

CRITICAL ACCESS HOSPITALS

PATIENT RIGHTS					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Note: Additional information is also found in Survey & Cert Letter 08-07 and Survey & Cert Letter 11-36 .					
Has the hospital established and implemented a mechanism to assure that the patient's rights are protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If your facility is a physician-owned hospital, do you provide written notice to all patients at the beginning of an inpatient stay or outpatient visit that the hospital is physician owned and that a list of the physician owners or investors is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If a physician is not on-site at all times, do you provide written notice of this to all patients at the beginning of an inpatient stay or outpatient visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the notice indicate how you will meet the medical needs of a patient who develops an emergency medical condition when there is no physician on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the patient rights' policy include the patient and patient's representative's right to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. participate in the development and implementation of his/her plan of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. make informed decisions regarding his/her care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. be informed of his/her health status, including diagnosis and prognosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. be involved in care planning and treatment? (See S&C-07-28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. protective oversight while a patient is in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. accept or refuse medical care to the extent permitted by law and to be informed of the consequence if refused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. be free from abuse, neglect or harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. be treated with consideration and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. have personal possessions brought to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. participate in the patient's discharge planning, including being informed of service options that are available to the patient and a choice of agencies which provide the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. limiting access to all information regarding patients to those individuals designated by law, regulation and policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. access his/her clinical record information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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within a reasonable time frame and to receive copies of the record at a reasonable photocopy fee? n. file a formal or informal verbal or written grievance? o. expect a prompt resolution of the grievance, including a timely written notice of the resolution? p. formulate advance directives and have hospital staff and practitioners comply with these directives including: <ul style="list-style-type: none"> - providing information on ADs to inpatients? - documenting in the patient record whether or not the patient has an AD? - placing in the medical record a copy of the AD? - complying with state law? - informing patients of rights to file a complaint in regard to AD with state agency? - providing community education on ADs? - having a process for patients to update AD? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there policies and procedures regarding visitation rights of patients? a. are all restrictions on visitation clinically necessary? b. are patients informed of their visitation rights including restrictions? c. are patients informed of their ability to consent to receive designated visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can either the patient or the patient's representative make a grievance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is a grievance defined as any patient service or care issue that cannot be resolved promptly by staff present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the written notice of the resolution include information on the steps taken on behalf of the patient to investigate the grievance, the results of the investigation, and the date the investigation was completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the corrective action is still being evaluated, does the CAH's response state that the hospital is still working to resolve the grievance and that the hospital will follow up with another written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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response when the investigation is complete or within a specified time frame?					
Does the CAH provide each patient an opportunity to submit to administration complaints, comments, and suggestions related to the care they received or their personal observations related to the quality of care provided? (197.158, RSMo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the CAH does not have a psychiatric unit, are there written policies and procedures that provide for the safe management of patients requiring psychiatric services until they can be safely transferred to an appropriate facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there written policies on the use of restraints or seclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are restraints or seclusion only used on the order of a physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
In the absence of a physician: a. does a registered professional nurse make the decision that the use of a physical restraint or seclusion is the least restrictive procedure appropriate at the time of an emergency situation? b. is the physician notified immediately and a physician's order obtained as soon as possible after the occurrence of an emergency?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Are physician orders for use of physical restraints or seclusion rewritten every twenty-four hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is a full record of any restriction of activity for any patient recorded on the nurses' notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the record include the: a. reason for the restriction? b. type of restriction used? c. time of starting and ending the restriction? d. regular observations of the patient while restricted?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Helpful Hints

Key Resources and Links

- [19 CSR 30-20.084](#)
- [COP §485.608\(a\)](#)
- [COP § 485.635 \(f\)](#)