HealthStream Regulatory Script

Patient Rights
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HLC CE Version: 1

Lesson 1: Introduction
Lesson 2: Introduction to Patient Rights
Lesson 3: Information Disclosure
Lesson 4: Participation in Treatment Decisions
Lesson 5: Respect, Safety, Nondiscrimination, and Confidentiality
Lesson 6: Complaints and Grievances
Lesson 7: Access to Emergency Services
Lesson 1: Introduction

Welcome to the introductory lesson on patient rights. This lesson gives the course rationale, goals, and outline.

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.
Patients have the right to care, treatment, and services that protect their dignity and respect their values. These values often affect the patient’s treatment needs and preferences.

By understanding and respecting patients and their values, providers can help:
  • Meet the patient’s needs for treatment and services
  • Protect the patient’s rights
Course Goals

Upon completion of this course, you should be able to:
- List the six general areas of patient rights that ensure quality healthcare for hospital patients.
- Identify patient care information that each patient should know and be aware of to receive optimal inpatient hospital care.
- Recognize the ways in which hospital personnel protect the rights of patients to ensure quality care.
This introductory lesson provided the course rationale and goals.

Lesson 2 will introduce patient rights.

Lesson 3 will discuss information disclosure.

Lesson 4 will cover the right of patients to participate in treatment decisions.

Lesson 5 will address respect, safety, nondiscrimination, and confidentiality.

Lesson 6 will cover complaints and grievances.

Lesson 7 will discuss access to emergency services.
Welcome to the introductory lesson on patient rights.

In this lesson we will discuss the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission expectations for hospitals. We will also list the areas of patient rights.
CMS [glossary] requires participating hospitals to protect and promote the rights of patients.

The Joint Commission also expects accredited hospitals to protect the rights of patients.

Hospitals should provide care that respects a patient’s:
- Dignity
- Ability to make choices
- Involvement in care
- Civil rights

References: 1, 2
Patient rights fall into six general areas:
- Information disclosure
- Participation in treatment decisions
- Respect, safety, and nondiscrimination
- Confidentiality of health information
- Complaint resolution
- Access to emergency services

Each of these areas will be discussed in this course.

Reference: 2
You have completed the lesson introducing patient rights.

Remember:
- CMS and The Joint Commission expect hospitals to respect and protect patient rights.
- Patient rights can be divided into six categories.
Welcome to the lesson on information disclosure.

In this lesson, we will identify patient care information that each patient should know and be aware of to receive optimal care.
Information Disclosure

Patients at your facility have the right to know about:
- The facility
- Their healthcare team
- Their rights as patients

References: 1-3

Information Disclosure:
1. Facility
2. Healthcare Team
3. Rights

Point 2 of 8
<table>
<thead>
<tr>
<th>Disclosures: Facility Information</th>
</tr>
</thead>
</table>

Patients have the right to know about your facility’s policies and practices.

This information can cover a wide range. For example:
- How to file a complaint
- Your facility’s position on withholding and withdrawing life-sustaining care and treatment

Patients also have the right to know about your facility’s:
- Experience with specific procedures and services
- Accreditation status
- Quality and consumer satisfaction ratings

References: 1-3
Disclosure: Provider Information

Patients have the right to know who is responsible for their care. They also have the right to know about who is providing their care.

They also may have the right to know:
- Provider names
- Professional status
- Education
- Board certification status
- Years of practice
- Experience
- Quality and consumer satisfaction ratings

References: 1-3
<table>
<thead>
<tr>
<th>Disclosure: Rights</th>
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</thead>
<tbody>
<tr>
<td>Each facility has its own methods for making sure patients know and understand their rights. If you need more information on your facility’s methods, ask your supervisor.</td>
</tr>
<tr>
<td>Facilities provide patients with written information about their rights. However, a written list of rights may not be enough.</td>
</tr>
<tr>
<td>Your facility must make sure that all patients understand their rights well enough to exercise them.</td>
</tr>
<tr>
<td>References: 1-3</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Facility</td>
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<tr>
<td>2. Healthcare Team</td>
</tr>
<tr>
<td>3. Rights</td>
</tr>
</tbody>
</table>

Point 5 of 8
Disclosure: Communication

All information must be presented so that the patient can understand it.

This means that patients may need special help if they:

- Do not speak English
- Are not able to hear well
- Have other mental or physical barriers to understanding

Examples of special help include:

- Translators
- Sign-language interpreters
- Social workers or case managers
- Large print or Braille materials
- Magnifying glass

Reference: 2

Point 6 of 8
Select the answer that best fits the question.

Patients have the right to know about their healthcare team. They have the right to all of the following information EXCEPT:

a. Experience
b. **Marital status**
c. Years of practice
d. Education and board certification status

<table>
<thead>
<tr>
<th>[CORRECT ANSWER: B]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[FEEDBACK FOR A: Incorrect. The correct answer is B. A caregiver may choose to disclose his or her marital status. However, patients do not have a right to this sort of personal information.]</td>
</tr>
<tr>
<td>[FEEDBACK FOR B: Correct. A caregiver may choose to disclose his or her marital status. However, patients do not have a right to this sort of personal information.]</td>
</tr>
<tr>
<td>[FEEDBACK FOR C: Incorrect. The correct answer is B. A caregiver may choose to disclose his or her marital status. However, patients do not have a right to this sort of personal information.]</td>
</tr>
<tr>
<td>[FEEDBACK FOR D: Incorrect. The correct answer is B. A caregiver may choose to disclose his or her marital status. However, patients do not have a right to this sort of personal information.]</td>
</tr>
</tbody>
</table>
You have completed the lesson on information disclosure.

Remember:
- Patients have the right to know about the facility, their healthcare team, and their rights as patients.
- Patients have the right to information they can understand.
Introduction

Welcome to the lesson on participation in treatment decisions.

This lesson will discuss informed consent and the right of patients to participate in treatment decisions.
Course of Treatment

Patients have the right to:
- Participate in decisions about their care
- Set the course of their treatment

References: 2, 3
Patients have the right to make decisions about their care. This means that patients must be given accurate information in a manner they can understand.

Patients have the right to know their:
- Diagnosis
- Prognosis
- Treatment options

Healthcare professionals must discuss *all* treatment options with their patients. This includes the option of no treatment.

For each treatment option, the patient needs to know:
- Risks
- Benefits
- Potential medical consequences

References: 2, 4
Discussing clinical information with a patient is part of **informed consent**.

Informed consent:
- Is an ongoing process of communication between a healthcare provider and his or her patient
- Allows the patient to make *educated* decisions about a proposed course of treatment

The informed consent process should include a full discussion of:
- The nature of the proposed treatment
- Potential benefits and risks
- Recuperation time
- Likelihood of success
- Reasonable alternatives to the proposed treatment (plus risks, benefits, and side effects of these alternatives)
- Any limitations on confidentiality

Reference: 2

Remember, information is useful to a patient only if he or she can understand it. Patients have the right to receive information that they can understand.

When discussing diagnosis and treatment options with a patient:
- Avoid the use of medical jargon and terminology.
- Seek the services of a translator or an interpreter, if necessary.
- Assist the patient in obtaining a second opinion, if requested.
Informed Consent and Refusal of Treatment

After receiving all pertinent information, a patient may:
- Give informed consent for treatment
- Refuse treatment (withhold consent)

Reference: 2

Except in an emergency, a patient must give his or her informed consent prior to the start of any procedure or treatment!

Informed consent or the reason for a patient's inability to provide informed consent must be documented in the medical record.
Patients have the right to refuse treatment.

Even after giving informed consent, patients may change their mind at any time. If a patient decides to withdraw consent, the treatment must be stopped.

When a patient refuses treatment, he or she has the right to know what will happen. The patient should receive information on the possible:

- Medical consequences of refusing treatment
- Other consequences of refusing treatment

Reference: 2
## Advance Directives and DNR Orders

Remember: A patient has the right to make decisions about his or her care. This is true even after the patient is no longer able to communicate those decisions directly.

An **advance directive** is a legal document that allows a patient to participate in *future* healthcare decisions. There are two forms of advance directive. Click on each to learn more.

- **Living will**
- **Durable power of attorney for healthcare**

An additional tool for participating in future healthcare decisions is the:

- **Do-not-resuscitate (DNR) order**

**References:** 5, 6

<table>
<thead>
<tr>
<th><strong>Living Will</strong></th>
<th><strong>Durable Power of Attorney for Healthcare</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In a living will, a patient documents his or her wishes for future treatment in the event of terminal illness. It does not appoint a representative. A living will goes into effect if and when a patient develops a terminal condition that makes it impossible to communicate healthcare decisions directly.</td>
<td>In this document, the patient appoints a representative to make healthcare decisions. The power of attorney goes into effect if and when the patient loses the ability to communicate his or her own decisions.</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>DNR Order</strong></th>
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</thead>
<tbody>
<tr>
<td>A DNR order states that a patient does not want CPR if he or she goes into cardiac or respiratory arrest. A patient may request a DNR order. However, only a physician can approve and give the order.</td>
</tr>
</tbody>
</table>
Advance Directives: Your Role

Healthcare personnel play a critical role in protecting patient rights related to advance directives.

Healthcare personnel must:
  - Offer information about advance directives to all adult patients
  - Help patients who wish to complete an advance directive

Healthcare personnel must respect the decisions in a patient’s advance directive.

They must:
  - Place a copy of the directive in the patient’s chart. If a copy is not available, the important points of the directive should be documented in the medical record.
  - Follow the directive, after it has taken effect.

References: 5, 6
Advance Directives: Your Role

Remember: An advance directive takes effect only after the patient is no longer able to communicate directly.

Until that time, the patient’s direct communication is the only thing that matters.

A competent patient may change his or her advance directive at any time. If a patient wishes to change a directive, you must make this possible.

Patient care must NEVER be based on:
- Whether or not the patient has an advance directive
- The decisions in the directive

Treat all patients fairly and equally, regardless of advance directives.

References: 5, 6
Absence of Advance Directive

A patient that has lost the ability to communicate directly may **not** have an advance directive.

In this case, his or her wishes for treatment still must be respected, as much as possible.

State laws provide for the appointment of healthcare representatives.

The representative should:
- Talk to the physician in charge of the patient’s care
- Think about what the patient would want

**References: 5, 6**
Pain Management

Patients may experience pain. If pain is unrelieved, the patient may experience adverse:
• Physical effects
• Psychological effects

Patients have the right to pain management. Patients also have the right to refuse pain medication.

Reference: 1
If a patient wants to be part of a research study, he or she must sign a written consent form. This form should explain that:

- The proposed treatment is experimental.
- The patient’s decision will not affect his or her regular care.

The form also should describe:

- What the experimental treatment will involve
- The possible risks and benefits of the experimental treatment
- Any known risks of the experimental treatment, based on previous studies
- Other treatment options, and their risks and benefits

Reference: 2
Patients have the right to choose about organ donation.

Patients must give informed consent if they want to donate their organs or tissues.
Recordings, Films, and Other Images

Hospitals may make or use recordings, films, or images of patients.

Patients have the right to give or withhold informed consent to produce or use these images, recordings, or films.

Reference: 2
<table>
<thead>
<tr>
<th>Review</th>
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</thead>
</table>
| Information is only useful to a patient if he or she can understand it. Patients have the right to information they can understand.  

Imagine that you are talking to a patient about treatment options. What can you do to help the patient understand?  

Type your thoughts in the box below. Then click Submit to compare your answer to ours. |

<table>
<thead>
<tr>
<th>FEEDBACK</th>
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<tbody>
<tr>
<td>Did you mention the following?</td>
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</table>

To communicate effectively with a patient:
- Do not use medical jargon or terminology.
- Use a translator, interpreter, or social worker, if needed.
- Help the patient get a second opinion according to your facility’s policy, if he or she requests. |

Point 15 of 17
Select the answer that best fits the question.

All of the following statements are true EXCEPT:

a. Even after giving informed consent for treatment, patients can change their mind at any time.
b. If a patient refuses to give informed consent, he or she has the right to know the possible consequences.
c. A patient must give informed consent before any procedure or treatment.

d. **Informed consent is not required for a patient to be part of a research study.**

[CORRECT ANSWER: D]

[FEEDBACK FOR A: Incorrect. A, B, and C all are true statements. The correct answer is D. If a patient wants to be part of a study, he or she must give written informed consent.]

[FEEDBACK FOR B: Incorrect. A, B, and C all are true statements. The correct answer is D. If a patient wants to be part of a study, he or she must give written informed consent.]

[FEEDBACK FOR C: Incorrect. A, B, and C all are true statements. The correct answer is D. If a patient wants to be part of a study, he or she must give written informed consent.]

[FEEDBACK FOR D: Correct. If a patient wants to be part of a study, he or she must give written informed consent.]
<table>
<thead>
<tr>
<th>Summary</th>
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<tbody>
<tr>
<td>You have completed the lesson on participation in treatment decisions.</td>
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<tr>
<td>Remember:</td>
</tr>
<tr>
<td>• Patients have the right to make decisions about their care. They have the right to set the course of treatment.</td>
</tr>
<tr>
<td>• Patients have the right to know about their diagnosis, prognosis, and treatment options.</td>
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<tr>
<td>• Patients have a right to pain management.</td>
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<tr>
<td>• A patient must give informed consent before the start of any procedure or treatment.</td>
</tr>
<tr>
<td>• Patients have the right to refuse treatment.</td>
</tr>
<tr>
<td>• Healthcare personnel play a critical role in protecting patient rights.</td>
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### Introduction

Welcome to the lesson on respect, safety, nondiscrimination, and confidentiality.

This lesson will discuss patient respect and nondiscrimination as well as privacy of healthcare information.
Patients have the right to considerate, respectful, compassionate care.

Respect means valuing the patient’s:
- Needs
- Desires
- Feelings
- Ideas

Hospitals must respect the patient’s:
- Cultural and personal values, beliefs, and preferences
- Right to privacy
- Right to effective communication
- Right to pain management

References: 1, 2
Respect Into Action

You should put your respect for patient rights into action by:
- Treating each patient in a respectful manner that supports his or her dignity
- Involving each patient in his or her care, treatment, and services
- Accommodating religious or other spiritual services

Treat patients with common courtesy. For example:
- Knock and wait before entering a patient’s room
- Respond politely to patients
- Listen to patients
- Remain compassionate

Reference: 1
A patient has the right to decide on who his or her visitors are, even if they are not related to the patient.

Visitors may:
- Include spouses, domestic partners (same or opposite sex), family members, friends, or other support individual the patient chooses
- Be restricted or limited for clinical or safety reasons, as described in the hospital’s written policies
- Not be denied visiting privileges on the basis of race, color, national origin, sex, religion, age, sexual orientation, gender identity, or disability
- Have full and equal visitation privileges as consented to by the patient
- Be allowed to remain with the patient for emotional support during the hospital stay

The hospital should have written policies for and should inform the patient about the patient’s rights to visitors, including any limitations and the reasons for them.

References: 7, 8
Patients have the right to safety and security.

Do your part to ensure a safe environment of care for your patients.

Know your facility’s policies for:
  - Environmental safety
  - Infection control
  - Security

References: 1, 4
<table>
<thead>
<tr>
<th>Point 6 of 15</th>
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</table>

**Patient Safety and Security: The Patient’s Role**

Patients also are a source of information about safety. The Joint Commission requires hospitals to encourage patients to play an active role in their care.

Patients and their families:
- Should know how to report concerns about safety
- Should be encouraged to report safety concerns

References: 1, 3
Patient Safety and Security: Overall

Patients have the right to be free of abuse, neglect, and exploitation.

Report to your supervisor immediately if:
  • You think a patient may be a victim of abuse.
  • A patient asks for protection from abuse.

Your facility should have policies and procedures in place for:
  • Assessing possible victims of abuse
  • Helping patients find protective services
  • Reporting abuse to the proper state agencies

References: 9-11

Key Thought
Abuse includes neglect, harassment, or exploitation. If you suspect patient abuse, report your suspicions to your supervisor immediately.
Sometimes, patients need to be kept from harming themselves or others. They may need to be restrained.

The decision to use restraint is a **medical** decision. It requires a medical order.

Restraint should **never** be used for discipline or convenience.

When a patient must be restrained, be sure to protect the patient’s:

- Safety
- Rights
- Comfort
- Dignity

Reference: 4
Nondiscrimination

All patients have the right to fair and equal healthcare services.

This is true regardless of:
- Race
- Ethnicity
- National origin
- Religion
- Political affiliation
- Level of education
- Place of residence or business
- Age
- Gender
- Marital status
- Personal appearance
- Mental or physical disability
- Sexual orientation
- Genetic information
- Source of payment

Reference: 2

Point 9 of 15
Confidentiality

Patients have the right to privacy and confidentiality.

Always use a private place for:
- Case discussion and consultation
- Patient examination and treatment

A patient’s medical records may be shared with:
- Clinicians who are directly involved in the patient’s case
- Regulatory personnel who are looking into a facility’s quality of care
- Other people who have a legal or regulatory right to see the records

**Protected healthcare information should not be shared with ANYONE else.**

Only authorized employees should have access to areas where medical records are stored.

References: 1, 2, 12
Confidentiality and HIPAA

The HIPAA Privacy Rule is a federal regulation.

The Rule:
- Sets standards for patient privacy and confidentiality
- Sets severe civil and criminal penalties for people who violate a patient’s privacy

To comply with HIPAA:
- Share protected patient information only with people who are directly involved in the patient’s care
- Discuss a patient’s case only with people who are directly involved
- Do not gossip about patients
- Discuss cases in private
- Do not leave patient charts out where they might be seen
- Do not display protected patient information where it might be seen

References: 2, 12, 13
Patient Access to Records

Patients have the right to see information in their medical records.

Patients may not be allowed to see certain information only if:

- That information could harm the patient or someone else
- That information is being inspected by an oversight committee

Reference: 2
<table>
<thead>
<tr>
<th>Review</th>
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<tbody>
<tr>
<td>Patients have the right to privacy and confidentiality. How can you help protect this right? Type your thoughts in the box below. Then click Submit to compare your answer to ours.</td>
</tr>
<tr>
<td>To help protect a patient’s right to privacy and confidentiality:</td>
</tr>
<tr>
<td>- Discuss, consult, examine, and treat in private</td>
</tr>
<tr>
<td>- Share protected patient information only with people who are directly involved in the patient’s care</td>
</tr>
<tr>
<td>- Discuss a patient’s case only with people who are directly involved. Do not gossip about patients!</td>
</tr>
<tr>
<td>- Do not leave patient charts out where they might be seen</td>
</tr>
<tr>
<td>- Do not display protected patient information where it might be seen</td>
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</table>

Point 13 of 15
**Select the answer that best fits the question.**

Mrs. Patton is in the hospital because of a recent stroke. A doctor at your facility, Dr. Dunn, is in Mrs. Patton’s bridge club. She stops you in the hallway to ask about her friend’s recovery. Dr. Dunn says that other club members are worried about their friend’s health. What do you do?

a. Tell Dr. Dunn that she should know better than to ask about someone else’s patient.
b. Walk with Dr. Dunn to a private area. Quietly describe Mrs. Patton’s status. Tell Dr. Dunn to share the information with the bridge club.
c. Walk with Dr. Dunn to a private area. Quietly describe Mrs. Patton’s status. Tell Dr. Dunn *not* to share the information with the bridge club. It is okay for you to share Mrs. Patton’s information with a facility employee. However, the information should not go any further.
d. Tell Dr. Dunn that you understand her concern. Explain that you are not in a position to share Mrs. Patton’s information. Suggest that Dr. Dunn look for Mrs. Patton’s family to get an update on her friend.

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a. This is not the best answer. You are correct not to share patient information. However, you need to be tactful with friends and family members.
b. Incorrect. *Never* share information about a patient’s case with anyone who is not directly involved. This is true even if the person is on staff at your facility.
c. Incorrect. *Never* share information about a patient’s case with anyone who is not directly involved. This is true even if the person is on staff at your facility.
d. Correct! This is the best answer. You did not share your patient’s information. At the same time, you were tactful and courteous.
Summary

You have completed the lesson on respect, safety, nondiscrimination, and confidentiality.

Remember:
- Patients have the right to considerate, respectful, compassionate care.
- Patients should be restrained only when medically necessary. During necessary restraint, protect the patient’s safety, comfort, and dignity.
- Share protected patient information only with people who are directly involved in the patient’s case.
- Patients have the right to see their medical records.
- Patients have the right to have visitors of their choice.
Introduction

Welcome to the lesson on complaints and grievances.

This lesson will discuss a patient’s right to have his or her complaints reviewed and resolved.
Complaints

Patients have the right to complain about the quality of their healthcare.

Many patient complaints can be addressed quickly. For example, a patient may complain about getting the wrong items on her lunch tray. Make sure she gets the right items next time.

When complaints cannot be resolved quickly and easily, patients have the right to file a grievance.

A grievance is a formal written or verbal complaint.

If a patient wants to file a grievance, you must:

- Explain the grievance process at your facility. This includes the name of the staff person the patient should contact.
- Explain that grievances may be filed with state agencies. This is true whether or not the patient has already used the facility’s internal grievance process.
- Give the patient the phone number and address for filing a grievance with the state.

Reference: 2

Point 2 of 6
<table>
<thead>
<tr>
<th>Resolution</th>
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<tbody>
<tr>
<td>Healthcare facilities must review, investigate, and resolve all grievances within a reasonable time frame.</td>
</tr>
<tr>
<td>If the grievance has to do with the patient’s safety, it should be reviewed immediately. Examples include grievances about abuse or neglect.</td>
</tr>
<tr>
<td>To complete the grievance process, the facility must give the patient a written report. This report should explain:</td>
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<tr>
<td>• How the facility investigated the grievance</td>
</tr>
<tr>
<td>• The facility’s decision about the grievance</td>
</tr>
<tr>
<td>References: 1, 2</td>
</tr>
</tbody>
</table>

For hospitals that use Joint Commission accreditation for deemed status purposes, the hospital must provide the patient with a written notice of its decision about his or her complaint.
Bills and Bill Examination

Patients have the right to question their bills. They have the right to a detailed explanation of every item on a bill.

Reference: 2
Review

Select the answer that best fits the question.

Patients have the right to complain within a facility. However, they do **not** have the right to file their complaints with outside agencies.

a. True
b. False

[CORRECT ANSWER: B]

[FEEDBACK FOR A: Incorrect. Patients have the right to file complaints with state agencies.]

[FEEDBACK FOR B: Correct. Patients have the right to file complaints with state agencies.]
### Summary

You have completed the lesson on complaints and grievances.

Remember:

- Patients have the right to complain.
- Patient complaints should be reviewed, investigated, and resolved promptly.
- Patients have the right to file complaints with external agencies. They should be given contact information for the correct state agency.
- A patient has the right to examine his or her bills. He or she has the right to a detailed explanation of each item.
Introduction

Welcome to the lesson on access to emergency services.

This lesson will focus on tools for protecting a patient’s right to emergency medical treatment.
Need for Emergency Department (ED) Treatment

Patients and insurance companies can often disagree about the need for emergency care.

For example, an individual has severe chest pains. He thinks he is having a heart attack. He goes to the emergency department. A diagnosis of heartburn is made.

In the past, managed care plans have refused to cover the cost of this type of ED service. They argued that they do not have to pay for emergency services when an event was not life threatening.

Reference: 14
### Conflict

In the past, this type of conflict has led healthcare facilities to:

- Reject patients
- Refuse to treat patients
- Transfer patients to other hospitals

Reference: 14
Insurance companies now must use a standard definition for the need for ED services. This definition uses the idea of a “prudent layperson.”

Under this definition, a person has need for ED services if he or she has signs or symptoms that a reasonable lay person would consider an emergency.

Reference: 14
The “prudent layperson” definition appears in the Consumer Bill of Rights and Responsibilities:

Consumers have the right to access emergency health care services when and where the need arises. Health plans should provide payment when a consumer presents to an emergency department with acute symptoms of sufficient severity ... that a “prudent layperson” could reasonably expect the absence of medical attention to result in placing that consumer’s health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

References: 2, 14
Another tool for protecting the right to emergency medical treatment is EMTALA.

EMTALA is the Emergency Medical Treatment and Active Labor Act.

EMTALA helps prevent “patient dumping.” It is often called the “anti-dumping law.”

Reference: 14

EMTALA was passed as part of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).
Provisions of EMTALA

Consider this scenario: A patient goes to the emergency department. He asks for emergency services.

Under EMTALA, the hospital *must* screen this patient. Screening must be complete enough to find out if the patient has an emergency medical condition.

If the patient does *not* have an emergency condition, the hospital has no further obligation under EMTALA.

If the patient *does* have an emergency condition, the hospital must provide stabilizing treatment. This treatment *must* be provided without considering the patient’s ability to pay.

Before the patient is stabilized, the hospital may transfer the patient *ONLY* if another facility is better equipped to treat the patient. The hospital may *not* transfer an unstable patient for economic reasons.

Reference: 14
Review

Select the answer that best fits the question.

Patients have the right to unlimited access to the emergency department.

a. True
b. False

[CORRECT ANSWER: B]

[FEEDBACK FOR A: Incorrect. A person has the right to ED services if he or she has signs or symptoms that a reasonable non-medical person would consider an emergency.]

[FEEDBACK FOR B: Correct. A person has the right to ED services if he or she has signs or symptoms that a reasonable non-medical person would consider an emergency.]
<table>
<thead>
<tr>
<th>Summary</th>
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<tbody>
<tr>
<td>You have completed the lesson on access to emergency care.</td>
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<td>Remember:</td>
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<td>• The need for emergency services is based on whether the patient has signs or symptoms that a “prudent layperson” would consider an emergency.</td>
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<td>• Under EMTALA, hospitals must provide ED patients with emergency medical screening and stabilizing medical care.</td>
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<td>• Medically unstable patients may not be transferred for economic reasons.</td>
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References


Accessed April 12, 2011


*Please remember that compliance is the responsibility of each organization. Provision of this list does not imply that the content of this course wholly or partially addresses the guidelines and references provided here.*
<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>1.</td>
<td>CMS</td>
<td>Centers for Medicaid and Medicare Services</td>
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<td>2.</td>
<td>Consent</td>
<td>permission or agreement</td>
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<td>3.</td>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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ASSESSMENT

1. Patients have all of the following rights EXCEPT the right to:
   a. Participate in treatment decisions
   b. Be treated by a provider who is a member of their own faith
   c. Have access to emergency services
   d. File formal complaints about their care
   e. Have access to their medical information

Correct answer: **B**
Rationale: No provider is required to reveal their religious faith to a patient.

2. Every healthcare facility is required to provide upon request all of the following kinds of information to the patient EXCEPT:
   a. Information on how to file a complaint
   b. Policies regarding withholding or withdrawing life support
   c. The accreditation status of the institution
   d. Its consumer satisfaction ratings as an institution
   e. There are no exceptions; all are required.

Correct answer: **E**
Rationale: Healthcare facilities are required to provide all the kinds of information listed.

3. Which of the following statements is true?
   a. Healthcare providers are not required to discuss all treatment options with their patients.
   b. For certain treatment options, potential medical consequences may be withheld from the patient.
   c. Healthcare providers are required to discuss the option of no treatment with their patients.
   d. Informed consent is not intended to allow the patient to make educated decisions about his or her treatment.

Correct answer: **C**
Rationale: Patients have the right at all times to discuss the option of no treatment with healthcare providers.

4. A Living Will only goes into effect when:
   a. The patient can no longer communicate AND a physician approves the order.
   b. The patient develops a terminal illness and can no longer communicate.
c. The patient’s legal representative cannot be located.
d. The patient goes into cardiac or respiratory arrest.

Correct answer: B
Rationale: A living will goes into effect when a patient can no longer communicate his or her wishes for future treatment. A living will does not appoint a legal representative for the patient, nor is it necessary for a physician to approve it.

5. All of the following statements are true EXCEPT:
   a. A durable power of attorney only goes into effect when the patient loses the ability to communicate his or her decisions about treatment.
   b. A durable power of attorney appoints a representative to make healthcare decisions.
   c. A living will does not require a doctor’s order to go into effect.
   d. A do-not-resuscitate (DNR) order does not require a doctor’s order to go into effect.

Correct answer: D
Rationale: A patient may request a DNR order; however, a physician’s approval is required before a DNR order can be carried out.

6. Patient care must always take into consideration the presence of an advance directive in the chart as well as the decisions listed in the directive.
   a. True
   b. False

Correct answer: B
Rationale: Patient care must NEVER take into consideration the presence of an advance directive in the chart OR the decisions listed in the directive. All patients must be treated fairly and equally, regardless of advance directives.

7. You have a patient that has lost the ability to communicate but does not have any kind of advance directive. In this case you should do all of the following EXCEPT:
   a. Seek to appoint a legal representative for the patient in accordance with state law.
   b. Discuss the patient’s case with the physician in charge.
   c. Reflect on what you know about the patient and what the patient might want.
   d. There are no exceptions; all statements are true.

Correct answer: D
Rationale: After discussing the case with the physician and taking action to get a legal representative appointed, it is appropriate to reflect about what the patient might want to do.
8. All of the following statements are true EXCEPT:
   a. A patient who wants to be part of a research study must sign a consent form.
   b. The consent form states that the proposed treatment is experimental.
   c. The consent form informs the patient that the experimental treatment may affect his or her regular care.

Correct answer: C
Rationale: A consent form should explain that the patient’s decision to be part of a research study will NOT affect his or her regular care.

9. Hospitals are obliged to respect a patient’s right to all of the following EXCEPT:
   a. The right to privacy
   b. The right to pain management
   c. The right to practice his or her own cultural and personal values, beliefs, and preferences
   d. The right to have his or her own wishes, needs, feelings, and ideas respected
   e. There are no exceptions; all statements are true.

Correct answer: E
Rationale: Hospitals must respect the patient’s privacy, need for pain management, respect for both the practice of their cultural and personal values and for their needs, feelings, and ideas.

10. A patient comes to you under circumstances that lead you to believe she is a victim of domestic abuse. You should immediately:
    a. Notify the police
    b. Refer the patient to a counseling center
    c. Notify your supervisor
    d. None of the above

Correct answer: C
Rationale: Your supervisor will initiate the procedures in place for assessing the patient, helping to find protective services, and making necessary reports to the appropriate authorities.

11. The use of restraints is permitted when:
    a. A medical order has been issued to restrain the patient
    b. A patient is unruly and causing a disturbance
    c. A patient is expressing suicidal thoughts
    d. All of the above

Correct answer: A
Rationale: Patients can only be restrained to keep them from harming themselves or others, and then only by a medical order.

12. A patient’s medical records may be shared with other healthcare providers provided that:
   a. They are regulatory personnel investigating the facility’s quality of care.
   b. They are clinical personnel who are not directly involved in the patient’s case
   c. They are clinical personnel on duty at the facility in question
   d. All of the above

Correct answer: A
Rationale: Regulatory personnel investigating quality of care must have access to patient records, as must personnel directly involved in the case, but NOT just because they happen to be on duty at the facility.

13. Under certain circumstances, patients may not be allowed to see certain medical information. One of these circumstances occurs when the information in question is being inspected by an oversight board.
   a. True
   b. False

Correct answer: A
Rationale: If an oversight board is inspecting the information, the patient may be denied access to the information while the inspection is underway.

14. Which of the following statements is true?
   a. A complaint usually takes the form of a written document filed with a state agency.
   b. A grievance must be first put in written form before it can be acted upon.
   c. A patient must file a grievance internally within the facility before filing with a state agency.
   d. The patient who wishes to file a grievance must be given the name of the appropriate staff person at the facility as well as the phone number and address of the appropriate state agency.

Correct answer: D
Rationale: The patient must be given the opportunity to file a written or verbal grievance both internally and with a state agency. None of the other statements are true.

15. In case of an apparent emergency, a “prudent layperson” could reasonably expect the absence of medical attention to result in:
   a. Serious jeopardy to the patient’s health
   b. Serious impairment to bodily functions
   c. Serious dysfunction of any bodily organ
d. All of the above

Correct answer: **D**
Rationale: A healthcare facility is obligated to treat and health plans are obligated to pay for any condition that could be interpreted by a “prudent layperson” as a symptom of a very serious condition or disorder, even if the symptoms are the result of a low-risk condition.

16. If a patient refuses treatment, the best course of action is to:
   a. Notify your supervisor.
   b. Provide the patient with information about the possible consequences of refusing treatment.
   c. Refer the patient to the physician in charge of the case.
   d. Begin making arrangements to discharge the patient from the care facility.

Correct answer: **B**
Rationale: Caregivers have the responsibility to inform patients of the possible consequences of refusing treatment.

17. A patient comes into the emergency department complaining of chest pain. The hospital must:
   a. Evaluate the condition, and if it is an emergency, provide sufficient treatment to stabilize the patient without regard to the patient’s ability to pay.
   b. Evaluate the condition, and if it is not an emergency, may refuse treatment because the patient is unable to pay for it.
   c. Transfer the patient to another facility that is better equipped to deal with the situation.
   d. Transfer the patient to a public institution after stabilizing the patient, if the patient is unable to pay for treatment.
   e. All of the above

Correct answer: **E**
Rationale: A healthcare facility is obligated to screen all patients and treat them until they are stabilized, regardless of their ability to pay, unless another institution is better equipped to treat condition. If the condition is not an emergency, the hospital can make the decision to treat the patient based on his or her ability to pay.

18. Living wills and durable powers of attorney are examples of:
   a. Future care guidelines
   b. Advance directives
   c. Informed consent
   d. End-of-life counseling
   e. Do-not-resuscitate (DNR) orders

Correct answer: **B**
Rationale: Advance directives include both durable powers of attorney and living wills
19. A hospital may restrict a visitor from seeing a patient if:
   a. The visitor is the same-sex domestic partner of the patient
   b. The patient requests it
   c. The visitor requires a cane to walk, as it could lead to an accident
   d. The healthcare personnel caring for the patient dislike the visitor

Correct answer: B
Rationale: A hospital may restrict visitors only if necessary for clinical or safety reasons, if a written policy is in place and the patient has been informed of the reasons, or if the patient does not want to see that visitor.

20. The provisions of HIPAA are designed to protect the patient's right to:
   a. Receive emergency treatment regardless of ability to pay
   b. Ensure the privacy and confidentiality of information
   c. Be given full disclosure of the possible risks of a proposed treatment
   d. Ensure that safety precautions are followed rigorously

Correct answer: B
Rationale: HIPAA is a set of federal rules ensuring privacy and confidentiality of information.