



Patient Rights Booklet

Our Mission

West Jefferson Medical Center is dedicated to providing quality care in a comforting and cost-effective manner.

Our Vision

We will optimize the health of our community now and in the future.

Our Values

West Jefferson Medical Center is committed to excellence through:

Positive Attitude
Genuine Commitment

Honest Communication
Total Ownership

WELCOME

Founded in 1960, West Jefferson Medical Center (WJMC) 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. WJMC 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 the “It’s OK to Ask” patient safety information in the Patient and Visitor Guide made available at the time of admission. 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 Press Ganey, 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 WJMC 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

Notification of Your Rights

You, or when appropriate, your representative have the right to be informed of your rights and responsibilities as a patient of WJMC, in advance of being furnished care or before care is discontinued, whenever possible. This information must be provided and explained in a language or manner that you or your representative can understand.

Designation of a Representative

You have the right to designate another individual to be your representative. You can make this designation either orally to our staff or in writing. If you designate another person to act as your representative, we will treat this person as your representative throughout your stay unless you withdraw the designation orally or in writing. If you are unable to communicate your wishes and we do not have a prior written directive from you, we will treat an individual that asserts that he or she is your spouse, domestic partner (whether or not formally established and including a same-sex domestic partner), parent (including someone who has stood in *loco parentis* for the patient who is a minor child), or other family member as your representative, without demanding supporting documentation, unless more than one individual claims to be your representative; treating the individual as your representative would result in our violating State law; or we have reasonable cause to believe the individual is falsely claiming to be your spouse, domestic partner, parent or other family member.

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.

Preferred Language, Communication

You have the right to receive, as soon as possible, assistance, including the services of a translator or interpreter, to facilitate communication. To request assistance or obtain additional information, please speak with your nurse or the area supervisor, or contact Guest Services at 504.349.1134 on weekdays between 8:00 a.m. and 4:30 p.m., or the Nursing House Supervisor after hours or on weekends.

Idioma preferido, comunicación

Usted tiene derecho a recibir ayuda lo antes posible, incluso los servicios de un traductor o un intérprete, para facilitar la comunicación. Para solicitar ayuda u obtener información adicional, hable con su enfermera o el supervisor del área, o comuníquese con los Servicios para invitados al 504-349-1134 durante los días de semana entre las 8 a. m. y las 4:30 p. m., o al Supervisor de la residencia de ancianos después de hora o los fines de semana.

Ngôn ngữ ưu tiên, Giao tiếp

Bạn có quyền được hỗ trợ càng sớm càng tốt, bao gồm các dịch vụ biên hoặc phiên dịch, để tạo điều kiện thuận lợi cho việc giao tiếp. Để đề nghị hỗ trợ hoặc có thêm thông tin, vui lòng trao đổi với y tá của bạn hoặc nhân viên giám sát khu vực, hoặc liên hệ Dịch Vụ Khách hàng ở số điện thoại 504.349.1134 vào các ngày trong tuần từ 8:00 a.m. đến 4:30 p.m., hoặc Nhân Viên Giám Sát Nhà Điều Dưỡng sau giờ làm việc hoặc vào các ngày cuối tuần.

Visitation

You have the right, subject to your consent, to receive visitors, including but not limited to a spouse, domestic partner, family member or friend and the right to withdraw your consent at any time. West Jefferson Medical Center may place reasonable restrictions on visitation if the individual's presence interferes with others' rights, poses a safety risk, or if necessary for your health and well-being.

Participation in Care

You or your representative, as appropriate, have the right to participate in the development and implementation of your plan of care. You and your representative have the right to be informed of outcomes of care, treatment and

service. You or your duly authorized representative have the right to make informed decisions regarding your care. Your rights include being informed of your health status, diagnosis and prognosis, being involved in care planning and treatment, including discharge planning and being able to request, accept or refuse medical or surgical treatment, including forgoing or withdrawing life-sustaining or resuscitative treatment. This is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

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 to you. 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 treatment.

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*.

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, Respect and Safety

You have the right to personal privacy. You have the right to be treated with consideration, respect, dignity and recognition of your individuality. You have the right to receive care in a safe setting and be free from all forms of physical or mental abuse or harassment and corporal punishment.

Patient Records

You have the right to the confidentiality of your clinical records, including computerized medical information. You have the right to access information contained in your clinical records within a reasonable time frame. Please see our *Notice of Privacy Practices* for our permitted uses and disclosures of your information and for your other rights.

Restraints and Seclusion

You have the right to be free from physical and chemical restraints and seclusion used as a means of coercion, discipline, convenience or retaliation by staff. Restraints or seclusions may only be imposed to ensure the immediate physical safety of the patient, staff or others and must be discontinued at the earliest possible time.

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.

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. You also have the right to receive assistance from the physician and hospital 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 WJMC.

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 are responsible to comply with hospital rules; be respectful of other patients, staff and property; and cooperate in your treatment. You are responsible for providing a complete and accurate medical history and provide required information regarding payment of charges. You are responsible for meeting your financial obligations to us. You are responsible for informing the care provider

when you do not understand medical words or instructions about your plan of care and if you are unable or unwilling to follow the plan of care. Your care provider will explain the medical consequences of not following your plan of care and you are responsible for the outcomes of not following your plan of care.

If you experience a change in medical condition that is concerning, please notify your nurse immediately. If you've notified your nurse and you still feel you need further assistance, you may call the Rapid Medical Response Team at extension 1310. The Rapid Medical Response Team is a team of medical professionals that respond quickly at your bedside to assess whether additional medical help is needed. Please don't hesitate to call the team if you or a family member feels that additional medical help is needed. We want to partner with you to provide the best treatment possible.

Use of Cell Phone/Recording Devices

Video, voice recording and photographing are restricted on campus and strictly prohibited in patient care/clinical areas.

Expressing Your Concerns

You and your family have the right to have your compliments, 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 complaint you can report your concern or complaint by calling:

Monday – Friday: 8:00 a.m. to 5:00 p.m.
Nursing Administration: 504.349.1600
Guest Services: 504.349.1134

After hours and weekends call the operator and ask for the nursing supervisor. All attempts will be made to resolve the issue in a timely manner. If your concern or complaint was not adequately addressed during your stay with us, you or your representative can submit your concern or complaint to the Grievance Committee for review.

Please submit a grievance in writing to:

The Grievance Committee
1101 Medical Center Blvd.
Suite N201
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
Email: complaint@jointcommission.org
Phone: 1.800.994.6610

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
602 North 5th Street
Baton Rouge, Louisiana 70802
Or by telephone: 1.866.280.7737

Medicare beneficiaries have the right to contact a Medicare Quality Improvement Organization (QIO) with concerns about the quality of care they receive under the Medicare program, disagreements about a coverage decision or to appeal a premature discharge.

The Quality Improvement Organization (QIO) address is:

KEPRO
5700 Lombardo Center Dr.
Suite100
Seven Hills, OH 44131
Phone: 1.844.430.9504 or 1.216.447.9604
TTY: 1.855.843.4776

Copies of this Booklet are available
from the Compliance Office.
Call 504.349.1112

Request the Booklet in writing:

West Jefferson Medical Center
1101 Medical Center Boulevard
Marrero, Louisiana 70072
