

Facility: Tillamook Regional Medical Center

System-wide Corporate Policy

Policy No: Mission

Standard Policy

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Model Policy:

Department: Administrative

Category/Section: Mission

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## **POLICY: PATIENT RIGHTS AND RESPONSIBILITIES**

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### PHILOSOPHY/PURPOSE:

It is Tillamook Regional Medical Center's intent to recognize and respect each patient in the provision of care. Each patient is an individual with unique health care needs. It affirms each patient's right to make decisions regarding his/her care, including the decision to refuse or discontinue treatment, to the extent permitted by law. We are responsible to assist patients in the exercising of these rights and to inform them of any responsibilities incumbent on them in the exercise of those rights.

Patient rights and responsibilities are provided in written form in a language understandable by the patient and/or responsible party.

### POLICY:

The following basic rights will be provided to patients prior to the furnishing or discontinuing of patient care whenever possible:

#### 1) Respect and Dignity

Patients have the right to express spiritual beliefs and cultural practices that do not harm others or interfere with the planned medical therapy. The medical center recognizes and supports the psychosocial, spiritual and cultural values that impact the patient's response to care. Patients have the right to safety and privacy during care and space is provided for securing patient valuables.

Patients are expected to be considerate of other patients and medical center personnel by not making unnecessary noise, smoking, or causing distractions. Patients are responsible for respecting the property of other persons and that of the medical center. Patients are also responsible for following the medical center's rules and regulations concerning conduct.

#### 2) Access of Care

Individuals will be provided care that is medically indicated and within the medical center's capacity to provide, regardless of race, creed, sex, national origin, relation or sources of payment for care.

Patients are responsible for providing, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medication, and other matters relating to their health. They are also responsible for reporting unexpected changes in their condition to their nurse or doctor

### 3) Transfer of Continuity of Care

Patient transfers are based on the patient's need for service and the medical center's capacity to provide that service. A patient may not be transferred to another facility unless he/she has received a medical screening exam. The patient must also receive a complete explanation of the need for the transfer and the alternatives to such a transfer. The transfer must be acceptable to the other facility. The patient has the right to be informed by the responsible practitioner or his/her delegate of any continuing health care requirements following discharge from the medical center. Patients have the right to request transfer if considered medically necessary and appropriate.

### 4) Participation in Care and Discharge Planning

The patient has the right to reasonable, informed participation in decisions involving his/her health care and discharge plan. This involvement includes participation in every aspect of care during end of life as well. Patients are responsible for following the treatment plan developed by them and their doctor or nurse. The patient should not be subjected to any procedure without his/her voluntary competent and understanding consent, or that of authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed. The patient has the right to know who is responsible for authorizing and performing the procedures or treatment. It is the patient's responsibility to express any concern they have about their ability to follow the planned course of treatment. We, in turn, will make every effort to adapt the treatment plan to their specific needs and limitations. If the patient chooses not to follow the recommended plan of care and instructions, they are responsible for the outcomes. Discussions with the patient or authorized representative are documented in the medical record. Documentation includes the use of translation services when appropriate, audiovisual aids, patient consent and the method used to assess evidence of patient understanding. Patients will be informed about the outcomes of care, including unanticipated outcomes.

The patient shall be informed he/she may request a discharge planning evaluation. The patient is notified he/she may request a discharge planning evaluation by receiving the "Patient Information Booklet".

The patient shall be informed if the medical center proposes to engage in or perform human experimentation or other research/educational projects affecting his/her care or treatment. The patient has the right to refuse to participate in any care or treatment.

### 5) Confidentiality

The patient has a right to confidential treatment of all communications and other records pertaining to his/her care, including the source of payment. Discussions or consultations involving a patient case will be conducted discretely and only with individuals directly involved in the care unless the patient has given permission. Patient medical records will be read only by individuals directly involved in his/her treatment or the monitoring of its quality, and by other individuals only with written authorization of the patient or authorized representative. The patient is informed of the policy on confidentiality at the time of admission. The patient is afforded access to information contained in his/her medical records if requested.

### 6) Resolution of Conflict in Care Decisions

Patients have the right to voice complaints regarding the care received and to have those complaints reviewed and/when possible, resolved. Patients receive information about access to this process.

The medical center has a multi-disciplinary committee in place that reviews and assesses ethical issues as they arise in patient care and assists to resolve any conflicts. This committee will address issues regarding any decisions to forgo and/or withdraw life-sustaining treatment and the modification of such decisions as the patient requests. In addition, this committee will expediently review and provide recommendations on situations which there is a dispute regarding the patient appointment of a support person.

Patients and their families have the right to access protective services. Written information listing client advocacy groups and the patient's right to file a complaint with the state are available to patients and family members.

#### 7) Advance Directives

Patient's wishes relating to end of life decisions will be sought out and honored. The existence of Advance Directives is determined by the medical center upon admission and honored by health care professionals within the limits of the law. Patients are informed of the right to formulate Advance Directives and provided the paperwork and any assistance necessary to complete the Directives. An absence of Advance Directives will not hamper care. The patient may clarify, modify or revoke the Advance Directive information at any time during their stay.

#### 8) Communication

Patients have the right to effective communication ensuring that an interpreter is available if the patient does not speak or understand the predominant language of the community. Patients have the right to unrestricted communication unless necessary to restrict communication as a component of patient care. The patient will be included in any such decision. Educational material is available that includes visual aids. In addition, mechanisms are in place that address the communication needs of the hearing and speech impaired.

#### 9) Family Participation in Patient Care Decisions

Patients have the right to have a family member or representative of his/her choice and his/her own physician notified promptly of his/her admission to the medical center. When a patient cannot make decisions regarding his/her care, a surrogate decision maker will be identified. Patients have the right to exclude any or all family members from participating in care decisions.

#### 10) Freedom from Abuse or Restraint

Patients have the right to be free from all forms of abuse or harassment. This includes any form of physical or chemical restraint or seclusion unless medically necessary.

#### 11) Pastoral Counseling

Patients have a right to pastoral counseling as a dimension of their care. Pastors are available for individual or family consultation as requested.

## 12) Pain Management

Patients have the right to appropriate assessment and management of their pain, including breakthrough pain.

13) Is informed about the outcomes of his/her case including unanticipated outcomes. Family, when appropriate, will also be informed.

## 14) Visitors

Patients have the right to choose who may and who may not visit him or her, regardless of whether the visitor is legally related to the patient. All visitors chosen by the patient (or his or her representative) will enjoy "full and equal" visitation privileges consistent with the wishes of the patient (or his or her representative).

The patient will receive an explanation of their right to choose who may visit them during their medical center stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex domestic partner), or other type of visitor, as well as their right to withdraw such consent to visitation at any time.

**APPLICABLE STANDARDS OR REGULATORY REQUIREMENTS:** Federal Register, Dept of Health and Human Services, Centers for Medicare and Medicaid Services, 42 CFR Parts 482 and 485

**REFERENCES:****AUTHOR:**

**APPROVED:** Administration

**EFFECTIVE DATE:** Pre-1986

**DISTRIBUTION:**

**REVISION:** January 2000, 09/03, 4/2011, 3/26/2012, 7/2013

**POLICY HISTORY:** 7/2013 Added CMS Language for Discharge Planning

**ATTACHMENTS:** Patient Rights, Patient Responsibilities; Form 86-1106-3 (0304)

Oregon Protective Services