DEPARTMENT OF VETERANS AFFAIRS VA EASTERN KANSAS HEALTH CARE SYSTEM

Health System Policy Memorandum No. 11-11

April 19, 2016

PATIENTS' RIGHTS AND RESPONSIBILITIES

1. <u>PURPOSE</u>: To outline the rights and responsibilities of all patients served by VA Eastern Kansas Health Care System (VAEKHCS).

2. <u>DEFINITIONS</u>:

a. Patient Rights: Every individual has certain fundamental human, civil, constitutional and statutory rights. These rights are not altered in any way with respect to the person's physical or psychological condition. However, since illness weakens defense systems and makes an individual vulnerable to his/her environment, it is necessary that a conscious effort be exerted by responsible staff members to protect those rights.

b. Next of Kin: Nearest relative or relatives, blood relative.

c. Surrogate decision maker: Someone appointed to make decisions on behalf of another. A surrogate decision maker makes decisions when an individual is without decision making capacity, or when an individual has given permission to the surrogate to make decisions. Such an individual is sometimes referred to as a legally responsible representative. A family member may be a surrogate decision maker as defined in VHA Handbook 1004.02

d. Famil: 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 significant other, friend or caregiver) whom the individual considers to be family.

3. <u>POLICY:</u> VAEKHCS affirms that all staff support and protect the rights of patients as a total contribution to patient care, patient satisfaction and as an integral part of the patient's healing process. VAEKHCS respects the patient's right to make decisions about his or her care, treatment and services, and to involve the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker. '

VAEKHCS prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

4. <u>PROCEDURES</u>: VAEKHCS staff affirms that the following rights will be provided to the patients we serve:

a. General:

(1) Patients have the right to have impartial access to treatment and to be treated with dignity and respect in a humane environment that affords them both reasonable protections from harm and appropriate privacy. Their values, beliefs and preferences shall be recognized and respected in the provision of all care and treatment, including that of the dying patient.

(2) Patients surrogate decision-makers have the right, along with family/significant others as appropriate, to be involved in the formulation of their treatment plan and be provided with information concerning diagnosis, treatment plan and prognosis in understandable terms.

(3) Veterans or their surrogate decision makers have the right to have staff members explain any proposed treatments or procedures to the patient / surrogate decision-makers and when appropriate, the family. The explanation should include potential benefits and drawbacks, potential problems related to recuperation, the likelihood of success and the possible results of non-treatment and any significant alternatives. When medically indicated, this information will be made available to the next-of-kin when necessary to assist in medical evaluation, treatment or discharge without the express consent of the patient.

(4) A family member may be the surrogate decision-maker, as defined in VHA Handbook 1004.02, if authorized to make care decisions for the individual, should he or she lose decision-making capacity or choose to delegate decision making to another. VAEKHCS allows a family member, friend or other individual to be present with the patient for emotional support during the course of stay. VAEKHCS allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights or safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative.

(5) Veterans have the right to be informed by staff members of the name of their primary care provider, primary care team members and any other practitioner who has primary responsibility for the patient's care, the identity and professional status of individuals responsible for authorizing or performing procedures or treatments, any professional relationship to another health care provider or institution that might suggest a conflict of interest, their relationship to educational institutions involved in the patient's care and any business relationships between individuals treating the patient or between the organization and any other health care, service or educational institutions involved in the patient's care. Veterans have the right to request a different health care provider.

(6) VAEKHCS informs the patient of the name of the providers(s) or other practitioner(s) who will be providing his or her care, treatment and services.

(7) Veterans have the right to the least restrictive conditions necessary to achieve treatment and to be provided with sufficient information prior to the initiation of any procedure with a recognized element of risk, in order to form the basis of an informed consent for such procedures. This includes the risks, side effects and benefits of all medications, invasive procedures and restraints.

(8) Veterans have the right to have their pain recognized and addressed as appropriately and effectively as possible.

(9) Veterans have the right to be fully advised and an informed consent secured in the event there are investigative (Research) or surgical intervention procedures contemplated, including potential discomforts and risks, expected benefits, other possible useful alternatives, procedures to be followed, and that if they refuse to participate that their refusal will not compromise their access to services.

(10)Veterans have the right to have their privacy respected, including matters concerning their medical care program. Case discussion, consultation, examination and treatment are confidential and will be conducted discreetly.

(11)VAEKHCS allows the patient to access, request amendment to and obtain information on disclosures of his or her health information, in accordance with law and regulation.

(12)Veterans have the right to communicate freely and privately with persons outside of the facility. Veterans will be provided the opportunity to meet with visitors during regularly scheduled visiting hours, have reasonable and convenient access to public telephones for making telephone

calls, shall be afforded the opportunity to purchase, at the patient's expense, stamps and letter writing materials and to send and receive unopened mail.

(13)Veterans have the right to wear their own clothing, as appropriate to the patient's medical condition and place of care, and to keep and use their own personal possessions, consistent with available space, governing fire and safety regulations, restrictions on noise, and restrictions on possession of contraband material, drugs and medications. Veterans have the right to keep and spend their own money and to have access to funds in their own accounts.

(14)Veterans have the right to social interactions with others and the right to regular physical exercise as may be deemed appropriate to the patient's medical condition and his/her medical care program.

(15)Veterans / surrogate decision-makers and their family/significant other's values, religion and philosophy will be respected. Staff will respond to psychological, social, emotional, spiritual and cultural concerns of the patient and their surrogate decision-makers /significant other. The opportunity for religious worship shall be made available to Veterans who desire such opportunity.

(16)Veterans / surrogate decision-makers have a right to be informed of his/her rights in language the patient understands. In this regard, each patient and/or surrogate decision-makers representative will be provided a written statement of patient rights at the time of admission and will be informed that the statement of rights is posted on each unit and in various areas throughout the facility. If the patient cannot read, the treatment team will consider ways to communicate information about patient rights. Veterans with communication deficits are provided with appropriate means of communication for their disability, such as interpreters, audiotapes and telephone communication services through the telephone company.

(17)Veterans have the right to make health care decisions with or without surrogate decisionmakers involvement, to formulate advance directives, to appoint a surrogate to make health care decisions and to specify treatment, care and services decisions to the extent permitted by the patient or surrogate decision-maker in accordance with law and regulation (VA Living Will/VA Advance Directives, Durable Power of Attorney for Health Care, Treatment Preferences). This includes the right to participate in consideration of ethical decisions regarding care and foregoing or withdrawing life-sustaining treatment, including resuscitation.

(18)VAEKHCS providers are the patient or surrogate decision-maker with the information about the outcomes of care, treatment and services that the patient needs in order to participate in current and future health care decisions.

(19)VAEKHCS informs the patient or surrogate decision-makers about unanticipated outcomes of care, treatment, and services that relate to sentinel events considered reviewable by The Joint Commission.

(20)The licensed independent practitioner responsible for managing the patient's care, treatment and services or his or her designee, informs the patient about unanticipated outcomes of care, treatment and services related to sentinel events when the patient is not already aware of the occurrence or when further discussion is needed.

(21) Veterans/surrogate decision-makers others are responsible for providing information, asking questions, following instructions, accepting consequences, following rules and regulations, showing respect and consideration, acknowledging when he or she does not understand the treatment course of care decision, and meeting financial commitments.

(22)Information related to patient responsibilities is posted throughout the medical center and are given to Veterans/surrogate decision-makers at the time of admission.

(23)Interpreter: Staffs who encounter Veterans, patient's families and visitors who do not speak English or who have hearing or speech impairment can seek assistance to communicate by means of an interpreter or special device. If interpreter services are needed they are available by contacting the AOD.

b. Restrictions:

(1) A patient's rights may be restricted within the patient's treatment plan by written order signed by the appropriate health or mental health professional if:

a) It is determined that a valid and sufficient reason exists for the restriction(s), and;

b) The order imposing the restriction(s) and a progress note detailing the indication(s) are both entered into the patient's permanent record.

(2) A valid and sufficient reason for restricting a patient's right(s) exists when, after full consideration of all pertinent facts, a health or mental health professional reasonably believes that the full exercise of the specific right(s) would:

- a) Adversely affect the patient's physical or mental health;
- b) Significantly infringe upon the rights of or jeopardize the health and safety of others;
- c) Adversely affect the patient's return to independent living.

(3) If it has been determined that a valid and sufficient reason exists for restricting any of the patient's rights, the least restrictive method for protecting the interest(s) that are involved shall be employed.

(4) The patient must promptly be notified of any restriction(s) imposed and the reasons therefore.

c. Restraint or Seclusion of Veterans:

(1) Veterans have the right to be informed, upon admission, of the organization's policy regarding the use of restraints and seclusions. Restraints and/or seclusion will be used for behavioral health care reasons only in emergency situations to protect the patient against injury to self or others. Restraint for medical or surgical purposes applies when the primary reason for the use directly supports medical therapies.

(2) Patient's rights and physical needs are met in accordance with standards and law.

5. <u>RESPONSIBILITIES</u>: All VAEKHCS staff are responsible for ensuring the rights of the veterans.

6. <u>REFERENCES</u>:

- a. Title 38 CFR 17.34
- b. Bylaws and Rules of the Medical Staff, dated November 16. 2010
- c. The Joint Commission Accreditation Manuals

- d. HSPM 11-8, Advance Directives for Health Care, dated May 6, 2010
- e. HSPM 118-5, Restraints and Seclusion Policies, dated September 8, 2010
- f. HSPM 112-03, Informed Consent, dated June 8, 2010
- g. HSPM 00-7, Public Affairs, dated February 24, 2010
- h. HSPM 11-08, Advanced Directives for Health Care and Mental Health, dated May 6, 2010
- i. HSPM 00B-3, Abuse, Neglect, or Exploitation Policy, dated February 5, 2010
- j. HSPM 001-25, Patient Advocacy Program, dated April 28, 2009

7. <u>RESCISSION</u>:

HSPM 11-11, Patients' Rights and Responsibilities, dated February 6, 2013

4/20/2016

X A. Rudy Klopfer, FACHE

A. RUDY KLOPFER, FACHE, VHA-CM Director, Eastern Kansas Health Care System Signed by: ANTHONY R KLOPFER 323604

VA Eastern Kansas Health Care System Health Care System Policy Memorandum NO. 11-11, Patient Rights and Responsibilities

Patient Rights and Responsibilities Acknowledgement

I, ____

<u>____</u>, have read the hospital policy (HSPM)

(PRINT NAME)

on PATIENT RIGHTS AND RESPONSIBILITIES. It has been explained to me and/or I have had a chance to ask questions concerning it. I fully understand its contents and the penalties regarding such actions.

Signature

Date