Be treated with respect and dignity.**
22. Patients will receive considerate, respectful care with recognition of their dignity, psychosocial needs, personal values and beliefs, and spiritual and cultural practices.
23. Patient/family/surrogate decision-maker (legal representative) are allowed to express their cultural practices and spiritual beliefs, as long as they do not harm or interfere with the well-being of others or the treatment and well being of the patient.
24. If the patient is dying, concern for optimal comfort and dignity shall guide all aspects of care during the final stages of life. The facility’s framework for addressing issues related to care at the end of life includes: (Refer to Palliative Care Interdisciplinary Practice [IDPC] P-01-a).
25. providing appropriate treatment for any primary and secondary symptoms, according to the wishes of the patient/family/surrogate decision-maker (legal representative);
26. managing pain aggressively and effectively;
27. sensitively addressing issues such as autopsy and organ donation;
28. respecting the patient’s values, religion, and philosophy;
29. involving the patient/surrogate decision-maker (legal representative) and, where appropriate, the family in every aspect of care; and
30. responding to the psychological, social, emotional, spiritual, and cultural concerns of the patient and the family.
31. **Personal privacy, comfort and security to the extent possible during your stay.**
32. To expect privacy during personal hygiene activity (e.g., toileting, bathing, dressing).
33. To expect individuals not involved with the patient’s care will not be present without the patient’s consent while being examined and/or treated.
34. To be interviewed, examined, and/or treated in surroundings designed to assure reasonable visual and auditory privacy.
35. To request a transfer to another room if the actions of another patient or a visitor in the room are unreasonably disturbing. To be transferred to another room equally suitable for the patient’s care needs when one is available. Every effort will be made to place rehabilitation patients in a private room who are hospitalized for more than 30 days.
36. To have visual and auditory privacy maintained to the fullest extent possible. In some circumstances, privacy cannot be fully guaranteed (e.g., open units, such as: the emergency department, post anesthesia care, intensive care, while being restrained and/or in seclusion, etc.). These open units facilitate direct visualization of patients who are subject to rapid changes in condition. In these units during physical examination, the physical privacy of the patient will be maintained.
37. To ensure that the patient’s comfort needs are met to the extent possible.
38. To have patient/family/surrogate decision-maker’s requests honored when possible.
39. To have valuables secured in a locked area, per request.
40. **Be free from restraints and seclusion of any form that is not medically necessary.**
41. For detailed information refer to the “Restraints/Seclusion” IDPC R-01-m.
42. **Confidentiality of all communication and clinical records related to your care.**
43. To expect any discussion or consultation involving the patient’s case will be conducted discreetly and that individuals not directly involved in the patient’s care will not be present without permission.
44. To expect all communications (e.g., discussions of patient’s condition, treatment, care, etc.) and records pertaining to the patient’s care, including source(s) of payment for treatment, be treated as confidential.
45. To have the clinical record read only by individuals directly involved in the patient’s treatment/care or in the monitoring of its quality or by individuals authorized by law or regulation.
46. To expect other individuals will have access to only that portion of information that is necessary to provide effective responsive services to the patient/family/surrogate decision-maker (legal representative).
47. Although the patient’s identity is not shared, some aspects of the case may be shared for staff or medical educational purposes.
48. **Have access to visitors, telephone calls, mail, etc. Any restrictions to access will be discussed with you and you will be involved in the decision when possible.**
49. Patients have the right to access individuals outside the facility by means of visitation, and/or oral or written communication.
50. Generally, patients have the right to expect unrestricted access to communication.
51. When the facility restricts a patient’s visitors, mail, telephone calls, or other forms of communication, the restrictions are evaluated for their therapeutic effectiveness.
52. Any restrictions are fully explained to the patient/family/surrogate decision-maker (legal representative) in a language that is understood, and are determined with their participation.
53. Clinical justification of such restrictions is documented in the clinical record.
54. **Access to interpreter services when you do not speak or understand the language, as well as communication aides for the deaf, hard of hearing, blind, visually impaired, etc. as appropriate.**
55. Communication impairments and barriers will be assessed and identified.
56. Interpreters will be provided at no cost to the person being served for individuals who require sign language and for those who are non-English speaking.
57. Assistive devices will be made available for any identified communication barrier. (refer to Adaptive Communication IDP l-05-a.
58. The family members of the patient (parents, companions, significant others, etc.) will be provided access to interpreters and equipment to enhance communication as needed.
59. **Have access to pastoral/spiritual care.**
60. Patient/family/surrogate decision-maker (legal representative) may request pastoral/spiritual care from clergy of their choice or from the facility’s chaplains.
61. Access to chaplains may be arranged through the Spiritual Care Department at each facility or through the facility operator.
62. **Receive care in a safe setting.**
63. Staff will follow current standards of practice for patient environmental safety, infection control and security.
64. The healthcare team will consider the patient’s emotional health as part of a safe setting.
65. The facility will comply with all regulatory life safety standards.
66. Protective privacy shall be provided should the patient and/or their physician believe it is necessary for the patient’s personal safety.
67. For detailed information regarding a violence-free workplace/environment refer to the Violence Free Workplace IDPC V-02-a and the Abuse/Neglect IDPC A-02-a.
68. **Be free from all forms of abuse or harassment.**
69. This right includes staff, other patients or visitors.
70. Staff shall not willfully inflict injury, unreasonable confinement, intimidation or punishment to the patient.
71. Staff shall not willfully cause physical harm, pain, or mental anguish, this includes:
72. staff neglect,
73. indifference to infliction of injury, or
74. intimidation of patient by another.

(Definition of neglect for the purpose of this statement is “the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness”).

1. **Have access to protective services (e.g., guardianship, advocacy services, child/adult protective services).**
2. When the patient is in need of protective services (e.g., guardianship and advocacy services, conservatorship, and child or adult protective services), they have the right to assistance by a designated healthcare team member or independent individual in accessing the appropriate services. The patient, and when appropriate, their family, surrogate decision-maker (legal representative) will be provided in writing:
3. A list of names, addresses, and telephone numbers of pertinent state client advocacy groups such as the state survey and certification agency, the state licensure office, the state ombudsman program, the protections and advocacy network, and the Medicaid fraud control unit; and
4. Information regarding the patient’s right to file a complaint with the state survey and certification agency if there is a concern about abuse, neglect, or about misappropriation of property in our facility.
5. **Request medically necessary and appropriate care and treatment.**
6. The patient has the right to:
7. consult a specialist (at the patient’s expense),
8. change physician(s) and/or any member of the healthcare team,
9. transfer to another hospital.
10. The patient/family/surrogate decision-maker’s (legal representative) right to make decisions about care is not equivalent to an ability to demand treatment or services that are deemed medically inappropriate or unnecessary.
11. **Refuse any drug, test, procedure, or treatment and be informed of the medical consequences of such a decision.**
12. Refusal of any drug, test, procedure, or treatment will not compromise access to care.
13. **Consent to or refuse to participate in teaching programs, research, experimental programs, and/or clinical trials.**
14. The facility will protect patients and respect their rights during research, investigation, and clinical trials involving human subjects by:
15. giving information to make a fully informed decision;
16. describing expected benefits;
17. describing alternatives that might also help them;
18. explaining procedures to be followed;
19. explaining that they may refuse to participate, and that their refusal will not compromise their access to the facility’s services.
20. **Give “advance directives” or instructions (written or verbal) concerning your medical treatment. Designate a surrogate decision-maker (legal representative) as permitted by law. Hospital staff and physicians are to comply with these directives.**
21. Absence of an “advance directive” will not compromise access to care.
22. The facility’s health care professionals and designated representatives shall honor the directives within the limits of the law and the organization’s mission, philosophy, and capabilities.
23. The facility’s designated staff shall provide assistance to patients who do not have an “advance directive” but wish to formulate one.
24. The patient’s surrogate decision-maker (legal representative, guardian, medical durable power of attorney agent, proxy decision-maker) has the right to exercise, to the extent permitted by law, the rights delineated on the patient’s behalf if the patient:
25. has been adjudicated incapacitated in accordance with the law,
26. has been determined by their physician to be medically incapable of understanding the proposed treatment or procedure,
27. is unable to communicate their wishes regarding treatment, or
28. is a non-emancipated minor unless receiving treatment which state or federal law provides that they may consent to.
29. e. Complaints concerning advance directives will follow the patient grievance process.
30. f. For detailed information refer to “Legal Documents/Advance Directive” IDPC L-02-k , End of Life Care IDPC E-01-k and Palliative Care IDPC P-01-a.
31. **Participate in decision-making regarding ethical issues, personal values or beliefs.**
32. Patient/family/surrogate decision-maker (legal representative) shall be informed of how to gain access to the Ethics Committee and the process for ethical issues resolution, which includes an ethics consult.
33. **Have a family member or representative of your choice and your physician promptly notified of your admission to the hospital.**
34. Notification will be made as soon as can be reasonably expected.
35. **Know the names, professional status and experience of your caregivers.**
36. Staff and volunteers will wear a name badge while on duty.
37. Upon request, information regarding an individual’s experience shall be made available.
38. **Have access to your clinical records within a reasonable timeframe.**
39. Patients may inspect their clinical record upon reasonable notice (in accordance with Colorado Law) and to have a clinician explain any parts that are not understood.
40. Patients may have their clinical records made available to them or their legally authorized representative (in accordance with the state law and regulations of the Colorado Department of Public Health and Environment) through the Health Information Management Department.
41. Patients may have copies of their clinical record (at a reasonable expense to them).
42. Other individuals can have access to the patient’s clinical record upon the patient’s written authorization or that of their legally authorized representative.
43. **Be examined, treated, and if necessary, transferred to another facility if you have an emergency medical condition or are in labor, regardless of your ability to pay.**
44. For detailed information refer to “EMTALA” IDP E-01-l
45. **Request and receive, prior to the initiation of non-emergent care or treatment, the charges (or estimate of charges) for routine, usual, and customary services and any co-payment, deductible, or non-covered charges, as well as the facility’s general billing procedures including receipt and explanation of an itemized bill.**
46. This right is honored regardless of the source(s) of payment.
47. Based upon insurance information provided by the patient/family/surrogate decision-maker (legal representative), the facility shall provide assistance estimating co-payment, co-insurance, deductible or other charges that must be paid.
48. Individuals have the right to question or appeal decisions made by payers (i.e., insurance, Medicare, Medicaid, HMOs, etc.) regarding limitations of the amount paid and/or types of treatment covered. The concerns/issues may be referred to the facility’s billing department, and if needed these staff members will make the appropriate referrals. Call the hospital operator “O” or 719-776-5000and ask for the appropriate facility billing department.
49. **Be informed of the facility’s complaint/grievance procedure and whom to contact to file a concern, complaint or grievance. To File a Concern, Complaint or Grievance: Call the hospital operator (“O” or 719-776-5000 and ask for the Patient Representative /Designee or directly contact the Colorado Department of Health, Executive Direct Health Facilities Division, 4300 Cherry Creek Drive South, Denver, CO 80222-1530 or call 303-692-2940.**

* Upon receipt of the written complaint, the Colorado Department of Health shall, within 7 days, notify the patient/family member that an investigation has been initiated. A report in writing will be made to the complainant and to the facility as to the State’s findings and/or recommendations within 14 days of notification, (as according to Colorado Regulatory Statute 25-1-121).
* A summary report may be provided to the Community Board at the next board meeting.

Complaints may also be made to: The Joint Commission Office of Quality Monitoring

One Renaissance Blvd

Oakbrook Terrace, TN 80181

Email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Fax: 630-792-5636

Website: [www.jointcommission.org](http://www.jointcommission.org)

Grievances involving alleged violations of Section 504 of the Rehabilitation Act of 1973 (US Department of Health and Human Services regulations (45CFR Part 84) will be referred to Section 504 Grievance Coordinator. Section 504 states (see attachment). Patients/visitors may refer grievances directly to the Office for Civil Rights without first involving hospital staff:

The Office of Civil Rights

Department of Health and Human Services

Room 1426, Federal office Building

1961 Stout Street

Denver, Colorado 80294

303-844-2024/TDD 303-844-3439

Fax: 303-844-20205

**NEONATE, CHILD AND ADOLESCENT RIGHTS:**

1. Neonates, child and adolescent patients possess the same rights and responsibilities of adult patients. It is, however, the responsibility of the parent/guardian to implement these rights and responsibilities on their behalf.
2. We encourage the participation and involvement of the parent/family/guardian throughout treatment. It is the responsibility of Penrose St.-Francis Health Services to communicate issues surrounding the care of the patient including, but not limited to: discussion of the perception of the patient’s needs; information concerning condition, treatment and progress; involvement in the treatment, as appropriate; and participation in discharge planning.
3. Penrose St. Francis Health Services provides a physical and social environment that is conducive to the care and treatment of neonates, children and adolescents. Age appropriate normalizing activities and resources are provided for and encouraged, such as play and recreation
4. If a child or adolescent will be separated from family and school for more than ten (10) school days, Penrose St.-Francis Health Services provides a physical and social environment that allows for normalizing experiences in self care and fulfillment of age appropriate responsibilities. Penrose St.-Francis Health Services provides these needed experiences through community resources such as tutors recommended by the patient’s school district. ( refer to Teaching (Patient) IDPC-01-f)
5. Additional therapy may be provided through the hospital’s Physical and/or Occupational Therapy departments as appropriate.
6. The hospital discharge planning process arranges participation with home health services and schools and other receiving facilities to provide for needed services at home.
7. Security and safety measures are instituted by Penrose-St. Francis Health Services to ensure the patient and parent/guardian of a safe physical environment.

**Patient Responsibilities: You have the responsibility to…**

1. **Ask questions and promptly voice concerns.**
2. The patient/family/surrogate decision-maker (legal representative) are responsible for asking questions when they do not understand what has been told to them about their care or what is expected of them.
3. **Be considerate of other patients and staff.**

a. The patient/family/surrogate decision-maker (legal representative) are responsible for being considerate of the rights of other patients and staff, including assisting in the control of noise, smoking, limiting the number of visitors, and/or aiding in the prevention of distractions.

b. In providing care, healthcare facilities have the right to expect behavior on the part of patients, their relatives and friends, which is reasonable and responsible considering the nature of the patient’s illness.

1. **Give full information as it relates to your care.**
   1. The patient/family/surrogate decision-maker (legal representative) have the responsibility to provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient’s health.
   2. The patient has the responsibility to report unexpected changes in their condition to the responsible practitioner and healthcare provider.
2. **Understand and honor financial obligations related to your care, including understanding your own insurance coverage.**
3. For assistance, call the hospital operator (“O” or 719-776-5000) who will forward your call.
4. **Follow your recommended treatment plan.**
5. The patient/family/surrogate decision-maker (legal representative) should express concerns regarding ability and willingness to follow the proposed course of treatment. The healthcare providers will make every effort to adapt the treatment plan to the patient’s specific needs and limitations.
6. The patient/family/surrogate decision-maker (legal representative) is responsible for keeping appointments. If the patient is unable to keep an appointment, then it is also the patient/family/surrogate decision-maker (legal representative)’s responsibility to notify the appropriate practitioner and/or facility.
7. Secure your valuables.
8. The facility is not responsible for any valuables or belongings kept in the patient’s possession.
9. Patients are encouraged to send their valuables and/or belongings home with their family.
10. For detailed information refer to “Valuables and Personal Items” IDPC V-01-c.
11. **Follow facility rules and regulations.**
12. This includes the “Non-Smoking” policy of the organization. Penrose St-Francis Health Services are non-smoking facilities to promote health. Please ask your healthcare provider for the location of the designated smoking areas.
13. **Respect property that belongs to the facility or others.**
14. This includes being responsible to keep all areas of the facility free of paper, food, drinks, trash, etc.
15. **Accept consequences of not following the patient responsibilities**

**Procedure:**

1. Educate staff on “Patient Rights” during their orientation period to the facility and routinely thereafter.
2. Give patient/family/surrogate decision-maker (legal representative) a written copy of their “Patient Rights and Responsibilities” and grievance procedure during their registration process, and educate further if more information is required.
3. Upon arrival on the patient care unit during the admission process, ask the patient/family/surrogate decision-maker (legal representative) if they have received a copy of their rights and responsibilities and if they have any questions.
4. Specifically inform the patient/family/surrogate decision-maker (legal representative) that the “complaint/grievance procedure” is located on the “Patient Rights” document.
5. Upon request, provide the patient/family/surrogate decision-maker (legal representative) with copies of additional policies and procedures that apply to them.

**Documentation:**

When the patient/family/surrogate decision-maker (legal representative) need more than the written copy and cursory explanation of the Patient Rights and Responsibilities, document additional information and/or education on the appropriate form.

References:

Colorado State Statute 25-1-121, Patient Grievance Mechanism and Institutions Obligation to the Patient.

Colorado State Statute 27-10-101, Care and Treatment of the Mentally Ill

IDPC Guideline Teaching T-01-f

|  |  |
| --- | --- |
| **REVIEW/REVISION DATES:**  8/01, 6/04, 3/08 |  |
| **APPROVAL BODY (IES):** *Interdisciplinary Practice Committee* | **APPROVAL DATE:** *11/30/3012* |