



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### PATIENT RIGHTS AND GRIEVANCE PROCEDURE INFORMATION

**Effective Date:** February 12, 2016

**Policy #:** PR-04

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**I. PURPOSE:** To ensure a systematic process for informing patients about their rights and the hospital grievance procedure.

**II. POLICY:**

- A. Patients admitted to Montana State Hospital are afforded the protection of a number of rights established under state and federal law. Information about patient rights and the hospital grievance procedure will be provided to patient upon admission to the hospital. Information will be communicated in both written and oral form.
- B. If a patient's condition prevents meaningful communication about patients' rights, this information will be provided at a later time as soon as it is clinically feasible.
- C. Information about patients' rights and the grievance procedure will be posted on every hospital unit.

**III. DEFINITIONS:** None

**IV. RESPONSIBILITIES:**

- A. Admission clerks, at the time of a patient's admission, are responsible for ensuring patients are aware of their rights and the grievance process.
- B. Social Workers are responsible for following up with patients to ensure the patients understand their rights and the grievance process within three (3) days of admission.
- C. The Treatment Team is responsible for communicating patient rights periodically during ward meetings and explaining patient rights versus responsibilities.

**V. PROCEDURE:**

- A. At the time of a patient's admission, the admission clerk will review and discuss patient rights information with the patient. The patient will be asked to review and sign a Patient's Rights Form. The staff member will sign, date and time when the Patient Rights form was completed. The original copy of the form will be given to the patient, and the duplicate will be entered into the medical record. The staff member will also review the Patient Grievance Procedure with the patient at the time of admission.

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- B. If a patient is unable or refuses to sign the form or is unable to comprehend the information, staff will document this information in the progress notes, identify a time frame to reattempt to provide the information, and attempt to provide the information after the patient's psychiatric condition improves.
- C. Within the first three (3) days following admission, a social worker or other designated and appropriately trained staff person will follow up with the patient and will review and discuss patient rights information with the patient. The staff member will also review the Patient Grievance Procedure with the patient.
- D. Information about patients' rights will be communicated periodically during ward meetings and treatment programs.
- E. Staff members will reinforce concepts about the relationship between rights and responsibilities and the need to avoid actions that infringe upon the rights of others.

**VI. REFERENCES:** Patient Bill of Rights; §53-21-141 & § 53-21-142, M.C.A.

**VII. COLLABORATED WITH:** Program Managers, Director of Nursing Services

**VIII. RESCISSIONS:** #PR-04, *Patient Rights and Grievance Procedure Information* dated March 16, 2011; #PR-04, *Patient Rights and Grievance Procedure Information* dated August 15, 2007; #PR-04, *Patient Rights and Grievance Procedure Information* dated March 31, 2003; #QI-02, #PR-04, *Patient Rights and Grievance Procedure Information* dated February 14, 2000; HOPP #96-PR-01, *Patient Rights and Grievance Procedure Information*, dated September 1, 1996.

**IX. DISTRIBUTION:** All hospital policy manuals.

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Director of Quality Improvement

**XII. ATTACHMENTS:**

- A. Patient Bill of Rights Document
- B. Patient Grievance Form

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
John W. Glueckert                      Date/Time

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Connie Worl                                      Date/Time

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Hospital Administrator

Director of Quality Improvement

## How to Make a Complaint or File a Grievance

- If you need help resolving a complaint about the services you are receiving at Montana State Hospital...
- If you believe your rights have been violated...
- If you believe you have been physically, emotionally, verbally, or sexually abused...
- Or if you are unhappy about your treatment or need help getting your point of view recognized by staff...

❖ Step 1: Communicate your concern or complaint directly to your treatment team.

However, if this is not effective or if you do not want to do this, you may also...

❖ Step 2: File a formal grievance or complaint by asking staff to provide you with the necessary form (you may ask them to help you complete the form).

However, if this is not effective or if you do not want to do this, you may also...

❖ Step 3: Request assistance from the Board of Visitors advocates at Montana State Hospital by calling 693-7035.

**The Board of Visitors can:**

- Meet with you in person to talk about your concerns and answer your questions
- Give you suggestions for resolving the problem yourself
- Help you communicate with staff effectively
- Assist you in filing a grievance or formal complaint

**Mental Disabilities Board of Visitors (Governor's Office)**

<p><b><u>Warm Springs Office</u></b>                  P.O. Box 177                  Warm Springs, MT 59756                  Phone: 406-693-7035</p>	<p><b><u>Helena Office</u></b>                  P.O. Box 200804                  Helena, MT 59620-0804                  Phone: 406-444-3955                  Toll Free: 800-332-2272</p>
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However, if this is not effective or if you do not want to do this, you may also...

❖ Step 4: Request assistance from outside the hospital by contacting:

<p><b>Disability Rights Montana</b>                  1022 Chestnut St                  Helena, MT 59601                  Toll-Free Phone: 800-245-4743</p>	<p>For complaints about abuse, neglect, injuries, or improper use of restraint, seclusion, time out, or violations of patient rights.</p>
<p><b>DPHHS Quality Assurance Division</b>                  2401 Colonial Drive                  P.O. Box 202953                  Helena, MT 59620-2953                  Phone: 406-444-2676</p>	<p>For complaints about facility compliance with state and federal rules and regulations concerning operation of healthcare facilities including patient rights and abuse and neglect</p>

I have been informed of my rights as a patient at Montana State Hospital.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name (print) \_\_\_\_\_ Hospital Number \_\_\_\_\_

I have presented a statement of rights to the individual named above and have afforded him/her an opportunity to ask questions or be referred to an appropriate person or agency.

Employee Signature \_\_\_\_\_ Date / Time: \_\_\_\_\_

## MONTANA STATE HOSPITAL RIGHTS OF PATIENTS

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As a patient of Montana State Hospital, you have certain rights and protections guaranteed under the laws of the State of Montana and United States Government. These rights include the following:

1. The right to be free from abuse and neglect.
2. The right to receive treatment.
3. The right to an adequate diet.
4. The right to privacy and dignity.
5. The right not to be fingerprinted.
6. The right to confidentiality of your medical record.
7. The right to a humane psychological and physical environment.
8. The right not to be subjected to experimental treatment or research without your consent.
9. The right to be informed of your medical condition.
10. The right within reasonable limits to make and receive phone calls.
11. The right to require informed consent as specified by law, except as permitted in emergency situations.
12. The right to keep and spend reasonable amounts of your own money.
13. The right to consult with your attorney, advocate, or legal representative.
14. The right to wear your own clothing and to keep and use personal possessions within reasonable limits.
15. The right to assurance that privileges or release from the Hospital is not based on required participation in work programs.
16. The right to be paid for work that involves operation or maintenance of the hospital beyond activities of a personal housekeeping nature.
17. The right to the least restrictive conditions necessary to achieve the purpose of your commitment and treatment.
18. The right to regular physical exercise.
19. The right to have visitors during visiting hours.
20. The right to receive and send mail.
21. The right to have access to letter writing materials and postage.
22. The right to have staff assist you as needed.
23. The right to assistance and special provisions if you have a physical disability.
24. The right to have rules, procedures, and policies clearly explained.
25. The right to participate in the development of your treatment plan
26. The right to be free from unnecessary or excessive medication.
27. The right to be free from physical restraint or isolation (seclusion) except in certain emergency situations.
28. The right to practice your religion and participate in worship services.
29. The right to interact with members of the opposite sex with appropriate supervision.
30. The right not to be photographed without your consent except for appropriate identification or administrative purposes.
31. The right to be appropriately referred to other mental health service providers and to participate actively in discharge planning.
32. The right to a safe, clean, and attractive living facility that meets state and local fire and safety standards.
33. The right to assert grievances or make complaints through hospital procedures.
34. The right to assert grievances or make complaints to outside agencies including government agencies.
35. The right to be free of coercion, discrimination, or reprisal for exercising one's rights or filing a complaint or grievance.

**Some rights may be restricted or denied based on court orders, treatment considerations, or security requirements. In this instance, the Hospital must act in a lawful manner and be able to demonstrate the reason the restriction is necessary. You may also give permission to waive certain rights.**

**The Hospital offers a complaint and grievance procedure that you may use if you believe your rights have been violated. You may also go outside of this procedure to make complaints and file grievances with advocacy organizations or regulatory agencies (turn over for instructions).**





