

February 5, 2015

## PATIENT/RESIDENT RIGHTS

PURPOSE.....	I
POLICY.....	II
PROCEDURE.....	III
RESPONSIBILITY.....	IV
REFERENCES.....	V
RESCISSIONS.....	VI
CONCURRENCES.....	VII
EXPIRATION.....	VIII

### I. PURPOSE

To state the policy and procedures that concern observance of the rights of Patients/residents.

### II. POLICY

Patients/residents have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psycho-social and spiritual values. All patients/residents will receive, to the extent of their eligibility under the law, prompt and appropriate treatment available within the medical center's capacity and mission.

### III. PROCEDURE

A. Patients/residents and/or their families have the right to present problems, concerns or complaints relevant to their care at the healthcare system. In no way will the presentation of a problem, concern, or complaint compromise patients/residents' access to care. Patients/residents may contact their Treatment Team, the Patient Advocates, or the Biomedical Ethics Advisory Committee.

B. Upon admission, Patients/residents or the surrogates of incompetent patients/residents will be provided with written information about their rights and information on how to voice a complaint. Nursing personnel orienting them to the unit will review this information with them. Personnel will be made aware of this information through their orientation as new employees and through annual service review as appropriate. Outpatients will be informed of their rights by clinicians in the outpatient clinics and a pamphlet outlining Patients/residents rights will be made available to them. Long term care residents/surrogates acknowledge by signature receipt of rights information.

C. Patient's right is respected to make decisions about his/her care, treatment and services, and to involve his/her family in care, treatment and services decisions to the extent permitted by the patient or surrogate decision

maker. (Family' is defined as a group of two or more persons united by blood, or adoptive, marital, domestic partnership, or other legal ties. The family may also be a person or persons not legally related to the individual [such as significant other, friend or caregiver] whom the individual considers to be family.) A family member may be the surrogate decision-maker, if authorized to make care decisions for the individual, should he or she lose decision-making capacity or choose to delegate decision making to another. A family member, friend or other individual is allowed to be present with the patient for emotional support during the course of stay. The presence of a support individual of the patient's choice, is allowed unless the individual's presence infringes on other's rights or safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative. Discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression is prohibited.

D. Patient/residents have the right to "opt out" of the facility directory, which means that no information is permitted to be released to callers or visitors. When a patient/resident opts out of the directory, no information about them can be released. If a family member or other person inquires about a patient/resident, staff should state, "I am sorry, but I have no information I can give to you whether John Doe is a patient/resident".

E. If it has been determined by the treatment team that a sufficient reason exists for restricting a patients/resident rights, the least restrictive method shall be employed. The patient/resident and/or family will be informed of the restriction and reason for the restriction. These restrictions will be periodically evaluated for therapeutic effectiveness.

F. The following is a listing of assured patient/resident rights:

1. Respect and Non-Discrimination:

a. Patients/residents will be treated with dignity, compassion and respect as an individual. Care will be provided in a safe environment where patients/residents privacy is respected. We will seek to honor their personal preferences; values; beliefs (cultural and spiritual); and life-long patterns of living.

b. Patients/residents or designee have the right to keep and spend their own money and the right to request and receive an accounting of VA held funds. Patients/residents have a right to manage or delegate management of personal financial affairs; and, have ready and reasonable access to their funds.

c. Personal freedoms will be respected. In rare cases, when the patient/resident lacks decision making capacity or has been judged to be incompetent, the use of medication and physical restraints may be used if all other efforts to keep Patients/residents, or others free from harm have not worked.

d. Inpatient and Long term care residents have a right to an environment that preserves dignity and contributes to a positive self-image.

e. Inpatients or long-term care residents have the right to social interaction and regular exercise. Psychiatric inpatients with environmental privileges will be escorted off the unit, by staff, to a fenced area, at least once a day. They will have the opportunity for religious worship and spiritual support. Inpatient/residents can participate or refuse to participate in social or spiritual community activities or groups.

f. Inpatients or long-term care residents have the right to communicate freely and privately. They may have or refuse visitors. Patients/residents will have access to public telephones to make and receive phone calls. They may exercise citizenship privileges.

g. Long-term care residents can organize and take part in a resident council.

h. In order to provide a safe treatment environment for all patients, residents and staff, Patients/residents are asked to respect other patients/ residents and to follow the facility's rules. Patients/residents are asked to avoid unsafe acts that place others at risk for accidents or injuries and to immediately report any unsafe condition.

i. Patients have the right to communication accommodations in all treatment settings within VAPHS including but not limited to language interpreters, hearing interpreters and adaptive devices.

2. Information Disclosure and Confidentiality:

a. Patients/residents will be given information about the health benefits they can receive. The information will be provided in an easily understood manner.

b. Patients/residents will receive information about the costs of their care, if any, before they are treated. They are responsible for paying for their portion of the costs associated with their care.

c. Patients'/residents' medical records will be kept confidential. Information will not be released without their consent unless authorized by law (i.e., state public health reporting). Patients/residents have the right to information in their medical record and may request a copy of their records. This will be provided except in rare situations where the VA physician feels the information will be harmful to the patient/resident. In that situation, they have the right to discuss this with their VA provider.

d. Patients/residents and when appropriate their family are informed of all outcomes of care, treatment and services, including any unanticipated outcomes. They will be informed about how to request compensation for injuries.

3. Participation in Treatment Decisions:

a. Patients/residents, and any persons they choose, will be involved in decisions about their care, treatment and services provided. Patients/residents will be given information they can understand about the benefits and risks of treatment, along with other options. Patient/residents will have access to their treatment options in sufficient time to facilitate his or her decision making. Patients/residents can accept or refuse care, treatment, and services and refusing treatment will not affect their rights to future care but Patients/residents have the responsibility to understand the possible results to their health. If they believe they cannot follow the treatment plan, Patients/residents have a responsibility to notify the treatment team.

b. Inpatients/residents when appropriate to their care, treatment or service plan, can access transportation services.

c. Patients/residents will be given, in writing, the name and professional title of the provider in charge of their care. As a partner in the healthcare process, Patients/residents have the right to be involved in choosing their provider. They will be educated about their role and responsibilities as a patient. This includes their participation in decision-making and care at the end of life.

d. Patients/residents should tell their provider about their current condition, medicines (including over the counter and herbals) and medical history. Also, Patients/residents should share

any other information that affects their health. Patients/residents should ask questions when they don't understand something about their care. This will help in providing the best care possible.

e. Patients/residents have the right to have their pain assessed and to receive treatment to manage pain. The patient and patients' treatment Team will develop a pain management plan together. Patients/residents are expected to help the treatment team by telling them if they have pain and if the treatment is working.

f. Patients/residents have the right to formulate advance directives or to appoint a surrogate to make healthcare decisions. Patients/residents have the right to protective and advocacy services. Patient/residents have the right to access to self-help support services and the right to access legal entities. Information can be provided by a social worker

g. Patients/residents have the right to choose whether or not they will participate in any research project. Any research will be clearly identified. Potential risks and benefits of the research will be identified and there will be no pressure on Patients/residents to participate.

h. Consent must be obtained prior to any recording or filming for purposes other than the identification, diagnosis, or treatment of the patient/resident. Patients/residents have the right to request cessation of recording or filming. Patients /residents have the right to rescind consent for use up until a reasonable time before the recording or film is used.

i. Patients/residents will be included in resolving any ethical issues about their care. They may consult with the Medical Center's Ethics Committee and/or other staff knowledgeable about health care ethics.

j. Patients/residents have the right to be free from mental, physical, sexual, and verbal abuse, humiliation, neglect and exploitation.

4. Complaints:

a. Patients/residents are encouraged and expected to seek help from their treatment team and/or a patient advocate if they have problems or complaints.

b. Patients/residents will be given understandable information about the complaint process.

c. Patients/residents may complain verbally or in writing without fear of retaliation.

#### IV. RESPONSIBILITY

A. The Director is responsible for assuring that these rights are communicated throughout the medical center.

B. Employees are responsible for ensuring that all Patients/residents are treated with dignity, compassion, and respect. Staff will respect Patients/residents rights and ensure that they are informed of their rights.

C. Patient Advocates are responsible for receiving complaints and/or concerns of Patients/residents and families when breaches of these rights are suspected. Additionally, the Patient Advocates are responsible for the tracking of this information. Feedback is provided to management.

#### V. REFERENCES

VHA Handbook 1050.01 National Patient Safety Improvement Handbook  
The Joint Commission Accreditation Manual for Hospitals  
The Joint Commission Accreditation Manual for Long Term Care  
Code of Federal Regulations Title 38 Part 17 Sec17.33 Patient Rights  
VHA Handbook 1004.02 Advance Care Planning and Management of Advance Directives

#### VI. RESCISSION

Memorandum RI-009, dated February 28, 2012

#### VII. CONCURRENCES

001, 11, 11B, 002, 00B, 05, 00S, all Service Line VP's, AFGE Local 2028

#### VIII. EXPIRATION

This memorandum will automatically expire February 5, 2018

*//Signed//*

DAVID S. MACPHERSON, MD, MPH  
Acting Director