

December 15, 2009

PATIENTS' RIGHTS AND RESPONSIBILITIES

1. **PURPOSE:** To define the rights and responsibilities of all patients receiving treatment at the South Texas Veterans Health Care System (STVHCS) and to establish a procedure for conveying this information to them in a consistent and timely manner.

2. **POLICY:**

a. **Patients will be treated with respect and nondiscrimination:**

(1) They will be treated with dignity, compassion and respect as individuals. Their privacy will be protected. They will receive care in a safe environment and one that supports the patient's positive self-image and dignity. STVHCS will seek to honor their cultural, spiritual, religious, individual and personal values, beliefs, and preferences.

(2) They, or someone they designate, have the right to keep and spend their own money. They or their legal guardian/fiduciary have the right to receive an accounting of Department of Veterans Affairs (VA) held funds.

(3) Treatment will respect their personal freedoms. Patients have the right to the least restrictive conditions necessary to achieve treatment purposes. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep them or others free from harm have not worked.

(4) As an inpatient or long-term care resident, they may wear their own clothes and keep personal items, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service.

(5) As an inpatient or long-term care resident, they have the right to social interaction and regular exercise. They will have the opportunity for religious worship and spiritual support. They may decide whether or not to participate in these activities. They may decide whether or not to perform tasks in or for the South Texas Veterans Health Care System.

(6) As an inpatient or long-term care resident, they have the right to communicate freely and privately. They may have or refuse visitors and/or telephone calls. They will have access to public telephones and mail service, based on the setting and population. Access will be provided to telephones for patients who desire private telephone conversations in a private space, based on the setting and population. They may participate in civic rights.

(7) In order to provide a safe treatment environment for all patients and staff, they are asked to respect other patients and staff and to follow the facilities rules. They are to avoid unsafe acts that place others at risk for accidents or injuries. Additionally, they are to report any condition they believe to be unsafe.

b. Patients will receive information related to their care and that health information will be kept confidential.

(1) They will be given information about the health benefits that they can receive. The information will be provided in a way they can understand.

(2) Information about the costs of care, if any, will be given to patients before they are treated. They are responsible for paying for their portion of the costs associated with their care.

(3) Medical records will be kept confidential. Information about the patients will *not* be released without their consent unless authorized by law (for example, State public health reporting). Patients have the right to information in their medical record and may request a copy of the record. This will be provided except in rare situations where their VA physician feels the information will be harmful. In that situation, the patient has the right to have this discussed with the patient and their VA provider. Patients have the right to request amendment to the medical record and obtain information on disclosures of his or her health information, in accordance with law and regulation.

(4) They will be informed of all outcomes of care, including any injuries caused by their medical care. They will be informed about how to request compensation for injuries.

(5) Information will be provided in a manner tailored to the patient's age, language and ability to understand.

c. Patients have the right to participate in treatment decisions.

(1) They, and any persons they choose, will be involved in all decisions about their care. They will be given information they can understand about the benefits and risks of treatment. They will be given other options. They can agree or refuse treatment. Refusing treatment will not affect their rights to future care but they have the responsibility to understand the possible results to their health. If they believe they cannot follow the treatment plan, they have a responsibility to notify the treatment team.

(2) As an inpatient or long-term care resident, they will be provided transportation necessary for their treatment plan.

(3) The name and professional title of the provider in charge of patient care will be provided, in writing. As a partner in the healthcare process, patients have the right to be involved in choosing their provider. They will be educated about their role and responsibilities as a patient. This includes their participation in decision-making and care at the end of life. See attachments A and B for guidelines for managing patient requests to change providers in the Outpatient and Inpatient settings, respectively.

(4) They should tell their provider about their current condition, medicines (including over-the-counter and herbals) and medical history. Also they should share any other information that affects their health. They should ask questions when they don't understand something about their care. This will help in providing them the best care possible.

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(5) They have the right to have their pain assessed and to receive treatment to manage their pain. They and their treatment team will develop a pain management plan together. They are expected to help the treatment team by telling them if they have pain and if the treatment is working.

(6) They have the right to choose whether or not they will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be not pressure to participate.

(7) They will be involved in resolving any ethical issues about their care. They may consult with the Integrated Ethics Consultation Service, Integrated Ethics Council and/or other staff knowledgeable about health care ethics.

(8) Patients have the right to be free from neglect; exploitation (financial or other); verbal, mental, physical, and sexual abuse or harassment; physical punishment; retaliation and humiliation. If a patient or the STVHCS believes that the patient has been neglected, abused or exploited, s/he will receive help.

d. Patients are encouraged and expected to seek help from their treatment team and/or a patient advocate if they have problems or complaints. They will be given understandable information about the complaint process. They may complain verbally or in writing, without fear of retaliation.

e. The rights listed above apply to all individuals regardless of race, color, sex, sexual orientation, gender identity, religion, disability, age, socioeconomic status, veteran status, ancestry, or national or ethnic origin.

3. ACTION:

a. Upon admission to inpatient care, patients will be offered their own copy of the *Patient Information Handbook*. This handbook contains a listing of patient rights and responsibilities.

b. Posters outlining patient rights will be displayed in the admitting area lobby, other hospital lobby areas, and in selected areas placed throughout the system in order to be conspicuous.

c. Outpatients will be offered a copy of the *Patient Information Handbook*.

d. The Director, Business Office/Medical Administration Service, will ensure that all patients are informed of their rights.

e. The Treating Physician will determine whether a patient is able to understand the Patient Rights and ensure that the treatment aspects of the patient's rights are fully protected.

f. The Chief, Human Resource Management Service, will ensure that all new employees are informed of patients' rights as a part of their orientation process.

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g. All STVHCS employees are responsible for ensuring that patients are treated in a courteous, dignified and compassionate manner. All employees, as necessary, will assist patients in understanding their rights.

4. **REFERENCES:** Title 38, Code of Federal Regulations, Part 17, Section 17.33, revised as of July 1, 2002; The Joint Commission Comprehensive Accreditation Manual for Hospitals, Current Edition.

5. **RESPONSIBILITY:** Chief of Staff (11)

6. **RESCISSION:** STVHCS Policy Memorandum 002-06-07 dated November 11, 2006

7. **RECERTIFICATION:** December 2014

(Original signature on file)

MARIE L. WELDON, FACHE
Director

Attachments (2)

DISTRIBUTION: A

or Treating Specialty in the Inpatient Setting

1. As a partner in the health care process, patients have the right to be involved in choosing their provider. Per the South Texas Veterans Health Care System (STVHCS) Medical Staff Bylaws, Rules and Regulations, Section R.7.5, upon admission to inpatient care at this Medical Center, each patient shall be assigned to the clinical service or section deemed most appropriate for the care and treatment of the condition for which hospitalization is required. These guidelines provide a formal process for addressing patient requests to change attending providers or treating specialties in the inpatient setting of STVHCS.
2. Requests by a patient or their surrogate to discontinue receiving care under a specific resident(s) will be managed by the attending physician or treatment team through direct communication. Psychosocial support services such as Social Work Service, Psychology Service, and the Chaplain Service may be consulted to assist in maintaining the therapeutic relationship through assessment and interventions to address the social, spiritual, and cultural factors that influence patient perceptions and involvement in care. Inability to resolve issues at the level of the attending physician or treating specialty will result in a referral to the Patient Advocate and a formalized approach.
3. When a patient or their surrogate expresses concern about continuing care under the assigned attending provider or requests a change in attending provider, the Patient Advocate will be notified to meet with the patient and/or their surrogate to investigate and/or validate any existing complaint, determine options for resolution of the specific complaint and opportunities to improve future service to patients, and facilitate documentation and review of the request to change the inpatient attending provider(s) or treating specialty.
4. The STVHCS will make every attempt to honor a veteran's request for a change of provider. Our health care system cannot honor requests for specific providers by name, or requests for providers of specific race, gender (in the inpatient setting), nationality, level of experience or training (resident physician versus staff physician).
5. Upon validation of the patient's request to change provider(s) or treating specialty, the *Request to Change Attending Provider or Treating Specialty* form will be completed.
6. The Service Chief of the treating specialty, or their designated representative, will be notified immediately to assist in the transfer of care.
7. It is the responsibility of the Service Chief to notify the attending of record, if s/he is not already aware of the request. The honoring of the request in no way implies improper care. This portion of the process is based solely on the patient's/surrogate's right to be involved in choosing their provider. A requested change of provider or service should not be confused with a request for a second opinion.
8. The Chief of Staff must be notified and kept informed of the entire process. If resolution cannot be reached at the level of the Chief of Service, the Chief of Staff will make the final determination.
9. The Medical Center will make every attempt to honor the patient's request for a change in provider by locating an alternate attending from within the System; however, circumstances may arise where an alternate attending of record cannot be found, in which case Administration will work with the patient/surrogate to find an agreeable solution. It will be the patient's or surrogate's responsibility to find alternate care outside the VHA service. At any time during the process, the Ethics Consult Service can be consulted to address specific ethical concerns and or to assist with mediation (see PM 11-06-23 Integrated Ethics Team).

Attachment A (page 1 of 2)

REQUEST TO CHANGE ATTENDING PROVIDER(S) OR TREATING SPECIALTY

Please Print

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Patient's Name: _____

Social Security #: _____

Current Provider(s)/Team: _____

Reason for Request: _____

Patient or Patient Surrogate Signature: _____ **Date:** _____

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Patient or Patient Surrogate has been visited by the Patient Advocate: Yes No

Patient Advocate Name: _____

Patient Advocate Signature: _____ **Date:** _____

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Reviewed by (Chief of Service/Representative) **Date**

PLAN OF ACTION: _____

Information on Assignment and Change in Assignment of Primary Care Providers at the South Texas Veterans Health Care System

1. At the South Texas Veterans Health Care System (STVHCS) patients are assigned to a primary care provider (PCP). Primary Care (PC) is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Primary care provides long-term patient-provider relationships, coordinates care across a spectrum of health services, educates, and offers disease prevention programs. It is the policy of the Veterans Health Administration (VHA Directive 2006-031) that the full scope of PC is provided to all eligible veterans seeking on-going health care. Exceptions may be made for some veterans requesting limited care, such as subspecialty care for service-connected conditions, or for those scheduled only for compensation and pension exams.
2. Each veteran receiving PC must be assigned a single PCP. Those who spend a significant part of the year living in two regions of the country and who have complex needs requiring close supervision may have PCP's assigned at more than one VHA medical facility. The PCP functions as part of an interdisciplinary PC team, which includes, at minimum, a medical doctor or nurse practitioner or physician's assistant, as well as nurses and administrative support personnel.
3. Primary care programs place a premium on sustaining the personal relationships between patients and their providers. This therapeutic alliance improves the likelihood that patients will participate in preventive health screenings, take active and educated roles in decisions affecting their health, and ultimately become more independent in managing their own health. Psychosocial support services such as Social Work Service, Psychology Service, and the Chaplain Service may be consulted to assist in maintaining the therapeutic relationship through assessment and interventions to address the social, spiritual, and cultural factors that influence patient perceptions and involvement in care.
4. As a partner in the health care process, patients have the right to be involved in choosing their provider. The STVHCS will make every attempt to honor a veteran's request for a PCP of a specific gender (male or female). Otherwise, the selection of a new PCP is based on a PCP rotation system. Our health care system cannot honor requests for specific providers by name, or requests for providers of specific race, or nationality.
5. Patients may request a new PCP by completing a "Request to Change Primary Care Provider" form. The honoring of the request in no way implies improper care. This portion of the process is based solely on the patient's/surrogate's right to be involved in choosing their provider. If a request for a new PCP is not approved the clinic director or chief medical officer will notify the patient in writing or by telephone with a reason for disapproval.
6. Inability to resolve an issue at the level of the clinic leadership will be referred to the STVHCS Primary Care/Managed Care Product Line (PC/MC PL) Leadership. If an issue cannot be resolved at that level then there will be a referral to the Patient Advocate. At any time during the process, the Ethics Consult Service can be consulted to address specific ethical concerns and/or to assist with mediation (see PM 11-06-23 Integrated Ethics Team).

Vicki Hannigan, M.D. Medical Director PC/MC PL
Roger Roehl, MHA Administrative Director PC/MC PL

Attachment B (page 1 of 2)

REQUEST TO CHANGE PRIMARY CARE PROVIDER

Please Print

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The selection of a new primary care provider will be based on a rotating team selection process and not on patient preference for a particular provider. Exceptions will be made for patients requesting a provider of a particular gender due to personal concerns.

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Patient's Name: _____

Social Security #: _____

Current Team/Provider: _____

Reason for Request: _____

Patient or Patient Surrogate Signature: _____ **Date:** _____

.....

Reviewed by (Clinic Director or Chief Medical Officer) **Date**

New Team/Provider: _____

Scheduler Signature: _____ **Date:** _____

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**SCHEDULING DEPARTMENT WILL NOTIFY PATIENTS BY MAIL
OF NAME OF NEW PRIMARY CARE PROVIDER AND RESCHEDULED
APPOINTMENT DATE AND TIME**

Attachment B (page 2 of 2)