Policy: Patient Rights and Responsibilities

ORGANIZATIONAL: Effects two or more departments.								
Folder	Organizational Choices: Ethics, Patient Rights, and Civil Rights			Sub-Folder (If Applicable)	Click here to enter text.			
Original Effective Date	10/1/1997	Scope	What departme entire organizat All	tments does this policy apply to? State "All" as is may apply to the ization.				
Approved (Approver/Date)	MULTIDISC POLICY COMMITTEE 11/2018 MEC 11/2018 Board 12/2018							
Last Reviewed/ Revised Date	1/23/2020	OSHA Category (If Applicable)	III	Standard (If Applicable)	TJC:NPSG.13.0 1.01, RI.01.01.01, RI.01.02.01, RI.01.03.01, RI.01.03.05, RI.01.04.01, RI.01.05.01, RI.01.06.03, RI.01.06.05, RI.01.07.01, RI.02.01.01DHS S: 19 CSR 30-20.084CMS: 482.13	Number of pages	5	

PURPOSE: To define the process for nondiscriminatory admissions, patient rights and responsibilities, and the communication process for patients and families.

GUIDELINES:

Patient Rights & Responsibilities are developed based on accreditation requirements of the Joint Commission, Conditions of Participation (CoP) for the Centers for Medicare/Medicaid Services, Office of Civil Rights and Hospital rules and regulations as mandated by the Missouri Department of Health and Senior Services. Patient Rights & Responsibilities outlines each individual's rights and his/her responsibilities as a patient.

SoutheastHEALTH (including hospital, off-site locations for outpatient services, clinics and physician practices, and its' staff are committed to a tradition of providing quality health care.

Southeast Hospital recognizes and respects patient's rights, engaging patients to become more informed and involved in their care. Care, treatment and service should be provided in a manner that fosters the patient's dignity, autonomy, positive self-regard, civil rights and involvement in their care. Care treatment and service should be planned and provided with regard to patient's personal values, beliefs and preferences.

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Southeast Hospital informs patients/families and/or patient representatives of their rights and responsibilities upon admission.

PROCEDURE:

Definitions:

<u>Spouse</u> – individual who is legally married to another individual, including same sex marriage.

<u>Marriage</u> – a lawful marriage including same sex marriage.

Family - includes, but is not limited to, an individual's spouse

Relative - when used as a noun, includes, but is not limited to, an individual's spouse

Patients are provided a listing of Patient Rights & Responsibilities through one of the following mechanisms:

- 1. Patient Rights & Responsibilities hand-out distributed to outpatients at physician office practices or clinics
- 2. Patient Admission Booklet distributed to patients who are admitted or will be undergoing surgery (whether inpatient or outpatient)
- 3. Patient Rights & Responsibilities Posters posted throughout the Hospital/Hospital operated facilities near the point of registration
- 4. Southeast Hospital's website

PATIENT RIGHTS & RESPONSIBILITIES

PATIENT RIGHTS:

- Receive information about your hospital rights and responsibilities.
- Receive considerate and respectful care including confidentiality, privacy, security and safety.
- Receive care in a safe setting free from all forms of abuse, neglect, exploitation and harassment.
- Receive care in an environment that preserves dignity and supports a positive self-image.
- Receive care regardless of your age, race, ethnicity, religion, culture, language, physical or mental disability, color, national origin, socioeconomic status, sex, sexual orientation, or gender identity.
- Have your medical records kept confidential and released only to those agencies or persons having your permission or allowed by Federal or state law.
- Receive information about the person(s) responsible for your care, treatment and services, including those responsible for authorizing and performing procedures or treatment.
- Participate or have your designated representative participate in treatment decisions and the care planning process.
- Have a family member or person of your choice and your doctor notified of your admission to the hospital.
- Be involved or have your designated representative be involved in your discharge planning, including being informed of service options that are available to you and a choice of agencies which provide the service.
- Have your pain assessed and managed.
- Have a friend or other individual present for emotional support unless the visit infringes on others' rights, safety or is medically or therapeutically contraindicated.
- Be free from restraints or seclusion unless medically necessary or needed to ensure your immediate physical safety or the safety of others.
- Receive complete and understandable information regarding your illness, diagnosis, possible prognosis, options, services, treatment and possible outcomes, including unexpected outcomes.
- Receive communication you can understand, have an interpreter assist with speaking or hearing barriers and receive aids to assist with vision, speech, hearing and other impairments.

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- Participate, or decline to participate, in a research study if asked.
- Receive health care that considers your psychosocial, spiritual, and cultural values.
- Accept medical care or to refuse it to the extent permitted by law and to be informed of the medical consequences of refusal.
- Appoint a surrogate to make health care decisions to the extent permitted by law. Have an
 advance directive (health care directive, durable power of attorney for health care or living will)
 that states your wishes when you cannot speak for yourself.
- Participate in the consideration of ethical issues that arise in your care.
- Receive compassionate end of life care.
- Receive information about and be informed of business relationships of this hospital to other health care providers that may impact your care.
- Review or have your designated representative review the medical record and receive copies of the record at a reasonable photocopy fee.
- Before undergoing any procedure, you and your legal representative will voluntarily provide informed consent. You will be informed if alternatives for care or treatment exist.
- Receive information about health care costs and bills.
- Voice a complaint or recommend a change without being subjected to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment and services.
- File a grievance and expect a prompt resolution.
- A grievance can be filed verbally or in writing to the Patient Experience Department from within the Hospital at extension 6643 during normal business hours. If calling from outside the Hospital, the number is (573)-331-6643.
 - Patient Experience Department Southeast HEALTH 1701 Lacey Cape Girardeau MO 63701 (573)-331-6643 or (573)-651-5811
- If you wish to file a grievance with an outside agency you may do so by contacting the Missouri
 Department of Health and Senior Services or the Joint Commission at the addresses and phone
 numbers below:

• State of Missouri

Dept of Health Facility Regulations 912 Wildwood Drive PO Box 570 Jefferson City, MO 65102-0570 1-800-392-0210

• The Joint Commission

Office of Quality and Patient Safety One Renaissance Boulevard Oakbrooke Terrace, IL 60181

Submit complaints or an update to a complaint online at:

https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx

Phone: 1-800-994-6610

Fax: 1-630-792-5636

Office for Givil Bights

• Office for Civil Rights

U.S. Department of Health and Human Services 601 East 12th Street- Room 248 Kansas City, MO 64106 Voice Phone (816) 426-7277 Fax (816) 426-7277 TDD (816) 426-7065

Quality Improvement Organization for Medicare

Livanta Region 7 Phone 1-888-959-6577

NON-DISCRIMINATION/ADMISSIONS POLICY

As a recipient of Federal financial assistance, Southeast HEALTH does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Southeast HEALTH directly or through a contractor or any other entity with which Southeast HEALTH arranges to carry out its programs and activities.

SoutheastHEALTH (including hospital, off-site locations for outpatient services, clinics and physician practices) disseminates its Non-Discrimination policy to the general public, employees, patients/residents, community organizations, and referral sources by publication (ex: facility brochure, and/or Patient Responsibility Agreement) and are posted on major bulletin boards in the appropriate area(s) that are accessible to the participants, beneficiaries, applicants, and employees.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84 and 91.

In accordance with the Age Discrimination Act of 1975 and its implementing regulation, Southeast HEALTH will not directly or through contractual or other arrangements, discriminate on the basis of age in the provision of services, unless age is a factor necessary to normal operations or the achievement of any statutory objective.

In case of questions, please contact:

Southeast HEALTH

Regina Faulkenberry Compliance Officer (573) 651-5505 or Compliance Line (888) 394-2291 Voice Phone (866) 735-2460 TDD (800) 735-2966

PATIENT RESPONSIBILITIES

As a patient, you have a responsibility to:

• Get involved in your care; please speak up if you have questions, concerns, or if you do not understand your treatment plan.

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- Provide the hospital with a copy of your advance directive, if you have one.
- Report changes in your condition.
- Follow the care, treatment, and service plan developed.
- Follow instructions, policies, rules and regulations in place to support quality care for patients and a safe environment for all individuals in the hospital.
- Take responsibly for the outcome if you do not follow the care, treatment, and service plan.
- Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.
- Respect the privacy, dignity and confidentiality of other patients and staff.
- Respect Hospital or Clinic property as well as others' property.
- Meet the financial obligation agreed to with the Hospital or other Southeast HEALTH provider.

Region VII - Kansas City (Iowa, Kansas, Missouri, Nebraska), Office of Civil Rights, US Department of Health and Human Services

http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html

US Department of Health and Human Services, Missouri Health Facility Regulation: 573-751-6303

State Operations Manual Appendix A, Regulations and Interpretive Guidelines (Rev. 149, Issued: 10.9.15, Effective 10-9-15, Implementation: 10-9-15)

482.13 Conditions of Participation: Patient Rights

19 CSR 30-20.084 Patients' Rights in Hospitals, Code of State Regulations

The Joint Commission E-dition, 2018 rights and Responsibilities of the Individual (RI)