

Patient Rights and Responsibilities

Swedish wants you to be aware of your rights as a patient. We will do everything possible to make sure that your rights are respected.

As a patient at Swedish, you have the right:

- To request, receive or refuse visitors at your (or your representative's) discretion, unless there is a clinically necessary or reasonable restriction/limitation.
- To be treated with courtesy, dignity and respect by all hospital staff.
- To have your personal, cultural and spiritual values and beliefs supported when making a decision about treatment.
- To have someone of your choice and your physician notified promptly of your admission to the hospital.
- To talk about any complaints you have about your care without fear of getting poor treatment. To have your concerns reviewed in a timely manner with assistance or advocacy as required and, when possible, resolved in a timely manner. You have the right to be informed in writing of the response to your concerns.
- To know the name and title of your caregivers.
- To know if your care involves the training of health-care providers. You have the right to agree or refuse to participate.
- To receive complete and current information about your diagnosis, treatment and prognosis in terms you can understand. All explanations should include:
 - a description of the procedure or treatment and why it would be done
 - the possible benefits
 - the known serious side effects, risks or drawbacks
 - problems during recovery
 - the chances of success
 - other procedures or treatments that could be done
- To an interpreter or communication aid if you do not speak English, English is your second language, or you are deaf, hard of hearing, have vision issues, cognitive impairment, or have speech disabilities. Communication will be tailored to your age and your needs.
- To help your physicians and other health-care givers in the planning of your plan of care.
- To be informed of the results of treatment, positive and negative, expected or unexpected.
- To be able to receive and read your medical records in a reasonable period of time and to a description of everything in your records.
- To refuse any procedure, drug or treatment and to be informed of the possible results of your decision.
- To be free from restraint or seclusion imposed as a means of coercion, discipline, convenience, or retaliation. Restraint or seclusion will only be used to ensure the immediate physical safety of the patient, staff, or other people in the hospital, and will be discontinued as soon as your behavior no longer poses a safety threat.
- To make advance treatment directives, such as Durable Power of Attorney for Health Care and Living Wills, or Physician's Order for Life Sustaining Treatment (POLST), and to have caregivers follow your wishes. Additional information is available upon request.
- To personal privacy, to the extent consistent with your care needs. Case discussion, consultation, examination and treatment will be conducted to protect each patient's privacy.
- To know the physician who is mainly in charge of your care, as well as any physicians who might be consulting on your case.
- To have all communications and records related to your care kept confidential.
- Not to be discriminated against because of race, color, religion, sex, age, national origin, sexual orientation, disability or source of payment and other factors in admission, treatment or participation in its programs, services and activities. This statement is informed by a variety of federal and state regulations.
- To supportive care, including appropriate assessment and management of pain, treatment of uncomfortable symptoms and support of your emotional and spiritual needs, regardless of your medical status or treatment decisions.
- To receive care in a safe setting, and to be free from any forms of abuse or harassment. To access protective services.
- To request help (including family or visitor requests) from the Swedish Ethics Committee regarding ethical issues surrounding your care.

(continued)

- To be moved to another facility at your request or when medically appropriate and legally permissible. You have a right to be given a complete explanation about why you need to be moved and if there are other options. The facility to which you will be moved must first accept you as a patient.
- To know if your care involves research or experimental methods of treatment, and to be protected during research and clinical trials. You have the right to agree or refuse to participate. Refusing to participate will not prevent access to any care at Swedish.
- To be informed during your hospital stay of patient-care options when hospital care is no longer needed. You have the right to participate in planning for when you leave the hospital.
- To examine your bill and receive an explanation of the charges regardless of how you pay for your care.
- To know about hospital policies, procedures, rules or regulations applicable to your care.
- To have you or your representative make informed decisions regarding your care.
- To include family members or significant others in your care decisions.
- To have access to, request to make amendments to, and obtain information on disclosures of my health information, in accordance with applicable law.
- To be informed about unanticipated outcomes of care, treatment and services.
- To assign someone, legally, to exercise the rights listed above on your behalf, if you are unable to exercise them.

Patient Responsibilities

At Swedish, we want you to play an active role in your health care. As a patient, you have a responsibility to:

- Provide complete and accurate information about your medical history and communication needs to those involved in your care.
- Take part in decisions about your care and treatment.
- Ask questions about unfamiliar practices and procedures.
- Inform your physician or nurse of any changes in your health.
- Follow your treatment plan of care.
- Be considerate of other patients and ensure that your visitors are equally thoughtful.
- Respect hospital policies and staff.
- Arrange payment methods prior to your hospitalization.
- Be respectful of your caregivers and obey hospital regulations; this will help us provide you with a safe environment where we can give you the best care possible. In rare instances where patients jeopardize our safe environment and can't respect our employees, the physician is notified and discharge may occur.

Comments or Concerns

There is a complaint procedure in which patients may participate without fear of jeopardizing their care. If you have concerns or complaints about any part of your care at Swedish, please feel free to speak with any manager or staff member on the unit or in your clinic. You may also contact:

Swedish Medical Center (First Hill, Ballard, Cherry Hill, Issaquah, Ambulatory Care Centers – Mill Creek, Redmond)

Clinical Patient Relations (clinical-care issues)

747 Broadway
Seattle, WA 98122-4307
206-386-2111 or ext. 62111 (from an in-house phone)

**Swedish Medical Center/Edmonds Campus
Patient Advocate**

21601 76th Ave. W.
Edmonds, WA 98026
425-640-4365
DL-PatientAdvocate-EDM@swedish.org

Swedish Medical Group (clinics)

Direct concerns to the Clinic Manager

Nurse Executive: 206-320-4924

In addition, you also have the right to contact the Washington State Department of Health or the Joint Commission Office of Quality Monitoring.

Washington State Department of Health

Facilities and Service Licensing
Attention: Investigations
P.O. Box 47852
Olympia, WA 98504-7852
1-800-633-6828

Office of Quality Monitoring

The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
1-800-994-6610
complaint@jointcommission.org

If you are a Medicare beneficiary and have a complaint regarding quality of care, your Medicare coverage, or premature discharge, you may contact Qualis Health at the following address:

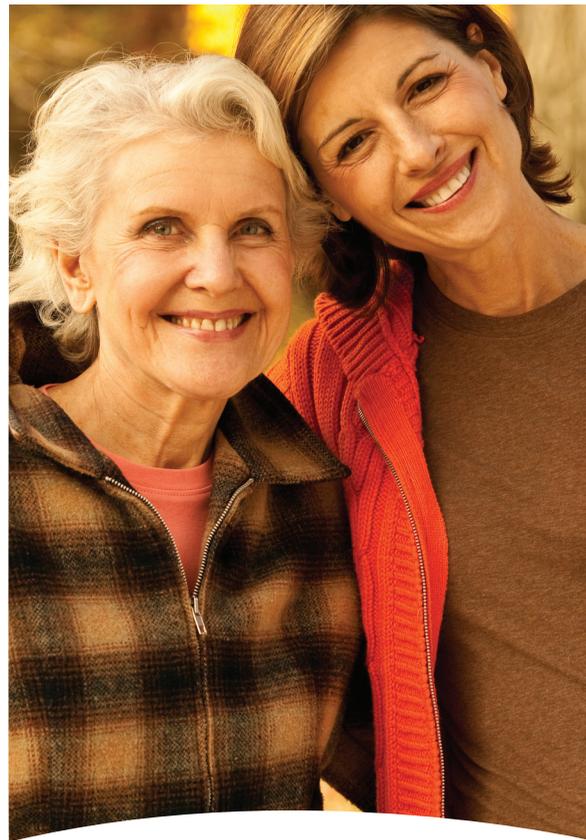
Qualis Health

10700 Meridian Ave. North
Seattle, WA 98133
1-800-445-6941

Our Policy

- We respect the rights and responsibilities of patients to make choices about their health care, including decisions regarding withholding or withdrawing life-sustaining treatment.
- We are committed to providing you with health-care treatment information and listening to your treatment choices. You have the right to accept or refuse any medical treatment.
- We will not discriminate against anyone based on whether or not the person has written an Advance Directive.
- We will honor treatment decisions stated in your Advance Directives, except where we believe it is not medically indicated or unethical to do so. If the medical center or doctor cannot honor your Advance Directive based on the above policies, we will make every effort to transfer you to a facility that will.

Advance Care Planning



www.swedish.org



Planning Ahead

Every day, people face unexpected medical problems affecting themselves or those close to them. Sometimes critical decisions must be made quickly. Most of us expect and wish to have control over our own medical care, but we may become so sick that we cannot speak for ourselves.

Even if you never need others to make decisions for you, it may help you and your loved ones to think ahead about end-of-life care. These kinds of decisions are difficult and painful to make. Each of us has our own idea about what makes life good and the decisions are usually easier to make if we have had discussions together and know what each one of us considers most important.

Take time to think about these possibilities before a crisis happens. This will help you decide what is really important to you. While talking about things with your family, you may learn what is important to them, too.

It may be helpful to consider some of the following:

- How much medical treatment do you want if you have an injury or illness, which could cause death or leave you disabled?
- Would you choose to refuse treatments that seem to prolong the dying process?
- How do you feel about being dependent on machines to stay alive? Would you choose mechanical support for a brief period, if you could become independent again later?

The answers to these questions are not easy, but talking about them with others will help you and them to understand your preferences. It may also be easier on your family later if they believe they are following your wishes.



Check Your Options

Living Will & Durable Power of Attorney for Health Care

There is a way you can put your wishes in writing now through an *Advance Directive*.

Advance Directives are legal documents where you write down how you want your health care handled if you can no longer make or communicate decisions. There are two kinds of Advance Directives: *Living Will* and *Durable Power of Attorney for Health Care*.

A **Living Will** generally states the medical care you want or do not want if you become ill and are unable to make your own decisions. It is not possible to plan for every potential situation, but the Living Will lets you say in general terms how you would want to be cared for. Two people will have to witness your signature on the Living Will. They cannot be related to you and they cannot work for your doctor or the hospital.

A **Durable Power of Attorney for Health Care** names another person to make medical decisions for you if you are unable to speak for yourself. That person could be a relative, friend, significant other, or anyone you choose.

It should be the person who has the greatest understanding of what you value and what gives meaning to your life, and who would be willing to make decisions for you at a very difficult time.

Should your wishes change, you may change or cancel any of your advance planning documents. It is very important to make sure your family and your doctor know when you have completed or changed your documents. These changes or additions need to be in writing and dated.

If you choose to revoke any of your advance directives while receiving care, you may tell your doctor verbally who then must document the changes in your medical record.

If you have not named someone as your Durable Power of Attorney for Health Care, then, by law, the following people (in the order noted below) would be the ones to decide for you.

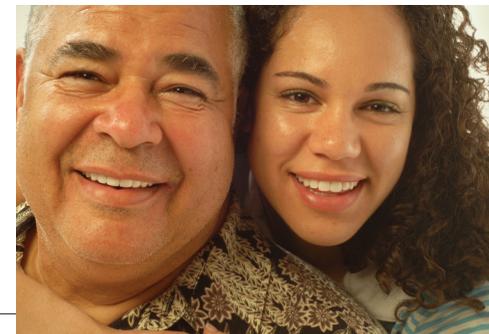
1. Your spouse or legal domestic partner; if none then:
2. Your adult children (at least 18 years of age; decision must be unanimous if more than one child); if none then:
3. Your parents (decision must be unanimous); if none then:
4. Your adult brothers and sisters (decision must be unanimous).

POLST: Physician Orders for Life-Sustaining Treatment

Complementing your advance directive(s), you may wish to have a physician order to address serious health conditions in emergency situations.

A POLST form is recommended for any individual with an advanced, lifelimiting illness or chronic frailty. If you have a serious health condition, you should make decisions about life-sustaining treatment. Your physician can use the POLST form to represent your wishes as clear and specific medical orders that indicate what types of life-sustaining treatment you want or do not want at the end of life. These orders will be followed in whatever setting you are in: nursing home, aid car, home or hospital. The POLST form asks for information about:

- Your preferences for resuscitation
- Medical interventions
- The use of antibiotics
- Artificially administered fluids and nutrition



Organ/Tissue Donation

You may want to donate your organs and/or tissues after your death, to help provide life for someone in need. Up to 50 lives can be saved or enhanced by a single donor. Everyone is a potential donor. Do not rule yourself out for age, medical condition, or diagnosis, as a medical assessment will take place at the time of donation.

If you wish to donate your organs and/or tissues, you will need to register. This can be done when you renew your driver's license. Or you may register online at www.donatelifetoday.com.

This is a very personal decision, which will be easier for your family to honor if they know your wishes. If you decide to be a donor, be sure to discuss your decision with your family, doctor and friends.

For additional resources, including downloadable forms, go to www.swedish.org, www.wsma.org or www.wsha.org. Use the search term "POLST" or "Advance Directives" to access more details on each of these topics.



CONDITIONS OF ADMISSION FORM AND CONSENT

Administrative Procedure	
Approved: May 2013	Next Review: May 2016
Department: All patient access areas, all clinical units	
Population Covered: All patients	

Related Policies/Procedures:

[Advance Directive and CPR Preference](#)

[Patient Health Information: Assigning Next-of-Kin](#)

[Patient Rights](#)

[Using Health Care Agreements for Behavioral Management: Patient](#)

Purpose

To ensure the standard [Conditions of Admission](#) (COA) form is appropriately communicated and signed by the patient or their representative at time of admission to Swedish Medical Center. The COA form serves as the initial consent for treatment at Swedish Medical Center and other consents may be obtained depending on the context of care.

Policy Statement

Written consent is necessary prior to any non-emergent treatment or procedure. All facility admissions require the COA form signed by the patient or his/her representative at the time of each hospital outpatient visit or bedded admission encounter. For recurring outpatient accounts, this form is required to be obtained at the initial visit of the treatment plan and/or after periods of more than 90 days between services for ongoing treatment.

The contents of the COA form are reviewed by patient registration staff members with the patient and/or the patient's representative during the admission process. The patient's or his/her representative's signature is obtained confirming his/her consent for care, understanding of his/her rights and expectations as a patient at Swedish, knowledge of billing information, and awareness that a [Notice of Health Information Practices](#) is available at registration or upon request. The patient or his/her representative may be referred to appropriate administrative or clinical staff with questions about the COA form. **Changes to the COA form are not permitted.**

Patient Registration staff members are responsible for explaining the contents of *Conditions of Admission* form, affixing patient label to the form, obtaining appropriate signatures, and scanning the form into the electronic medical record (EMR) once signed.

In the event a signature cannot be obtained during an emergent or direct admission, staff members will witness the initial COA, document 'Unable to Obtain Signature' reason, and follow up with clinical care unit to ensure that each patient medical record contains a signed [Conditions of Admission](#) form.

Responsible Persons

Patient Registration.

PROCEDURE	
Responsible Person	Steps
Patient Registration Staff	<p>OBTAINING CONSENT FOR COA FORM</p> <p><i>The following steps are performed at the time of registration. These steps may also be performed on the unit if the patient is admitted directly to a room.</i></p> <ol style="list-style-type: none"> During admission, a Patient Registration staff member reviews the Conditions of Admission form with the patient or the patient's representative. <p>Points to emphasize during COA review:</p> <ul style="list-style-type: none"> Notification of Patient Rights information is posted in the admission department and a flyer is also available for the patient/representative to keep. CPR will be performed in the event of an emergency unless there is a physician order in the electronic medical record (EMR) directing otherwise. Medical information may be disclosed to designated insurance plans or entities to receive payment for services. Financial assistance is available to those who qualify. The patient may receive bills from other providers associated with his or her care at a Swedish facility. The Notice of Health Information Practices is available at admission or upon request. Changes to the COA form are not permitted. <ol style="list-style-type: none"> The patient or his/her representative signs the COA form. <p>IF NO SIGNATURE CAN BE OBTAINED AT ADMISSION</p> <ol style="list-style-type: none"> If the patient is unable to sign upon an emergent or direct admission, Patient Registration staff contacts the patient's representative for consent (written or verbal) and documents accordingly using HAR Account Note in EMR. If no representative can be reached at admission, then Patient Registration staff or clinical unit staff member signs and dates the COA form as witness, documenting "Unable to Obtain Signature" reason. Patient Registration staff makes multiple attempts to communicate the COA form and has the patient sign and/or reach his/her representative for signature. Attempts are documented using HAR Account Note in the EMR. <ol style="list-style-type: none"> During the attempts process, Patient Registration withholds the COA from scanning into EMR and continues to seek a signature until such time the patient is discharged. If patient is discharged without COA signed, clinical information in the chart should reflect the urgency of the admission and the patient's inability to receive COA communication throughout his/her encounter. Registration staff may also seek assistance of the clinical unit staff to help obtain the COA signature.

Definitions

None.

Forms

[Conditions of Admission](#) (Standard Form #60337)

Supplemental Information

Washington State Hospital Association (WSHA) Requirements for Valid Signed Conditions of Admissions Consents:

- Identification of the patient to include patient name and medical record number
- Name of hospital in which treatment is to be performed
- Date and time
- Signature of patient or patient's representative
- Written legibly in ink
- Witnessed by employee(s) of the hospital in which the consent is obtained

Patient's Agent or Representative

- The following persons may sign the consent on behalf of the patient (listed in priority order):
 - 1) Appointed guardian
 - 2) Individual to whom the patient has given a Durable Power of Attorney encompassing the authority to make healthcare decisions
 - 3) Patient's spouse or state registered domestic partner
 - 4) Patient's children who are at least eighteen (18) years of age
 - 5) Patient's parents
 - 6) Patient's adult brothers and sisters.
- Verbal consent may be given and must be documented on the *Conditions of Admissions*. The *Conditions of Admissions* is to be signed by two witnesses if verbal consent is necessary or if the patient is unable to sign and his/her representative is unavailable.

Regulatory Requirements

RCW 7.70.060 – Consent Form / Contents / Use.

RCW 7.70.065 – Informed consent – Persons authorized to provide for patients who are not competent.

References

[WSHA Consent Manual, Chapter V.](#)

[Summary of Services that can be Provided to Minors without Parental Consent – State of Washington.](#)

Addenda

[Notice of Health Information Practices](#)
[Patient Rights and Responsibilities](#)

STAKEHOLDERS

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