HealthStream Regulatory Script

Patient Rights

Version: May 2007

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.

Point 1 of 4
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
In this course, you will learn about:

- The rights of patients
- Your role in informing patients of their rights
- Your responsibility to protect patient rights
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.
## Lesson 2: Patient Rights Introduction

### Introduction & Objectives

Welcome to the introductory lesson on patient rights.

After completing this lesson, you should be able to:

- Discuss how Medicare ensures that patient rights are protected
- Describe how The Joint Commission expects hospitals to ensure patient rights
- List the general areas of patient rights

![FLASH ANIMATION: 2001.SWF/FLA](image)
Medicare Conditions of Participation

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

Each of these areas will be discussed in this course.
Summary

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.
Lesson 3: Information Disclosure

Introduction & Objectives

Welcome to the lesson on disclosure.

After completing this lesson, you should be able to:

- Identify information that patients have a right to know
- Recognize the importance of communicating effectively with patients
- Identify methods for improving communication
Patients at your facility have the right to know about:

- The facility
- Their healthcare team
- Their rights as patients
Disclosure: Facility Information

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

Point 3 of 8
Disclosure: Provider Information

Patients have the right to know who is responsible for their care.

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

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.

Many facilities provide patients with a written form. However, a written list of rights may not be enough.

Your facility must make sure that all patients understand their rights well enough to exercise them.
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
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

**MULTIPLE CHOICE INTERACTION**

[CORRECT ANSWER: B]

[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.]

[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.]

[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.]

[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.]
### Summary

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.
Lesson 4: Participation in Treatment Decisions

4001

Introduction & Objectives

Welcome to the lesson on participation in treatment decisions.

After completing this lesson, you should be able to:

- Recognize the right of the patient to accept or refuse treatment
- Recognize how healthcare personnel protect the right of patients to participate in their own care
- Recognize how healthcare personnel can help protect patient rights related to advance directives

Point 1 of 16
### Course of Treatment

Patients have the right to:

- Participate in decisions about their care
- Set the course of their treatment
Remember: Patients have the right to make decisions about their care. This means that patients must be given accurate information.

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
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
<table>
<thead>
<tr>
<th>Informed Consent and Refusal of Treatment</th>
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<tbody>
<tr>
<td>After receiving all pertinent information, a patient may:</td>
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<tr>
<td>• Give informed consent for treatment</td>
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<tr>
<td>• Refuse treatment</td>
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</table>

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.
Informed Consent and Refusal of Treatment

**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
Advance Directives and DNR Orders

Remember: Patients have the right to make decisions about their 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

CLICK TO REVEAL

Living Will
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.

Durable Power of Attorney for Healthcare
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.

DNR Order
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.
### 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.
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.

Point 9 of 16
## 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 case
- Think about what the patient would want

### The hierarchy of healthcare decision-makers for a patient without an advance directive depends upon state law. Potential representatives for an incapacitated patient may include:

- Guardian
- Spouse
- Adult child
- Parent
- Domestic partner
- Brother or sister
- Close friend

Point 10 of 16
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.
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 their 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
## Organ Donation

Patients have the right to choose about organ donation.

Patients must give informed consent if they want to donate their organs or tissues.

![Image: 4013.jpg](image-url)

<table>
<thead>
<tr>
<th>Lungs</th>
<th>Cornea</th>
<th>Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>Pancreas</td>
<td>Kidneys</td>
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</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.

FEEDBACK:

Did you mention the following?

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, if he or she requests.
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.**

**MULTIPLE CHOICE INTERACTION**

[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.]
### Summary

You have completed the lesson on participation in treatment decisions.

Remember:
- Patients have the right to make decisions about their care. They have the right to set the course of their treatment.
- Patients have the right to know about their diagnosis, prognosis, and treatment options.
- Patients have a right to pain management.
- A patient must give informed consent before the start of any procedure or treatment.
- Patients have the right to refuse treatment.
- Healthcare personnel play a critical role in protecting patient rights.
### Introduction & Objectives

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

After completing this lesson, you should be able to:
- Identify best practices for respectful patient care
- Recognize what to do if you think a patient may be the victim of abuse
- Recognize how patient rights and safety relate to the use of restraint
- Identify best practices for protecting patient privacy and confidentiality
- Recognize that patients have the right to their own medical records

### Flash Animation: 5001.SWF/FLA

**Lesson Map**

- Respect, Safety, Nondiscrimination, Confidentiality
  - Course of treatment
  - Informed consent
  - Advanced directives and DNR orders
  - Research participation
  - Organ donation
Patients have the right to considerate, respectful, compassionate care.

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

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
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
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
## Patient Safety and Security: Overall

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 procedures in place for:
- Assessing possible victims of abuse
- Helping patients find protective services
- Reporting abuse to the proper state agencies

**Key Thought**
Abuse includes neglect, harassment, or exploitation.
If you suspect patient abuse, report your suspicions to your supervisor immediately.
### Safety and the Use of Restraint

Sometimes, patients need to be kept from harming themselves. 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:

- Rights
- Safety
- Comfort
- Dignity

See the course *Patient Restraint and Seclusion* for more information regarding:

- Patient rights with regard to use of restraint
- Safe and appropriate use of restraint
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

Point 7 of 13
### 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.
Confidentiality and HIPAA

The HIPAA [link to glossary] 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

Point 9 of 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
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.

**Feedback:**

To help protect a patient’s right to privacy and confidentiality:

- Discuss, consult, examine, and treat in private
- 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!
- Do not leave patient charts out where they might be seen
- Do not display protected patient information where it might be seen
Mrs. Patton is in the hospital because of a recent stroke. A doctor at your facility 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.

MULTIPLE CHOICE INTERACTION

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.
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.
Lesson 6: Complaints and Grievances

6001

Introduction & Objectives

Welcome to the lesson on complaints and grievances.

After completing this lesson, you should be able to:

- Recognize what to do when a patient wants to file a grievance
- Recognize what to do when a patient has a question about a bill

FLASH ANIMATION: 6001.SWF/FLA

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<th>Point 1 of 7</th>
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Lesson Map

Complaints and Grievances

- Complaints
- Resolution
- Bills and bill examination
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.
Healthcare facilities must review, investigate, and resolve all grievances within a reasonable time frame.

If the grievance has to do with the patient’s safety, it should be reviewed immediately. Examples include grievances about abuse or neglect.

To complete the grievance process, the facility must give the patient a written report. This report should explain:

- How the facility investigated the grievance
- The facility’s decision about the grievance
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.
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
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.
- Patients have the right to examine their bills. They have the right to a detailed explanation of each item.
Lesson 7: Access to Emergency Services

Introduction & Objectives

Welcome to the lesson on access to emergency services.

After completing this lesson, you should be able to:

- Identify emergency medical treatment
- Recognize the significance of the “prudent layperson”
- Recognize the purpose of EMTALA
- Identify the basic provisions of EMTALA

Point 1 of 9
Conflict

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 room. A diagnosis of heartburn is made.

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

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

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

![IMAGE: 7003.JPG]
Insurance companies now must use a standard definition for the need for ER services. This definition uses the idea of a “prudent layperson.”

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

Congress passed the “prudent layperson” definition of emergency for Medicare and Medicaid in 1997.
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.
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.”

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 room. 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.

Transfer may be made only under certain circumstances, such as a stable condition, and must not be based solely on the patient’s ability to pay.
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Patients have the right to unlimited access to the emergency room.</td>
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Point 8 of 9
### Summary

You have completed the lesson on access to emergency care.

Remember:
- Need for emergency services is based on whether the patient has signs or symptoms that a “prudent layperson” would consider an emergency.
- Under EMTALA, hospitals must provide ER patients with emergency medical screening and stabilizing medical care.
- Medically unstable patients may not be transferred for economic reasons.
## Course Glossary

<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>
</tr>
<tr>
<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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</table>
[Patient Rights]

Pre assessment

1. Patients treated at a healthcare facility have the right to know all of the following EXCEPT:
   a. The accreditation status of the facility
   b. How to file a complaint at the facility
   c. The names and professional status of personnel on their healthcare team
   d. The religious and ethnic background of personnel on their healthcare team
   e. Which members of the staff are responsible for their direct care

Correct answer: D
Rationale: Patients have the right to know who responsible for their care. They have the right to know names and professional status. They do not have the right to personal information.

2. Which of the following is a best practice?
   a. Protect terminally ill patients from emotional stress. Give them inaccurate information about their illness.
   b. Never discuss the possible risks and benefits of having no treatment, unless the patient asks.
   c. If a patient refuses treatment, give the patient information about the possible consequences of not having treatment.
   d. All of these are best practices.
   e. None of these is a best practice.

Correct answer: C
Rationale: If a patient refuses treatment, he or she has the right to know about the potential consequences.

3. You admit a new patient to your facility. You offer information on advance directives. She looks over the information. She says that she would like to complete a durable power of attorney for healthcare. You should:
   a. Tell the patient to ask her lawyer for the appropriate documents.
   b. Explain to the patient that she cannot complete a durable power of attorney now. This can be done after she has left the hospital.
   c. Allow the patient to review copies of other patients’ advance directives. This will give her the correct wording for her directive.
   d. Provide blank forms and any other help the patient might need to complete her directive.
Correct answer: D
Rationale: As needed, help patients who wish to complete advance directives.

4. You are examining a young woman in the emergency room. In her chart, you notice a pattern of visits to the emergency room. There is also a pattern of certain types of injuries. You begin to suspect abuse. Your patient claims that she has a lot of accidents. She describes herself as a very clumsy person. She tells you to stop asking questions. She wants you to treat her injuries quickly so that she can leave. You should:
   a. Protect your patient’s right to confidentiality. Keep your suspicions of abuse to yourself.
   b. Protect your patient’s right to respect. Accept her explanation for frequent injuries.
   c. Protect your patient’s right to safety and security. Report your suspicions to your supervisor.
   d. Protect your patient’s right to make treatment decisions. Treat her injuries quickly and let her go.

Correct answer: C
Rationale: Report suspected abuse to your supervisor immediately.

5. Mr. Nelson calls you with a question about his medical bill. He is not certain why he was billed for certain items. He cannot understand why certain services were billed as separate items. He thinks he may have been billed incorrectly. You should:
   a. Tell Mr. Nelson to call his insurance company. Insurance companies decide how services should be billed.
   b. Politely explain that your facility’s billing procedure is very accurate. However, he will just have to take your word for it. It is too complex to describe to patients.
   c. Pull up Mr. Nelson’s record. Examine the bill. Explain each item in question.
   d. Tell Mr. Nelson that he should have checked on the cost and itemization of services before consenting to treatment.

Correct: C
Rationale: Patients have the right to a detailed explanation of bills.

6. Restraints may be used for:
   a. Discipline
   b. To convince a patient to consent to treatment
   c. At the family’s request
   d. None of the above are acceptable
Correct answer: D
Answer rationale: The decision to use restraint is based on medical necessity. Discipline should NEVER be used for discipline. A patient cannot be forced to consent to treatment.

7. EMTALA protects the right to:
   a. Emergency medical care
   b. Unlimited access to the ER
   c. Medical reimbursement for healthcare services
   d. All of the above

Correct answer: A
Answer rationale: EMTALA protects the right to emergency medical care. It does not guarantee unlimited access to the ER or reimbursement for healthcare services.

8. If a patient has an emergency medical condition, stabilizing treatment must be provided without considering the patient’s ability to pay. Once stable, patient’s can be transferred.
   a. True
   b. False

Correct answer: A
Answer rationale: EMTALA protects the right to emergency medical care even if the patient is unable to pay. Emergency patients can be transferred to another facility once stabilized.

9. A patient wants to be part of a research study. The study will use an experimental drug. The drug is injected three times per day. Injection site problems occur. The treatment may produce unpleasant side effects. This may lead to discontinuation of treatment. The experimental drug has been shown to cause birth defects in rats and mice. The patient is asked to sign a consent document. This document should describe all of the following EXCEPT:
   a. Side effects may be severe. They may result in discontinuation of the treatment.
   b. The drug is injected and injection site problems may occur.
   c. The drug has been tested on animals. However, animal studies are not relevant.
   d. The drug is experimental.

Correct answer: C
Answer rationale: Patients must be provided with ALL pertinent information. This includes results of animal studies.

10. A patient is being treated in an emergency room by a medical resident. The patient asks if the resident has enough experience to properly treat her condition. Which of the following is a correct statement?
   a. Patients do not have the right to ask for information about their ER provider
   b. The patient does not have a right to information about the provider’s experience. Only a qualified provider would be assigned to her treatment.
   c. The patient has a right to know about the resident’s experience.
   d. None of the above

Correct answer: C
Answer rationale: Patients have the right to know who is responsible for their care. They have a right to know the providers education, years of practice, and experience.

11. A male patient has a brain tumor. He has been told that surgery is not an option. The man wants to participate in future healthcare decisions. He knows that his condition will make it impossible for him to do so directly. A female patient is seen in the ER after a car accident. This patient wants to ensure that her family knows who should make healthcare decisions for her if she were unable to do so in the future. Which of the following statements is the most accurate given the information provided?
   a. The male patient needs a Living Will. The female accident victim needs a Durable Power of Attorney for Healthcare.
   b. The male patient needs a Durable Power of Attorney for Healthcare. The female accident victim needs a Living Will.
   c. Both patients need a Durable Power of Attorney for Healthcare.
   d. Both patients need a Living Will.

Correct answer: A
Answer rationale: The male patient wants to make his healthcare decisions in the future. A living will is the correct document for this purpose. The female patient wants to appoint a representative. This is done with a DPA.

12. A woman is in extreme pain. She refuses pain medication. You sedate her because you know that pain is not good for the patient. You provided pain management in an effort to comfort the patient. This is not a violation of the patient’s rights.
   a. True
   b. False

Correct answer: B
Answer rationale: A patient has a right to pain medication. A patient also has the right to refuse treatment, including pain medications.

13. Nurse Brown is complaining to her co-worker about her patient. Mr. Green has been very difficult during his stay at the hospital. Mr. Green, according to Nurse Brown, is never happy with his care. Mr. Green’s son overhears the conversation of Nurse Brown. Nurse Brown should be disciplined because:
   a. Mr. Green’s son overheard the conversation.
   b. Nurse Brown violated Mr. Green’s right to complain
   c. Nurse Brown violated the HIPPA privacy Rule
   d. Nurse Brown has done nothing wrong. She has the right to complain about her patients.

Correct answer: C
Answer rationale: Patients have a right to complain and a right to privacy. Nurse Brown violated Mr. Green’s right to privacy by gossiping about his actions. Discuss patient care and actions only with staff directly involved in the patient’s care.

14. A patient loses the ability to communicate. She does not have an advanced directive. Which of the following could make decisions for the patient?
   a. Spouse
   b. Brother
   c. Close friend
   d. Any of the above depending on the situation

Correct answer: D
Answer rationale: Who makes decisions for a patient without an advanced directive depends on state law. All of those listed are potential representatives.

15. Patients should be encouraged to report safety concerns.
   a. True
   b. False

Correct answer: A
Answer rationale: The Joint Commission expects accredited hospitals to encourage patients and their families to report safety concerns.
1. You always give your patients correct information. True or False: How you present the information is not important.
   a. True
   b. False
   Correct answer: False
   Answer rationale: Information is not useful to patients if they cannot understand it. Communicate all information so that patients can understand it.

2. Patients who do not speak English have a right to a translator.
   a. True
   b. False
   Correct answer: A
   Answer rationale: Patients have a right to understand the information presented to them. For patients that cannot understand English, a translator must be provided.

3. One of your patients has a standing DNR order. This patient should be given CPR if she arrests.
   a. True
   b. False
   Correct answer: B
   Answer rationale: DNR stands for Do Not Resuscitate. This applies to cardiac and respiratory arrest. Do not perform CPR on a patient with a DNR order.

4. Gossiping about a patient is okay as long as:
   a. You are not overheard
   b. You do it in the privacy of your own home
   c. You do it respectfully
d. Gossiping is never acceptable.

Correct answer: D
Answer rationale: Gossiping is never acceptable. Gossiping violates a patient’s right to privacy.

5. Once a patient has given informed consent, they:
   a. Can change their mind, regardless of their state of mind
   b. Can change their mind, if competent
   c. Can have their decision reversed by a spouse who does not agree with their choice, even if the patient is competent
   d. Can change their mind or have it changed for them, regardless of the patient’s competence

Correct answer: B
Answer rationale: A competent patient can withdraw their consent at any time.

6. Patients have the right to refuse treatment unless the treatment is required for survival.
   a. True
   b. False

Correct answer: B
Answer rationale: Patients can refuse ANY treatment.

7. Patients treated at a healthcare facility have the right to know all of the following EXCEPT:
   a. The accreditation status of the facility
   b. How to file a complaint at the facility
   c. The names and professional status of personnel on their healthcare team
   d. The religious and ethnic background of personnel on their healthcare team
   e. Which members of the staff are responsible for their direct care

Correct answer: D
Rationale: Patients have the right to know who responsible for their care. They have the right to know names and professional status. They do not have the right to personal information about healthcare personnel.

8. A patient must be restrained for his own safety. This patient does NOT lose his right to respect and dignity.
   a. True
b. False

Correct answer: A
Answer rationale: Patients are entitled to their respect and dignity, even when restrained.

9. An advanced directive is a legal document that:
   a. Allows a patient to participate in future healthcare decisions
   b. Protects a patient’s rights
   c. Provides permission to treat a minor child before his parents give their consent
   d. None of the above

Correct answer: A
Answer rationale: An advanced directive is a legal document that allows you to participate in future healthcare decisions.

10. Patient’s have the right to refuse pain medication.
    a. True
    b. False

Correct answer: True
Answer rationale: Patients have the right to pain management. They also have the right to refuse treatment, including pain medication.

11. Patients should be encouraged to report safety concerns.
    a. True
    b. False

Correct answer: A
Answer rationale: The Joint Commission expects accredited hospitals to encourage patients and their families to report safety concerns.

12. EMTALA protects the right to:
    a. Emergency medical care
    b. Unlimited access to the ER
    c. Medical reimbursement for healthcare services
d. All of the above

Correct answer: A
Answer rationale: EMTALA protects the right to emergency medical care. It does not guarantee unlimited access to the ER or reimbursement for healthcare services.

13. HIPAA:
   a. Is a federal regulation
   b. Is a privacy rule
   c. Sets civil and criminal penalties for violation
   d. All of the above

Correct answer: D
Answer rationale: All of these are correct.

14. If a patient has an emergency medical condition, stabilizing treatment must be provided without considering the patient’s ability to pay. Once stable, patient’s can be transferred.
   a. True
   b. False

Correct answer: A
Answer rationale: EMTALA protects the right to emergency medical care regardless of ability to pay. Emergency patients can be transferred to another facility once stabilized.

15. A patient loses the ability to communicate. She does not have a living will or Durable Power of Attorney for Healthcare. Which of the following could make decisions for the patient?
   a. Spouse
   b. Brother
   c. Close friend
   d. Any of the above depending on the situation

Correct answer: D
Answer rationale: The hierarchy of healthcare decision-makers for a patient without an advanced directive depends on state law. Potential representatives include: guardian, spouse, adult child, parent, domestic partner, brother or sister, and close friend.