

## 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 for providing a complete and accurate medical history. You are responsible for informing 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. When able, maintain personal hygiene and grooming during your hospital stay. To prevent the spread of all respiratory infections, including influenza, please follow appropriate cough etiquette practices: Cover nose/mouth with a tissue when coughing/sneezing and place used tissue into a waste container; If you do not have a tissue, cough/sneeze into your upper sleeve, not your hands; Clean your hands with soap and water or use alcohol gel after coughing/sneezing. You may be asked to wear a surgical mask to protect others.

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.

### 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.

### 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:

**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**  
**1-800-994-6610**  
**email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)**

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**

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.

The Quality Improvement Organization (QIO) is:

**eQHealth Solutions**  
**8591 United Plaza Blvd., Suite 270**  
**Baton Rouge, Louisiana 70809**  
**Email : [busdev@eqhs.org](mailto:busdev@eqhs.org) or [webinfo@lhcr.org](mailto:webinfo@lhcr.org)**  
**Phone : 1-800-433-4958 or 225-926-6353**



# 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:

<b>Positive Attitude</b>	<b>Honest Communication</b>
<b>Genuine Commitment</b>	<b>Total Ownership</b>

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.  
Call (504) 349-1112

**West Jefferson Medical Center**  
1101 Medical Center Boulevard  
Marrero, Louisiana 70072  
(504) 347-5511

## 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 the *It's OK to Ask* 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 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 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.

#### **Preferred Language, Communication**

What is your preferred language or means of communication? You have the right to an interpreter, if a language barrier or sensory impairment exists. You also have the right to communicate regardless of visual, sensory, speech, hearing and/or cognitive impairments. To request assistance, a translator/interpreter, or to learn more about our language services, please speak with your nurse or the area supervisor. If you are not currently a patient in the hospital but are calling for information regarding language services, contact Guest Services at (504) 349-1134 on weekdays between 8:00 a.m. and 4:30 p.m.; After hours and on weekends, please ask the hospital operator for the Nursing House Supervisor for assistance.

#### **Visitation**

West Jefferson Medical Center will allow a family member, friend, or other individual of your choice to be present with you for emotional support during the course of your stay, unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated. To request assistance in this regard, please speak with your nurse or area supervisor

#### **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 duly authorized representative have 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. In addition, ask healthcare workers whether or not they have washed their hands if they are going to be in direct physical contact.

#### **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 seclusion 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.

#### **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.