



- Entity: Walla Walla General Hospital,
 System-Wide Corporate Policy
 Corporate Policy No.
 Standard Policy
 Model Policy

Policy No. 10318
 Department: Administration
 Category/Section:
 Manual: Administration

POLICY: PATIENT'S RIGHTS AND RESPONSIBILITIES

POLICY SUMMARY/INTENT:

To define patient rights and responsibilities, and to provide every patient served at Walla Walla General Hospital with written copies of those rights and responsibilities.

DEFINITIONS:

- A. Abuse: Intentional maltreatment of a patient, which may cause injury, either physical or psychological. See also neglect.
- B. Advance Directive: A document or documentation allowing a person to give directions about future medical care or to designate another person(s) to make medical decisions if the individual loses decision-making capacity. Advance directives may include living wills, durable powers of attorney, do-not-resuscitate (DNR) orders, right to die, or similar documents listed in the Patient Self-Determination Act, which express the patients preferences.
- C. Confidentiality: A patients right within the law to personal and informational privacy, including their health care records. See also Informed Consent (G).
- D. Exploitation: Taking unjust advantage of another for ones own advantage or benefit.
- E. Family: The person(s) who plays a significant role in a patients life. This may include a person(s) not legally related to the individual. A family is 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 a significant other, friend, or caregiver) whom this individual personally considers family. This person(s) is often referred to as a surrogate decision maker if authorized to make care decisions for the individual should he or she lose decision-making capacity.
- F. Guardian: A parent, trustee, conservator, committee, or other individual or agency empowered by law to act on behalf of or be responsible for an individual. See also Family (E); Surrogate Decision Maker (M).
- G. Informed Consent: Agreement or permission accompanied by full notice about what is being consented to. A patient must be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or other health care professional begins any such course. After receiving this information, the patient then either consents to or refuses such a procedure or treatment.
- H. Mental Abuse: Includes humiliation, harassment, and threats of punishment or deprivation. Neglect: The absence of minimal services or resources to meet basic needs.
- I. Neglect includes withholding or inadequately providing food and hydration (without physician, patient, or surrogate approval), clothing, medical care, and good hygiene. It may also include placing the patient in unsafe or unsupervised conditions. See also Abuse (A).
- J. Physical Abuse: Includes hitting, slapping, pinching, or kicking. Also includes controlling behavior through corporal punishment.

- K. Protective Services: A range of sociolegal, assistive, and remedial services that facilitate the exercise of individual rights and provide certain supportive and surrogate mechanisms. Such mechanisms are designed to help developmentally disabled individuals reach the maximum independence possible yet protect them from exploitation, neglect, or abuse. Depending on the nature and extent of individual needs, protective services may range from counseling to full guardianship.
- L. Sexual Abuse: Includes sexual harassment, sexual coercion, and sexual assault.
- M. Surrogate Decision Maker: Someone appointed to act on behalf of another. Surrogates make decisions only when a patient is without capacity or has given permission to involve others.

AFFECTED DEPARTMENTS/SERVICES:

All departments or services of Walla Walla General Hospital

POLICY: COMPLIANCE KEY ELEMENTS:

A. General Considerations

1. Patients deserve care, treatment, and services that safeguard their personal dignity and respect their cultural, psychosocial, and spiritual values. These values often influence the patients perceptions and needs. By understanding and respecting these values, providers can meet care, treatment, and service needs and preferences.
2. It is the commitment of Walla Walla General Hospital to provide care, treatment, and services in a way that respects and fosters dignity, autonomy, positive self-regard, civil rights, and involvement of patients. Care, treatment, and services consider the patients abilities and resources; the relevant demands of their environment; and the requirements and expectations of the providers and those they serve. The family is involved in care, treatment, and service decisions with the patients approval.
3. Walla Walla General Hospital shows its support of rights by how its staff interacts with patients and involves them in decisions about their care, treatment, and services.
4. The hospital prohibits discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law.
5. The safety of health care delivery is enhanced when patients, as appropriate to their condition, are partners in the health care process. Additionally, hospitals are entitled to reasonable and responsible behavior on the part of the patients, within their capabilities, and their families.

B. Each patient has the right to

1. Receive information about their rights
2. Be treated and cared for with dignity and respect in a safe environment that preserves dignity, and contributes to a positive self-image:
 - a. The hospital provides sufficient storage space to meet the personal needs of the patients.
 - b. The hospital allows patients to keep and use personal clothing and possessions, unless this infringes on others rights or is medically or therapeutically contraindicated (as appropriate to the setting or service).
3. Confidentiality, privacy, security, complaint resolution, spiritual care, and effective communication:

- a. The hospital respects the privacy of patients.
 - b. Patients who desire private telephone conversations have access to space and telephones appropriate to their needs and the care, treatment, and services provided.
 - c. The hospital provides for the safety and security of patients and their property.
4. Be protected from neglect, exploitation, harassment, and verbal, mental, physical, and sexual abuse. It is the policy of Walla Walla General Hospital to protect patients from real or perceived abuse, neglect or exploitation from anyone, including staff members, students, volunteers, other patients, visitors, or family members.
 - a. Walla Walla General Hospital mandates that, under the guidance of applicable laws, any healthcare worker, having reasonable cause to believe that any person is in the state of abuse, exploitation or neglect reports the information to the appropriate regulatory agency.
 - b. All allegations, observations, or suspected cases of abuse, neglect, or exploitation that occur in the hospital are investigated by the hospital.
 - c. Walla Walla General Hospital provides yearly education with focus on prevention, recognition, and reporting of abuse, neglect, and exploitation.
 5. Access protective and advocacy services, guardianship, conservatorship, and child or adult protective services.
 - a. The hospital provides resources to help the family and the courts determine the patients needs for such services.
 - b. When appropriate, the hospital maintains a list of names, addresses, and telephone numbers of pertinent state client advocacy groups such as the state authority and the protection and advocacy network.
 - c. This list is given to patients when requested.
 6. Complain about their care and treatment without fear of retribution or denial of care. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.
 7. Timely complaint resolution
 - a. The hospital informs patients, families, and staff about the complaint resolution process.
 - b. The hospital receives, reviews, and, when possible, resolves complaints from patients and their families.
 - c. The hospital responds to patients making a significant or recurring complaint.
 - d. The hospital informs patients about their right to file a complaint with the state authority.
 8. Be involved in all aspects of their care including refusal of care and treatment, and resolving problems with care decisions
 - a. Outcomes of care, treatment, and services that have been provided that the patient (or family) must be knowledgeable about to participate in current and future decisions affecting the patients care, treatment, and services.
 - b. When the patient is not legally responsible, the surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on the patients behalf.
 9. Be informed of unanticipated outcomes

- a. Unanticipated outcomes of care, treatment, and services that relate to sentinel events considered reviewable are disclosed according to the Sentinel Event: Management of a Reviewable Sentinel Event policy.
 - b. The responsible LIP or their designee informs the patient (and when appropriate, their family) about those unanticipated outcomes of care, treatment, and services
10. Be informed and agree to their care, and give or withhold informed consent
 - a. The informed consent process which includes a discussion of the following elements:
 1. The nature of the proposed care, treatment, services, medications, interventions, or procedures
 2. Potential benefits, risks, or side effects, including potential problems related to recuperation
 3. The likelihood of achieving care, treatment, and service goals
 4. Reasonable alternatives to the proposed care, treatment, and service
 5. The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services
 6. When indicated, any limitations on the confidentiality of information learned from or about the patient
11. Family (or surrogate) input in care decisions. A surrogate decision maker, as allowed by law, when a patient cannot make decisions about their care, treatment, and services to approve care, treatment and service decisions.
 - a. If the patient is unable to make a decision related to their healthcare by virtue of physical or mental incapacitation, the following prioritized list of surrogate decision makers is followed:
 1. The Durable Power of Attorney for Healthcare
 2. A legal guardian or conservator
 3. The spouse or domestic partner
 4. An adult son or daughter
 5. Either parent
 6. An adult brother or sister
 7. A grandparent
 - b. A decision may not be made by a person listed above if any of the following occur:
 1. A person in a prior class is available to make the decision.
 2. The person making the decision knows the patient would want something contrary to their decision.
 3. The person making the decision knows of a contrary view of a person in a prior class.
 4. In the event that there is conflict among the classes or within the same class, the issue is referred to the Ethics Committee.

12. Have advance directives and for the hospital to respect and follow those directives
13. Request no resuscitation or life-sustaining treatment
14. End of life care
 - a. Adults are given written information about their right to accept or refuse medical or surgical treatment, including forgoing or withdrawing life-sustaining treatment or withholding resuscitative services.
 - b. The existence or lack of an advance directive does not determine an individual's access to care, treatment, and services.
 - c. The patient has the option to review and revise advance directives.
 - d. Appropriate staff is aware of the advance directive if one exists.
 - e. The hospital helps or refers the patients for assistance, in formulating advance directives upon request.
 - f. The hospital has a mechanism for health care professionals and designated representatives to honor advance directives within the limits of the law and the hospital's capabilities.
 - g. The hospital documents and honors the patient's wishes concerning organ donation within the limits of the law or hospital capacity.
 - h. *For Outpatient Hospital Settings:* The hospital's policies address advance directives and specify whether the hospital will honor the directives.
 - i. *For Outpatient Hospital Settings:* The policies are communicated to patients and families when asked about or as appropriate to the care, treatment, and services provided.
 - j. *For Outpatient Hospital Settings:* Upon request, the hospital helps patients formulate medical advance directives or refers them for assistance.
15. Donate organs and other tissue including Medical staff input and direction by family or surrogate decision makers.
16. Pain management
 - a. The hospital plans, supports, and coordinates activities and resources to ensure that pain is recognized and addressed appropriately and in accordance with the care, treatment, and services provided including the following:
 1. Assessing for pain.
 2. Educating all relevant providers about assessing and managing pain.
 3. Educating patients and families, when appropriate, about their roles in managing pain and the potential limitations and side effects of pain treatments.
17. Religious and other spiritual services
18. Access, request amendment to, and obtain information on disclosures of their health information in accordance with law and regulation.
19. To receive full and equal visitation privileges during the course of their stay unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. Visitation is subject to the patient's consent for visitors they designate, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend. The patient has the right to withdraw or deny such consent at any time.

Visitation privileges will not be denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

- a. The hospital allows for the presence of a support individual of the patients choice. The individual may or may not be the patients surrogate decision-maker or legally authorized representative.
20. To be free from discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
 21. Receive information in a manner that he or she understands. This includes communication between the hospital and the patient as well as communication between the patient and others outside the hospital.
 - a. The hospital respects the right and need of patients for effective communication.
 - b. Written information provided is appropriate to the age, understanding, and, as appropriate to the population served, the language of the patient.
 - c. The hospital facilitates provision of interpretation (including translation services) as necessary.
 - d. The hospital addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.
 1. The hospital offers telephone and mail service as appropriate to the setting and population.
 22. To give or withhold informed consent for recording or filming made for purposes other than the identification, diagnosis, or treatment of the patient.
 - a. The following occurs in situations in which the patient is unable to give informed consent before recording or filming:
 1. The recording or filming may occur before consent, provided it is within the established policy of the hospital and the policy is established through an appropriate ethical mechanism (for example, an ethics committee) that includes community input.
 2. The recording or film remains in the hospitals possession and is not used for any purpose until and unless consent is obtained.
 3. If consent for use cannot subsequently be obtained, the recording or film is either destroyed or the non-consenting patient must be removed from the recording or film.
 - b. Patients have the right to request cessation of recording or filming
 - c. Patients have the right to rescind consent for use up until a reasonable time before the recording or film is used.
 23. Protection from the hospital during research, investigation, and clinical trials involving human subjects.
 - a. The hospital reviews all research protocols in relation to its mission, values, and other guidelines and weighs the relative risks and benefits to the research subjects.
 - b. The hospital provides patients who are potential subjects in research, investigation, and clinical trials with adequate information to participate or refuse to participate in research.
 1. Adequate information includes an explanation of the purpose of the research and expected duration of the subjects participation; a description of expected

benefits, potential discomforts, and risks; alternative services that might prove advantageous to the individual; and a full explanation of the procedures to be followed.

- c. Patients are informed that refusal to participate or discontinuing participation at any time will not compromise their access to care, treatment, and services.
 - d. Consent forms address the above; indicate the name of the person who provided the information and the date the form was signed; and address the participants right to privacy, confidentiality, and safety.
 - e. Subjects are told the extent to which their personally identifiable private information will be held in confidence.
 - f. All information given to subjects is in the medical record or research file along with the consent forms.
 - g. If a research-related injury (that is, physical, psychological, social, financial, or otherwise) occurs, the principal investigator attempts to address any harmful consequences the subject may have experienced as a result of research procedures.
24. Receive adequate information about the person(s) responsible for the delivery of their care, treatment, and services.
- a. The information provided includes the following:
 1. The name of the physician or other practitioner primarily responsible for their care, treatment, and services.
 2. The name of the physician or other practitioner who will perform the care, treatment, and services.
 - b. The information is given to the patient on a timely basis as defined by the hospital.

C. Patients are responsible for

1. Providing information. Patients and families, as appropriate, must provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health. Patients and their families must report perceived risks in their care and unexpected changes in their condition. They can help the hospital understand their environment by providing feedback about service needs and expectations.
2. Asking questions. Patients and families, as appropriate, must ask questions when they do not understand their care, treatment, and service or what they are expected to do.
3. Following instructions. Patients and their families must follow the care, treatment, and service plan developed. They should express any concerns about their ability to follow the proposed care plan or course of care, treatment, and services. The hospital makes every effort to adapt the plan to the specific needs and limitations of the patients. When such adaptations to the care, treatment, and service plan are not recommended, patients and their families are informed of the consequences of the care, treatment, and service alternatives and not following the proposed course.
4. Accepting consequences. Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.
5. Following rules and regulations. Patients and their families must follow the hospitals rules and regulations.
6. Showing respect and consideration. Patients and their families must be considerate of the hospitals staff and property, as well as other patients and their property.

7. Meeting financial commitments. Patients and their families should promptly meet any financial obligation agreed to with the hospital.

D. Procedure

1. On admission, the admissions clerk gives the patient a copy of the bill of rights. Refer to Attachment A: Patients Rights and Responsibilities Complaint and Grievance (English) and Refer to Attachment B: Patients Rights and Responsibilities Complaint and Grievance (Spanish).
 - a. Patients may request clarification from any caregiver.
 - b. Copies of the Patients Rights and Responsibilities are posted in several places throughout this organization. Refer to Attachment C: Patients Rights and Responsibilities Posted Locations.

**APPLICABLE STANDARDS OR
REGULATORY
REQUIREMENTS:**

REFERENCES:

AUTHOR: Teresa Price, Quality Management Director

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ATTACHMENTS: [Patient's Rights and Responsibility/Complaints and Grievance \(English\)](#)
[Patient's Rights and Responsibility/Complaints and Grievance \(Spanish\)](#)

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