PATIENT RIGHTS AND RESPONSIBILITIES

POLICY

Vancouver Home Health Care Agency supports the principle that each patient has the right to dignity, respect, and involvement in his or her plan of care. The patient has the right to be informed of his or her rights. The agency will protect and promote the exercise of these rights. The agency will provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment.

The admitting RN Case Manager, PT or SLP will review a written Patient Bill of Rights with the patient/representative prior to initiating service. The patient or their legal guardian will sign the form and will be given a copy. The text of the Patient Bill of Rights conforms to Home Health Care Medicare Conditions of Participation as defined in 42 CFR 484.10 and to accrediting body and/or state mandates, if required. Agency admission is non-discriminatory. The agency will inform the patient, orally and in writing, of any liability for payment not covered by insurance prior to the start of service or within 30 days of the agency learning that there will be patient liability for payment.

PURPOSE

To promote the ability of the patient/representative to understand and exercise their rights.

PROCEDURE

1. Review

a. The admitting Case Manager will review the Patient Bill of Rights with the patient/representative and make a “good faith” effort to obtain a signed acknowledgement of receipt of the document.

b. Special reference will be made to the section regarding the grievance procedure.

c. For group services, such as flu clinics, the Patient Bill of Rights will be displayed in a public area accessible to the patients being served.

2. Patient Rights

a. To have his/her property treated with dignity and respect.

b. Receive written information describing the agency's complaint procedure that includes the contact information, contact phone number, hours of operation, and mechanism(s) for communicating problems.

c. To voice to the agency and receive timely investigation by the agency of all complaints and grievances regarding treatment or service that is or fails to be furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency. Patient will not be subjected to discrimination or reprisal for voicing a complaint. Agency will document both the complaint/grievance and resolution.

d. Exercise his/her rights as an agency patient.

e. To be involved in developing his/her agency written plan of care.

f. To be informed in advance of the disciplines that will furnish service, the frequency of visits, and is able to identify personnel through proper identification.

g. To be advised in advance of any change in the plan of care before the change is made.

h. To be advised in advance of the right to participate in planning the service and treatment and making changes in the service and treatment.

i. Choose his/her attending physician.

j. To be free from mistreatment, neglect, or verbal, mental, physical, or sexual abuse, including injuries of unknown source and misappropriation of patient property.

k. To be advised prior to the start of service, of the availability of the Oregon Health Authority toll-free home health hotline and accrediting body's hotline, their phone numbers, hours of operation, and the purpose of the hotlines to receive complaints or questions about the agency, including but not limited to advance directive requirements and/or complaints. Patient can fill out a complaint form or visit the Oregon Health Authority website for more information and/or to view frequently asked questions.

l. To have a confidential clinical record and PHI, with access to or release of permitted only as allowed by federal rule CFR 45, parts 160-164, current HIPAA regulations, and agency Notice of Privacy Act Practices.

m. Refuse service or treatment and the ramifications of the refusal.

n. To be informed orally and in writing of the physician ordered services that may be covered under insurance and any services, which may not be available.

o. Receive information about the services available and limitation of access to services.

p. To be advised that the agency complies with Subpart 1 of 42 CFR489 and receive a copy of the agency's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law and how such rights are implemented by the agency including community education.

q. To be informed, orally and in writing, before service is initiated, of the extent to which:

    i. Payment may be expected from Medicare, Medicaid, and any local, state, or federally funded programs known to the agency.

    ii. Charges for services that will not be covered by Medicare.

    iii. Charges that the individual may have to pay.

r. Upon request, receive a fully itemized billing statement including the date of each service and the charge. Licensees providing services through a managed care plan are not required to provide itemized billing statements.

s. To be informed, orally and in writing, of payment change information as soon as possible, but no later than 30 days from when the agency learned of the change.

t. To be referred to another agency if the patient is not satisfied or if this agency cannot meet the patient's needs.

u. To receive service free from discrimination regardless of race, creed, color, age, sex, ancestry, national origin, sexual preference, or handicap, medical condition, marital status, or registered domestic partner status.

v. To be fully informed of the patient's responsibilities related to home health care.

w. To be informed of patient's rights related to the collection and reporting of OASIS information.

x. To be informed that the OASIS information will not be disclosed except for legitimate purposes allowed by the HIPAA and PHI requirements.

y. To be informed of anticipated outcomes of services and any barriers to those outcomes.

3. Privacy Rights

a. Right to know why we need to ask questions.

b. Right to have his/her personal health care information kept confidential.

c. Right to refuse to answer questions.

d. Right to look at his/her private health information

4. Patient Responsibilities

a. Provide accurate and complete information about their medical history, current illness and symptoms, medication regime, and other health related information.

b. Notify the agency of any new or changed advance directives.

c. Accept the consequences of the patient/representative's refusal of treatment or service.

d. Notify the agency if the patient/representative need to change a scheduled visit.

e. Notify agency of any new or changed patient symptoms that may require additional agency services and/or equipment.

f. Participate in development and implementation of the written plan of care.

g. Provide a safe environment for the agency personnel to perform their duties.

h. Follow the skilled services plan of care or inform the RN Case Manager if the patient/representative are unable to follow the plan.

i. Notify the agency of any concerns or complaints about agency services or personnel.

j. Inform agency of any insurance changes affecting reimbursement for services.

5. Patient's Signature

a. The patient or representative will sign the Patient Bill of Rights. If the patient lacks the ability to understand their rights and the nature and consequences of proposed treatment, the patient's representative shall have the rights specified in this section to the extent the right may devolve to another, unless the representative's authority is otherwise limited. The patient's incapacity shall

be determined by the court in accordance with state law or by the patient's physician unless the physician's determination is disputed by the patient or patient's representative.

b. The original will be placed in the patient's record and a copy placed in the agency's service folder in the home.

c. The admitting RN Case Manager will document in the appropriate area of the clinical record that the Patient Bill of Rights was addressed with the patient and that the patient or representative verbalized understanding of the rights and may exercise those rights at any time.

6. Advance Directives

There is a separate advance directive policy dealing with the content of the advance directives also known as Durable Power of Attorney Living Will or Medical Durable Power of Attorney. This is the admission procedure related to it:

a. The admitting Case Manager will give the patient/guardian literature regarding the advance directive and Durable Power of Attorney Living Will/ Medical Durable Power of Attorney.

b. The admitting Case Manager will document in the clinical record the discussion held regarding the advance directive document.

c. If the patient does not have an advance directive, the RN Case Manager will encourage the patient/representative to discuss such a document with their physician and/or attorney.

d. If the patient has an advance directive, the Case Manager will request a copy for the patient file.

e. The RN Case Manager will review the advance directive for the content and will inform the physician of any specific request the patient has written in the document.

7. Do Not Resuscitate (DNR)

a. A physician must order a DNR, withholding or withdrawing of life-sustaining care. The DNR order will be placed in the patient's record and personnel notified.

b. Staff will initiate CPR unless there is a DNR order in the record.

c. The patient has the right not to be resuscitated or to withdraw life-sustaining care.

d. On admission, the patient's wishes regarding DNR will be clarified.

e. The patient has rights regarding preferences, goals, and desires.

f. The patient will be explained their rights under state law.

g. If major problem or conflict arises, the attending physician and if necessary the ethics team members will meet and discuss the situation with the patient/ representative for an acceptable resolution.

8. Plan of Care and Treatment

a. Patient will be given a choice in plan of care treatment received and payment of services.

b. Patient will be informed of plan of care and cost of services.

c. Payment Agreement Form will be signed by patient or legal representative.

d. Patient may be admitted to service without a reimbursement plan in place.

e. If patient has no home health care insurance coverage, the patient may be offered scheduled payment plan.

9. Complaint or Dissatisfaction

a. Patient dissatisfaction may be verbalized by patient/representative to agency personnel either in person, by phone, or in writing.

b. Staff will document patient complaint on the Complaint Form.

c. The report is given to the Case Manager or home health care services supervisor for investigation and proposed resolution will be presented to patient/representative for acceptance or revision and the agreed upon plan implemented.

d. Unresolved problems are forwarded to the Clinical Supervisor, Administrator and, if needed, the Owner/Government Body for resolution. All such reports are included in the performance improvement data.

10. Grievances

a. All patients should have the opportunity to verbalize grievances about the manner they have been treated without retaliation according to Section 504 of the Rehabilitation Act of 1973. Every attempt should be made to resolve a grievance at the agency level.

b. A grievance may begin as a verbal grievance, but will be put in writing, briefly describing the incident or concern. All information discussed will be kept confidential.

c. The Administrator or designee will investigate the grievance and document findings. The agency's investigation of the complaint or grievance will document both the description of the investigation and the resolution of the complaint or grievance.

d. The grievance should be filed in the office of the Civil Rights Department, Section 504 Coordinator within 30 days after receipt of the documentation if the grievance involves civil rights issues.

e. The grievant may pursue other remedies by calling the Office for Civil Rights at 1-800-368-1019 or state or accrediting body home health care hotlines.

11. Violations

a. The patient has the right to ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing agency services are reported immediately.

b. Investigations of all alleged violations involving anyone furnishing agency services with immediate action taken to prevent further potential violations while the alleged violation is being verified.

c. Appropriate corrective action will be taken as defined in agency policy and state law.

d. All verified violations will be reported to state and local bodies having jurisdiction within five working days of becoming aware of the violation.

12. Patient Adjudged Incompetent

a. If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the person appointed pursuant to state law to act on the patient's behalf exercises the rights of the patient.

b. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.

The agency will maintain documentation showing that it has complied with the patient bill of rights requirements.

This policy may be used as the patient's written Rights and Responsibilities document if it has the contact person, and phone numbers, and business hours for agency complaints, the state home health care complaint hotline, and accrediting body's complaint line and the following signed statement by the patient/guardian.

I acknowledge that I have received a written copy and verbal explanation of my rights as a Vancouver Home Health Care Agency patient and that to the best of my ability, I understand the above Patient Bill of Rights.

Patient/Guardian Date

Case Manager Date

REFERENCES:

CMS 42 CFR 484.10, 484.12

ACHC HH2-1A.01, HH2-2A, HH2-5B, HH2-6A, HH2-6B.01, HH3-4A.01

CHAP HHII.1