

# Patient Rights with De Laviolette, RN

## *What's new with Patient Rights?*



# Patient Rights

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- There used to be 16 standards under patient rights.
- There are now 42 standards under patient rights.

# Patient Rights

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- Revised under six standards:
  - Notice of rights
  - Exercise of rights
  - Rights of the patient
  - Transfer and discharge
  - Investigation of complaints
  - Accessibility

# #1 Notice of Rights (G-406)

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- Before providing care, the agency must provide written notice of rights & responsibilities to the patient and the patient's legal representative (if applicable) or within 4 business days of the initial evaluation to the patient's selected representative (if applicable).(G-410).
- The notice must be understandable to those with limited English proficiency and individuals with disabilities.(G-412).



# Notice of Rights

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- The notice must contain:
  - Transfer and discharge policies (G-412).
  - Contact info for Administrator, including his/her name, business address and phone number.(G-414).
  - OASIS privacy notice (previously required) (G-416)
    - Available on the CMS website in English and Spanish.
    - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/Regulations.html>



# Notice of Rights

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- The patient's or legal representative's signature confirming he/she has received a copy of the notice of rights & responsibilities.(G-418).
  - some agencies have this on their consent
  - some agencies have a separate form
  - are you having them sign on a tablet?
  - is this part of the clinical record?



# Notice of Rights

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- Provide verbal notice of the patient's rights & responsibilities by the end of the 2<sup>nd</sup> skilled professional visit.
- The verbal notice must be made in the patient's primary or preferred language...free of charge...use of a competent interpreter if necessary.
- The interpreter can be there physically, electronically or telephonically.(G-420).



# #2 Exercise of Rights

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- A court appointed “legal” representative or patient self-selected representative may elect to exercise the patient’s rights.(G-424).

\*Remember to include the necessary legal documents in the patient’s record.





# #3 Rights of the Patient

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- This standard expands the rights of the patient.
- The patient has a right to –
  - Respect for property and person(G-428).
  - Be free from verbal, mental, sexual and physical abuse, as well as injuries of unknown source, neglect and property misuse (G-430).
  - Make complaints to the agency regarding treatment or care (G-432).



# Rights of the Patient

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- (G-434) The patient must be allowed to participate in, be informed about, and consent or refuse care in advance of and during treatment, regarding:
  - Completion of all assessments
  - Care to be furnished
  - Establishing & revising the plan of care
  - Disciplines that will furnish care
  - Frequency of visits
  - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits
  - Any factors that could impact treatment effectiveness; and
  - Any changes in the care to be furnished



# Rights of the Patient

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- The patient has a right to –
  - Receive all services in the plan of care (G-436).
  - Have a confidential clinical record along with access (G-438).
  - Be advised of:
    - Payment information or changes in payment is to be given as soon as possible in advance of the next visit (before services are furnished)
    - Patients are to have written notice (G-440).



# Rights of the Patient

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- The patient has a right to –
  - Be advised of:
    - Payment information or changes in payment is to be given as soon as possible in advance of the next visit (before services are furnished) (G-440)
    - Provide written notice in advance of a specific service if that service is non-covered and in advance of reducing or terminating ongoing care. (G-442).
    - State toll free hotline information (previously required) (G-444).



# Rights of the Patient

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- A new requirement under this standard, is that the home health agency must give patients the names, addresses and telephone numbers of federal and state agencies that have been established to help Medicare beneficiaries and the elderly where they reside.(G-446).

# Rights of the Patient

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- The entities include:
  - Agency on Aging
  - Center for Independent Living
  - Protection and Advocacy Agency
  - Aging and Disability Resource Center; and
  - Quality Improvement Organization



# Rights of the Patient

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- The patient has a right to –
  - Be free from discrimination or reprisal for exercising his/her rights or for voicing grievances to the agency or an outside entity (G-448).
  - Be informed of the right to access auxiliary aids and language services, and how to access these services (G-450).



# #4 Transfer and Discharge

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- (G-452) Patients have the right to be informed of the agency's transfer and discharge policies.
- (G-454) The agency may only transfer or discharge the patient if:
  1. Necessary for the patient's welfare and the agency and the physician agree the agency can no longer meet the patient's needs based on patient acuity. The agency must arrange safe & appropriate transfer to another care entity.



# Transfer and Discharge

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- 2. The payor will no longer pay for services.(G-456).
- 3. The physician and agency agree that the measurable outcomes/goals have been achieved and services no longer needed.(G-458).
- 4. Patient refuses services, or elects to be transferred or discharged.(G-460).
- 5. The patient dies.(G-472).
- 6. The home health agency ceases to operate.(G-474).

# Transfer and Discharge

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- 7. Under a policy set by the agency for the purpose of addressing discharge for cause: disruptive, abusive, or uncooperative behavior that interferes with the ability to provide care or operate effectively. The agency must do the following before discharging for cause (G-462):
  - Advise the patient, representative, and physician(s) responsible for care post discharge, that a discharge for cause is being considered. (G-464).
  - Make efforts to resolve the problem.(G-466).
  - Provide contact information for other agencies and providers who may be able to provide care.(G-468).
  - Document the problem(s) and efforts made to resolve the problem(s) and enter this documentation into the clinical record.(G-470).



# #5 Investigation of Complaints

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- The current requirements regarding investigation of complaints are still in place. Now there are more detailed reasons of which the patient can complain:
  - (G-480) Treatment or care that is furnished, fails to be furnished, furnished inconsistently or inappropriately; and
  - Mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source or misappropriation of patient property by anyone (agency staff or contracted) furnishing services on agency's behalf.



# Investigation of Complaints

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- The agency must:
  - (G-478) Investigate complaints
  - (G-484) Document both the existence of the complaint and the resolution of the complaint; and
  - (G-486) Take action to prevent further potential violations, including retaliation, while the complaint is being investigated
  - (G-488) Ensure all staff immediately report abuse to the agency and other appropriate authorities in accordance with state law.



# #6 Accessibility

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- (G-490) Information must be provided to patients in plain language and in a manner that is accessible and timely to:
  - Persons with disabilities, including accessible websites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
  - Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.



Comments?

Questions?