

POLICY

Patient Rights & Responsibilities			
Approved Date:	02/14/2025	Last Review Date:	02/14/2025
Next Review Date:	02/14/2028		
Approved by:	PRESIDENT-CEO		

STATEMENT

Consistent with Federal and State law, Henry Mayo Newhall Hospital (HMNH) informs each patient, or when appropriate, the patient's representative of the patient's rights and responsibilities, in advance of furnishing or discontinuing patient care whenever possible.

PURPOSE

To ensure high quality compassionate care provided in a respectful manner that fosters patient dignity. Recognize and respect patient rights which directly affect their care to promote patient autonomy, dignity, and respect for personal values, beliefs and care preference. To ensure the patient, their families, or their designee, are aware of their rights and responsibilities.

SCOPE

This policy applies to all Henry Mayo employees, contracted staff, health care providers and volunteers while carrying out work-related duties within Henry Mayo facilities.

RESPONSIBILITY

Compliance and Risk Management is responsible for the general oversight of this policy. Compliance with this policy and its related procedures is the responsibility of all staff members who provide patient care, treatment, and services.

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It is the policy of HMNH to support and inform each patient of his/her rights and responsibilities. These rights are extended to each patient regardless of the patient's age, sex, race, creed, national origin, ethnic group, religion, economic, or cultural background or source of payment. Patients are informed of their rights, as appropriate - inpatients, pediatrics, outpatients, and psychiatric patients. These rights can be exercised on the patient's behalf by a parent or legal guardian if the patient is a minor, or by a legal representative if the patient lacks decision-making capacity or has been deemed legally incompetent.

Patient Rights will be posted in appropriate access areas of the hospital. Patients or patient representatives will be provided a copy of the Patient Rights and Responsibilities upon request. HMNH's Patient Rights and Responsibilities will be posted on the hospital website.

HMNH maintains the right to, and supports staff establishing, reasonable restrictions on visitation, including restrictions on the hours of visitation and number of visitors.

Staff will contact Risk Management (or designee) for any complaint or concern expressed by a patient or patient representative regarding patient rights.

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Patient Rights

Consistent with state law, the patient (and/or legal representative, as appropriate) has the following rights:

1. Receive fair medical care, treatment and services without discrimination based upon age, sex, race, color, creed, religion, national origin, ancestry, ethnic group, sexual preference, sexual orientation, disability, medical marital status, genetic information,. Citizenship, immigration status, educational background, economic or cultural background, source of payment or ability to pay. Receive considerate and respectful care, and to be made comfortable. The right for respect for cultural, psychosocial, spiritual, and personal values, beliefs and preferences which do not harm others or interfere with medical treatment.
2. Have a family member (or other representative) and their own physician notified promptly of an admission to the hospital.
3. Know the name of the licensed health care practitioner acting within the scope of their professional licensure who has primary responsibility for coordinating patient care, and the names and professional relationships of physicians and staff who will see the patient.
4. Receive information about their health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in understandable terms. The right to access medical records. Patients receive a separate "Notice of Privacy Practices" that explains the rights to access records. The right to effective communication and participation in the development and implementation of the plan of care. The right to participate in ethical questions that arise in the course of care, including issues of conflict resolution, withholding resuscitative services, and foregoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure needed in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or nontreatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, patients do not have the right to demand inappropriate or medically unnecessary treatment or services. The right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed health care practitioner acting within the scope of their professional licensure proposes to engage in or perform human experimentation affecting care or treatment and the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of pain, information about pain, pain relief measures and to participate in pain management decisions. Patients may request or reject

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the use of any or all modalities to relieve pain, including opiate medication, if suffering from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform the patient that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.

10. Formulate advance directives. This includes designating a decision maker if patient becomes incapable of understanding a proposed treatment or become unable to communicate wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on the patient's behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The right to be told the reason for the presence of any individual. The right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to care and stay in the hospital.
13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. The right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. The right to be involved in the development and implementation of their discharge plan and upon request, a friend or family member may be provided this information also.
17. Know which hospital rules and policies apply to conduct while a patient.
18. Designate a support person as well as visitors of their choosing, if they have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
 - a. No visitors are allowed.
 - b. The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the HMNH staff, or other visitor to the HMNH, or would significantly disrupt the operations of the facility.
 - c. The facility has been informed that the patient no longer wants a particular person to visit.

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However, HMNH may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. HMNH must inform patients (or a support person, where appropriate) of visitation rights, including any clinical restrictions or limitations. HMNH is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

19. Have patient wishes considered, if lacking decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in the same household and any support person pursuant to federal law.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to, and be free of discrimination on the basis of, sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care.
22. File a grievance. Patients wishing to file a grievance should be referred to the Patient Experience Office. Grievances are handled in accordance with the Grievance policy. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).
23. File a complaint with the California Department of Public Health regardless of whether using hospital's grievance process. The California Department of Public Health's phone number and address should be provided upon request.
24. File a complaint with the Department of Fair Employment and Housing.
25. File a complaint with the Medical Board of California.

Patient Responsibilities

Responsibilities include, but are not limited to:

1. Providing accurate and complete information concerning the patient's present complaint, past medical history, and other matters pertaining to the patient's health.
2. Reporting any changes in the condition.
3. Asking questions if directions and/or procedures are not understood.

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4. Actively participating in the management of pain, including asking questions regarding what to expect for pain and pain management, options available, and reporting when pain has not been relieved
5. Following the treatment plan prescribed by the physician, including the instructions of nurses and other health care providers as the physician's orders are carried out.
6. Keeping appointments and notifying the hospital and the physician when unable to do so.
7. The patient is responsible for his/her own actions if the patient chooses to refuse treatment or to not follow the physician's orders.
8. Ensuring that the patient's financial obligations for the care provided are fulfilled as promptly as possible.
9. Following hospital policies and procedures, as applicable to patients and visitors.
10. Being considerate of the rights of other patients, their family members and hospital personnel.
11. Being respectful of the patient's own personal property and that of others in the hospital.

Psychiatric Patient Rights

In addition to the adult patient rights above, an individual admitted on the Behavioral Health Unit has his/her own unique set of rights. Those rights are presented to each patient on admission to the Unit.

Pediatric/Adolescent Patient Rights

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

1. Respect for each child and adolescent as a unique individual.
2. Respect for the care-taking role and individual response of the parent.
3. Provision for normal physical and physiological needs of a growing child to include: nutrition, rest, sleep, warmth, activity and freedom to move and explore.
4. Consistent, supportive and nurturing care which

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- a. meets the emotional and psychosocial needs of the child;
 - b. fosters open communication;
 - c. encourages human relationships.
5. Provision for self-esteem needs which will be met by attempts to give the child:
 - a. the reassuring presence of a caring person, especially a parent;
 - b. freedom to express feelings or fears with appropriate reactions;
 - c. as much control as possible, over both self and situation;
 - d. opportunities to work through experience before and after they occur, verbally, in play or in other appropriate ways;
 - e. Recognition and reward for coping well during difficult situations.
6. Provision for varied and normal stimuli of life which contributes to cognitive, social, emotional and physical developmental needs:
 - a. Play, educational and social activities essential to all children and adolescents.
7. Information about what to expect prior to, during and following procedure/experience and support in coping with it.
8. Participation of children/families in decisions affecting their own medical treatment.
9. Minimization of facility stay duration by recognizing discharge planning needs.
10. The registered nurse or physician must consult with social services regarding possible abuse and/or neglect.

REFERENCES

CHA, Consent Manual, Patient Rights, 2024
Title 22, California Code of Regulations, Section 70707
Health and Safety Code Sections 1262.6, 1288.4, and 124960
42 C.F.R. Section 482.13 (Medicare Conditions of Participation)

This Patient Rights listed in this document incorporate the requirements of the; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4, and 124960; and 42 C.F.R. Section 482.13 (Medicare Conditions of Participation).

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BHU - COMPLAINTS AND GRIEVANCES			
Approved Date:	01/31/2019	Last Review Date:	05/17/2023
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Approved by:	VICE PRESIDENT-CNO		

I. POLICY

- A. BHU follows the Federal Regulations where the Federal Regulations redefined the term “grievance” to mean an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. The definition specifies that grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect the beneficiary’s rights regardless of whether remedial action is requested, and the beneficiary’s right to dispute an extension of time. All Medi-Cal beneficiaries have a right to file a grievance directly with Los Angeles County Department of Mental Health (LACDMH) Patient Rights. The BHU shall not discourage the filing of grievances. A beneficiary need not use the term “grievance” for a complaint to be captured as an expression of dissatisfaction and, therefore, a grievance. Even if a beneficiary expressly declines to file a formal grievance, their complaint shall still be categorized as a grievance and included in the BHU Grievance Log for resolution.
- B. To provide guidance on the events that qualify as complaints and grievances under applicable regulatory, licensing, and accreditation requirements and
- C. To identify proper processes and standards which are to be used in addressing such complaints and grievances.

I. DEFINITIONS

- A. **Patient Complaint** – For purposes of this policy, a patient complaint is any statement or indication of concern by a patient, or the patient’s representative, regarding the care and / or services provided by Henry Mayo Newhall Hospital (HMNH) which can be effectively addressed and / or resolved in a relatively short period of time by HMNH staff present at the time of the complaint.
- B. **Patient Grievances** – For purposes of this policy, a patient grievance is any statement or indication of concern by a patient or the patient’s representative, made in writing (e.g. emails or FAXs) or verbally (e.g., in person or by phone):
 - 1. During or subsequent to an inpatient BHU admission
 - 2. Regarding care and/or services provided by HMNH
 - 3. For which anyone of the following is true:
 - a. It is impossible to resolve the concern in a relatively short period of time, but in no case longer than one (1) business day of the concern being first expressed to HMNH staff present at the time;
 - b. The resolution of the concern is postponed by HMNH to a later time or day;
 - c. The concern requires investigation on the part HMNH;
 - d. The concern is stated in writing by the patient or the patient representative;
 - e. The concern alleges any form of patient abuse and/or neglect;
 - f. The concern alleges some physical harm to the patient, or a safety violation’
 - g. The concern alleges a violation by HMNH of CMS Conditions of Participation or other regulatory requirements;
 - h. The concern involves a Medicare beneficiary billing concern related to the rights and limitations provided in 42 CFR 489.
 - i. The concern involves a Medi-Cal beneficiary concern related to the rights provided in 42-CFR,

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Subpart D, Utilization Control Mental Hospital.

- j. The concern is stated through a written attachment to a patient survey (however, information provided within a patient survey is not a grievance for purposes of this policy);
 - k. The patient, or the patient representative, requests a response in writing from HMNH, or that the concern be addressed by HMNH process for resolving grievances;
 - l. The concern which otherwise meets the definition of a patient complaint under this policy is not resolved to the satisfaction of the patient, or the patient's representative, within one (1) business day of the concern being first expressed to HMNH staff present at the time.
4. Patient Representation: For purposes of this policy, a Patient Representative is any individual for which it would be reasonable to assume that the patient wants or would allow the individual to speak on his or her behalf. This will include, in all cases, an agent appointed under the provisions of the Health Care Decision Law (California Probate Code 4600 et. Seq.), as well as court appointed conservators and guardians ad litem. It may also include family member, loved ones, friends, and neighbors.
5. HMNH Staff Present: For purposes of this policy, HMNH clinical staff present means all patient care staff, supervisors (managers directors and Administrator On Duty) case managers and staff who are with the patient or patient representative, or immediately available to meet with the patient or patient's representative,, at the time the concern is expressed or indicated.

II. POLICY

- A. Henry Mayo Newhall Hospital (HMNH) is committed to the resolution of patient complaints in a timely and effective manner. HMNH is also committed to the resolution of patient concerns that take the form of grievances in a manner that complies with all applicable regulatory, licensing and accreditation requirements.
- B. All patients will be notified of their rights to issue a complaint or grievance at the time of admission. Postings of patient rights are placed in all lobby areas and BHU common areas.
- C. This policy may be updated as necessary which may be as a result of change in federal or state laws or as necessary.
- D. All employees are users of this policy and are accountable for the implementation.
- E. Implementation of this policy concerning a patient complaint/grievance will not result in retaliation, barriers or any compromise in services provided to the patient.

III. PROCEDURE

- A. Each staff member will attempt to discuss concerns voiced by the patient and or patient representative and resolve them immediately.
- B. If resolution does not occur to the patient's or patient representative's satisfaction, they will be directed to the informal statement of concern.
- C. The patient or patient representative writes the concern and then chooses the communication format for resolution as addressed within this policy at the BHU leadership level.
- D. Patient or patient representative gives written statement of concern to the unit representative who will log the concern into the Grievance Log and notify the Nursing Director, Clinical Manager or Program Director

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of the need for follow up.

- E. The Nursing Director, Clinical Manager or Program Director will respond to the concern within one (1) business day.
- F. The patient and or patient representative have the right to file a confidential grievance/appeal with the Department of Mental Health (DMH) patient rights division. A self-addressed envelope will be provided for facilitating this request.
- G. Patients and or patient representative also have the following means of expressing concerns:
 - 1. Comments attached to the BHU Patient Satisfaction Survey
 - 2. A written letter or email
 - 3. A telephone call to the department clinical manager, director or designee
 - 4. Department of Health Services.
- H. Immediate recording of all grievances will be logged which is maintained on the unit for all grievances and logged as received and recorded as solution status. Grievances are reviewed quarterly at the BHU Medical Committee and categorized to look for process improvement opportunities. The Grievance Log will include the following information:
 - 1. Patient identification (Medical Record and/or Account number)
 - 2. Name and relationship of person making the complaint
 - 3. Date complaint is made
 - 4. Description of the complaint
 - 5. Summary of the investigation
 - 6. Responsible person
 - 7. Date of resolution
 - 8. Indication that the follow up was complete / resolved.
- I. All interview records and written investigations related to patient concerns will be kept on file in the BHU for a period of 2 years; all others will be archived up to 5 years.

IV. ATTACHMENTS

- BHU Grievance Log
- County of Los Angeles – Department of Mental Health Patients’ Rights Office (to mail)
- Beneficiary/Client Grievance/Appeal & Authorization Form
- HMNH BHU Unit Communication/Concern Document

V. REFERENCES

- L.A. County Mental Health Department
- §482.30 Condition of participation: Utilization review
- California Title 22
- The Joint Commission Leadership Handbook

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- Code of Ethics Policy
- Medical Staff Bylaws 2/5/18
- Medical Staff Rules and Regulations 2/5/18
- 42C, FT 489

VI. LINKS

- 42 CFR, Part 456, Subpart D – Utilization Control. <https://www.gpo.gov/fdsys/pkg/CFR-2017-title42-vol4/xml/CFR-2017-title42-vol4-part456.xml>
- Hospital-wide Utilization Management Plan
- BHU – Treatment Plan