**Southeast Louisiana Veterans Health**

**Care System New Orleans, LA 70112**

**Department of Veterans Affairs**

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**Numbered Memorandum**

 **11-53**

 **June 28, 2016**

# **PATIENT RIGHTS AND RESPONSIBILITIES**

1. **PURPOSE**: The purpose of this policy is to outline the protection of patient rights and responsibilities to those providing oversight and services while the patient(s) are receiving care provided by Southeast Louisiana Veterans Health Care System (SLVHCS).

2. **POLICY**:

 a. It is this Health Care System’s policy to respect each patient’s rights. All patients have the right to considerate care and personal dignity which respects their cultural, psychosocial, spiritual, personal values, beliefs, and preferences. Each of these items influences the patient’s perception of care and illness. Understanding and respecting these aspects will guide the treating team in meeting the patient’s care needs and preferences. The policy delineates patient rights in the outpatient setting since inpatient bed capability is not available in the health care system.

 b. Patient Rights: All Veterans have the right to:

 (1) Nondiscrimination and Respect:

 (a) Veterans have the right to reasonable access to care.

 (b) Veterans have the right be treated with dignity, compassion, and respect as an individual.

 (c) Veterans are to be treated with respect as an individual. You will not be subject to discrimination for any reason, including for reasons of age, race, ethnicity, religion culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.

 (d) Veterans have the right to receive care in a safe environment free from excess noise, and with sufficient light to ensure comfort and safety.

 (e) Veterans have the right to have access to the outdoors.

 (f) SLVHCS employees will seek to honor all Veterans cultural and personal values, beliefs, and preferences.

 (g) Veterans have the right to keep and spend their money and receive accounting of any funds that the Department of Veterans Affairs (VA) is holding for them.

 (h) Veterans have the right to personal freedoms in the care and treatment we provide them. This includes trying to accommodate normal sleep and wake cycles, food likes and dislikes, and/or other personal preferences.

 (i) Restraint and seclusion of Veterans are not used at SLVHCS secondary to its designation as a restraint free health care system, but because unusual situations may occur, Veterans who might need to be restrained will be immediately transferred to the nearest emergency room for crisis evaluation.

 (j) In an acute care settings, and only in rare cases, the use of chemical and physical restraints may be used if all other efforts to keep a Veteran or others free from harm have not worked.

 (k) Veterans may wear their own clothes, depending on their medical condition.

 (l) Veterans have the right to keep personal items as long as they are safe and legal.

 (m) Veterans have the right to social interaction and regular exercise.

 (n) A Veteran will have the opportunity for religious worship and spiritual support and will be afforded the opportunity for religious worship and spiritual support if they request it.

 (o) Veterans have the right to communicate freely and privately.

 (p) Veterans have the right to be supported by the family member of your choice during receipt of care, treatment, and services. When a loved one is involved in support and care of a Veteran, SLVHCS considers a patient’s family to include anyone related to the Veteran in any way and anyone that the Veteran considers family. Any person chosen by the Veteran can be with them for support within the SLVHCS. Medical staff may restrict visitors to SLVHCS if medical or safety concerns require it. Veterans will be informed promptly about any visitor restriction and the reason for it.

 (q) Veterans have the right to a safe treatment environment. All Veterans, visitors and staff, are expected to avoid unsafe acts that place others at risk for accidents or injuries.

 (2) Participation in Treatment Decisions:

 (a) Veterans have the right to have their privacy protected.

 (b) Veterans have the right to be given information about health benefits they receive. The information will be provided in a way that is understandable.

 (c) Veterans have the right to receive information about the costs of care (for example, co-payments), if any, before treatment is rendered and if a Veteran requests this information he or she will be referred to Health Adminstration Service (HAS).

 (d) Veterans health record will be kept confidential and not released without appropriate authorization unless permitted by law (an example of this is State public health reporting). Veterans have the right to have access to or request a copy of their own health records.

 (e) All Veterans have the right to the respect of their privacy and the responsibility not to reveal the health information of other Veterans health information that they may overhear or otherwise become aware of during the course of care and/or treatment at SLVHCS.

 (3) Partnering in Care:

 (a) Veterans have the right to express their preferences concerning future medical care in an advance directive, including designating a health care agent to make health care decisions on their behalf when they can no longer do so.

 (b) Veterans have the right to choose any person(s) to be involved in all decisions about their care. Veterans will be given information they can understand about the benefits and risks of treatment in their preferred language. They have the right to be given other treatment options and to agree or refuse any treatment. Veterans will be informed of what is likely to happen if they refuse a treatment. Refusing treatment will not affect a Veteran’s right to future care.

 (c) Veterans are responsible for informing their providers about current conditions, medicines (including over the-counter and herbals) and medical history and to share any other information that affects their health. Veterans have the right to ask questions when they do not understand something related to care, treatment, or services.

 (d) Veterans have the right to recieve in writing, the name and title of the provider in charge of their care and to be involved in choosing their provider. This includes students and other trainees. SLVHCS Providers are responsible for properly introducing themselves when they take part in the care of veterans.

 (e) Veterans have the right to be educated about their role and responsibilities in their care in the SLVHCS. This includes the Veterans participation in decision making and care at the end of life.

 (f) Veterans are responsible for informing their provider or treatment team if they believe they cannot follow the treatment plan as described.

 (g) Veterans have the right to be informed of all outcomes of their care, including any possible associated injuries associated with their care. They have the right to be informed about how to request compensation and other remedies for any serious injuries.

 (h) Veterans have the right to have their pain assessed and to receive treatment to manage their pain. The Veteran, their provider and treatment team are responsible for developing a pain management plan together. Veterans are responsible for assisting the treatment team by informing them if and when they have pain and if the treatment prescribed is working.

 (i) Veterans have the right to choose whether or not they will participate in any research project. Any such research will be clearly identified, and patients will be allowed to give written consent. Potential risks of the research will be identified and Veterans will not be pressured to participate in any research activities.

 (j) Veterans have the right to be included in the resolution of any ethical issues concerning their care. If a Veteran has an ethical issue or concern, he/she may speak with and/or have the issue referred to the SLVHCS Ethics Consultation Committee for help.

 (4) Concerns or Complaints:

 (a) Veterans are encouraged and expected to seek help from their treatment team or a Veterans Experience Officer (VEO) if they have problems or complaints. Any privacy complaints will be addressed by the facility Privacy Officer. The Veteran will be given understandable information about the complaint process in their preferred language. Veterans may complain verbally or in writing, without fear of retaliation.

 (b) If a Veteran believe that they or a family member has been

 neglected, abused, or exploited by VA staff, they have the right to and should report it promptly to the treatment team or VEO. The Veteran and/or family member will receive help immediately.

 (c) If Veterans believe that the organization has failed to address or satisfy a concern about health care quality and safety, they have the right to contact the Joint Commission's Office of Quality Monitoring at 1-800-994-6610. If they believe that the organization has failed to address their concerns about suspected criminal activities, fraud, waste, abuse, or mismanagement, they have the right to contact the VA Office of the Inspector General at 1-800-488-8244 or email vaoighotline@va.gov

3. **RESEARCH PARTICIPANTS RIGHTS:**

 a. Refer to VHA Handbook 1200.05 dated October 15, 2010, Requirements for the Protection of Human Subjects in Research for rights of Research participants.

4. **RESPONSIBILITIES**:

 a. **Executive Leadership/Service Chiefs:** are responsible for ensuring that their employees are educated about patients rights and responsibilities to ensure that patients are treated with dignity and respect.

 b. **Community & Public Relations:** is responsible for having the current version of the pamphlet, when available, and posters “Patient Rights and Responsibilities” available at facility entrances, near all elevators and all clinic sites.

 c. **Supervisors**: Should a supervisor receive a report of violation of a patient rights, he/she will contact the Patient Safety Manager and complete an ePER (Electronic Patient Event Report).

 d**. Veteran Experience Officers**: VEOs are responsible for providing immediate assistance to patients, family members, visitors, and staff in the resolution of complaints and administrative issues related to patient care; interpreting and explaining the SLVHCS’ mission, philosophy, procedures, and services to the patient, family member, and/or visitor; and to present their issues and needs to clinic and SLVHCS management.

5. **PROCEDURES**:

 a. The clinic check-in staff will have available the SLVHCS most current edition of Patient Rights and Responsibilities pamphlets.

 b. The Public Relations staff will provide Patient Rights and Responsibilities posters to Facilities Management Service Line staff for framing and subsequent posting throughout the SLVHCS.

 c. Work Force Development will provide employee education on Patient Rights and Responsibilities through New Employee Orientation, Clinical Orientation, annual mandatory training, and provide each new employee with a copy of the most current edition of Patients Rights and Responsibilities pamphlet for their personal reference.

 d. All Employees are responsible for observing the rights of Veterans as contained in this Policy, and

 (1) Reporting any observations of patient right violations to their immediate supervisor and completing an ePER.

6.  **REFERENCES**: The Joint Commission Comprehensive Accreditation Manual for Ambulatory Care, Behavioral Health Care, Home Care. 70 FR 67094, Nov 4, 2005. VHA Handbook 1200.05 dated October 15, 2010 Requirements for the Protection of Human Subjects in Research.

7. **RESCISSION:** Numbered Memorandum, Patient Rights and Responsibilites,dated August 13, 2012.

8. **FOLLOW-UP RESPONSIBILITY**:Chief of Staff (11)

9. **EXPIRATION DATE**: June 28, 2019

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SLVHCS Medical Center Director

**SUMMATION OF POLICY & PROCEDURE CHANGES:**

**Changes were made to closely align policy with verbiage contained within the VHA Directive, Rights and Responsibilities of VA Patients. Title changes were made from Special Incident Involving a Beneficiary to ePER (Electronic Patient Event Report) and Patient Advocates to Veteran Experience Officers.**