SCOPE This policy applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital.

STATEMENT Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values. These values often influence patients’ perception of care and illness. Understanding and respecting these values guide the provider in meeting patients’ care needs and preferences.

RESPECT FOR PATIENT RIGHTS
A. At CVH, we respect the rights of our patients, their role in making decisions about medical treatment, and all aspects of their care.
B. Staff are committed to providing access to health care regardless of race, gender, sexual orientation, national origin, religion, or ability to pay for emergency medical services. Staff are sensitive to patients’ cultural, linguistic, ethnic, and religious backgrounds, as well as to age and physical impairments.
C. We believe that we can best serve our patients by working with them as a team to build trust with them, their families and loved ones, doctors, nurses, and other caregivers.
D. CVH staff will inform each patient, or when appropriate, the patient’s representative (as allowed under State law), of the patient’s rights, in advance of furnishing or discontinuing patient care. The patient and their designated representative, if known, will be furnished with the Patient Rights notice. CVH affirms the following patient rights for all adults, adolescents, children, and infants, as well as for the families of patients, who come to CVH for care.
1. The patient has the right to considerate, respectful, and appropriate care.
2. The patient has the right to an interpreter service if they need one.
3. The patient has the right to obtain complete, current, and clear information about diagnosis, treatment, and the probable course and outcome of a condition, including unanticipated outcomes. The patient may request and discuss additional information about proposed procedures and/or treatments, including benefits, risks, and recovery time, as well as any medically reasonable alternatives and their benefits, risks, and recovery time. This right may be temporarily waived during a medical emergency when there is an urgent need for treatment and the patient is not able to make such decisions.
4. The patient has the right to have a family member or representative of his or her choice and his or her physician notified promptly of his or her admission to the hospital.
5. The patient has the right to know the names of doctors, nurses, and caregivers who are coordinating their care, as well as when those involved are students, residents or other trainees. The patient has the right to know the immediate and long-term cost of treatment choices, when such information is available.

6. The patient has the right to make informed decisions about, and participate in, their treatment and plan of care. The patient has the right to have family input in care decisions in compliance with existing legal directives or existing court orders. Before and during that care, they have the right to give or withhold informed consent to any proposed medical procedure or treatment. The patient has the right to refuse a recommended treatment or plan of care to the extent that is permitted by law, and to be informed of any medical consequence of this decision. If the patient does refuse treatment, they are entitled to other appropriate care and services provided by the medical center or transfer to another hospital. The patient may delegate his/her right to make informed decisions to another person. CVH will ensure that the patient’s wishes are accommodated concerning a designation of a representative to exercise the patient’s right to participate in the development and implementation of the plan of care.

7. The patient has a right to express their values and beliefs and to exercise spiritual and cultural beliefs that do not interfere with the well being of others or their planned course of treatment.

8. If the patient is an adult, defined as a person who is at least 18 years of age and has the capacity to make healthcare decisions, they have the right to make their wishes known about the extent of treatment they would desire if they became unable to communicate those wishes, or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. This communication is called an advance directive. Two commonly used advance directives are:
   a. A health care directive (living will), in which they communicate orally or in writing the specific treatment desired if they later cannot communicate these wishes.
   b. A durable power of attorney for health care, in which they designate another person to make decisions about their health care if they become unable to do so.
   c. Upon Admission, CVH will ask the patient if they have a designated representative. This person’s name will be entered as the “Person to Notify” in the patient’s medical record. Accordingly, any Advance Directive listing a representative will also be reviewed to ensure that the “Person to Notify” is accurately documented in the record.
   d. When a patient is not incapacitated but has designated a representative under the law, either through an advance directive or verbally upon admission, the Patient Rights will be furnished to both the patient and their designee(s). When the patient is incapacitated, the Patient Rights will be furnished immediately to their designated representative. Furthermore, CVH will accept the assertion of representation by an individual without demanding supporting documentation unless it violates state law, more than one person is claiming to be the representative or when CVH has reasonable cause to believe the claim is false. Any refusal by the hospital of an individual’s request to be treated as the Patient’s representative will be documented in the patient’s medical record along with the basis of refusal. The medical record shall document whether the patients’ rights were provided as required to the patients’ representatives.

9. The patient has the right to information about policies that may limit CVH’s ability to fully implement a legally valid advance directive.
a. After a discussion between surgeon, anesthesia, and patient or representative, advanced directives may be suspended during the surgical period for surgical patient of Cascade Valley Hospital and Cascade Valley Arlington Surgery Center. According to a statement by the American College of Surgeons some patients with DNR status become candidates for surgical procedures that may provide them with significant benefit even though the procedure may not change the natural history of the underlying disease. (Examples include procedures to treat intestinal obstruction in individuals with advanced malignancy and surgical procedures to alleviate pain.) When such patients undergo surgical procedures and the accompanying sedation or anesthesia, they are subjected to new and potentially correctable risks of cardiopulmonary arrest. Furthermore, many of the therapeutic actions employed in resuscitation (for example, intubation, mechanical ventilation, and administration of vasoactive drugs) are also an integral part of anesthetic management, and it is appropriate that the patient be so informed. The DNR status of such patients during the operative procedure and during the immediate postoperative period may need to be modified prior to operation. Bulletin of the American College of Surgeons, Vol. 79, No. 9, Page 29, September 1994.

10. The patient has the right to privacy. Case discussion, consultation, examination and treatment should be conducted so as to protect each patient’s privacy.

11. The patient has the right to be free from all forms of abuse, mistreatment, neglect or harassment. The patient has the right to have access to protective services.

12. The patient has the right to expect that all communications and records about their care will be treated as confidential by CVH, as required by law, such as in suspected abuse and public health hazards. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

13. The patient has the right to review the records pertaining to his/her medical care and have the information explained or interpreted as necessary except when restricted by law. The patient has a right to an accounting of disclosures of their health care information. The patient has the right to request restrictions on use and/or disclosure of their health care information. Further, the patient has a right to request a correction if they believe that information in their record is incorrect or missing. Further questions or concerns may be directed to Jill Burrington-Brown the Privacy Officer at Skagit Regional Health at (360) 814-6376.

14. The patient has the right to expect that, within its limits, CVH will make a reasonable response to any patient request for services. CVH will provide evaluation, service, and/or referral as indicated by the urgency of the case.

15. The patient may be transferred to another facility when medically appropriate and legally permissible only after they are provided complete information about the need for and the risks, benefits, and alternatives to such a transfer. CVH must obtain approval from the other facility before the patient can be transferred.

16. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient’s treatment and care.

17. The patient has the right to consent to or refuse to participate in proposed research studies that affect their care and treatment or which require direct patient involvement. They have the right to have such studies fully explained prior to making a decision. They are entitled to the most effective care the medical center can provide, whether they participate in research studies or not.

18. The patient has the right to expect reasonable continuity of care and to be informed by caregivers of available and realistic options when care at CVH is no longer appropriate.
19. The patient has the right to describe their pain experience and to expect that their caregivers will respond quickly and respectfully to their reports of pain. Their pain care will be monitored and evaluated on a regular basis; however, they have the right to request alternative pain care approaches.

20. The patient has the right to be informed of CVH policies, practices, and facilities which relate to patient care and responsibilities. They have the right to be informed of the cost for procedures and treatments, how to pay, and how to resolve disputes, complaints, and conflicts.

21. The patient has the right to a safe environment and to be informed of the results of treatments or procedures whenever those results differ significantly from anticipated results.

22. The patient has the right to be free from seclusion and restraints of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff.

23. The patient may exercise any of their rights without fear of discrimination or reprisal.

24. The patient has the right to notify their caregivers if they have concerns or complaints about any aspect of their care. They should report concerns to their doctor, nurse, or any other member of their health care team. The patient may file a concern or complaint, which will in no way compromise their care, to:
   Patient Advocate for Customer Satisfaction
   Cascade Valley Hospital and Clinics
   330 S. Stillaguamish
   Arlington, WA 98223
   (360) 618-7619

25. The patient will receive a written or verbal response to their concern. Resolution can be expected within 14 days.

26. Complainant has the option of complaining directly to the Washington State Department of Health Complaint Intake by calling 1-800-633-6828 or emailing HSQAComplaintIntake@doh.wa.gov, regardless of whether they complained to us. Written inquiries may be sent to:
   Washington State Department of Health
   Health Systems Quality Assurance Complaint Intake
   PO Box 47857
   Olympia, WA 98504-7857
   They may also contact the QIO (Livanta) or Office of the Medicare Beneficiary Ombudsman at 1-800-MEDICARE, website http://www.medicare.gov and search for “Ombudsman.”

27. The CVH Ethics Committee is available to any care provider, patient, patient’s family or loved one to assist when an ethical concern arises in patient care, including decisions about end-of-life, organ/tissue donation, or direction by family or surrogate decision makers. Their doctor, primary nurse, or other staff can help them contact this service.

E. Patient Responsibilities

CVH believes the patient shares in the responsibility for their own care. The patient is responsible for:

1. Being on time for scheduled appointments, or to notify CVH when they cannot keep their appointment.

2. Providing complete and accurate information (such as information about past illnesses, medications, advance directives, and other health-related matters). The patient should report any changes in their condition to their healthcare team.

3. Participating in discussions and asking questions about their care.

4. Letting caregivers know whether they understand a proposed care plan and what is expected of them.

5. Following the treatment plan to which they agreed. Accept any consequences for their choices.
6. For participating in discussions about their pain management and to ask questions about pain relief options. They are responsible for asking for pain relief when pain first begins and to tell their caregivers if their pain is not relieved.

7. Any behavior that disrupts, interferes with, intimidates, harasses, threatens or harms any staff member or other person in the medical center is prohibited and may result in the patient’s removal from the medical center, termination of care, and possible civil or criminal charges. Weapons are prohibited on CVH property. This excludes pocket knives (see Policy/Procedure 13-3-132 titled “No Weapons Policy”).
   a. The patient must respect the rights of others. They may not disturb other patients and may not disrupt or interfere with care provided to other patients or the operations of the medical center.
   b. Following all hospital rules and regulations.
   c. Meeting all financial commitments or requesting financial assistance.

8. If the patient has any questions about these rights and responsibilities, the caregiver will be happy to talk to them.

SRH MISSION To continually improve the health of our communities serving with compassion and respect, one person at a time.

SRH VISION Working together, Skagit Regional Health will transform healthcare by improving access, service, quality and efficiency in support of our goal of healthier communities

SRH VALUES

People
We are committed to putting patients and their families first, dedicated to the success and wellbeing of our patients and guests, and will recruit and retain the highest quality care team.

We are dedicated to collaboration with our communities to promote health and wellness.

Quality
We will demonstrate the highest level of care, safety, customer service and compassion at all times.

We are committed to quality, innovation and serving as a leader in health care.

Stewardship
We will responsibly manage our resources for the benefit of our communities and remain true to our mission.

Respect
We are mindful in our efforts to always show respect, dignity and kindness to our diverse communities, caring for their physical, emotional and spiritual needs.

Diversity
We advocate inclusion and embrace the differences of the individuals with whom we work and the communities we serve.

Patient’s Rights and Responsibilities can be found in FormCentral under SVH/Admissions/Patient Rights & Responsibilities [S1566(a)].