

Pain Relief

With regards to a right to pain relief, the healthcare provider will:

1. Inform patients at the time of their initial evaluation that adequate relief of pain is an important part of their care and respond quickly to reports of pain.
2. Ask patients on initial evaluation and as part of regular assessments about the presence, quality, and intensity of pain and use the patient's self report as the primary indicator of pain.
3. Work together with the patient and other healthcare providers to establish a goal for pain relief and develop and implement a plan to achieve that goal.
4. Review and modify the plan of care for patients who have inadequate pain relief.

Swing Bed

- You may associate and communicate privately with persons of your choice. You may send and receive personal mail (unopened), have access to stationary, postage and writing implements, unless medically contraindicated (as documented by your physician in the medical record). You may have access to use a telephone where calls can be made without being overheard.
- You may retain and use personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients and unless medically contraindicated (as documented by your physician in the medical record).
- You will be assured privacy for visits with your spouse. If both are inpatients in the facility, you are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record).

Your Responsibilities

- You are entitled to information about Hospital rules and regulations affecting patient care and conduct.
- To let us know whether you clearly comprehend a contemplated course of action and the things you are expected to do. If you do not understand something— please ask for further explanation.
- To provide information about unexpected matters or changes in an expected course of treatment.
- To be considerate of the rights of other patients, Hospital staff, and Hospital property.
- To provide the Hospital with accurate and timely information concerning your source of payment and ability to meet financial obligations.
- To provide to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- To follow the treatment plan recommended by the physician primarily responsible for your care. This includes following instructions of nurses and health professionals as they carry out the coordinated plan of care and implement the responsible physician's orders, and as they enforce the applicable rules and regulations.
- To accept responsibility for your actions if you refuse treatment or do not follow the physician's instructions.
- To control your own behavior in terms of noise, adhering to the Hospital's "No Smoking" Policy.

Advise Us of Any Dissatisfaction

If you, our patient, have a grievance or a complaint to file, we have a process available to you.

The purpose of this process is to improve the quality of care and services to our patients.

The first step of the process is for you to notify any staff member that you come in contact with, that you have a complaint. They will either advise you how to begin the grievance process or immediately put you in contact with someone who can assist you. They will give you the grievance form and begin follow-up action as soon as you complete the form and hand it in.

You also have the right to voice your concerns directly to State of Wisconsin Bureau of Health Services Division of Quality Assurance, 2917 International Lane, Suite 300, Madison, WI 53704. Contact: Helen Brewster, Complaint Coordinator, at (608) 266-0224, or call toll-free 1-800-642-6552. To file a complaint online select: The online complaint Intake system at the Bureau of Health Services Division of Quality Assurance.

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 **Westfields Hospital™**
Part of the HealthPartners Family of Care

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Guide to Patient Rights and Responsibilities/ Grievance Protocol



Right to Care: You have the right to appropriate care regardless of race, creed, color, national origin, religion, sex, age, disability, or source of payment

Care Providers: You are entitled to know who is responsible for and who is directly providing that care, as well as to choose your attending physician/provider.

Information About Treatment

- You have the right to have a family member or representative and your physician notified promptly if you are admitted to Westfields Hospital.
- You have the right to participate in the consideration of ethical issues that arise in your care including withholding resuscitative services, foregoing or withdrawal of life-sustaining treatment and participation in investigational studies or clinical trials.
- You have the right to designate persons permitted to visit you during your hospital stay.
- You are entitled to privacy, to the extent feasible, during the provision of care.
- You are entitled to information concerning an experimental procedure proposed as part of your care and shall have the right to refuse to participate in the experiment/research without jeopardizing your continuing health.
- You are entitled to receive information concerning your continuing health needs and alternatives for meeting those needs to enable you to participate in the development of your care plan and to make decisions that reflect your wishes: and to be involved in your discharge planning, if appropriate.

- You will be fully informed, by a physician, of your medical condition unless medically contraindicated (as documented by a physician in the medical record) and if afforded the opportunity to participate in the planning of your medical treatment. You will be informed in advance about changes in care or treatment that may affect your well being.
- You will not be required to perform services for the facility that are not included for therapeutic purposes in the plan of care.
- Individuals, who speak languages other than English, use alternative communication techniques or aides for those who are deaf or blind will be provided with interpretation and the Hospital will take steps as needed to effectively communicate with you.

Confidentiality of Records

- You will be assured confidential treatment of personal and medical records. You may approve or refuse their release to any individual outside the facility, except in case of transfer to another healthcare institution or as required by law or third party payment contract.
- You have the right to have access to your medical record and be provided with the record in a reasonable time frame.
- You have the right to confidentiality of communications pertaining to your care.

Consent

- You have the right to make informed decisions regarding your care.
- You have to give consent prior to administering treatment, except in emergency situations.
- You may withdraw consent for treatment/ services at any time during your stay at Westfields Hospital.

Refusal of Care

You are entitled to accept medical care or to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. When a refusal of treatment prevents Westfields Hospital or its staff from providing appropriate care according to its ethical and professional standards, the relationship with you as a patient may be terminated upon reasonable notice.

Hospital bill

- You are entitled to examine and receive an explanation of your hospital bill regardless of source of payment and to receive, upon request, information relating to financial assistance available through the hospital.
- You will be fully informed prior to or at the time of admission and during your stay of services available in the facility, and/or related charges including any charges for services not covered under Title XVIII or XIX of the Social Security Act or not covered by the facility's basis per diem rate.

Right to Transfer

- You have the right to be transferred to another facility. This includes obtaining consent (for the transfer) be given full explanation, providing continuing care, and obtaining acceptance from the receiving facility prior to the transfer.
- You may be transferred or discharged only for medical reasons, or for your welfare, or that of other patients, or for non-payment for your stay (except a prohibited by Titles XVIII or XIX of the Social Security Act) and will be given reasonable advance orderly transfer or discharge and such actions are documented in the medical record.

Safety

- You are entitled to a secure environment while you are a patient.
- You have the right to be free from all forms of abuse or harassment and have the right to access protective services.

Advanced Directives

- You are entitled to formulate advance directives and appoint a surrogate to make healthcare decisions on your behalf to the extent of the permitted law.
- We will try to optimize your comfort and dignity (as a dying patient) through treating primary and secondary symptoms and try to effectively manage pain. We will respect the psychosocial and spiritual concerns of you and your family regarding dying and expression of grief.

Restraints

With regards to restraints, you have the following rights:

That a restraint is:

1. Selected only when less restrictive interventions have been determined to be ineffective.
2. In accordance with the order of a physician for a specified and limited period of time, or other licensed independent practitioner.
3. In accordance with a written modification to the patient's care plan.
4. Implemented in the least restrictive manner possible.
5. In accordance with safe and appropriate restraining techniques.
6. Ended at the earliest possible time.
7. Not used for discipline or convenience.

We will make every effort to communicate with your family whenever restraints are used.