

**ANDERSON HOSPITAL
MARYVILLE, IL**

**The Patient Care Partnership
Understanding Expectations,
Rights & Responsibilities**

A. Anderson Hospital complies with applicable Federal civil rights laws, does not discriminate and does not exclude people or treat them differently because of or on the basis of race, color, creed, religion, age, disability, sex, sexual orientation, gender identity and/or expression, genetic information and testing, pregnancy, national origin, citizenship, veteran status military status, unfavorable discharge from military, or other lawfully protected status.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-874-9426 (TTY: 1-618-288-7602).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-874-9426 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-618-288-7602).

UWAGA: Jezeli mówisz po polsku, mozesz skorzystac z bezplatnej pomocy jezykowej. Zadzwon pod numer 1-800-874-9426 (TTY: 1-618-288-7602).

B. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. Patients and, when appropriate, their families in accordance with HIPAA Guidelines, are informed about the outcomes of care, including unanticipated outcomes.

Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

C. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or be transferred to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution. Competent patients may exclude family members from participating in their health care decisions.

D. The patient has the right to have an advance directive that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

E. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.

F. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

G. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

H. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

I. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.

J. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

K. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

L. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

M. The patient has the right to appropriate assessment and management of pain.

N. The patient has the right to access protective services, including, but not limited to, advocacy services and agencies designed to meet the needs of vulnerable individuals.

O. The patient has the right to expect care to be provided in a safe environment, including information regarding the Hospital's patient safety initiatives and quality outcomes.

P. The patient (or representative where appropriate) has the right to receive the visitors whom he or she designates, whether a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and the right to withdraw or deny such consent at any time. The hospital does not restrict, limit, or otherwise deny visitation privileges on the basis of age, race, color, national origin, religion, sex, gender identity, sexual orientation, or disability, provided such visitors conduct themselves in accordance with hospital's rules and regulations.

Pediatric and Incompetent Patients:

A. The staff of Anderson Hospital recognizes parents and/or legal guardians as patients' representatives and therefore entitles them to the same considerations as stated in this policy. The Hospital further recognizes the distinct personhood of the pediatric and incompetent patient and must constantly assure the patient's welfare is of utmost concern. The Hospital must ensure that no harm should be done to a patient as a result of any actions by its staff or representatives.

B. When a patient lacks decisional capacity, and has no authorized and available health care agent under the POA for Health Care Law, the health care provider must make "reasonable inquiry" as to the availability of possible surrogate decision-makers. This includes, but is not limited to, identifying a member of the patient's family or other health care agent by examining the patient's personal effects or medical records (PA 92-364). If an individual is identified, an attempt to contact that person by telephone must be made within 24-hours after a determination by the physician that the patient lacks decisional capacity.

C. "Decisional Capacity" is determined by the physician to a reasonable degree of medical certainty and must be entered in the patient's medical record. The documentation should include the medical opinion regarding the cause, nature, and duration of the lack of decisional capacity. (755ILCS 40/20 (c))

Patients under Legal or Correctional Restrictions:

A. Patients may present to Anderson Hospital who are under the jurisdiction of the legal system. An officer has the legal authority to accompany the patient at all times during his/her hospitalization. Determination of the type of supervision will be the decision of the law enforcement agency and contingent on reason for incarceration, personal behaviors of the prisoner, and protocols of the agency involved. The environment must be maintained safe for all individuals and secure to prevent opportunities for elopement. An officer may be requested to be present during clinical procedures/treatments if the safety of the clinician is at risk.

B. Non-clinical use of restraints shall be solely the responsibility of the legal representative and not subject to the policies of the Hospital regarding restraint use and monitoring. Restraints must not interfere with the care of the patient and must be removed at the request of the clinician when necessary.

C. Patients by nature of their incarceration are not entitled to full privacy and confidentiality rights. However, the Hospital shall make every effort to accommodate and meet the patients' needs. All situations must be individually assessed. The rights of the individual must be evaluated with the rights of the supervising agency, caregivers, etc.

D. Standards of Care and Practice will be maintained within the boundaries of the legal confinement of the patient. No deviation from the usual practices will in any way jeopardize the delivery of safe, competent patient care.

Conflict Resolution:

A. When there is a question regarding the competency of a patient, a disagreement of the family with the physician, or the appropriateness of an order for a patient, the Chair of the Department and/or President of the Medical Staff should be consulted.

1. Administration should be kept informed and may request a conference with individuals involved or may, in extreme cases, seek judicial appointment of a guardian. (The Ethics Committee may be convened as appropriate).
2. All reasonable attempts should be made to come to a solution that satisfies the needs of all parties and provides for the ultimate welfare of the patient.

Patient Responsibility:

A. The staff of Anderson Hospital understands and recognizes that illness and the events associated with that process affect and influence the patients' normal responses to stress. However, it is further understood that basic responsibilities exist and are inherent to the patients' relationships with the Hospital. These responsibilities include but are not limited to the following:

1. Respecting the rights of others.
2. Following Hospital rules and regulations.
3. Providing factual, truthful information regarding identity and past and current medical information.
4. Cooperating and collaborating with reasonable plan of care and treatment including asking questions when they do not understand.
5. Accountability for payment of services and providing necessary information for insurance claims.
6. Accepting responsibility for treatment outcomes when they do not follow practitioner instructions or refuse treatment and informing physicians if they anticipate problems in following prescribed treatment.
7. Ensuring the Hospital has a copy of their written Advance Directive if they have one.
8. Recognizing impact of their life-style on their personal health.
9. All patients have the right to know the rules and regulations that apply to patient care and conduct and are responsible for following those rules and regulations.

Complaint/Grievance:

A. **Complaint:** It is our goal to keep you informed and to provide you with quality care. However, if you or your family members/POA have any concerns regarding the quality of care provided, safety of care provided, or safety of the environment in which care is provided, we ask you bring those concerns to our attention. You may request to speak with the Director of the Unit/Department or the House Supervisor. If your concerns are not resolved at that level, you may call the Patient Advocate at (618) 391-6429.

If anyone feels resolution has not been reached, and he/she has pertinent and valid information about such matters, notification can be made to the following: Illinois Department of Public Health, 525 West Jefferson, Springfield, IL. 62761; Telephone: (800) 252-4243; TTY: (800) 547-0466; or The Joint Commission, One Renaissance Blvd., Oakbrook, IL. 60181; Telephone (800) 994-6610; Facsimile: (630) 792-5636.

B. **Grievance Issue:** If you are a Medicare recipient, you have a right to file a formal grievance related to issues of care or discharge to the Quality Improvement Organization (QIO). Information is included in your admission packet titled "An Important Message from Medicare About Your Rights." If you wish to speak with someone regarding this issue, please contact the Care Coordination Dept. at (618) 391-6153.

IF YOU HAVE ANY PROBLEM READING OR UNDERSTANDING THESE RIGHTS & RESPONSIBILITIES, PLEASE ASK OUR STAFF TO ASSIST YOU.