

## Patient Rights FY22

### 1. Untitled Scene

#### 1.1 Patient Rights



The graphic features a central white box with a light blue border. Inside, there are four photographs: top-left shows a young nurse in blue scrubs smiling at an elderly woman; top-right shows a male patient in a hospital bed smiling with a female caregiver; bottom-left shows a male patient in a hospital bed with a female nurse in blue scrubs; bottom-right shows a male nurse in white scrubs holding the hand of an elderly woman. The text "Patient Rights" is written in large, bold, blue font across the middle, with "Annual Core Training" in a smaller, black font below it.

**Patient Rights**  
Annual Core Training

Click next to continue

Notes:

## 1.2 Course Information

# About This Course

Course Information	
<b>Course Title:</b>	Patient Rights
<b>Regulations/Standards:</b>	The Joint Commission standards for Patient Rights
<b>Approximate Time to Complete:</b>	15 Minutes
<b>Intended Audience:</b>	All LVHN Employed Staff
<b>Technical Specifications:</b>	Internet Explorer 11 Course Contains No Audio
<b>Date Revised:</b>	May 2022
Contact Information	
Please forward any content questions or concerns to the Subject Matter Expert:	<input type="text"/>
<b>Please call the I/S Support Center at 610-402-8303 with any technical issues</b>	

## 1.3 Objectives

### Objectives

**Upon completion of this course, you should be able to:**

- Identify Lehigh Valley Health Network's (LVHN) responsibilities related to protecting patients' rights
- Define the term Advance Directive, including three types of Advance Directives
- List the categories of persons who may act as an incompetent patient's decision maker in order of who should be selected first



**Are you ready to test your knowledge?**

Click the button below to move to the final test.

**Demonstrate Knowledge**

## 1.4 LVHN's Responsibilities - Address Patient Complaints

**LVHN's Responsibilities**

**As a healthcare provider at LVHN, it is your responsibility to protect the rights of your patients.**

**You are responsible to:**

- Address patients' complaints** → Healthcare facilities are required to create a process to quickly resolve patient complaints. You must provide patients with contact information and explain how to report concerns or complaints.
- Maintain Confidentiality**
- Ensure that patients actively participate in their own healthcare**

**Notes:**

## Confidentiality (Slide Layer)

# LVHN's Responsibilities

**As a healthcare provider at LVHN, it is your responsibility to protect the rights of your patients.**

**You are responsible to:**

**Address patients' complaints**

**Maintain Confidentiality**

**Ensure that patients actively participate in their own healthcare**

Patients' health information should remain private and confidential. The **HIPAA** (Health Insurance Portability and Accountability Act of 1996) law regulates the privacy and security of health information and governs how health information can be used and disclosed. A patient's health information may be shared in order to provide treatment, for payment purposes, and for healthcare operations. In other situations, a patient's consent must be obtained before the information can be used or disclosed. You should take all reasonable measures to protect the privacy of your patients.

Participate (Slide Layer)

## LVHN's Responsibilities

**As a healthcare provider at LVHN, it is your responsibility to protect the rights of your patients.**

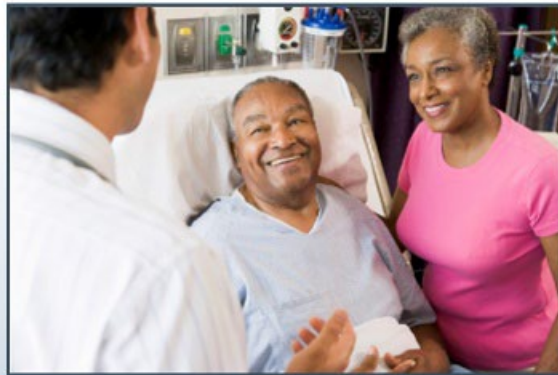
**You are responsible to:**

**Address patients' complaints**

**Maintain Confidentiality**

**Ensure that patients actively participate in their own healthcare**

Patients and their representatives have the right to make decisions about treatment and care.

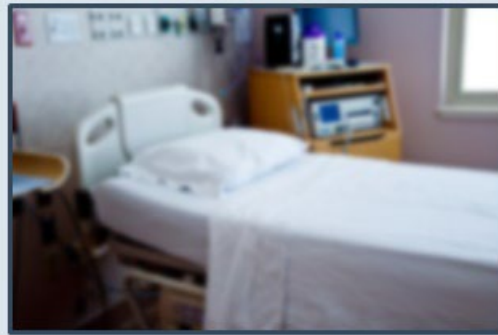


## ***1.5 Notification of Patient Admission***

# **Notification of Patient Admission**

The CMS (Centers for Medicare & Medicaid Services) Conditions of Participation require that every inpatient is provided an opportunity to have his or her physician notified about his/her admission.

The patient also has the right to have a family member or representative of his or her choice notified promptly of his/her admission to the hospital.



## 1.6 Designation of Lay Caregiver

### Designation of Lay Caregiver

**The patient may also designate a “lay caregiver” (in accordance with the PA Caregiver Advise, Record and Enable Act).**



The lay caregiver is a person with a relationship to the patient who provides after care assistance to the patient in the patient’s residence.

The lay caregiver will be notified of the patient’s discharge and shall be provided with instructions in all after-care tasks described in the discharge plan.



## 1.7 Patient Bill of Rights

# Patient Bill of Rights

LVHN's "**Patient Rights and Responsibilities**" policy was written to support our patients' interests and well-being, and to establish the expectations for patients' responsibilities to LVHN.

The Patient Bill of Rights **guarantees fair, considerate treatment, equal access to services and the opportunity to give informed consent about treatment.**

In accordance with state and federal regulations, it is the policy of LVHN to not discriminate on the basis of race, color, national origin, sex, age, gender identity, or disability. Patients who wish to file a complaint of discrimination should be referred to the individual designated to receive such complaints as described in the Administrative "**Discrimination Claim Reporting and Response Policy**".



## 1.8 Regulatory Requirements

### Regulatory Requirements



#### **Patient Decision Making Rights:**

- The right to participate in and direct their own healthcare
- The right to accept or refuse medical treatment
- The right to create an Advance Directive

The **Patient Self-Determination Act (PSDA)** requires hospitals, nursing homes, home health agencies and hospices to provide patients with information on Advance Directives at the time of admission.

CMS requires healthcare facilities to provide inpatients, observation patients, emergency room patients and patients undergoing same day or ambulatory surgery with a written summary of their healthcare decision making rights and the facility's policies on Advance Directives.

At the time of registration or admission, patients must be asked if they have an Advance Directive.

**Patients can never be discriminated against** based on whether or not they have an Advance Directive.

## 1.9 LVHN's Responsibilities - Address Patient Complaints

# Advance Directives

**Living Will**

**Health Care Power of Attorney**

**Health Care Representative**

**Next of Kin**

**Advance Directives** are legal documents that allow individuals to express in advance their wishes regarding healthcare decisions and end of life care. A valid Advance Directive must be signed and dated by the patient and witnessed by two adults.

**There are three types of Advance Directives:**

1. A living will
2. A health care power of attorney
3. A combination document with features of both a living will and a health care power of attorney

**Click on each box to the left to learn more.**

Notes:

## Living Will (Slide Layer)

**Advance Directives**

- Living Will
- Health Care Power of Attorney
- Health Care Representative
- Next of Kin

A **living will** is a written legal document that expresses an individual's desires regarding "life-sustaining" medical care in the event that he or she is incompetent and terminally ill or permanently unconscious.

"Life-sustaining" treatment is medical care which only serves to prolong the process of dying or maintains the patient in a permanent state of unconsciousness.

## Advance Directives

- Living Will
- Health Care Power of Attorney
- Health Care Representative
- Next of Kin

A **health care power of attorney (HCPOA)** is a document that designates a person to make health care decisions for another individual.

The person designated to make health care decisions in a HCPOA is known as a *health care agent*. The health care agent may make decisions for the individual based on the powers and directions contained in the written HCPOA. Generally, a health care agent may make decisions for a patient only if the patient is deemed to be incompetent.

## Health Care Rep (Slide Layer)

**Advance Directives**

- Living Will
- Health Care Power of Attorney
- Health Care Representative
- Next of Kin

A competent person may designate another individual to make medical decisions for him or her in writing or by personally informing the attending physician or health care provider. The health care representative may then make healthcare decisions for the patient if the patient becomes incompetent.

## Next of Kin (Slide Layer)

# Advance Directives

- Living Will
- Health Care Power of Attorney
- Health Care Representative
- Next of Kin

If an incompetent patient does not have a legal guardian or health care agent and did not specifically name a health care representative verbally or in writing, the patient's next of kin may act as the health care representative.

**The following persons, in the order listed, may be selected to act on the patient's behalf:**

1. Current spouse (unless an action for divorce is pending) and the adult children of the patient who are not the children of the current spouse
2. Other adult children
3. A parent
4. An adult brother or sister
5. An adult grandchild
6. An adult with knowledge of the patient's preferences, values, and beliefs

## 1.10 POLST



**POLST**

**PA Orders for Life Sustaining Treatment (POLST)**

The PA Department of Health developed the POLST form as a tool to help health care professionals understand the treatment wishes of patients with advanced, end stage illness or who are at risk of losing decision making capacity.

**Click each tab to the right to learn more.**

POLST Form

POLST Validity

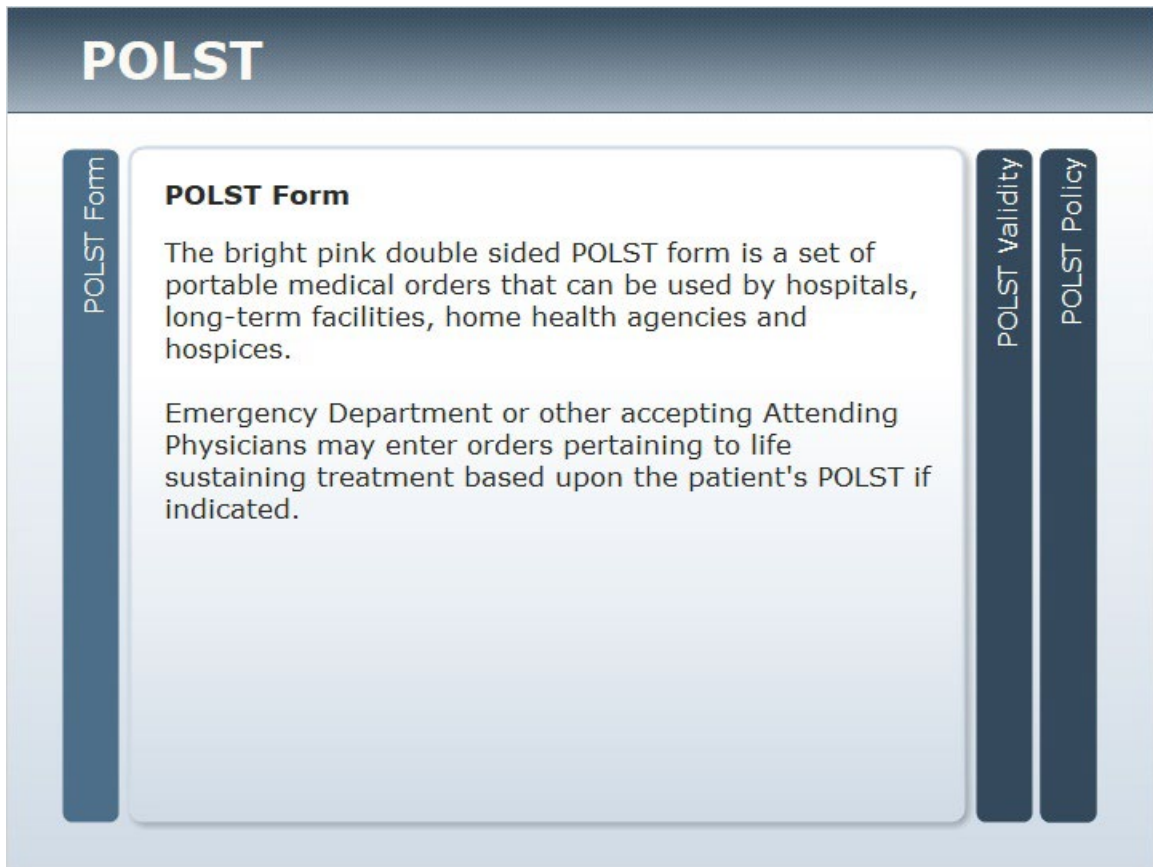
POLST Policy

The graphic features a dark blue header with the word 'POLST' in white. Below the header is a light blue rounded rectangle containing the title 'PA Orders for Life Sustaining Treatment (POLST)' and a paragraph of text. To the right of this rectangle are three vertical dark blue tabs labeled 'POLST Form', 'POLST Validity', and 'POLST Policy'. Below the tabs is a light blue footer area.

**Notes:**



## Form (Slide Layer)



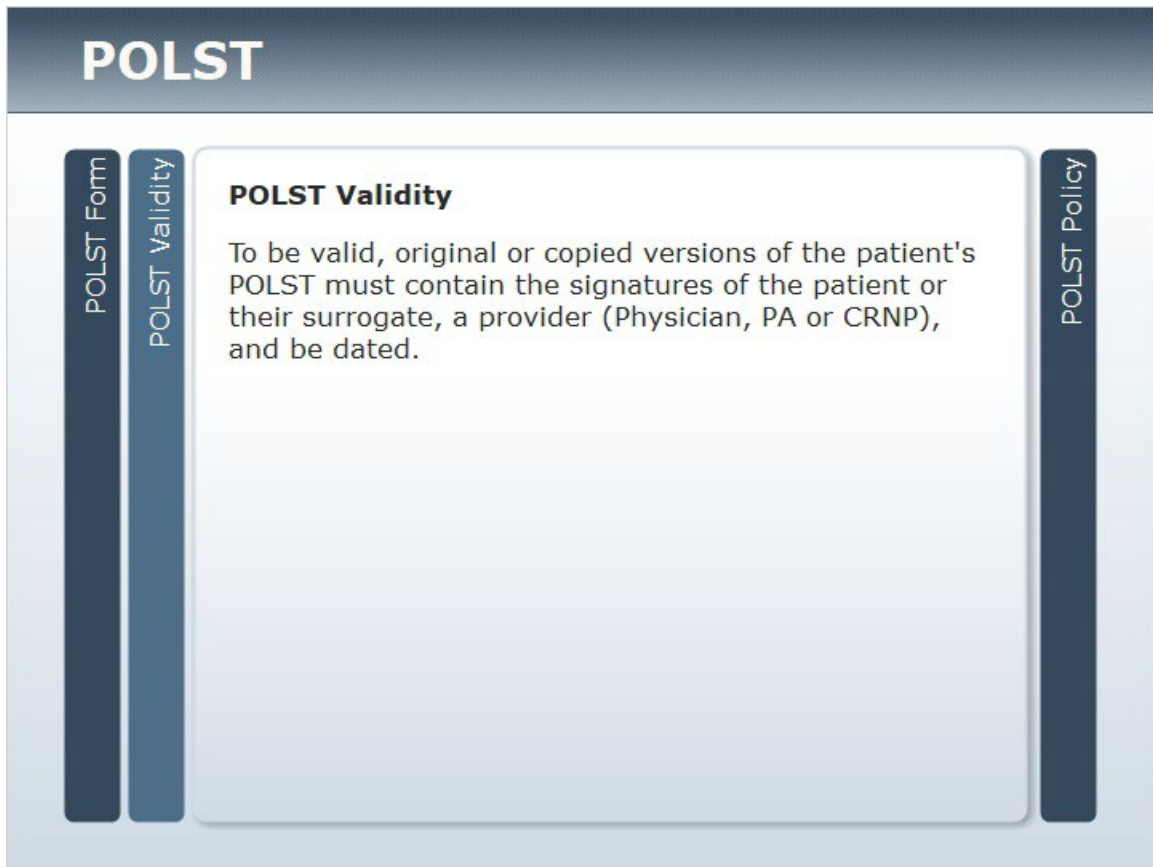
The slide features a dark blue header with the word "POLST" in white. The main content area is light blue with a white rounded rectangle in the center. On the left side of the white rectangle is a vertical dark blue bar with the text "POLST Form" written vertically. On the right side are two vertical dark blue bars with the text "POLST Validity" and "POLST Policy" written vertically. The text inside the white rectangle is as follows:

### **POLST Form**

The bright pink double sided POLST form is a set of portable medical orders that can be used by hospitals, long-term facilities, home health agencies and hospices.

Emergency Department or other accepting Attending Physicians may enter orders pertaining to life sustaining treatment based upon the patient's POLST if indicated.

## Validity (Slide Layer)



The slide features a dark blue header with the word "POLST" in white. Below the header, there are three vertical dark blue bars on the left and right sides. The leftmost bar is labeled "POLST Form", the middle bar is labeled "POLST Validity", and the rightmost bar is labeled "POLST Policy". The central content area is a light blue rounded rectangle containing the text for "POLST Validity".

### POLST

POLST Form

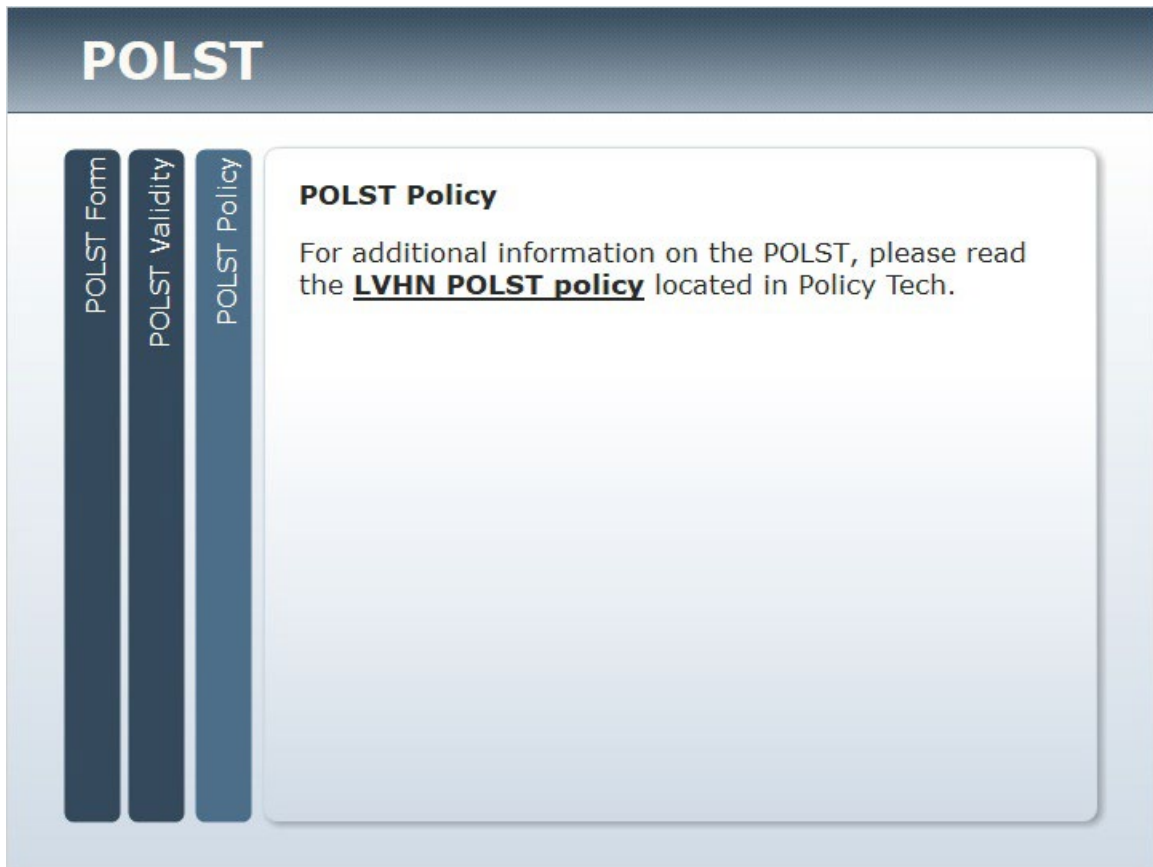
POLST Validity

**POLST Validity**

To be valid, original or copied versions of the patient's POLST must contain the signatures of the patient or their surrogate, a provider (Physician, PA or CRNP), and be dated.

POLST Policy

## Policy (Slide Layer)



The slide features a dark blue header with the word "POLST" in white. Below the header, on the left side, are three vertical dark blue bars with white text: "POLST Form", "POLST Validity", and "POLST Policy". To the right of these bars is a large white rounded rectangle containing the text "POLST Policy" and a paragraph of information.

### POLST

POLST Form  
POLST Validity  
POLST Policy

#### POLST Policy

For additional information on the POLST, please read the **LVHN POLST policy** located in Policy Tech.

## 1.11 Patients' Decision Making Rights

### Patients' Decision Making Rights



**Competent patients have the right to make decisions regarding their own medical care.**

Patients also have the right to refuse treatment.

A health care agent (unless otherwise stated in the Health Care Power of Attorney), health care representative or next of kin may only make decisions for a patient if he or she is incompetent.

A decision to withhold or withdraw life sustaining treatment by a health care agent, health care representative or the patient can be revoked by the patient at any time, regardless of the patient's competency.

**Notes:**

## 1.12 Providing Quality Care

# Providing Quality Care

**Lehigh Valley Health Network is passionate about providing quality care to all patients.**

No patient may be denied care based on race, color, religion, gender identity, sexual orientation, age, disability, national origin, education level, income, culture, language, marital status or ability to pay.



## 1.13 Providing Quality Care

### Providing Quality Care



**Adhering to patients' rights is key to patient satisfaction and quality.**

#### **Patients have the right to:**

- Be provided with medical care and services based on sound medical practice
- Be treated with respect at all times
- Make informed decisions regarding their healthcare
- Be given full information regarding their healthcare that they can understand
  - This includes interpretation and translation free of charge
  - This also applies to services patients may require to address vision, speech, hearing or cognitive needs in order to effectively communicate information

## 1.14 Providing Quality Care

### Providing Quality Care

Each patient has the right to receive visitors. A patient may also withdraw or deny his/her consent to receive designated visitors.

All visitors are welcome without discrimination and must enjoy full and equal visitation privileges.

If visitation must be restricted, the basis for restricting or limiting visitation must be communicated to the patient or designated support person.



## 1.15 LVHN Policy

