

BAYLOR SURGICARE AT MANSFIELD	CLINICAL OPERATIONS POLICIES AND GUIDELINES	
SUBJECT: PATIENT RIGHTS	ISSUED: Aug 2008 Rev: 12-1-2013	NUMBER: 2-11

PURPOSE: Effective health care requires trust between the patient and their health care providers.

POLICY: A statement of Patient Rights and Responsibilities and Complaint Process is provided for the patient and posted in the lobby.

Care is provided that respects and protects Patient's Rights and according to HIPAA Privacy Guidelines.

GUIDELINE:

RESPONSIBILITY

The credentialed and employed staff is authorized to have access to patient information and protects the confidentiality of personal, medical and financial information related to the patient. The consequence of not honoring Patient Rights can be immediate employment termination, and prosecution to the extent of the law based on the severity of the violation.

The credentialed and employed staff informs the patient of their right to Informed consent for:

- Use of personal information, pictures or videos
- Care that includes the risk, benefits, treatment alternatives and consequences of not adhering to the treatment plan
- Scientific and other visitors to be present during a procedure
- Participation in clinical trials and investigative studies

Designate a surrogate decision-maker

Involve or not involve their family in their care and related decisions

Participate in treatment decisions ethical issues and in conflict resolution concerning their care

Refuse care

Pain management and comfort measures

Know the names and professional status of caregivers

Information about fees and payment schedules

Education concerning their condition/procedure and instruction for care after

discharge Information on conflict resolution and the grievance process

Present an Advance Directive statement and inform the patient of the facility policy *to not honor* the document at this center as life saving measures will be made in the event of an emergency. The Advanced Directive is kept with the medical record in case of an emergency transfer to another facility.

The patient has a right to shared information from their physician, Licensed Independent Practitioner (LIPS), or Administrator about unanticipated outcomes with the patient and/or family member when appropriate. Family will be taken to the Conference Room for private consultation with the physician, LIP or Administrator.

The credentialed and employed staff provides care that:

- Protects the patient's privacy of their person and confidentiality of information related to the patient according to the organization compliance guidelines, and federal and state laws
- Protects the patient's safety and security
- Respects the patient's personal values and beliefs

The patient is responsible to:

- Provide accurate and complete information about complaints, past illnesses, hospitalizations, medications, advance directives, and other matters of care.
- Acknowledge when they don't understand a treatment or plan of care.
- Have a responsible adult to provide transportation and to assist with their care during the first 24 hours post-op.
- Provide a telephone number where they can be contacted within the first three days post-op.

PROCESS:

Post and make available a copy of the Patient's Rights/Responsibilities and Grievance Process to each patient.

Comply with the identified responsibilities for providing patient care, which protects and honors patient rights.

Patient Rights/Responsibilities and Complaint Process follows this guideline.

BAYLOR SURGICARE AT MANSFIELD PATIENT RIGHTS AND RESPONSIBILITIES

This accredited ambulatory surgery center presents a copy of the Patient Rights and Responsibilities with the expectation that they will contribute to more efficient patient care and greater satisfaction for the patient, family, physician, and the center organization.

Patients shall have the following Rights and Responsibilities without regard to age, race, sex, religion, culture, physical or mental handicap, and personal values or beliefs.

PATIENT RIGHTS

A right to informed consent for:

- Care that includes the risk, benefits, treatment alternatives and consequences of not adhering to the treatment plan
- Scientific and other visitors to be present during a procedure
- Participation in clinical trials and investigative studies

Designate a surrogate decision-maker

Involve or not involve your family in your care and related decisions

Participate in treatment decisions, ethical issues and in conflict resolution concerning your care Refuse care

Pain management and comfort measures

Know the names and professional status of caregivers

Information about fees and payment schedules

Protection of privacy of your person and confidentiality of your personal and financial information that is consistent with federal and state laws and of your medical information except in the event of an emergency in which case the medical record would be transferred with you to the receiving medical facility.

Protection of your safety and security

Respect for your personal values and beliefs

Information concerning your condition/procedure and instruction for care after discharge. Information on conflict resolution and the grievance process

You have the right to present an advance directive or receive information about advance directives; however it is the policy of this facility *to not honor* an advance directive, as lifesaving measures are made in the event of an emergency. The advance directive is kept with your medical record in case you are transferred to another medical facility in the event of an emergency. Our contracted transfer facility will honor your advance directive.

A RESPONSIBILITY TO:

Provide accurate and complete information about complaints, past illnesses, hospitalizations, medications, advance directives, and other matters of care.

Observe the rules and regulations of the center for your stay and treatment. If the instructions given by the surgery center are not followed, you may forfeit the right to care at the center and you will be responsible for your own outcomes.

Promptly and in an agreed manner fulfill your financial obligations to the surgery center as agreed upon.

Acknowledge when you do not understand a treatment or plan of care.

Ask your doctor or nurse any questions you have concerning pain management or pain relief options and to assist your doctor or nurse in assessing your pain level. You are expected to tell your doctor or nurse about any concern you may have about taking pain medications.

Notify the center or your physician in a timely manner if you cannot keep your appointment.

Fully participate in decisions involving your care and to accept the consequences of these decisions.

Participate in the SPEAK-UP program posted throughout the center.

Have a responsible adult provide transportation and to assist with your care during the first 24 hours post-op

Provide a telephone number where you can be contacted within the first three days post-op.

Be considerate of other patients, families, and personnel by assisting in the control of noise, smoking, and other distractions. You and your family are expected to respect the property and of others.

PROCESS TO FILE A COMPLAINT

It is the mission of this organization to provide care that we would wish for our loved ones and ourselves. The primary goal of this surgery center is to provide excellent care to every patient!

We welcome suggestions, complaints as well as appreciation.

Your feedback is important to help us improve patient care and environment.

You may express a complaint to any staff member, department head or the administrator. The administrator reviews all complaints and attempts to rectify any issue.

If the issue is not resolved to your satisfaction, the Governing Body reviews the complaint. If you are still not satisfied, you may file a complaint using the posted information for:

- The Texas Department of Health
- The Joint Commission

BAYLOR SURGICARE AT MANSFIELD

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (817) 842-2381, by email at pdebona@uspi.com or by mail at:

Paul DeBona, Administrator
280 Regency Parkway
Mansfield, TX 76063

Complaints or grievances may also be filed with The Joint Commission by email at complaint@jointcommission.org, by phone (630)792-5636 or (888) 973-0022 (Toll Free)

You may also mail:

Office of Quality Monitoring

The Joint Commission

One Renaissance Blvd.

Oakbrook Terrace, Illinois 60181

MEDICARE PATIENTS:

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at:
www.cms.hhs.gov/center/ombudsman.asp