

WELCOME

Founded in 1960, West Jefferson Medical Center has evolved from a small community hospital into a respected regional medical institution. We are proud of the quality healthcare that we provide to our customers.

West Jefferson Medical Center supports your rights to considerate, respectful, quality healthcare. The staff recognizes and affirms your right to make decisions regarding your care. This booklet is just the beginning of our efforts to assist you to exercise your rights. We invite you to review Speak Up™ patient safety information in the Patient and Visitor Guide located in each patient room or waiting room. We encourage you to discuss your care with your doctor, your nurse, and other members of your health team.

Sincerely,



Nancy R. Cassagne
Chief Executive Officer

Patient Satisfaction

We welcome your comments on our programs and services. A random sampling of our patients will be surveyed via telephone by QDM, the company which helps us to monitor our patient satisfaction level. Your comments will be used to improve our service as well as provide our staff with important information about how they are doing.

Your Rights and Responsibilities

You and the hospital share mutual rights and responsibilities related to your health care. Our staff is committed to providing quality health care, as well as respecting your rights as a patient. We, in turn, ask that you assume certain important responsibilities. Fulfilling these responsibilities will not only help other patients experience a more comfortable stay, but may affect your own well-being during your stay. We thank you in advance for your cooperation and consideration.

Your Rights as a Patient

◆ Access to Care

You have the right to receive treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preference, handicap, diagnosis, ability to pay or source of payment.

◆ Respect and Dignity

You have the right to be treated with consideration, dignity, respect, recognition of your individuality and privacy.

◆ Communication

You have the right to receive, as soon as possible, the services of a translator or interpreter to facilitate communication between you and the hospital's health care personnel. You have the right to written information that is appropriate to your age, understanding, and the language that you speak.

◆ Participation in Care

You have the right to participate in the development and implementation of your plan of care. This is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

You or your representative has the right to make informed decisions regarding your care. Your rights include being informed of your health status, being involved in care planning and treatment and being able to request or refuse treatment.

◆ Identification of Participants

You have the right to be informed of the names and functions of all physicians and other health care professionals who are providing direct care.

You have the right to be informed if the hospital has authorized other health care and/or educational institutions to participate in your treatment. You shall also have the right to know the identity and function of these institutions, and may refuse to allow their participation in your care.

◆ Pastoral or Spiritual Services

You have the right to pastoral and other spiritual services. Please inform your nurse if you would like to receive these services.

◆ Advance Directives

You have the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives. For more information refer to the Advance Directives Booklet.

◆ Refusing Medical Care

You have the right to accept or refuse medical or surgical treatment, including forgoing or withdrawing life-sustaining treatment or withholding resuscitative services.

◆ Family and Physician Notification

You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.

◆ Privacy

You have the right to personal privacy.

◆ Safety

You have the right to receive care in a safe setting and be free from all forms of abuse or harassment.

◆ Patient Records

You have the right to the confidentiality of your clinical records. You have the right to access information contained in your clinical records within a reasonable time frame. You have the right to request an amendment to your medical record. You have the right to an accounting of disclosures regarding your own health information as permitted under applicable law.

◆ Restraints and Seclusion

You have the right to be free from physical and mental abuse, including corporal punishment. You have the right to be free from restraints and seclusions that are not medically necessary or used as a means of coercion, discipline, convenience, or retaliation by staff. Restraints or seclusions may only be imposed to ensure the immediate safety of the patient or staff and must be discontinued as soon as possible. You have the right to safe implementation of restraint or seclusion by properly trained staff.

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◆ Research

You have the right to be included in experimental research only when you have given informed, written consent to such participation or when a guardian provides such consent if you are not competent, in accordance with appropriate laws and regulations. You may refuse to participate in experimental research, including the investigations of new drugs and medical devices.

◆ Disclosure

You and your representative have the right to be informed of outcomes of care treatment, and service.

◆ Follow-up and Discharge Instructions

You have the right to be informed by the attending physician and other providers of health care services about any continuing health care requirements after your discharge from the Medical Center. You also have the right to receive assistance from the physician and appropriate medical center staff in arranging for required follow-up care after discharge.

◆ Billing

You have the right to examine and receive an explanation of your bill regardless of source of payment, and may receive upon request, information relating to financial assistance available through the Medical Center.

◆ Transfer Information

In the event that it is necessary to transfer you to another facility, you have the right to a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution except in the case of an emergency.

Should you have additional questions regarding your rights as a patient, contact the Social Services Department at 504-349-1640.

Your Responsibilities as a Patient

◆ Participation in Your Care

You have the responsibility to provide a complete and accurate medical history.

You are responsible for asking the care provider when you do not understand medical words or instructions about your plan of care.

You are responsible for following your plan of care. If you are unable or unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the medical consequences of not following the recommended treatment. You are responsible for the outcomes of not following your plan of care.

◆ Respect

You have the responsibility to be respectful of other patients, staff and property.

You have the responsibility to follow all hospital rules and regulations.

◆ Billing

You have the responsibility to provide required information regarding payment of charges.

You are responsible for meeting your financial obligation.

Our Vision

West Jefferson Medical Center, in partnership with our Medical Staff, will be recognized for encouraging improvements in health status and as the leading healthcare provider.

Expressing Your Concerns - Including Concerns About Patient Care and Safety

You and your family have the right to have your concerns and complaints addressed in a timely manner. Sharing your concerns and complaints will not compromise your access to care, treatment and services. The best person to help you is often your primary nurse. If your nurse is unable to resolve your issue you can report your concern or complaint by calling:

Monday - Friday 8:00 a.m. - 5:00 p.m.

- ◆ Nursing Administration 504-349-1600
- ◆ Guest Services 504-349-1134

After hours and weekends call operator and ask for the nursing supervisor. All attempts will be made to resolve the issue in a timely manner.

If you feel your concern or complaint was not adequately addressed, you or your representative can submit your concern or complaint to the Grievance Committee for review.

Please submit a grievance in writing:

The Grievance Committee
Suite N205
1101 Medical Center Blvd.
Marrero, Louisiana 70072

Or by telephone: 504-349-1134

If you feel that your concerns have not been addressed or resolved, you may contact the Joint Commission's Office of Quality Management at 1-800-994-6610 or e-mail at complaint@jointcommission.org

In addition, you and your representative have the right to lodge a concern or complaint with the Louisiana Department of Health and Hospitals.

To submit a complaint in writing:

Department of Health and Hospitals
500 Laurel St.
Baton Rouge, Louisiana 70801

Or by telephone: 1-866-280-7737

Patient Rights Booklet

Our Mission

West Jefferson Medical Center, a community hospital, is dedicated to quality patient care provided in a comforting and cost effective manner.



1101 Medical Center Boulevard
Marrero, Louisiana 70072
(504) 347-5511
www.wjmc.org

West Jefferson Medical Center provides services without regard to race, color, religion, national origin, sex, disability, age or economic status.

Copies are available from the Compliance Office, (504) 349-1112.