

PATIENT RIGHTS POLICY	PENNSYLVANIA STATE UNIVERSITY MILTON S. HERSHEY MEDICAL CENTER
Hospital Administrative Manual	Policy Number: PC-33 HAM
Replaces: October 2015	Effective: September 2016
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PURPOSE

The Penn State Milton S. Hershey Medical Center (PSHMC) is committed to delivering quality healthcare to our patients. The PSHMC board of directors, administration, providers and staff respect and address the rights of all patients to treatment, care and services within PSHMC's mission, and in compliance with applicable federal and state law and regulations. Patients are informed of their rights and responsibilities as early as possible upon arrival. The patient Welcome Guide, distributed upon admission, includes a copy of the Patient Rights and Responsibilities brochure. For outpatients, copies of the Patient Rights and Responsibilities brochure are available in waiting areas and/or upon request. In the event that a patient is unable to exercise his/her rights, these rights then become applicable to his/her designated/legal representative.

This policy discusses patient rights and patient responsibilities as required by the PA Department of Health, the Centers for Medicare and Medicaid Services and The Joint Commission. Specific processes and procedures related to patient rights can be found in additional PSHMC policies including but not limited to those referenced in this document.

PATIENT RIGHTS

All patients have the right to the following:

Access

The right to receive care without discrimination due to race, color, religion, ethnicity, age, sex, sexual orientation, gender identity or expression, national origin, culture, physical or mental disability, language, genetic information, source of payment or socioeconomic status.

Respect and Dignity

The right to considerate, respectful care given by competent personnel that reflects consideration of the patient's cultural, psychosocial, spiritual, personal values, beliefs and preferences and that optimizes the patient's comfort and dignity while contributing to a positive patient self-image.

Communication

The right to:

- Be informed of Patient Rights and Responsibilities at the earliest possible time of the patient's hospitalization in a manner and form that the patient understands.
- The right to know what hospital rules and regulations apply to patient conduct.
- Know the name of the provider who has primary responsibility for the patient's care, and the identity and function of all individuals providing his/her care, treatment and services.
- Be communicated with in a manner that is clear, concise and understandable. Information provided will be appropriate to the age and cognition of the patient.
- Be provided with an interpreter if the patient does not speak English.
- Be provided with alternative communication techniques for patients with vision, speech, hearing and cognitive impairments.
- Be informed about unanticipated outcomes of care, treatment and services that relate to sentinel events considered reviewable by The Joint Commission. The provider responsible for the patient's care, or his or her designee, informs the patient about the unanticipated outcome when the patient is not already aware of the occurrence or when further discussion is needed.
- Have a family member, representative, or physician of the patient's choice notified promptly of the patient's admission to the hospital.
- Have assistance in accessing and designating a support person or agency to act as needed to assert and protect the patient's rights.
- Delegate decision making to a specific person/s. The hospital will respect the patient's wishes to the maximum extent practicable, and to the degree permitted by law.

When a patient is unable to make decisions about his or her care, treatment, and services, a surrogate decision maker will be involved in making those decisions. This includes the surrogate decision makers right to refuse care, treatment and services on the patient's behalf, in accordance with law and regulation.

Quality Care Delivery

The right to:

- Receive care in a safe and secure environment which incorporates current standards of practice for patient environmental safety, infection control and security.
- Be free from all forms of mental, physical, sexual, and verbal abuse, neglect and exploitation.
- Expect good management techniques to be implemented to effectively use the patient's time and to avoid the personal discomfort of the patient.

- Receive high quality care based on professional standards that are continually maintained and reviewed.
- Expect emergency procedures to be implemented without unnecessary delay.
- Receive care free from restraints or seclusion unless it is necessary to provide medical, surgical or behavioral healthcare.

Participation in Care

The right to:

- Participate with the providers in the development, implementation and revision of the patient plan of care—both inpatient and outpatient, including the discharge plan and pain management plan.
- Receive information about current health status, care needs, outcomes, recovery, ongoing healthcare needs and future health status.
- Be informed about proposed care options including the risks and benefits, other care options, what could happen without care, and the expected outcome(s) of any medical care provided, including any outcomes that were not expected.
- Be involved in all aspects of care and to take part in decisions about care.
- Request care. This right does not mean the patient can demand care or services that are not medically needed.
- Participate in the consideration of ethical issues surrounding his/her care.
- Receive information upon discharge of continuing healthcare requirements and follow-up care, the plans for meeting them, as well as participate in decisions about the ongoing plan of care. The patient has the right to choose from available Medicare or other payor participating providers such as hospice agencies, home health agencies and nursing homes.
- Receive a prompt and safe transfer to the care of others when PSHMC is not able to meet the patient's request or need for care or service. Patients have the right to know why a transfer to another health care facility might be required, as well as learning about other options for care. PSHMC cannot transfer someone to another hospital unless that hospital has agreed to accept the patient.
- Receive assistance to obtain consultation with another provider at the patient's request and own expense.

Pain Management

The right to appropriate assessment, management and relief of pain, including providing feedback on pain control.

Consent

The right to:

- Give informed consent. Except for emergencies, the provider must obtain the necessary informed consent prior to the start of any procedure or treatment or both. This information shall include the name of the person performing the procedure or treatment, a description of the procedure or treatment, the medically significant risks

involved, alternate course of treatment or non-treatment and the risks involved in each.

- Refuse any care, therapy, drug, treatment or procedure that a provider is recommending. The provider will discuss the medical consequences of such refusal. There are times when care must be provided by law or regulation.
- Give consent prior to the start of any experimental, research, donor program or educational activities in which the patient may be asked to participate. The patient or the patient's legal representative may, at any time, refuse to continue in any such study/program to which informed consent has previously been given. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- Give consent for PSHMC providers and/or staff to take photos, make recordings, or film patients if the purpose is for something other than patient identification, care, diagnosis or treatment.

Advance Directive

The right to:

- Formulate an advance directive, revise an existing advance directive or to appoint a surrogate to make healthcare decisions on the patient's behalf. These decisions will be honored within the limits of the law and PSHMC's mission. The patient is not required to have or complete an advance directive in order to receive healthcare.
- Be provided with assistance in developing or revising an advance directive.
- Make decisions regarding the withholding of resuscitative services or the forgoing or withdrawing of life-sustaining treatment within the limits of the law, regulation and PSHMC policies.
- The right to make decisions concerning organ donation. PSHMC will honor the patient's wishes within the limits of the hospital's capability and in accordance with law and regulation.

Privacy

The right to:

- Be interviewed, examined, treated and have care discussed in places designed to protect privacy.
- Expect all communications and records related to care to be treated as confidential except as otherwise provided by law or third-party contractual arrangements.
- Receive written notice that explains how personal health information will be used and shared with other health care professionals involved in the patient's care.
- Be informed about any circumstances in which information about the patient must be disclosed or reported due to law or regulation.
- Limit who can receive information about the patient, including demographic information, the patient's presence or location in the clinical area or information about the patient's medical condition.

Visitation

The right to:

- Make decisions regarding visitors. PSHMC will not discriminate against visitors based on race, color, religion, ethnicity, age, sex, sexual orientation, gender identity or expression, national origin, culture, physical or mental disability, language, genetic information, source of payment or socioeconomic status.
- Designate who can visit. Visitors do not need to be legally related to the patient.
- Designate a support person who may determine who can visit if the patient becomes unable to make his/her own decisions.

Medical Record

The right to:

- Access all information contained in the patient's medical record other than psychotherapy notes, unless access is restricted by the attending provider for medical reasons.
- Request a copy of the patient's medical record (note: there may be a fee for the copying of the medical record). If the patient feels that the information is incorrect, he/she may request that the information be amended. PSHMC may deny the request to amend information under certain specific circumstances as permitted by law.

Financial Charges

The right to:

- Examine and receive a detailed explanation of the patient's bill.
- Full information and counseling on the availability of known financial resources to help the patient in payment of healthcare bills.

Complaint/Grievance

The right to:

- Voice complaints/grievances, either verbal or written, regarding the patient's care and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment or services.
- Have the complaint and/or grievance be addressed in a timely and reasonable manner. Those complaints and/or grievances regarding situations that endanger the patient are reviewed immediately. For all others, attempts will be made to respond within 7 business days.
- Be provided with PSHMC's determination regarding the complaint/grievance.
- Refer complaints/grievances directly to:

The Pennsylvania Department of Health

Division of Acute & Ambulatory Care

Room 532 Health & Welfare Building

625 Forster Street

Harrisburg, PA 17120-0701

Phone: (717) 783-8980

Fax: (717) 705-6663

Complaint Hotline: 1-800-254-5164

http://www.health.pa.gov/facilities/Consumers/Complaints/Pages/default.aspx#.V8gcOKDD_1I

The Joint Commission, a hospital accreditation organization:

The Joint Commission

Office of Quality Monitoring and Patient Safety

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Fax: 1 630-792-5636 or patientsafetyreport@jointcommission.org

Patients enrolled in Medicare may contact

Livanta, 1 866-815-5440

PATIENT RESPONSIBILITIES

The following patient responsibilities are presented to the patient and family in the spirit of mutual trust and respect.

Provision of Information

Patients and their families must provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives and other matters relating to the patient's health. Patients and their families must report perceived risks in the patient's care and unexpected changes in the patient's condition.

Asking Questions

Patients and their families must ask questions when they do not understand their care, treatment and service or what they are expected to do. The patients and families are responsible for reporting whether they clearly comprehend a contemplated course of action.

Following Instructions

Patients and their families must follow the care, treatment and service plan developed. They are expected to help the providers, nurses and allied health personnel in their efforts to care for the patient by following their instructions and medical orders. Patients and families should express any concerns about their ability to follow the proposed care plan or course of care, treatment or services. PSHMC makes every effort to adapt the plan to specific needs and limitations of the patient. When such adaptations to the care, treatment or service plan are not recommended, the patients and their families are informed of the consequences of the care, treatment and service alternatives of not following the proposed course.

The patient and their families are responsible for the outcomes if they refuse care or do not follow the care, treatment and service plan.

Following PSHMC Rules and Regulations

- Patients and their families must follow PSHMC rules and regulations affecting the patient care and conduct.
- Patients are expected not to take drugs that have not been prescribed by their provider and administered by hospital staff. In addition, it is expected that patients will not

complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during their stay.

Respect and Consideration

- Patients and their families or other visitors are expected to be considerate of the rights of other patients and PSHMC personnel. This includes obtaining consent from all individuals before including them in patient or family-generated audiovisual activities.
- Patients and their families or visitors are expected to observe the no smoking policy of the organization.
- Patients and their families or visitors are expected to respect the property of other persons and that of PSHMC.

Financial Charges

The patient is responsible for assuming financial responsibility of payment for all services rendered through third party payors (insurance companies), as applicable, and being personally responsible for payment of any services that are not covered by his/her insurance.

REFERENCES

CMS Conditions of Participation
PA Department of Health Rules and Regulations
The Joint Commission Standards

PSHMC Hospital Administration Manual Policies:
PC-25 Resolution of Patient Complaints and Grievances
L-07 Informed Consent
PC-13 Guide to Advance Directive
PC-75 Visitation Guidelines for Families and Visitors
PC-77 Restraint and Seclusion: Medical and Behavioral Reasons

Other pertinent policies are also available on the Infonet

PERSON RESPONSIBLE FOR REVIEW OF POLICY

Manager, Regulatory and Accreditation

Reviewed: 3/01, 11/01, 3/04, 6/05, 3/7, 3/08, 9/09, 10/10, 3/11, 3/12, 8/13, 9/14,
Revised: 3/01, 11/01, 3/04, 3/06, 3/07, 3/08, 8/13, 9/15, 9/16

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