



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### PATIENT RIGHTS AND GRIEVANCE PROCEDURE INFORMATION

**Effective Date:** February 12, 2016

**Policy:** PR-04

**Page 1 of 2**

- 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.
  - 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

## Montana State Hospital Policy and Procedure

- 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:** For internal use only.
- A. Patient Bill of Rights Document
  - B. Patient Grievance Form

Signatures:

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Hospital Administrator

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