

§ 1852. VT PATIENTS' BILL OF RIGHTS

(a) The general assembly hereby adopts the "Bill of Rights for Hospital Patients" as follows:

(1) The patient has the right to considerate and respectful care at all times and under all circumstances with recognition of his or her personal dignity.

(2) The patient shall have an attending physician who is responsible for coordinating a patient's care.

(3) The patient has the right to obtain, from the physician coordinating his or her care, complete and current information concerning diagnosis, treatment, and any known prognosis in terms the patient can reasonably be expected to understand. If the patient consents or if the patient is incompetent or unable to understand, immediate family members, a reciprocal beneficiary or a guardian may also obtain this information. When it is not medically advisable to give such information to the patient, the information shall be made available to immediate family members, a reciprocal beneficiary or a guardian. The patient has the right to know by name the attending physician primarily responsible for coordinating his or her care.

(4) Except in emergencies, the patient has the right to receive from the patient's physician information necessary to give informed consent prior to the start of any procedure or treatment, or both. Such information for informed consent should include but not necessarily be limited to the specific procedure or treatment, or both, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures or treatment, or both.

(5) The patient has the right to refuse treatment to the extent permitted by law. In the event the patient refuses treatment, the patient shall be informed of the medical consequences of that action and the hospital shall be relieved of any further responsibility for that refusal.

(6) The patient has the right to every consideration of privacy concerning the patient's own medical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Those not directly involved in the patient's care must have the permission of the patient to be present. This right includes the right, upon request, to have a person of one's own sex present during certain parts of a physical examination, treatment or procedure performed by a health care professional of the opposite sex; and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe. The patient has the right to wear appropriate personal clothing and religious or other symbolic items so long as they do not interfere with diagnostic procedures or treatment.

(7) The patient has the right to expect that all communications and records pertaining to his or her care shall be treated as confidential. Only medical personnel, or individuals under the supervision of medical personnel, directly treating the patient, or those persons monitoring the quality of that treatment, or researching the effectiveness of that treatment, shall have access to the patient's medical records. Others may have access to those records only with the patient's written authorization.

(8) The patient has the right to expect that within its capacity a hospital shall respond reasonably to the request of a patient for services. The right shall include, if physically possible, a transfer to another room or place if another person in that room or place is disturbing the patient by smoking or other unreasonable actions. When medically permissible, a patient may be transferred to another facility only after receiving complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

(9) The patient has the right to know the identity and professional status of individuals providing service to him or her, and to know which physician or other practitioner is primarily responsible for his or her care. This includes the patient's right to know of the existence of any professional relationship among individuals who are treating him or her, as well as the relationship to any other health care or educational institutions involved in his or her care.

(10) The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting the patient's care or treatment. Participation by patients in clinical training programs or in the gathering of data for research purposes shall be voluntary. The patient has the right to refuse to participate in such research projects.

(11) The patient has the right to expect reasonable continuity of care. The patient has the right to be informed by the attending physician of any continuing health care requirements following discharge.

(12) The patient has the right to receive an itemized, detailed and understandable explanation of charges regardless of the source of payment.

(13) The patient has the right to know what hospital rules and regulations apply to his or her conduct as a patient.

(14) Whenever possible, guardians or parents have the right to stay with their children 24 hours per day. Whenever possible, guardians, agents, reciprocal beneficiaries or immediate family members have the right to stay with terminally ill patients 24 hours a day.

(15) A patient who does not speak or understand the predominant language of the community has a right to an interpreter if the language barrier presents a continuing problem to patient understanding of the care and treatment being provided. A patient who is hearing impaired has a right to an interpreter if the impairment presents a continuing problem to patient understanding of the care and treatments being provided.

(b) Failure to comply with any provision of this section may constitute a basis for disciplinary action against a physician under chapter 23 of Title 26. A complaint may be filed with the board of medical practice.

(c) A summary of the hospital's obligations under this section, written in clear language and in easily readable print, shall be distributed to patients upon admission and posted conspicuously at each nurse's station. Such notice shall also indicate that as an alternative or in addition to the hospital's complaint procedures, the patient may directly contact the licensing agency or the board of medical practice. The address and phone number of the licensing agency and board of medical practice shall be included in the notice.

(16) The patient has the right to receive professional assessment of pain and professional pain management.

(17) The patient has the right to be informed in writing of the availability of hospice services and the eligibility criteria for those services.

(18) The patient has the right to know the maximum patient census and the full-time equivalent number of registered nurses, licensed practical nurses, and licensed nursing assistants who provide direct care for each shift on the unit where the patient is receiving care.

Source: Vermont Statutes/TITLE 18 Health/PART 3 Hospitals, Health Centers, Nursing Homes/CHAPTER 42. BILL OF RIGHTS FOR HOSPITAL PATIENTS/ § 1852. Patients' bill of rights; adoption. Added 1985, No. 163 (Adj. Sess.), § 1; amended 1989, No. 219 (Adj. Sess.), § 4; 1999, No. 91 (Adj. Sess.), § 35.

FOR FURTHER ASSISTANCE, YOU MAY CONTACT:

If during your stay at Springfield Hospital you have a problem of any kind that is not dealt with to your satisfaction, after discussion with your attending Physician or Nurse Manager, please feel free to contact the Social Services Department at Ext. 7585 or (802) 885-7585.

Individuals wishing to discuss a concern related to patient rights with a responsible party within the organization should be referred to either:

Chief of Patient Care Services, Ext. 7582; Social Services, Ext. 7585; Chief of Quality & Systems Improvement, Ext. 7565

Investigation into your concerns will begin immediately and we will work to resolve the issue as soon as possible.

You may also write to the CEO of this hospital. All correspondence will receive prompt, personal attention.

Thomas Crawford, MBA, FACHE, Chief Executive Officer, Springfield Hospital, 25 Ridgewood Road, P. O. Box 2003, Springfield, VT 05156

You may also make a complaint about the hospital to Vermont state agencies. You can contact them whether or not you have complained to the hospital first.

If you have a complaint about the hospital: The Division of Licensing and Protection of the Department of Disabilities, Aging, and Independent Living investigates hospital complaints under federal law, and also works with the Vermont Department of Health to investigate hospital complaints for the state.

To file a complaint with the Division of Licensing and Protection, call 800-564-1612 (toll-free in Vermont) or 802-241-2345 or write to them at: 103 South Main Street, Ladd Hall, Waterbury, Vermont 05611-2306

If you prefer to contact the Board of Health or Health Department directly:

Board of Health and Vermont Department of Health, P.O. Box 70, Burlington, Vermont 05402-0070

Telephone: 802-657-4220 Toll-free (in Vermont): 800-745-7371

If you have a complaint about a physician: The Vermont Board of Medical Practice investigates complaints against physicians (MD), physicians assistants (PA), podiatrists and anesthesiologist assistants.

To file a complaint with the Board of Medical Practice: Phone: 800-745-7371 (toll-free in Vermont) or 802-657-4220

Download forms: http://healthvermont.gov/hc/med_board/complaint.aspx

Mailing address: Vermont Board of Medical Practice, Vermont Department of Health, P.O. Box 70, Burlington, VT 05402-0070

Springfield Hospital — Where People Come First



Our mission is to excel at providing personalized, quality care; where people come first.

Our vision is to be the provider of choice by creating a professional environment where:

- ◆ patients want to receive care;
- ◆ physicians want to practice medicine; and
- ◆ employees want to work.

YOUR RIGHTS AS A PATIENT

Springfield Hospital honors the rights of patients, their families or guardians. Each patient has received a written statement of rights upon admission. Statements of patient rights and responsibilities are posted throughout the organization and are available upon request at patient registration.

PAIN CONTROL

As a patient at Springfield Hospital, you can expect:

- ◆ Information about pain and pain relief measures;
- ◆ A concerned staff committed to pain prevention and management;
- ◆ Health professionals who respond to reports of pain;
- ◆ Your reports of pain to be believed;
- ◆ Pain management resources.

As a patient, we expect that you will:

- ◆ Ask your physician or nurse what to expect regarding pain and pain management;
- ◆ Discuss pain relief options with your physician and nurse;
- ◆ Work with your physician and nurse to develop a pain management plan;
- ◆ Ask for pain relief when pain first begins;
- ◆ Help your physician and nurse assess/measure your pain;
- ◆ Tell your physician or nurse if your pain is not relieved;
- ◆ Tell your physician or nurse about any worries you have about taking pain medication.

SECLUSION & RESTRAINT PHILOSOPHY

Springfield Medical Care Systems staff, including the medical staff, is committed to prevent, reduce, and strive to eliminate the use of restraint and seclusion. To this end:

- ◆ Springfield Medical Care Systems staff will, at all times, attempt to prevent emergencies that have the potential to lead to the use of restraint or seclusion;
- ◆ We further believe in the role of nonphysical interventions as preferred interventions;
- ◆ We will strive to limit the use of restraint and seclusion to emergencies in which there is an imminent risk of a patient physically harming himself or herself or others, including staff;
- ◆ It is our responsibility to facilitate the discontinuation of restraint or seclusion as soon as possible;
- ◆ We are committed to raising awareness among staff about how the use of restraint or seclusion may be experienced by the patient; and
- ◆ We are committed to preserving the patient's safety and dignity when restraint or seclusion is used.
- ◆ This philosophy will be communicated to all members of the organization who have direct care responsibility through initial orientation and through annual mandated in-service.
- ◆ This philosophy will be communicated to our patients and their families by postings throughout our facility.

CHILDREN'S BILL OF RIGHTS

In addition to the rights of adult patients, children or adolescents and their parents/guardians shall have the following rights:

- ◆ Respect for:
 - Each child and adolescent as a unique individual.
 - The care-taking role and individual response of the parent.
- ◆ Provision for normal physical and physiological needs of a growing child to include: nutrition, rest, sleep, warmth, activity and freedom to move and explore within a safe environment.
- ◆ Consistent, supportive and nurturing care that meets the emotional and psychosocial needs of the child, fosters open communication, and encourages human relationships.
- ◆ Provision for self-esteem needs which will be met by attempts to give the child:
 1. The reassuring presence of a caring person, especially a parent.
 2. Freedom to express feelings or fears with appropriate reactions.
 3. As much control as possible, over both self and situation.
 4. Opportunities to work through experience before and after they occur, verbally, in play or in other appropriate ways.
 5. Recognition and reward for coping well during difficult situations.
- ◆ Provision for varied and normal stimuli of life which contributes to cognitive, social, emotional and physical developmental needs:
 1. Play, educational and social activities essential to all children and adolescents.
 2. Information about what to expect prior to, during and following procedure/experience/experience and support in coping with it.
 3. Participation of children/families in decisions affecting their own medical treatment.
 4. Minimization of hospital stay duration by recognizing discharge planning needs.
 5. Each patient has the right to appropriate assessment and management of pain.

RECIPROCAL BENEFICIARIES

Under Vermont law, a hospital patient has the right to obtain, from the physician in charge of the patient's care, complete and current information concerning diagnoses, treatment, and any known prognosis in terms the patient can reasonably be expected to understand. If the patient consents, or if the patient is incompetent or unable to understand, a reciprocal beneficiary may also obtain this information. When it is not medically advisable to give such information to the patient, the information must be made available to the patient's reciprocal beneficiary. Whenever possible, reciprocal beneficiaries have the right to stay with terminally ill patients 24 hours a day.

For more information please contact:

Springfield Hospital Social Services, Ext. 7585 or (802) 885-7585

Vermont Department of Health, Vital Records Unit, 108 Cherry Street, PO Box 70, Burlington, VT 05402 1-800-439-5008