

# ADMISSION NOTICE OF PATIENT RIGHTS AND RESPONSIBILITIES

## PURPOSE

To assure all patients and their legal representative have been informed of their patient rights and responsibilities on admission.

## POLICY

It is the policy of CHI Franciscan Health to recognize and respect the rights of all patients. Discrimination in any form is prohibited. Patients receiving any health care services at CHI Franciscan Health shall be informed of these patient rights as well as their responsibilities.

## PROCEDURE

Each patient/legal representative signs the notice at registration and is offered a written copy of the hospital's **Notice of Patient's Rights and Responsibilities Acknowledgement**. Every effort possible is made to provide this information in advance of providing or discontinuing care. The patient rights/responsibilities information may also be made available to patients throughout their stay upon request.

The Notice of Patient's Rights and Responsibility provides the patient/legal representative written contact information for initiating a complaint should anyone believe their patient rights have been violated.

## PATIENT RIGHTS

### ***AS A PATIENT AT CHI FRANCISCAN HEALTH, YOU HAVE THE RIGHT TO:***

- Be fully informed of all your patient rights and receive a written copy, in advance of furnishing or discontinuing care whenever possible.
- Not be discriminated against because of your race, beliefs, age, ethnicity, religion, culture, language, physical or mental disability, socio-economic status, sex, sexual orientation, gender identity or expression and your ability to pay for care.

- Be treated with dignity and respect including cultural and personal beliefs, values and preferences.
- Confidentiality, reasonable personal privacy, security, safety, spiritual or religious care accommodations, and communication. If communication restrictions are necessary for patient care and safety, the hospital must document and explain the restrictions to the patient and family.
- Be protected from neglect; exploitation; verbal, mental, physical or sexual abuse; Access to protective and advocacy services.
- Receive information about your condition including unanticipated outcomes, agree and be involved in all aspects and decisions of their care including: refusing care, treatment and services to the extent permitted by law and to be informed of the consequences of your actions; and resolving problems with care decisions; the hospital will involve the surrogate decision-maker when the patient is unable to make decisions about his or her care.
- Receive information in a manner tailored to the patient's age, language needs and ability to understand. An interpreter, translator or other auxiliary aids, tools or services will be provided to you for vital and necessary information free of charge.
- Make informed decisions regarding care including options, alternatives, risk and benefits. The hospital honors your right to give, rescind and withhold consent.
- Receive an appropriate medical screening examination or treatment for an emergency medical condition within the capabilities of the hospital, regardless of your ability to pay for such services.
- Have a family member or representative of your choice and your physician notified.
- Know the individual(s) responsible for, as well as those providing, your care, treatment and services.
- Family or representatives notification of your admission and input in care decisions; designate any individual to be present for emotional support during course of stay.
- An appropriate assessment and management of your pain.
- Be free from restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Have advance directives and for hospitals to respect and follow those directives; The hospital honors advance directives, in accordance with law and regulation and the hospital's capabilities, religious directives and policies.
- End of life care; Request no resuscitation or life-sustaining treatment.
- Donate organs and other tissues including medical staff input and direction by family or surrogate decision makers.
- Review, request amendment to and obtain information on disclosures of your health information in accordance with law and regulation.

- File a grievance (complaint) and to be informed of the process to review and resolve the grievance without fear of retribution or denial of care.

## **FILE A GRIEVANCE**

CHI Franciscan Health takes every complaint seriously and want to work with you to address your issues. If you believe you have experienced discrimination or that your rights have been violated, you may request a formal grievance. We ask that you speak with management staff directly about your concern. You may also call and speak with the Hospital Patient Advocate during business hours or you may notify them in writing. The **Franciscan Customer Concern Line** is **253-530-2299 / or 1-877-426-4701**. The Patient Advocate will contact you upon receipt of the grievance, and will refer the complaint to the appropriate manager for investigation. The Manager or designee may contact you within 2 working days of the receipt your grievance to discuss your concerns. Once the concerns are clarified, our policy allows 10 working days for a thorough investigation and follow-up by the manager or designee. A written response detailing the steps taken on your behalf to investigate the grievance, and the results of the process will be mailed no later than 10 days from the receipt of the grievance. The letter will also have the name and number of a contact person for any further correspondence.

You also have a right to file a complaint with the **Washington Department of Health**, regardless of whether you choose to first use the hospital grievance process. The Washington Department of Health Hospital Complaint Hotline is 1-800-633-6828. Any concern about patient safety or care in the hospital, that the hospital has not addressed, may also be referred to the **Joint Commission's Office of Quality Monitoring** at 1-800-994-6610.

## **PATIENT RESPONSIBILITIES**

### ***AS A PATIENT AT OUR HOSPITAL, YOU HAVE THE RESPONSIBILITY TO:***

- Tell your care providers everything you know about your health, and to let someone know if there are changes in your condition. Provide accurate and current health information to your healthcare team.
- Make known when you have advance directives and provide documents describing your preferences and wishes to the admitting staff or clinical healthcare team.
- Ask for explanation and information if you do not understand what you are told.
- Participate in your health care by helping make decisions, following the treatment plan prescribed by your physician, and accepting responsibility for your choices.

- Demonstrate respect and consideration for other patients and hospital personnel.
- Follow hospital rules and regulations about safety and patient care during your stay such as those about visitors, smoking, noise, etc.
- Meet your financial commitments. Deal with your bill promptly, and contact the billing department if you need to make special arrangements.
- Support mutual consideration and respect by maintaining civil language and conduct in interaction with staff and medical staff.
- Tell your care providers if you have special needs your healthcare team should know about.

## **SERVICE ANIMALS**

Individuals with disabilities have a right to be accompanied by a trained service animal or dog guide, have reasonable accommodations and be able to access non-sterile and non-medically regulated patient and visitor areas.

## **PATIENT VISITATION RIGHTS**

Patients of CHI Franciscan Health enjoy visitation privileges consistent with the patient preference and subject to the hospital's Justified Clinical Restrictions. Each patient has the right to receive the visitors whom he/ she designates and may designate a support person to exercise the patient's visitation rights on his/ her behalf. All visitors designated by the patient (or support person where appropriate) shall enjoy visitation privileges that are no more restrictive than those that immediate family member would enjoy. The designation of a support person does not extend to the medical decision making.

The hospital may impose clinically necessary or reasonable restrictions or limitations on patient visitation when necessary to respect all other patient rights and to provide safe care to patients. A justified Clinical Restriction may include, but need not be limited to one or more of the following: (i) a court order limiting or restraining contact; (ii) behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment; (iii) behavior disruptive of the functioning of the patient care unit; (iv) reasonable limitations on the number of visitors at any one time; (v) patient's risk of infection by the visitor; (vi) visitor's risk of infection by the patient; (vii) extraordinary protections because of a pandemic or infectious disease outbreak; (viii) substance abuse treatment protocols requiring restricted visitation; (ix) patient's need for privacy or rest; (x) need for privacy or rest by another individual in the patient's shared room; or (xi) when the patient is undergoing clinical intervention or procedure and the treating health care professional believes it is in the patient's best interest to limit visitation during the clinical intervention or procedure.