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| DEPARTMENT OF HEALTH SERVICES  Division of Quality Assurance  F-62316 (10/2024) | | | | | | | | **STATE OF WISCONSIN**  Wis. Admin. Code § DHS 131.19 CFR § 418.52 | |
| **HOSPICE PATIENT RIGHTS** | | | | | | | | | |
| Provider Name | | | | | | | | | Provider License Number |
|  | | | | | | | | |  |
| Surveyor Name | | | | | | | Surveyor Number | | Review Date |
|  | | | | | | |  | |  |
|  | **(1) GENERAL INFORMATION.** A hospice shall provide each patient and patient's representative, if any, with a written statement of the rights of patients before services are provided and shall verbally inform each patient and patient's representative, if any, of the following: | | | | | | | | |
|  |  | | (a) | | Those patient rights and all hospice rules and regulations governing patient responsibilities, which shall be evidenced by written acknowledgement provided by the patient, if possible, or the patient’s representative, if any, prior to receipt of services; | | | | |
|  |  | | (b) | | To prepare an advance directive; | | | | |
|  |  | | (c) | | To be informed of any significant change in the patient status or needs; | | | | |
|  |  | | (d) | | The hospice's criteria for discharging the individual from the program *[§ DHS 131.18(2)].* | | | | |
|  |  | | (e) | | The hospice’s written policies on advanced directives, including a description of applicable state law. | | | | |
|  | **(2) RIGHTS OF PATIENTS.** In addition to rights to the information under sub.(1), each patient shall have the  following rights: | | | | | | | | |
|  |  | | (a) | | To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness; | | | | |
|  |  | | (b) | | To participate in planning care and in planning changes in care; | | | | |
|  |  | | (c) | | To select or refuse care, treatment, or services; | | | | |
|  |  | | (d) | | To choose his/her attending physician; | | | | |
|  |  | | (e) | | To confidential treatment of personal and clinical record information and to approve or refuse release of information to any individual outside the hospice, except in the case of transfer to another health care facility, or as required by law or third-party payment contract; | | | | |
|  |  | | (f) | | To request and receive an exact copy of one's health care record; | | | | |
|  |  | | (g) | | To be free from mistreatment, neglect, exploitation, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of property; | | | | |
|  |  | | (h) | | To be free from restraints and seclusion, except as authorized in writing by the attending physician to provide palliative care for a specified and limited period of time and documented in the plan of care; | | | | |
|  |  | | (i) | | To be treated with courtesy, respect and full recognition of the patient’s dignity and individuality and to choose physical and emotional privacy in treatment, living arrangements and the care of personal needs; | | | | |
|  |  | | (j) | | To privately communicate with others without restrictions; | | | | |
|  |  | | (k) | | To receive visitors at any hour, including small children, and to refuse visitors; | | | | |
|  |  | | (l) | | Prior to admission, the types of services available from the hospice, including contracted services and specialized services for unique patient groups such as children; | | | | |
|  |  | | (m) | | Those items and services that the hospice offers and for which the resident may be charged, and the amount of charges for those services; | | | | |
|  |  | | (n) | | To exercise his/her rights as a patient; to have property and person treated with respect. | | | | |
| **(3) PATIENT COMPLAINT PROCEDURE.** Each patient shall have the right, on his or her own behalf or through others, to: | | | | | | | | | |
|  | |  | | (a) | | Express a complaint to hospice employees, without fear of reprisal, about the care and services provided and to have the hospice investigate the complaint in accordance with an established complaint procedure. The hospice shall document both the existence of the complaint and the resolution of the complaint; | | | |
|  | |  | | (b) | | Express complaints to the department, and to receive a statement provided by the department setting forth the right to and procedure for filing verbal or written complaints with the department; and | | | |
|  | |  | | (c) | | Be advised of the availability of a toll-free hotline, including its telephone number, to receive complaints or questions about local hospices, and be advised of the availability of the long-term care ombudsman to provide advocacy and other services under Wis. Stat. § 16.009.  Livanta LLC-BFCC-QIO Program  P.O. Box 2687  Virginia Beach, VA 23450  1-888-524-9900, TTY 711 | | | |