Wise Health System

**Wise Health System (WHS)** is committed to protecting and promoting each patient's basic rights. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. The purpose of this document is to notify each patient of such rights and the recourse available to the patient in the event the patient has concerns regarding these or other rights.

1. The hospital has established policies and procedures to provide a reasonable response to the patient's requests and needs for treatment or service, within the Hospital's capacity, its stated mission and applicable law and regulation. Patients have the right to medical services regardless of how the emergency arose. The patient has the right to receive accommodation for a disability.

2. The patient has a right to considerate and respectful care at every WHS facility by every WHS provider, and such care shall include effective pain management, consideration of the psycho-social, and spiritual and cultural variables that influence the perceptions of illness.

3. The dying patient has a right to considerate and respectful care that optimizes the comfort and dignity of the patient through:
   a. treating primary and secondary symptoms that respond to treatment as desired by the patient or legally designated decision maker
   b. effectively managing pain; and
   c. acknowledging the psycho-social and spiritual concerns of the patient and the family regarding dying and the expression of grief by the patient and family.

4. The patient or legally designated decision maker has the right, in collaboration with his/her physician to make decisions involving his/her health care, and to participate in the development and implementation of his or her plan of care and to make informed decisions regarding his or her care including:
   a. the right to choose the right doctor for the right type of care;
   b. the right to receive written information as to rights under state law to accept or refuse treatment and formulate advance directives;
   c. the right to accept medical care or to refuse treatment to the extent permitted by law and to be informed of medical consequences of such refusal;
   d. the right to formulate advance directives and appoint a legally designated decision maker to make health care decisions on his/her behalf to the extent permitted by law;
   e. the right to know all medical options, no matter how much they cost;
   f. the right to have a family member or representative and his or her own physician notified promptly of admission to the hospital;
   g. the right to personal privacy, to receive care in a safe setting, and be free from all forms of abuse or harassment;
   h. the right to access a support person during their care provided that it does not interfere with the rights of other patients or interfere with the care process;
   i. the right to request and receive a schedule of fees for services and payment policies;
   j. the right to be provided, to the degree known, appropriate information concerning their diagnosis, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information shall be provided to a person designated by the patient or to a legally authorized patient.

5. With regard to advance directives:
   a. The hospital has established a mechanism to ascertain the existence of and assist in the development of advance directives at the time of the patient's admission;
   b. the hospital shall not condition the provision of care on the existence of an advance directive; and
   c. an advance directive shall be in the patient's medical record (if there is one) and shall be reviewed periodically with the patient or legally designated decision maker; and
   d. the right to have hospital staff and practitioners who provide care in the hospital comply with these directives.

6. The patient has the right to information necessary to enable him/her to make decisions that reflect his/her wishes based on the hospital's policy on informed decision making consistent with all legal requirements.

7. The patient has the right to receive at the time of admission, the information about the hospital's patient's rights policies and mechanism by which the patient can express concerns about the quality of care received and how to take action when that care is inadequate. The procedure requires the timely review of every written or oral concern brought to the attention of the hospital as well as a report to the person who registers the concern on the results of the review. Should you desire to bring a concern to the attention of the hospital, please contact the Administrator or the Director of Nursing.

8. The patient or the patient's legally designated representative has a right to participate in the consideration of ethical issues that arise in the care of the patient. The hospital shall develop and have in place a mechanism for the consideration of ethical issues arising in the care of patients and shall develop and have in place a mechanism to provide education to care givers and patients on ethical issues and health care.
9. The patient has the right to be informed of any human experimentation or other research or educational progress affecting his/her care or treatment and to refuse to participate in any such activity.

10. The patient has the right, within the limits of law, to personal privacy and to know his/her medical records are confidential and only used for legitimate purposes.

11. The patient or patient’s legally designated representative has the right of access to information contained in the patient’s medical records, within the limits of the law, and within a reasonable time frame.

12. The patient’s guardian, next-of-kin, or legally authorized responsible person has the right to exercise, to the extent permitted by law, the rights delineated on behalf of the patient if the patient:
   a. has been adjudicated incompetent in accordance with the law;
   b. is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure;
   c. is unable to communicate his/her wishes regarding treatment; or
   d. is a minor.

13. Each patient has rights with respect to the use of restraints for acute medical and surgical care, which include:
   a. to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff. The term restraint includes either a physical restraint or a drug that is being used as a restraint;
   b. that a restraint can only be used if needed to improve the patient’s well-being and less restrictive interventions have been determined to be ineffective;
   c. that the use of a restraint be selected only when other less restrictive measures have been found to be ineffective to protect the patient or others from harm and must be in accordance with the order of a physician or other licensed independent practitioner permitted by the State of Texas and the hospital to order a restraint;
   d. that the use of a restraint be in accordance with a written modification to the patient’s plan of care, implemented in the least restrictive manner possible, in accordance with safe and appropriate restraining techniques, and ended at the earliest possible time;
   e. that the condition of the restrained patient be continually assessed, monitored, and reevaluated.

14. Each patient has rights with respect to the use of restraints for behavior management, which include:
   a. to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff. The term restraint includes either a physical restraint or a drug that is being used as a restraint. The term seclusion means the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving;
   b. that seclusion or a restraint can only be used in emergency situations if needed to ensure the patient’s physical safety and less restrictive interventions have been determined to be ineffective;
   c. that a restraint can only be used if needed to improve the patient’s well-being and less restrictive interventions have been determined to be ineffective;
   d. that the use of a restraint be selected only when other less restrictive measures have been found to be ineffective to protect the patient or others from harm and must be in accordance with the order of a physician or other licensed independent practitioner permitted by the State of Texas and the hospital to order a restraint;
   e. that a physician or other licensed independent practitioner see and evaluate the need for restraint or seclusion within one hour after the initiation of this intervention, and that each written order for a physical restraint or seclusion be limited to four hours for adults; two hours for children and adolescents ages nine to seventeen/ or one hour for patients under nine;
   f. that the use of a restraint be in accordance with a written modification to the patient’s plan of care, implemented in the least restrictive manner possible, in accordance with safe and appropriate restraining techniques, and ended at the earliest possible time;
   g. that a restraint and seclusion not be used simultaneously unless the patient is continually monitored face-to-face by an assigned staff member or continually monitored by staff using both video and audio equipment; and
   h. that the condition of the restrained patient be continually assessed, monitored, and reevaluated.

15. If the patient has a language barrier or hearing impairment the patient has the right to language assistance or interpreter services at no cost the patient. If the patient is a minor, is incapacitated, or has a designated advocate the parent, legal guardian, legally designated decision-maker or legally authorized representative has the right to language assistance or interpreter services at no cost the patient

16. Right to Limit Disclosure of Health Plans. At the patient’s request, physicians may not disclose information about care the patient has paid for out-of-pocket to health plans, unless
for treatment purposes or in the rare event the disclosure is required by law. This change updates the previous HIPAA Privacy Rule governing patient requests for restrictions on the use or disclosure of their PHI. Previously, while physicians could refuse to abide by any such request, the new rule requires physicians and other health care providers to abide by a patient’s request not to disclose PHI to a health plan for those services for which the patient has paid out-of-pocket and requests the restriction.

17. Marketing or advertising regarding the competence and/or capabilities of the organization shall not be misleading to patients. Services provided by the organization are listed in patient guide booklets and on the organization’s website.

Should any patient desire to file a complaint against the hospital in addition to or instead of bringing the concern to the attention of the hospital, he or she may do so by contacting: Hospital Licensing Section, Texas Department of Health, Health Facility Licensing Division, 1100 West 49th Street, Austin, TX 78756-3199, Telephone: (512) 834-6650, Fax: (512) 834-6714.

Patient Responsibility

1. A patient or his or her parent or legally designated representative has the responsibility to provide, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health. He or she has the responsibility to report unexpected changes in his condition to the responsible for making it known whether he or she clearly comprehends a contemplated course of action and what is expected of him or her.

2. A patient or his or her parent or legally designated representative is responsible for following the treatment plan recommended by the practitioner primarily responsible for his care. This may include following the instructions of health care personnel as they carry out the coordinated plan of care and implement the responsible practitioner’s orders, and as they enforce the applicable department or facility rules and regulations. This also includes the patient or legally representative’s participation in the formulation of the plan of care/treatment plan and goals. The patient is responsible for keeping appointments and, when unable to do so for any reason, for notifying the responsible practitioner or department/facility.

3. The patient or his or her parent or legally designated representative is responsible for his actions if he refuses treatment or does not follow the practitioner’s instructions. If the patient cannot follow through with the treatment, he is responsible for informing the physician.

4. The patient or his or her parent or legally designated representative is responsible for assuring that the financial obligations of his health care are fulfilled as promptly as possible. The patient is responsible for providing information for insurance.

5. The patient or his or her parent or legally designated representative is responsible for following department/facility rules and regulations affecting patient care conduct.

6. The patient or his or her parent or legally designated representative is responsible for being considerate of the rights of other patients and personnel, and for assisting in the control of noise, smoking, and number of visitors. The patient is responsible for being respectful of the property of other persons and of the department/facility.

7. A patient’s health depends not just on their care, but, in the long term, on the decisions he or she makes in his or her daily life. He or she is responsible for the effects of their lifestyle on their personal life.

8. The patient or his or her parent or legally designated representative is responsible for reporting safety concerns to the Health care provider.

Grievance Procedure

The staff at Wise Health System is dedicated to providing the finest quality care available to those being served. In the event you are not satisfied with our services, we would like to suggest that these steps be taken in the following order:

1. STAFF NURSE/SUPERVISOR
   a. A Registered Nurse or Licensed Vocational Nurse is on duty at all times. Please address any concerns, problems, or complaints directly with this individual. He/she will make every effort to correct any problems that exist.

2. NURSING HOUSE SUPERVISOR
   a. If the nurse is unable to resolve your problem, please ask to see the Nursing House Supervisor and address any problem to that individual.

3. DIRECTOR OF NURSING/ADMINISTRATOR
   a. If you feel that your concern still has not been addressed, please ask to see the Director of Nursing or the Administrator

If you have a safety or quality of care concern we encourage you to notify hospital administration at (940) 627-5921. If you have notified Wise Health System Administration and feel that your concerns have not been resolved through our organization, we encourage you to contact:

Office of Quality Monitoring, Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(800) 994-6610
complaint@jontcommission.org

The Texas Department of State Health Services is also available to assist you with questions or concerns regarding your care:
P.O. Box PO Box 149347
Austin, TX 78714-9347
(888) 973-0022