V. PATIENT RIGHTS
Patient Rights & Responsibilities

- Randolph Health shall provide compassionate and affordable healthcare that ensures patient/family dignity, privacy, respect and the right of the patient or the patient’s designated decision-maker in planning and process of the patient’s care.

- Each admitted patient or designee receives a copy of “Patients’ Rights and Responsibilities as Recognized by Randolph Health” This document is available, upon request, at outpatient registration. Copies of this document in English and Spanish can be found on the RHINO home page.
Rights and Responsibilities of Patients

1. The Randolph Health patient has the right to considerate, respectful care with respect for his or her personal value and belief systems. The Randolph Health patient has the right to have his/her family and primary care physician promptly notified of his/her admission to the hospital. The patient has the responsibility to be considerate and respectful of other patients, hospital personnel, physicians, and the property of other persons and the hospital.

2. The Randolph Health patient has the right to privacy concerning his or her care and treatment and confidentially, within the law, of all communications and records concerning his or her treatment. The patient has the responsibility to indicate to physicians and hospital personnel if he or she desires the presence of others during treatment or consultation and/or wishes confidential information be shared with a designated person.
3. The Randolph Health patient has the **responsibility** to provide the most accurate and complete information possible about present complaints, past illnesses, hospitalizations, medications, the habitual use of products harmful to his or her health, known or suspected communicable disease, and other health-related matters.

4. The Randolph Health patient has the **right** to designate person(s) who shall be afforded the same privileges as the patient’s immediate family members regardless of whether the person(s) are legally related to the patient by blood or marriage. The designee has the **responsibility** to declare how their relationship is significant, and that they are acting in the patient’s best interest by conveying the patient’s wishes.

5. The Randolph Health patient has a **right** to expect reasonable safety in the hospital practices and environment.
Rights of Patients (cont.)

6. The Randolph Health patient has the right to be informed of any hospital rules that pertain to his or her care, conduct and safety. The patient has a responsibility to follow such rules.

7. The Randolph Health patient has the right to know the identity and professional status of any individual offering professional health care and of any professional relationship among individuals treating him or her as well as any relationship with any other health care or educational institutions involved in his or her care. The patient has the right to know which physician is primarily responsible for his or her care.
Rights of Patients (cont.)

8. The Randolph Health patient has the **right** to receive from his or her physician as clear, complete and current information as is known concerning diagnosis, treatment, probable outcome and continuing health care requirements following discharge from the hospital. The patient and when appropriate, the patient’s family have the **right** to be informed about outcomes of care including unanticipated outcomes. The patient or his ‘Power of Attorney’ has the **right** to review his medical records, unless the attending physician restricts access. If access is denied the patient has the **right** to be informed of the reason and restriction must be based on a sound medical reason. The patient has the **responsibility** to request the review of their chart with their attending physician. The patient has the **responsibility** to report unexpected changes in his or her condition and whether he or she clearly understands explanations about the course of treatment and what is expected of the patient.
9. The Randolph Health patient has the **right** to appropriate assessment and management of pain.

10. The Randolph Health patient has the **right** to participate in the consideration of ethical issues that arise in the provision of his or her care.

11. The Randolph Health patient has the **right** to informed participation in decisions involving his or her care. The patient has the **right** not to be awakened by hospital staff unless it is medically necessary. The patient has the **right** to be spared unnecessary duplication of medical and nursing procedures. The patient has the **right** to medical and nursing treatment that avoids unnecessary physical and emotional discomfort. Having given informed consent to the treatment plan, the patient is **responsible** for following that plan and of informing the physician, primarily responsible for his or her care, of a decision to do otherwise.
Rights of Patients (cont.)

12. The Randolph Health patient has the right to have an Advance Directive if 18 years of age or older. The Advance Directive can be revoked or changed at any time at his or her discretion. The Advance Directive may include the designation of a Representative decision maker in the event that he or she is unable to speak for him or her self.

13. The Randolph Health patient has the right to be informed if Randolph Health proposes to engage in or perform experimental or other research/educational projects affecting the patient’s care or treatment and the right to refuse to participate in such activity.

14. The Randolph Health patient or his acting Health Care Power of Attorney has the right to refuse any treatment to the extent permitted by law, to be informed of the probable consequences of this action and to be assured such refusal will not affect the quality of other care given. The patient is responsible for his or her actions in refusing recommended treatment or failing to follow instructions regarding that treatment. The patient has the right to assistance in obtaining a second opinion concerning his/her diagnosis. The patient is responsible for any fees that may occur as a result of that request.
15. The Randolph Health patient has the **right** to reasonable access to healthcare within the scope of service provided and to expect that the hospital will make a reasonable response to his or her request for services, including providing evaluation, service and/or referral as indicated by the urgency of the case. The patient has the **right** to request an interpreter if he/she does not speak English. It is the **responsibility** of the patient to inform the staff that he/she is not fluent in English and they desire the services of an interpreter.

16. The Randolph Health patient has the **right** to request and receive an itemized and detailed explanation of the total bill for the health system services, regardless of the source of payment. The patient has a **right** to information and counseling concerning the available financial resources that he/she may qualify to receive for his/her healthcare. The patient has the **responsibility** to request such information. The patient has the **responsibility** for fulfilling the financial obligations of his or her healthcare services as promptly as possible.
Rights of Patients (cont.)

17. The Randolph Health patient has a **right** to voice concerns regarding his or her care and to have these concerns reviewed and when possible resolved. Concerns may be voiced to any member of the Randolph Health staff or patient representative, who will arrange for a member of the Service Excellence team to review the concerns with the patient/family. The patient has the **responsibility** to report any concerns about infringement of his or her rights and any other problem or concern encountered within the hospital.

18. The Randolph Health Patient has the **right** to allow a family member, friend or other individual to be present for emotional support during the course of stay. The visitor has a **responsibility** to respect the rights and safety of others and to refrain from visiting if it is not medically indicated or therapeutically contraindicated.
Rights of Patients (cont.)

19. All patients have a right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
EMTALA

Emergency Medical Treatment and
Active Labor Act

IT’S THE LAW!

IF YOU HAVE A MEDICAL EMERGENCY OR ARE IN LABOR
YOU HAVE THE RIGHT TO RECEIVE, within the capabilities
of this hospital’s staff and facilities.

· An appropriate MEDICAL SCREENING EXAMINATION

· Necessary STABILIZING TREATMENT (including
treatment of an unborn child)
  and if necessary

· An appropriate TRANSFER to another facility
  even if

YOU CANNOT PAY or DO NOT HAVE MEDICAL INSURANCE
Randolph Health’s EMTALA Policy

- **Any person** who comes to Randolph Health requesting assistance for a potential emergency medical condition or emergency services will receive a medical screening performed by a qualified provider to determine whether an emergency medical condition exists. Persons with emergency medical conditions will be treated and their condition stabilized without regard of ability to pay for services.
Stable for Transfer

A patient is stable for transfer IF the treating physician attending to the patient has determined, within reasonable clinical probability, that the patient is expected to leave the hospital and be received at the second facility with no material deterioration in his/her medical condition; and the treating physician reasonably believes that the receiving facility has the capability to manage the patient’s medical condition and any foreseeable complications of that condition.
Medical Screening Exam

Required when an individual:

• Seeks care at the hospital ED or MASU (Maternity Services Unit) treatment room.
• Arrives anywhere on the hospital premises and states they may have an emergency.
• When a patient arrives at an off-campus facility and requests emergency care.

Will be conducted only by:

• Individuals determined qualified by Hospital Bylaws or Rules and Regulations (Doctors of Medicine or Osteopathy, Physician’s Assistant, Nurse Practitioner or qualified Registered Nurse).
Advance Directives
Types of Advance Directives

There are two (2) types of Advance Directives:

• An Advance Directive Regarding A Natural Death.
  – commonly called “Living Will”
• Health Care Power of Attorney

These are NOT Advance Directives:

• A Do Not Resuscitate (DNR) form
  – This is an MD’s order
• A Medical Order for Scope of Treatment (MOST) form
  – This is an medical order that can be written by a MD, PA or NP
• A Durable Power of Attorney
  – used for business purposes
• A Last Will and Testament
Advance Directive Staff

The spiritual care staff are responsible for reviewing advance directives with interested patients during daytime hours of operation.
Chaplain Availability

• Monday – Friday: 0900 -1600.

• **Advance Directive Consults are NOT completed:**
  – After 1600 Monday-Friday.
  – After patient has been discharged even though still physically in room.
AD process

- A patient is triaged for Advance Directives upon inpatient admission by the RN through the Adult Patient History.
- If the assessment indicates that the patient desires information about Advance Directives, a Nursing Referral for Advance Directives is ordered.
- Chaplains will respond to referrals within 24 hours of request.
Decision Making Capacity

• If the patient lacks the ability to make decisions, then an Advance Directive cannot be completed.

• Common illnesses and situations that affect decision making capacity:
  Dementia
  Heavily sedated patients
  Patient’s not oriented x 3
  (time, place, person)
Medical Order for Scope of Treatment (MOST)

- The MOST form is available on each unit. It is bright PINK. It covers a patient’s Code status and outlines how to treat a seriously ill patient that is declining.

- This is a medical order that can be completed by a Nurse practitioner or a Physician’s Assistant under the physician’s supervision.
Who May Need The MOST Form Completed?

- Those with incurable/irreversible illness or those with advanced, chronic, degenerative disease.
- Patients likely to die within the year.
- The frail and elderly.
Other Facts About **MOST**

- The MOST form is optional.
- The yellow DNR is still legal in NC.
- The MOST form requires the signature of the MD, PA or NP.
- The MOST form requires the signature of the patient or patient’s legal representative.
- Only the original copy of MOST form is valid.
- Always transfer the original MOST form with the patient.
- The MOST form must be reviewed when the patient’s condition changes.
Organ Procurement & Donation
Procurement and Donation of Organs/Tissues

• It is the policy of Randolph Health to ensure that families are given an option to donate organs and/or tissues upon the death of a family member.

• All patients who are declared dead or for whom death is imminent shall be considered a potential donor. The UC/designee for each unit will routinely refer ALL deaths as soon as it is determined that brain death is imminent or cardiac death has occurred to Carolina Donor Services (CDS).

• A trained donor requester will communicate with the family about donation. They will then notify the nurse about the decision of the family and the disposition of the body. Refer to “Procurement and Donation of Organs/Tissue” PCS-03 policy.