



**PULLMAN
REGIONAL
HOSPITAL**

Origination 04/1978

Last Approved 03/2024

Effective 03/2024

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Next Review 03/2025

Owner Jeannie Eylar:
Chief Clinical
Officer

Area Administrative-
Policies

Applicability Pullman Regional
Hospital

Patient Rights and Responsibilities

OBJECTIVE:

To support the needs/desires of patients, families, and caregivers in a manner that is consistent with our Philosophy of Care.

POLICY:

Pullman Regional Hospital shall provide mechanisms that support our philosophy of care, and are responsive to the rights of all individuals.

Philosophy of Care:

It is our belief that all individuals are active partners in their own health and healing activities, including a flexible environment in which information is shared, while participation and personal choice are encouraged supports this belief.

Process for Utilization:

Patient Rights:

Access to Care:

1. Individuals shall be accorded impartial access to medically indicated and available treatment or accommodations, without regard to race, creed, sexual orientation, age, national origin, political affiliation, or sources of payment.
2. Patients shall be provided with a reasonable response to requests and/or need for treatment, within the context of the mission of the hospital and applicable laws and regulations.

3. If the hospital is unable to provide the required treatment or accommodation, the patient may be transferred to another facility or organization when medically permissible. Such transfer shall be made only after the patient/kinship caregiver/domestic partner has received an explanation of the needs for a transfer and of the alternatives to a transfer; the transfer must be acceptable to the receiving organization / facility.

Respect and Dignity:

1. All patients shall be given considerate, respectful care at all times and under all circumstances. This includes consideration of the individuality of each patient and of the personal value and belief system which may influence response to treatment/care.
2. Patient's spiritual beliefs and cultural practices will be accommodated in a collaborative manner with the planned medical treatment while considering the well-being of others.

Security, Restraint and Seclusion, Protection from Abuse, and Access to Protective Services:

1. All patients have the right to feel safe and secure and be assured that appropriate measures are taken to maintain security.
2. All patients have the right to freedom from inappropriate use of all restraint and seclusion in all hospital settings.
3. All patients have the right to be protected from abuse from staff, family members, and all individuals accessing the hospital, and have the right to access protective services (See [Abuse Identification and Reporting, Administrative Policy ADMIN-1](#)).

Communication:

1. All patients have the right to timely and appropriate communication that is respectful.
2. All patients have the right to timely communication regarding unexpected outcomes of care as defined in the [Sentinel Never Event Policy, Administrative Policy S-3](#).

End of Life Care and Organ Donation:

1. All patients have the right to end of life care in accordance with hospital policy (See [End of Life Care and Decisions, Patient Care Policy E-5](#)) and applicable state and federal laws.
2. Patients have the right to donate organs as defined by hospital policy (See [Death: Organ and Tissue Donation, Patient Care Policy D-2](#)) and applicable state and federal laws.

Privacy and Confidentiality:

1. All hospital staff shall maintain the privacy of patients' personal information.
2. Education shall be provided to all patients regarding his/her rights to privacy.
3. Patients may wear personal clothing, religious or symbolic articles that do not interfere with medical treatment.

4. During examination, interview, or the delivery of physical care, patients may expect that necessary modifications in the environment will be made to assure reasonable visual and auditory privacy.
5. The presence of a third person during an examination, treatment or procedure will be accommodated, if possible, when requested by the patient or provider.
6. Patients may request a transfer to a different room if another patient or visitor in an adjacent room is unreasonably disruptive, and if another room that is equally suitable for medical care is available.
7. Patients may have access to their medical record and may request amendments, which will be granted as appropriate.
8. Patient authorization will be obtained for non-routine disclosures of information, as required by law. A history of non-routine disclosures will be provided upon request of the patient.
9. The medical record is considered confidential and, other than the patient, may be accessed only by persons involved in treatment, payment, healthcare operations, or if requested by legal authority.
10. Patients have the right to request that certain information not be disclosed.
11. Patients have the right to complain / file a grievance with the hospital without fear of retribution. In addition, patients have the right to timely resolution of the complaint (See [Patient Complaint / Grievance Management, Administrative Policy ADMIN-35](#)).

Informed Decision Making:

1. During the admitting process, all patients shall be informed of their rights and responsibilities. Including the freedom from restraints and seclusion in any form when used as a means of coercion, discipline, retaliation, or convenience for the staff.
2. Patients shall be accorded the opportunity to participate in a collaborative decision making process with their physician(s). They shall be provided with a clear, concise explanation of the condition, proposed clinical treatment and/or procedures, the relative risks involved, including the possibility of mortality or side effects, problems related to recovery, and probability of success.
3. Patients have the right to accept or refuse treatment/care to the extent permitted by law, and to be informed of the medical consequences of refusal. A patient is responsible for his/her healthcare outcome if he/she refuses treatment or does not follow the practitioner's instructions.
4. Patients may formulate advance directives, and appoint a designee to make health care decisions, in accordance with the Patient Care Policy.
5. Patients may express concerns/complaints regarding their care. The appropriate individual department shall manage all patient complaints. These complaints may be referred to administration if not resolved at the departmental level.
6. In the event that a patient is incompetent to make decisions, unable to communicate his/her wishes, or is incapable of understanding the proposed treatment or procedure, the patient's guardian, next of kin, kinship caregiver, domestic partner, or legally appointed designee is accorded the opportunity to participate in the decision making process, on behalf of the

patient, as prescribed by law.

7. Before participating in any experimental, research, or educational activities in connection with his/her treatment, the patient shall be asked to sign a consent authorizing such activities. The patient shall also be informed of the right to refuse to participate in any such activities.

Parental/Guardian Rights:

When care is provided to newborns, children or adolescents, the family, domestic partner, and/or kinship caregiver shall have the right to involvement throughout the course of treatment, unless restricted by law. This involvement shall include, but is not limited to, input into assessment, treatment, continuing care, education needs, discharge planning, and ongoing communication between staff and family.

Visitation/Support Rights:

- Patients may receive visitors whom s/he designates, including but not limited to spouse, a domestic partner, another family member, or a friend.
- Patients may withdraw this consent at any time during the hospitalization.
- Justified clinical restrictions or limitations may be imposed on a patient's visitation rights. These may include the following: restraining order, behavior presenting a direct risk to patients or staff, disruptive behavior, a reasonable limitation on number of visitors at any given time, patient's risk of infection, visitor's risk of infection, substance abuse treatment protocols, patient's need for rest or privacy, or when a patient is undergoing a clinical intervention or procedure.
- Patients may verbally designate a support person; this designation does not extend to medical decision-making. The support person, in the event the patient cannot speak for herself/himself, may define who may or may not be admitted as visitors.
- An inpatient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital. This will be documented in the medical record.

Patient Responsibilities:

Provision of Information:

- A patient or kinship caregiver/domestic partner has the responsibility to provide, to the best of his/her knowledge, accurate demographic information, complete information regarding present complaint, previous illnesses and hospitalizations, medications, and other relevant medical information, as needed by healthcare practitioners for the provision of care.
- A patient or kinship caregiver/domestic partner has the responsibility to participate in his/her care and discharge planning, to the extent possible.
- A patient or kinship caregiver/domestic partner has the responsibility to report to the responsible healthcare practitioner, any unexpected change in his/her medical status.
- A patient or kinship caregiver/domestic partner has the responsibility to report whether or not he/she understands the information provided by the healthcare team, including proposed course of treatment, relative risks of treatments, expected outcomes of treatment, required

participation, and discharge instructions for home care.

Compliance with Instructions:

- A patient is responsible for complying with instructions necessary to implement a proposed plan of care.
- A patient is responsible for complying with appropriate hospital rules and regulations which address patient care and conduct.

Financial Obligations:

- A patient is responsible for assuring that the financial obligations of his/her healthcare are fulfilled as promptly as possible.

Respect and Consideration:

- The patient is responsible for being considerate of the rights of other patients and hospital personnel.
- The patient is responsible for respecting the property of other persons, and of the hospital.

Reference:

Washington Administrative Code (WAC) 246-320-245
Washington State Legislature Senate Bill 5336

Approval Signatures

Step Description

Approver

Date

Jeannie Eylar: Chief Clinical
Officer

03/2024

Applicability

Pullman Regional Hospital