



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Patient Rights and Responsibilities

Great Bend

Patient Rights and Responsibilities

We believe patients want to understand and actively participate in their healthcare. We respect and value your role in making decisions about your healthcare, and we are committed to protecting your rights as a patient. Honoring these rights is an important part of respecting and caring for you.

We will provide care that is sensitive to cultural, racial, religious and other differences. In providing you this care, we will not discriminate on the basis of race, color, religion, age, sex, sexual orientation, gender identity, gender expression, national origin, disability or source of payment.

We will respond to your reasonable requests for treatment and to your healthcare needs. Our response will depend on the urgency of your situation and our ability to provide the kind of treatment you may require.

We ask that you participate in decisions about your healthcare by talking with your caregivers and taking an active role in planning your care. This helps ensure the care you receive preserves your dignity and reflects your desires and values.

Interpreter assistance is available at no cost to you and/or your family when you receive services provided by the hospital.

Your patient rights

As a patient at our hospital, you are entitled to the following rights. To help you and/or your designated representative understand the full scope of your rights, they are divided into categories.

Information about your care

- To know the name, identity and professional status of all people providing services to you, including the physician who is primarily responsible for your care.
- To receive complete and current information about your diagnosis, treatment and prognosis in terms you can understand.
- To have access to all information contained in your medical record.
- To have an explanation of any proposed procedure, drug or treatment in terms you can understand. The explanation should include:
 - A description of the nature and purpose of the procedure, drug or treatment
 - Possible benefits
 - Serious side effects, risks or drawbacks that are known
 - Potential costs
 - Problems related to recovery
 - Likelihood of success
 - Discussion of alternative procedures or treatments
- To accept or refuse any procedure, drug or treatment and to be informed of the consequences of any such refusal.
- To choose who may visit you while you are at the hospital, to change your mind about who may visit and to an explanation of the circumstances under which we may restrict visiting.
- To designate a support person to make decisions about visitors for you if you are unable to make or communicate those decisions. You can designate a support person different from your legal representative or surrogate decision-maker for healthcare decisions.
- To know about the option of organ, tissue or eye donations, if applicable to your situation.
- To know if your care involves research or experimental treatment. You have the right to consent to this or refuse to participate.

- To voice a complaint about an unresolved or safety issue concerning your care, without fear of retribution or changes in your care. You can expect the hospital to respond, as well as provide a reasonable resolution when possible.
- To expect reasonable continuity of care and to be informed by caregivers of realistic patient care options when hospital care is no longer appropriate. You have the right to participate in this discharge planning process.
- To examine your bill and receive an explanation of the charges, regardless of the source of payment for your care.
- To ask about the hospital's ownership interests in organizations to which you are referred.
- To be informed of any hospital policies, procedures, rules or regulations that apply to your care.

Participation in your care

- To participate in the development and implementation of your plan of care.
- To formulate advance directives for treatment and expect that these will be honored.
- To appoint a surrogate decision-maker to make healthcare decisions for you in the event that you lose the capacity to make these decisions.
- To have assistance in obtaining a consultation with another physician regarding your care. This consultation may result in additional costs to you.
- To be transferred to another facility at your request or when medically appropriate and legally permissible. You have the right to a complete explanation of the need for a transfer and alternatives to such a transfer. The facility you will be transferred to must first accept you as a patient and have an accepting physician. This may result in additional cost to you.

Privacy regarding your care

- To personal privacy. Discussions about your care, consultations, exams and treatments will be conducted as discreetly as possible.
- To expect that all communications and records related to your care will be treated confidentially.

Safety, protection and comfort during your care

- To have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- To receive safe, quality care.
- To receive care in a safe setting that is free of abuse (mental, physical, verbal or sexual), neglect, exploitation or harassment.
- To be free from seclusion and restraints unless they are clinically necessary.
- To have access to protective services.
- To expect supportive care even if you are dying or have a terminal illness. This includes:
 - Appropriate management of pain
 - Treatment of uncomfortable symptoms
 - Support for your psychological and spiritual needs

Note: If you are unable to exercise the rights listed here, your legal guardian, next of kin or legally authorized surrogate has the right to exercise them on your behalf. In certain circumstances, laws or regulations may authorize limitations upon your ability, or that of a surrogate, to exercise any of the rights listed here.

Your responsibilities as a patient

To foster mutual trust, respect and cooperation in meeting your healthcare needs, we want you to understand your responsibilities as a patient.

- To provide correct information. You have the responsibility to give your physician and other hospital staff any information they need to provide you with the best care. Expect staff to ask you questions concerning:
 - Your current illness
 - Past illnesses
 - Past hospitalizations
 - Any risks to your condition, such as those caused by allergies or medications you currently take

Please tell staff about any matters pertaining to your health or any unexpected changes in your condition. We need a complete description of any symptoms you have.

Note: If you are part of a research study, it is important that you contact the researcher when you are admitted.

- To follow your treatment plan. Please tell us if you have any concerns about your ability to follow your plan of care. You are responsible for asking questions so you understand what might happen if you do not follow your plan of care.
- To follow all hospital rules, such as the tobacco-free policy and visitor guidelines for adults and children. We ask visitors to check with the nurses station for specific visiting hours and guidelines for that care area.
- To respect other patients, physicians and hospital staff. All patients need and should expect a quiet, healing environment. Please ask your visitors to speak softly and avoid making loud noises. Please treat physicians and hospital staff with consideration and avoid any instances of verbal or physical abuse.
- To select someone you trust to speak for you in the event you cannot speak for yourself. Be sure to inform your physician and nurses when you select someone as your surrogate decision-maker. We encourage you to prepare a written document that names your spokesperson(s). This document is called a Durable Power of Attorney for Healthcare or a Healthcare Directions form. (For more information, see "Advance directives.")
- To be fully involved in your discharge plan. You and your family members are responsible for participating to the fullest extent possible in planning for your care after you leave the hospital.
- To consent to a blood test if any healthcare worker comes in contact with your blood. A blood test for HIV, hepatitis B or hepatitis C will not become part of your hospital medical record. The purpose of the test is to relieve the anxiety of the exposed healthcare worker and to begin that worker's treatment as soon as possible, if necessary.
- To provide any information needed to process your bill and promptly meet any financial obligations. You are responsible for providing accurate and current information about your insurance and for paying your bill. You and your family members should ask questions if you do not understand your hospital bill.

Advance directives: communicating your wishes

Through advance directives, you can make legally valid decisions about your medical treatment if you are not able to communicate them yourself. To help patients make these choices, Kansas law provides for advance directives.

Federal law also addresses this issue from the perspective of providing information. The Patient Self-Determination Act is a federal law that requires hospitals to provide written information to adult inpatients about their rights under state law to make decisions concerning their medical care.

We are pleased to provide this information to you, not only in accordance with federal and state laws, but also in partnership with you, as a member of your healthcare team. You do not have to make an advance directive. You will receive the same quality care regardless of your choice.

It is wise to consider whom you would like to speak for you if you are unconscious or otherwise unable to speak for yourself. This person(s) is called a surrogate decision-maker(s). It is important you let your physician, other hospital staff, and your family and friends know whom you have selected as your surrogate decision-maker(s). You should discuss your healthcare wishes with your surrogate decision-maker(s) so they may communicate your wishes if you are unable to speak for yourself.

Durable Power of Attorney for Healthcare Decisions

There are two types of advance directives. You might prefer to legally choose someone to speak for you by completing a Durable Power of Attorney for Healthcare Decisions. Again, be sure to speak with the person(s) you have chosen about your healthcare wishes and values, particularly those pertaining to end-of-life issues.

Your Durable Power of Attorney for Healthcare Decisions has the power to:

- Make decisions, give consent, refuse consent or withdraw consent for the treatment of any physical or mental condition, organ donation or autopsy.
- Make all necessary arrangements for hospitalization and medical or other care.
- Request and receive all information and records, and sign releases for records.

Healthcare Directions

Another type of advance directive allows you to express in writing your specific wishes about accepting or refusing stated treatments or ending life-prolonging treatment. At our hospital, this document is called Healthcare Directions. Your physician, hospital staff and your family would refer to this document if you were unable to communicate your wishes.

The decision to create a Healthcare Directions form is very personal and requires careful thought. It is best to prepare your form when you are not facing a crisis.

Completing an advance directive

Please ask your nurse or social worker for assistance if you decide to complete a Durable Power of Attorney for Healthcare Decisions or a Healthcare Directions form while you are in the hospital.

It is not mandatory that you prepare either of these forms. We will continue to provide for your care, as well as support you emotionally and spiritually, if you do not have an advance directive. Keep in mind that you may change or cancel either of these directives at any time. Be sure to tell your physician, hospital staff and your family about any changes regarding your directive.

You need to provide a copy of your Durable Power of Attorney for Healthcare Decisions and/or your Healthcare Directions every time you are admitted to a hospital. For this reason, it is a good idea to have several copies. Always keep the original in a place where you can easily find it. A copy will be placed in your hospital medical record.

Remember, your Durable Power of Attorney for Healthcare Decisions or Healthcare Directions will only go into effect when you are no longer able to communicate or make your own decisions.

Social workers and discharge planners are available to assist with any questions you may have about advance directives, and to assist you if you want to complete either or both of the forms. Please ask your nurse to contact social services for assistance.

In outpatient areas, information about advance directives and Durable Power of Attorney for Healthcare Decisions is available for patients to review. Ask your nurse to contact social services for assistance.

Patient visitation

The patient has the right to visitation while under the care, treatment and service of the organization.

The organization shall not restrict, limit or otherwise deny visitation privileges based on race, color, national origin, religion, sex, sexual orientation, gender identity or disability. Visitors shall enjoy full and equal visitation privileges consistent with patient preferences.

The right of a patient to have visitors may be limited or restricted when visitation would interfere with the care of the patient and/or the care of other patients. Circumstances reasonably related to the care of the patient and/or the care of other patients that provide a basis to impose restrictions or limitations on visitors include (but are not limited to) when:

- There may be infection-control issues.
- Visitation may interfere with the care of other patients.
- The organization is aware that there is an existing court order restricting contact.
- Visitors engage in disruptive, threatening or violent behavior of any kind.
- The patient or patient's roommate(s) need rest or privacy.
- In the case of an inpatient substance abuse treatment program, there are protocols limiting visitation.
- The patient is undergoing care interventions.
- Visitation is otherwise clinically contraindicated.

The organization may limit the number of visitors for any one patient during a specific period of time, as well as establish minimum age requirements for child visitors when reasonably necessary to provide safe care.

The patient shall be informed of the reason for any restriction or limitation of visitors.

Spiritual care

Spiritual care is provided by the ministerial alliance. You may request this assistance through the nursing staff or social workers.

A patient may also specifically ask for his or her minister to be called.

Patient concerns

We encourage you to voice questions about these rights or concerns about your care to any member of your care team, with the goal of improving your satisfaction with your care while you are here.

Our Quality/Risk Manager office is available to assist you in all matters related to your satisfaction. If you wish to file a complaint about an unresolved care, safety or service issue, you may contact our Quality/Risk Manager office at 620-603-7452.

Or you may choose to contact a state licensing board, quality improvement organization or other accrediting organization directly about your concern. For a list of these organizations, see **Helpful numbers**, right.

Helpful numbers

If you need assistance in resolving concerns about care you received at our hospital, contact Quality/Risk Manager, 620-603-7452. You may also choose to directly contact the following outside organizations:

Centers for Medicare & Medicaid Services

7500 Security Blvd.
Baltimore, MD 21244
800-633-4227
877-486-2048 (TTY for Deaf/Hard-of-Hearing)

Kansas State Board of Nursing

Landon State Office Building
900 SW Jackson, Suite 1051
Topeka, KS 66612-1230
785-296-4929

Center for Improvement in Healthcare Quality

PO Box 3620
McKinney, TX 75070
Phone: 805-934-8500
Toll-free: 866-324-5080
Fax: 805-934-8588

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201
800-368-1019
800-537-7697 (TDD)

Kansas Department of Health and Environment

Division of Health, Bureau of Health Facilities
1000 SW Jackson
Topeka, KS 66612-1365
800-842-0078
785-296-1500

Kansas Foundation for Medical Care, Inc.

(Quality improvement organization for Medicare recipients who wish a review of noncoverage or quality of care)
2947 SW Wanamaker Drive
Topeka, KS 66614
785-273-2552
800-432-0770

Kansas State Board of Healing Arts

800 SW Jackson
Lower Level, Suite A
Topeka, KS 66612
785-296-7413



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