

# SWEDISHAMERICAN

## A DIVISION OF UW HEALTH

### PATIENT SERVICES POLICY AND PROCEDURE MANUAL

<b>SECTION</b> Patient Services Manual Multidiscipline Section	<b>EFFECTIVE DATE</b> 8-1-11
<b>NAME</b> Patient Rights and Responsibilities	<b>SUPERSEDES DATE</b> 7-20-10

#### I. PURPOSE

To establish a hospital policy regarding patient's rights and responsibilities.

#### II. SCOPE & RESPONSIBILITY

This policy applies to medical and dental staff, employees, students, and volunteers in all departments operated by or for SwedishAmerican Health System and applies to all patients utilizing any services of SwedishAmerican Health System.

It is the responsibility of employees, medical staff, students, and volunteers to acknowledge and respect these patient rights and ensure that patients receive adequate information describing their rights.

It is the responsibility of the Guest Relations Department to budget for and maintain supplies of appropriate educational to materials that inform Hospital patients of their rights and responsibilities.

It is the responsibility of the admitting/registration staff, in collaboration with the patient care staff, to provide a copy of Patient's Rights and Responsibilities to patients or their legal guardians upon admission to the hospital, in accordance with the laws of the state of Illinois.

#### III. PRACTICE

A. It is the right of all patients at SwedishAmerican:

1. To receive care without regard to race, color, national origin, religion, age, gender, sexual orientation, gender identity, disability, lifestyle, illnesses or infectious diseases.
2. To expect a safe hospital environment free of abuse, harassment, And humiliation.
3. To request and receive medically appropriate treatment and services as recommended by the patient's physician that is within the organization's capacity and its mission.
4. To request and receive respectful, quality care that reflects the patient's individual cultural, spiritual, and social values and is consistent with sound nursing and medical practices.

- a. Patients shall receive consideration, respect, and recognition of personal dignity at all times under all circumstances because each patient is a unique individual with a personal and cultural value and belief system.
  - b. Expression of such values and beliefs will be supported to the extent that they do not interfere with the rights or well-being of others or interfere with the planned therapeutic regimen.
  - c. Patient care will demonstrate an awareness of differing spiritual and cultural beliefs as reflective of the diverse populations served by SwedishAmerican.
5. To expect appropriate assessment and management of pain.
- a. This includes receiving information about pain and pain relief measures from concerned staff who are committed to pain prevention and management and are responsive to reports of pain.
  - b. Patients are informed on admission, verbally and in a printed format, that effective pain relief is an important part of their treatment, that their communication of unrelieved pain is essential, and that health professionals will respond quickly to their reports of pain.
  - c. Pediatric patients and their parents will receive materials appropriate to the age of the patient.
6. To be free from restraints or seclusion unless it is the only means which protects the patient's safety.
7. To expect that efforts will be made to provide continuous, coordinated, and appropriate care during and after the hospitalization.
- a. Patients may not be transferred to another facility unless they have received a full explanation of the need for a transfer and alternatives to the transfer, and they willingly consent to the transfer.
  - b. Patients have the right to be informed of any continuing health care requirements following discharge from the hospital.
8. To be informed of the nature of their illnesses and treatment options, including potential risks, benefits, alternatives and costs, and to participate in those health care decisions.
- a. Patients should not be subjected to any procedure without their voluntary, competent and understanding consent, or the informed consent of their legally authorized representative.
  - b. Patients have the right, at their own expense, to consult with a specialist if desired.
9. To expect that all staff will communicate in a manner that they can understand.

- a. Patients and their families have the right to receive complete and current information from their attending physician, communicated in terms they can understand, regarding diagnosis, treatment and prognosis, and all outcomes of care, including unexpected or adverse outcomes.
  - b. Where language barriers exist, patients should have access to an appropriate interpreter at no cost to them or their families.
10. To accept or refuse recommended tests or treatments, and to be informed of the medical consequences of those choices.
    - a. Patients should receive clear, concise explanations of the following: their condition, all proposed technical procedures, the possibilities of any risk of mortality or serious side effects, problems related to recuperation, probability of success, and medically-significant alternatives for care or treatment.
    - b. If such refusal prevents the provision of appropriate care according to professional standards, and if a thorough explanation of the medical consequences of such a refusal has been given, by law the relationship with the patient may be terminated after reasonable notice.
  11. To complete advance directives (living will or power of attorney for healthcare), and to expect that these directives will be followed when applicable. If the patient has no advance directives, an appropriate surrogate decision-maker will be sought, if the patient lacks decision-making ability.
  12. To receive information about and access to protective and advocacy services when they are an appropriate option.
  13. To raise ethical issues concerning their care with the caregivers and/or with the Bioethics Committee, and to participate in the resolution of those issues.
  14. To have reasonable access to visitors and unrestricted communication by mail and telephone unless the patient has been informed that there are medical or institutional reasons to restrict such access.
  15. To be informed of any proposed research or experimental treatment that may be considered in the patient's care, and to consent or refuse to participate. At any time during the agreed upon treatment or research, the patient may also refuse to continue to participate.
  16. To be assured that all medical and personal information will be handled in a confidential manner.
    - a. To know the identity, professional status and licensure of all persons providing service and to know which practitioner is primarily responsible for their care.
    - b. To expect that any discussion of their care or review of their medical record will be done by persons

directly involved in the care or monitoring of its quality, or by other persons only with their permission.

- c. To expect all communications and records pertaining to care, including the source of payment for treatment, will be treated as confidential.
  - d. Upon request, to be provided a list of people who have obtained or accessed their personal health information, upon request.
17. To personal privacy.
- a. To refuse to talk with or see anyone not directly involved in their care;
  - b. To wear appropriate personal items so long as these do not interfere with treatment;
  - c. To be examined and/or treated in surroundings which will assure their personal privacy and dignity within the limits of that examination or treatment;
  - d. To request a transfer to a different room if another patient or a visitor in the room is unreasonably disturbing them and another room equally suitable for their care needs is available.
18. To have access to their medical records within a reasonable time of any request and in accordance to Illinois and Federal laws.
- a. All patients will receive a written explanation of SwedishAmerican's information practices regarding the use and disclosure of healthcare information.
  - b. Patients have the right to inspect and request copies of their medical record.
  - c. Patients have the right to request that their record be amended, if inaccurate or incomplete. Please refer to Patient Services Policy, "Release of Medical Record Information", for details regarding this practice.
  - d. A complete list of patient's HIPAA rights are detailed in the Corporate Compliance policies.
19. To express complaints or grievances about the quality of care or services and to voice them without fear of reprisal or discrimination and to receive prompt and courteous response to those concerns.
20. To request and receive information regarding the charges for any treatment, and to receive an explanation of the bill upon request.
21. To request and receive information regarding nurse staffing levels in compliance with Senate Bill 59/Illinois Report Card Act.
- 1. Illinois law provides patients the right to access Information about the quality of healthcare provided in Illinois hospitals in order to make informed choices about healthcare providers.

2. It's the responsibility of the Manager of the department or their designee to respond to public inquiries for information.
3. Patients may request information about staffing to include staffing schedules, actual nurse staffing roster, the number of RN's, LPN's, PCT's and other nursing assigned to each patient care unit.
4. Current staffing schedules listing the daily assigned personnel and average daily census, as well as the actual nurse staffing assignment, is available for each patient care unit.
5. Anticipated staffing schedules and methods to determine and adjust staffing levels will be available to the public upon request.
6. Patients may also request information about staff training and orientation. Resources containing our orientation materials and orientation programs for each position are kept on each unit.

B. It is the responsibility of all SwedishAmerican Patients:

1. To provide personal and family health information needed to provide appropriate care, and to report unexpected changes in their condition to the responsible practitioner.
2. To participate to the best of their ability in making decisions about their medical treatment, and to comply with the agreed upon plan of care.
3. To inform their caregivers if they will be unable or unwilling to follow prescribed treatments and to accept the consequences if they refuse treatment or fail to follow instructions.
4. To ask questions of the physician and other caregivers when any information or instructions are not understood.
5. To inform all caregivers of their advance directives or if they wish to revoke them.
6. To inform the physician if a transfer of care to another physician, caregiver or facility is desired.
7. To inform caregivers of any concerns about their personal safety and whether they need help in securing or assuring it.
8. To be considerate and respectful to other patients and to all hospital personnel and property.
9. To observe facility policies and procedures, including those regarding smoking, noise, visitors and billing.
10. To accept financial responsibility for their health care services and to work cooperatively to resolve those financial obligations.
11. To accept parental/guardianship responsibilities when applicable, with regards to the neonate, child or adolescent unable to understand their responsibilities as

a patient.

12. To report concerns about suspected medical errors or the quality of their care and services or any abuse by any caregiver in a timely manner to the appropriate hospital staff or regulatory agency (such as Guardianship and Advocacy, The Joint Commission or Illinois Department of Public Health).
- C. Special Needs of the Dying Patient:
1. SwedishAmerican recognizes that dying patients deserve special attention and support related to their individual psychosocial, emotional, spiritual and cultural needs.
  2. The dying patient has the right to
    - a. Be fully involved with decisions about end-of-life care, if competent, and expect that all caregivers will respect their advance directives.
    - b. Active palliative care, if such treatment is desired by the patient/agent or surrogate.
    - c. Appropriate pain assessment and aggressive pain management to alleviate physical suffering.
    - d. Appropriate assessment and support of the patient's and family's psychosocial and spiritual needs and coping mechanisms.
    - e. Expect support for patient and family in the grief process.
- D. Resolution of Conflict:
1. The patient or parent/guardian has the right and the responsibility to voice opinions, recommendations, and grievances in relation to the policies and services offered, without fear of discrimination or reprisal.
  2. The mechanism for resolving conflicts and grievances is described in Administrative Policy, "Patient Complaint/Grievance Procedure."
- E. Additional rights and responsibilities for patients receiving services in the Center for Mental Health are specifically defined in the Inpatient Psychiatric Department policy and procedure manual.
- F. In accordance with the amendment to the Illinois State Medical Patient Rights Act, Section 5, each patient admitted to the hospital, or guardian or authorized representative or parent of minor patient, shall be given a written statement of patient's rights at the time of admission or as soon as the condition of the patient permits.
1. Patient Rights and Responsibilities will be provided upon admission by the registration/admitting staff in collaboration with the patient care staff.
  2. Patient Rights and Responsibilities are posted in all patient care areas and are also listed in the Patient Handbook.
  3. Questions or concerns regarding patient's rights and/or responsibilities may be referred to the Guest Relations office or to any patient care manager.

IV. AUTHORITY

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Ann Gantzer, RN, MS, MBA, CNAA  
Vice President, Patient Services

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Date

## Hospital Patient Rights and Responsibilities

### It is your right as a SwedishAmerican Patient:

1. To receive care without regard to race, color, national origin, religion, age, sexual orientation, gender identity, disability, lifestyle, illnesses or infectious diseases.
2. To request and receive medically appropriate treatment and services as recommended by your physician and that is within this organization's mission and capacity.
3. To request and receive respectful, quality care that reflects your individual cultural, spiritual and social values, and is consistent with sound nursing and medical practices. To receive care which promotes your dignity, privacy, safety, and comfort.
4. To expect aggressive pain management that includes information about pain and pain relief measures, concerned staff who are committed to pain prevention and management and are also responsive to your report of pain.
5. To be free from restraints or seclusion unless it is the most appropriate means to protect your safety.
6. To expect that efforts will be made to provide continuous, coordinated, and appropriate care during and after your hospitalization.
7. To be informed of the nature of your illness and treatment options, including potential risks, benefits, alternatives and costs, and to participate in your health care decisions
8. To expect that all staff will communicate with you in a manner you can understand.
9. To accept or refuse recommended tests or treatments and to be informed of the medical consequences of your choices.
10. To complete advance directives (living will or power of attorney for healthcare), and to expect that these directives will be followed when applicable. If you have no advance directive, you can expect that appropriate surrogate decision-makers will be sought if you lack decision-making ability.
11. To receive information about and access to protective and advocacy services when they are an appropriate option.
12. To raise ethical issues concerning your care with your caregivers and/or with the Bioethics Committee, and to participate in the resolution of those issues.
13. To have reasonable access to visitors and unrestricted communication by mail and telephone unless you have been informed that there are medical or institutional reasons to restrict such access.
14. To be informed of any proposed research or experimental treatment that may be considered in your care, and to consent or refuse to participate.
15. To be assured that your medical and personal information will be handled in a confidential manner.
16. To express complaints or grievances about the quality of care or services and to voice them without fear of reprisal or discrimination and to receive prompt and courteous response to your concerns.
17. To have access to your medical records within a reasonable time of your request.
18. To request and receive information regarding the charges for any treatment and to receive an explanation of your bill upon request.
19. To request and receive information regarding nurse staffing levels.

### It is your responsibility as a SwedishAmerican Patient:

1. To provide all personal and family health information needed to provide you with appropriate care.
2. To participate to the best of your ability in making decisions about your medical treatment, and to comply with the agreed upon plan of care.
3. To ask questions of your caregivers when you do not understand any information or instructions.
4. To inform your caregivers of any Advance Directives that you may have or if you wish to revoke them.
5. To inform your physician if you desire a transfer of care to another physician, caregiver or facility.
6. To inform your caregivers if you want need help because you are concerned about your personal safety.
7. To be considerate and respectful to other patients and to hospital personnel and property.
8. To observe facility policies and procedures, including those regarding smoking, noise, visitors and billing.
9. To accept financial responsibility for your health care services and to work cooperatively to resolve your financial obligations.

We are committed to respecting your rights as a patient. In addition, we appreciate your efforts in partnering with us to the best address your health care needs. If you have any concerns about your care or feel that your rights have not been respected, please let us know. Timely feedback helps us to make sure we are meeting your needs. When you have a concern, please bring it to the attention of your caregiver or to the department manager. You may also contact Guest Relations at 815-489-4008 for assistance. If you prefer, you may also report your concerns directly to the Illinois Department of Public Health at 1-800-252-4343 or The Joint Commission at 1-800-994-6610.

## **Statement of Illinois Law on Advance Directives**

### **Prepared by the Illinois Department of Public Health**

#### **I. Introduction**

Competent adults have the right to make decisions regarding their health care. The courts of this state have recognized that this right not be lost when a person becomes unable to make his or her own decisions. Therefore, people have the right to accept or refuse any medical treatment, including life-sustaining treatment. In order to enable them to make these decisions, patients have the right to be adequately informed about their medical condition, treatment alternatives, likely risks and benefits of each alternative, and possible consequences.

The law now requires that patients be informed of the advance directives available to help that their wishes are carried out even if they are no longer capable of making or communicating their decisions. This document describes the advance directives that are recognized in Illinois. It should be kept in mind that every patient has the right to choose whether or not he or she wants to execute an advance directive.

#### **II. Powers of Attorney for Health Care**

A Power of Attorney is a document that permits a person, called the principal, to delegate to another person, called the agent, the power to make any health care decision the principal could make.

The scope of the power given to the agent may be as broad or narrow as the principal wishes. The standard form grants the agent broad medical decision-making power that the principal may limit. The law does not, however, require that this particular form be used.

The agency relationship created by the Power of Attorney also protects the rights of third parties should the principle become incompetent. The agent, who can be anyone other than the principal's physician or health care provider, will have final decision-making authority, even more than a court-appointed guardian would have. However, a court may step in when it is shown that an agent is not acting for the principal in accordance with the terms of the Power of Attorney.

The agent cannot accept payment. Successor agents may be appointed if the named agent cannot or will not serve. The principle and agent must inform the physician of the agency relationship. Although under no duty to act, an agent must keep a record of all actions taken under his or her power. An agency may be revoked by the principal at any time, orally or in writing. However, modifications may only be made in writing.

#### **III. Living Wills**

The Living Will is a document that allows patients to describe their wishes about the discontinuance of death-delaying procedures when they become terminally ill. Because a Living Will is a statutory creation, the law must be followed carefully for it to be effective. The Living Will Act provides a form, but does not require the use of that particular form.

*Patient Self-Determination Act., P.L. 101-508, Section 4206 and 4751.*

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A Living Will may be made by any person who is able to make his or her own decisions and who is at least 18 years old, but it will not go into effect until the person who makes it is in a terminal condition. A terminal condition is defined as "an incurable and irreversible condition which is such that death is imminent and the application of death-delaying procedures serves only to prolong the dying process."

Once the patient has a terminal condition, the Living Will can say that no "death-delaying procedures" should be used. Such procedures are those that "serve only to postpone the moment of death," Procedures to ease pain and the withdrawal of artificial food and water if death would result from this withdrawal and not from the existing terminal condition are not considered "death-delaying procedures."

Under the Act, the patient must inform the physician of the existence of the Living Will. If the physician does not wish to comply with the provisions of the Will, he must tell the patient, who may then transfer to another physician. The patient may revoke the Living Will by destroying it, or indicating orally or in writing that he wishes to revoke the Will. If the patient is pregnant and death delaying procedures would allow fetal development to the point of live birth, the Living Will cannot take effect.

If a patient has both a Living Will and an agent with Power of Attorney for Health Care, then the Living Will does not take effect unless the agent is not available.

#### **IV. Do-Not-Resuscitate Orders**

"Do not resuscitate" (DNR) or "no-code" orders are doctors' orders that tell nursing and hospital staff that if a patient suffers a cardiopulmonary arrest (heart attack), the patient does not have to be revived. Good medical practice and the policies of most facilities require that CPR (cardiopulmonary resuscitation) be started unless there is an order to the contrary in the patient's chart.

DNR orders are consistent with the other advance directives discussed here, but are not substitutes for these.

#### **V. In the Absence of Advance Directives**

This Statement describes some of the ways you can ensure that your medical treatment will be handled according to your wishes even if you are no longer able to communicate your desires. If you have not executed an advance directive, decisions regarding your health care will have to be made by someone else (who might not be the person you would have chosen) and may place additional burdens on your family or physician. If you suffer from a terminal condition, permanent unconsciousness or an incurable or irreversible condition and lack the ability to make decisions, a health care surrogate may be chosen to make life-sustaining decisions for you. The surrogate who would act in such a case would be (in order of priority): guardian of the person, spouse, any adult children, either parent, any adult brother or sister, any adult grandchildren, a close friend, or guardian of the estate. Under other circumstances, legal action may be required to have decisions made on your behalf.