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|  <p><b>HAWAII HEALTH SYSTEMS</b><br/>C O R P O R A T I O N<br/>"Touching Lives Everyday"</p> <p><b>Policy and Procedures</b></p> | <p><b>Quality Through<br/>Compliance</b></p>  | <p>Policy No.:</p> <p style="text-align: center;"><b>PAT 0001</b></p>   |
|   |   | <p>Revision No.:</p> <p style="text-align: center;">1</p>   |
| <p>Subject:</p> <p><b>Hospital Patients' Rights,<br/>Notice and Grievance<br/>Procedure</b></p>   | <p>Issued by:</p> <p>Corporate Compliance<br/>Committee</p>   | <p>Effective Date:</p> <p style="text-align: center;">August 1, 2002</p>  |
|   | <p>Approved by:</p> <p>HHSC Board of Directors<br/>By: Carolyn Nii<br/>Its: Secretary/Treasurer</p> | <p>Supersedes Policy:</p> <p style="text-align: center;">August 10, 2000</p> <p>Page:</p> <p style="text-align: center;">1 of 5</p> |

- I. **PURPOSE:** The purpose of this policy is to provide guidance to hospitals in complying with the Medicare and Medicaid patients' rights conditions of participation for hospitals found in 42 CFR part 482 (Critical Access Hospitals are exempt from this policy, pursuant to the Social Security Act, Section 1861 (e)). Free standing long term care facilities are not "hospitals" and are also not covered by this policy). Section 482.13 requires that patients be given notice of certain minimum protections and rights, including the right to notification of the rights, the exercise of the rights in regard to patient care, privacy and safety, confidentiality, and freedom from the use of seclusion or restraint of any form unless clinically necessary. This policy is intended to supplement existing policies on patients' rights.
- II. **POLICY:** It is the policy of HHSC that all hospital employees and contractors shall comply with the patient rights standards set forth in 42 CFR part 482, specifically, as follows:
- A. **Notice of Rights.** Whenever possible, notice shall be given to every patient, or when appropriate the patient's representative, of the patient's rights in advance of furnishing or discontinuing patient care, as further delineated below.
- B. **Board Responsibility for Grievance Process.** The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. Where a patient raises a concern or complaint about any aspect of the services being provided that is not promptly resolved to the satisfaction of the patient, the patient shall have the right to file a grievance. The HHSC Board of Directors shall be responsible for the effective operation of the grievance process.
- C. **Grievance Process.** A clearly explained grievance process shall be implemented which specifies the time frames for review of and response to the grievance.
- D. **Notice of Grievance Results.** The response to the grievance shall be communicated to the patient in writing with the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the process and the date of completion.

- E. **Informed Participation in Care Decisions.** All patients (or representative) shall be afforded the right to participate in the development and implementation of his or her plan of care and to make informed decisions concerning his/her care, to include information about his/her health status and involvement in care planning and treatment (or the refusal to treatment). The responsible physician shall be held accountable for discussing all information regarding treatment, experimental approaches, and possible outcomes of care to promote quality care delivery.
- F. **Advance Directives.** All patients shall be afforded the right to formulate advance directives, and for those directives to be carried out by hospital staff and practitioners, as further defined in the law.
- G. **Notification of Admission.** All patients shall be given the opportunity to have a family member or other representative of choice and designated physicians notified promptly of his/her admission to the hospital.
- H. **Privacy and Safety.** All patients shall be afforded the right to personal privacy, to receive care in a safe setting and to be free from all forms of abuse or harassment.
- I. **Confidentiality.** All patients shall be afforded the right to the confidentiality of his/her clinical records and to access information contained in those records within a reasonable time frame and as quickly as record keeping systems permit.
- J. **Restraints for Acute Medical and Surgical Care.** All patients shall be given medical and surgical care that is free from restraints of any form (see 42 CFR 493.13 for definition of restraint) that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- Restraints may only be used to improve the well-being of the patient and when other less restrictive measures have been found to be ineffective to protect the patient or others from harm.
  - The use of a restraint must also be in accordance with the order of a physician or other licensed independent practitioner permitted by the State and hospital to order a restraint and must be followed by a consultation with the treating physician as soon as possible.
  - Restraint orders may not be given on an as needed basis (prn), nor can they be given as standing orders.
  - The restraint must be in accordance with a written modification to the patient's plan of care, implemented in the least restrictive manner possible, in accordance with safe and appropriate restraining techniques and ended at the earliest possible time.
  - The condition of a restrained patient shall be continually assessed, monitored, and reevaluated.
  - All staff who have direct patient contact shall have ongoing education and training in the proper and safe use of restraints.

- K. **Seclusion and Restraints for Behavior Management.** All patients shall be free from seclusion and restraints of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff. All staff and practitioners shall abide by this restriction on the use of seclusion and restraints, as defined in 42 CFR 483.13.
- Seclusion or restraint for behavior management may only be used in emergency situations if needed to ensure the patient's physical safety and less restrictive interventions have been determined to be ineffective to protect the patient or others from harm.
  - The use of a restraint must also be in accordance with the order of a physician or other licensed independent practitioner permitted by the State and hospital to order seclusion or restraint and must be followed by a consultation with the treating physician as soon as possible. A physician or other licensed independent practitioner must see and evaluate the need for restraint or seclusion within 1 hour after the initiation of this intervention.
  - Restraint orders may not be given on an as needed basis (prn), nor can they be given as standing orders.
  - The restraint must be in accordance with a written modification to the patient's plan of care, implemented in the least restrictive manner possible, in accordance with safe and appropriate restraining techniques and ended at the earliest possible time.
  - Each written order for a physical restraint or seclusion is limited to 4 hours for adults; 2 hours for children and adolescents ages 9 to 17; or 1 hour for patients under 9. The original order may only be renewed in accordance with these limits for up to a total of 24 hours. After the original order expires, a physician or licensed independent practitioner must see or assess the patient before issuing a new order.
  - A restraint and seclusion may not be used simultaneously unless the patient is continually monitored face-to-face by an assigned staff member, or is continually monitored by staff using both video and audio equipment in close proximity to the patient.
  - The condition of a restrained patient shall be continually assessed, monitored, and reevaluated.
  - All staff who have direct patient contact shall have ongoing education and training in the proper and safe use of seclusion and restraint application and techniques and alternative methods for handling behavior, symptoms, and situations that traditionally have been treated through the use of restraints or seclusion.
  - The hospital shall report to HCFA any death that occurs while a patient is restrained or in seclusion, or where it is reasonable to assume that a patient's death is a result of restraint or seclusion.

### III. PROCEDURE:

- A. Every patient (or representative) shall be notified on admission of his/her rights as specified above. In addition to listing the rights, the notice shall describe the grievance procedure. This notice shall be in written form, acknowledged in writing by the patient or representative, and a copy placed in the patient's medical record, with a copy given to the patient to keep. The attached forms (Attachment #1) are recommended for use, as modified to correctly conform to individual facility needs. Where the local population includes a substantial number of non-English speaking residents, the materials shall be offered in other languages as well.
- B. The same procedure shall be followed when a service is discontinued for reasons other than patient care. For example, if a service is no longer offered and a patient had been receiving the service, the notice should be given using the discontinued services letter (Attachment #2) rather than the admissions letter. Where discontinuance is based on medical judgment, the patient's right to be informed and involved in the decision making will be honored. If the patient disagrees with the discontinuance, the patient will be reminded of the right to file a grievance by giving the patient Attachment #2.
- C. In outpatient and/or emergency room areas, patients (or representatives) shall be informed of their rights via appropriate signage which shall list the patients' rights, as well as describing who to contact if they wish to file a grievance. The Summary of Rights and the general contents of Attachment 1 should be included in the posted sign, so the patient is informed of rights and knows how to process a grievance.
- D. Each facility shall establish a multidisciplinary Grievance Committee. The Board of Directors hereby delegates authority to decide patient grievances to the respective facility committees. A report from each facility's Grievance Committee will be sent to the Quality Improvement and Assurance Committee through the Corporate Director of Quality Assurance within a month after the end of each quarter on a quarterly basis. The report will then be given to the Board of Directors to review. The report shall contain a description of the number of grievances, trends or patterns, number of grievances outstanding and a description of grievances that may materially impact the corporation financially or present significant risk of harm or liability.
- E. Grievance Procedure.
  - 1. The facility administrator shall designate the manager ("Manager") responsible for processing grievances and ensuring that the procedure is followed.
  - 2. A patient or patient representative (hereinafter, "patient") may raise a grievance issue concerning the listed patient rights with any employee of the facility. The staff person receiving the complaint must promptly report it to the Manager or the Manager's delegee in the event the issue cannot be promptly resolved to the satisfaction of the patient. The Manager (or delegee) shall initiate an interview and investigation using the attached Patient Grievance Record form (Attachment #3) as soon as possible. An investigation report containing suggested solutions shall be written.
  - 3. The patient's physician shall be notified of the complaint and the resolution where patient care or treatment is at issue.

4. The investigation report shall be given to the Grievance Committee for prompt resolution within 72 hours after initial receipt of the complaint. The Committee shall meet to discuss the investigation and make a written interim or final decision as soon as possible but no later than one week after receipt of the investigation by the chair of the committee. The resolution may include a referral to the appropriate Utilization and Quality Peer Review Committee where questions concerning quality of care or peer review are normally addressed with a written report back to the Grievance Committee.
5. The patient shall be promptly advised of the resolution (or interim resolution) with updates every seven days thereafter until the grievance is finally resolved in writing. No final decision shall take more than 4 weeks from the date of the complaint, except as provided in paragraph 6.
6. All time periods shall be adhered to, unless the facility administrator finds that there is good cause to extend them. Extensions should be documented on the Patient Grievance Form.
7. Risk Management and Regional Compliance Officers may be notified of the grievance, along with appropriate agencies, as needed.
8. The Patient Grievance Record shall be completed and signed by the Manager or delegee.
9. A log shall be kept at each facility as to each grievance containing the information needed to compile the quarterly reports.

**ATTACHMENTS:**

1. Sample Admission Letter
- 1a. Summary of Rights as a Hospital Patient
2. Sample Discontinuation of Services Letter
3. Patient Grievance Record

**SAMPLE**

**Admission Letter**

Dear Patient,

We, the staff of \_\_\_\_\_ hope that your stay with us will be as pleasant as possible. We do understand that unforeseen circumstances and situations may keep this from happening. We would like to know when this occurs.

Attached is a copy of your rights as a patient in our facility. If you have a concern, or feel that your rights have been violated, you have the right to file a grievance with the hospital. The procedure for filing the grievance is:

1. A patient or patient representative (hereinafter, "patient") may raise a grievance issue concerning the listed patient rights with any employee of the facility. The staff person receiving the complaint must promptly report it to the Manager or the Manager's delegee. The Manager (or delegee) shall initiate an interview and investigation using the attached Patient Grievance Record form as soon as possible. An investigation report containing suggested solutions shall be written.
2. Your physician shall be notified of the complaint and the resolution where patient care or treatment is at issue.
3. The investigation report shall be given to the Multidisciplinary Grievance Committee for prompt resolution within 72 hours after initial receipt of the complaint. The committee shall meet to discuss the investigation and make an interim or final decision as soon as possible but no later than one week after receipt of the investigation by the chair of the committee.
4. You shall be promptly advised of the resolution (or interim resolution) with updates every seven days thereafter until the grievance is finally resolved in writing. No final decision shall take more than 4 weeks from the date of the complaint.
5. All time periods shall be adhered to, unless the facility administrator finds that there is good cause to extend them.

You may also file a complaint with the State of Hawaii, Department of Health, Office of Health Care Assurance, P.O. Box 3378, Honolulu, HI 97801 (phone: 808-586-4080).

Again, we hope your stay is a pleasant one.

Sincerely,  
The Staff of \_\_\_\_\_

I have received the attached Summary of Rights as a Hospital Patient and had the opportunity to ask questions about them.

|                           |      |
|---------------------------|------|
| Patient or Representative | Date |
|---------------------------|------|

Top copy to file; duplicate to patient.

## Summary of Rights as a Hospital Patient

*We consider you a partner in your medical care.*

*When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual.*

*While you are a patient in the hospital, your rights include the following:*

- θ **You have the right** to have a family member or friend of your choice and your physician(s) promptly notified of your admission to the hospital.
- θ **You have the right** to considerate and respectful care in a safe setting, free of all forms of abuse, humiliation, and harassment.
- θ **You have the right** to be well informed about your illness, possible treatments and likely outcome and to discuss this information with your doctor. You have the right to know the names and the roles of people treating you. The physician responsible for your treatment shall be held accountable for

discussing with you all pertinent information regarding treatment and possible outcomes of care to promote quality care delivery.

- θ **You have the right** to consent or refuse treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.
- θ **You have the right** to be told of realistic care alternatives when hospital care is no longer appropriate.
- θ **You and your family have the right** to participate in the development and implementation of your plan of care, and to make informed decisions regarding your care.
- θ **You have the right** to be given care that is free from any form of restraints that are not determined to be medically necessary.
- θ **You have the right** to be free from seclusion and any form of restraints imposed by staff as a means of coercion, discipline,

convenience or retaliation.

- θ **You have the right** to review your medical records and to have the information explained, except when restricted by law. You have the right to access information in your medical records in a reasonable time and as quickly as our record keeping system permits.
- θ **You have the right** to expect that the hospital will give you necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- θ **You have the right** to know if this hospital has relationships with other parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.

θ **You have the right** to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.

θ **You have the right** to know about hospital rules that affect you and your treatment and about charges and payment methods.

θ **You have the right** to know about hospital resources, such as patient representatives or ethics committees, that can help you resolve problems and questions about your hospital stay and care.

θ **You have the right** to refuse to perform services for the facility and staff unless it is for therapeutic purposes and part of the plan of care.

θ **You have the right** to associate and communicate privately with persons of your choice and to dress in your own personal clothing unless medically inappropriate.

θ **You have the right** to expect that treatment records are confidential unless you have given permission to release

information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.

θ **You have the right** to privacy and during visitations if admitted as a couple to share the same room if available and not medically contraindicated. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.

θ **You have the right** to voice grievances and to make recommendations concerning hospital practices without reprisal from hospital staff.

θ **You have the right** to formulate an advanced directive, such as a living will or durable power of attorney. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advanced directive, you should provide a copy to the hospital, your family, and your doctor. The hospital staff and practitioners shall carry out your advance directives.

θ **You have the right** to expect that your pain will be managed at a level of comfort that is acceptable.

θ **You have the right** to expect information about pain and pain relief measures, health professionals who respond quickly to reports of pain and your expressions of pain will be assessed and managed.

θ **You have the right** to be informed about the outcomes of care, including unanticipated outcomes.

θ **You have the right** to access protective services, (which include services for abused elders and children, services for those who have been sexually abused or involved in domestic violence) during your hospitalization.

θ **You have the right** to access state advocacy groups such as state survey and certification agency, the state licensure office, the state ombudsman program, the protection and advocacy network.

θ **You have the right** to feel safe and secure in the hospital.

θ **You have the right** to choose to request and participate in religious visitations, pastoral care and spiritual services.

θ **You have the right** to be fully informed in a language that you understand.

**SAMPLE**

**Discontinuation of Services Letter**

Dear Patient,

We, the staff of \_\_\_\_\_ hope that your stay with us has been pleasant. The following service will no longer be provided to you: \_\_\_\_\_.  
The reason for the discontinuance is: \_\_\_\_\_.

Attached is a copy of your rights as a patient in our facility. If you have a concern, or feel that your rights have been violated, you have the right to file a grievance with the hospital. The procedure for filing the grievance is:

1. A patient or patient representative (hereinafter, "patient") may raise a grievance issue concerning the listed patient rights with any employee of the facility. The staff person receiving the complaint must promptly report it to the Manager or the Manager's delegee. The Manager (or delegee) shall initiate an interview and investigation using the attached Patient Grievance Record form as soon as possible. An investigation report containing suggested solutions shall be written.
2. Your physician shall be notified of the complaint and the resolution where patient care or treatment is at issue.
3. The investigation report shall be given to the Multidisciplinary Grievance Committee for prompt resolution within 72 hours after initial receipt of the complaint. The committee shall meet to discuss the investigation and make an interim or final decision as soon as possible but no later than one week after receipt of the investigation by the chair of the committee.
4. You shall be promptly advised of the resolution (or interim resolution) with updates every seven days thereafter until the grievance is finally resolved in writing. No final decision shall take more than 4 weeks from the date of the complaint.
5. All time periods shall be adhered to, unless the facility administrator finds that there is good cause to extend them.

You may also file a complaint with the State of Hawaii, Department of Health, Office of Health Care Assurance, P.O. Box 3378, Honolulu, HI 97801 (phone: 808-586-4080).

Again, we hope your stay is a pleasant one.

Sincerely,  
The Staff of \_\_\_\_\_

I have received the attached Summary of Rights as a Hospital Patient and had the opportunity to ask questions about them.

\_\_\_\_\_  
Patient or Representative

\_\_\_\_\_  
Date

Top copy to file; duplicate to patient.

## Patient Grievance Record

|   |   |
|---|---|
| Date of Complaint:  |   |
| Date Investigation Initiated:   |   |
| Date Report went to Grievance Committee:  |   |
| Date Grievance Resolved:  |   |
| Patient :   |   |
| Room Number:  |   |
| Complaint / Incident:   | <input type="checkbox"/> Safety Issue<br><input type="checkbox"/> Quality Issue<br><input type="checkbox"/> Patient Rights<br><p>If you have checked any of the above, an Event Report must be generated.</p> <input type="checkbox"/> Event Report Initiated ( <i>Date/Time</i> )<br>_____ |
| Clarification/Information:  |   |
| Communication of the complaint:   | <input type="checkbox"/> Report to Nursing Administration<br><input type="checkbox"/> Report to Administration<br><input type="checkbox"/> Report to Department Manager<br><input type="checkbox"/> Report to Physician   |
| Extension of time by administrator:   |   |
| Reason:   |   |
| Extension until   |   |
| Communication to Patient / Patient Family after 7 days if not resolved (See attached documentation)                         | <input type="checkbox"/> _____ Date / Time  |
| Communication to Patient / Patient Family every 7 days thereafter up to 4 weeks until resolved (See attached documentation) | <input type="checkbox"/> _____ Date / Time  |
| Resolution of Complaint / Recommendations:  | <input type="checkbox"/> _____ Date / Time<br><br>_____<br>Signature of Facility Manager  |