

An interdisciplinary team of professionals and volunteers develop a plan of care with each patient, family member or caregiver. This plan may include, as appropriate, the following services provided directly or via a contract:

- Medical Director, Physician
- Registered Nurse
- Medical Social Worker
- Spiritual Support Services/Clergy
- Therapists (Physical, Occupational and Speech)
- Home Health Aide
- Volunteers
- Consultant Pharmacist
- Consultant Nutritional Educator or Registered Dietitian
- Durable Medical Equipment (under contract)

Medications and Medical Supplies

- Inpatient care at Fort Gaines Healthcare for short-term stay for symptom control or planned respite
- Counseling: Individual or group
- Bereavement: follow-up for 13 months after the patient's death

PATIENT/FAMILY BILL OF RIGHTS

Englewood Hospice Care services are specialized health care programs that operate with the goal of maintaining quality of life through management of pain and other symptoms. Hospice programs provide medical and health care services consisting of palliative and support care for patients with a progressive illness and their families.

The care of patients and families shall be conducted with an overriding concern for the family unit and above all, the recognition of their dignity and the protection of their rights. Consistent with state laws, the patient's family or guardian may exercise the patient's rights when the patient is unable to do so.

DIGNITY AND RESPECT

The patient/family and their Hospice caregiver have a right to mutual respect and dignity.

The patient/family have the right to appropriate, considerate, ethical and respectful care regardless of race, creed, sex, sexual preference, national origin, handicap, diagnosis, ability to pay or source of payment for care.

The patient has the right to receive effective pain management and symptom control and have any reports of pain accepted and acted on by Hospice Health Care professionals.

- Patients have the right to have their pain controlled, no matter what its cause or how severe it may be. Pain is considered the fifth vital sign, and patients admitted to Englewood Hospice Care, Inc. programs can expect that pain will be regularly assessed and treated for all patients. The patient has the right to expect that pain will be controlled to their satisfaction.

The patient has a right to be free from mistreatment, neglect, verbal, mental, sexual and physical injury including those of an unknown source and misappropriation of patient property by anyone furnishing services on behalf of the hospice which are reported by hospice staff to administration. All allegations involving anyone furnishing services on behalf of Hospice will be investigated and Hospice will take immediate action to prevent further occurrence during the investigation. The Hospice will take all appropriate action as required by law in a timely manner.

Should the patient/family be displeased with Englewood Hospice service, or fails to be furnished necessary services, or there is lack of respect for property, they have the right to file a

complaint without fear of discrimination or reprisal from The Englewood Hospice Care, Inc. First, discuss your complaint with your Hospice Staff Nurse. If you are not satisfied with the resolution, call (229) 435-2109

It is the policy of Englewood Hospice Care, Inc. not to discriminate based on disability. The Englewood Hospice Care, Inc. has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any actions prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that “no otherwise qualified handicapped individual, shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance”. “The Law and Regulations may be examined in the office of Englewood Hospice Care, Inc. Human Resource Manager/Section 504 Coordinator, Sheri Barlow, (229) 435-2109 to comply with Section 504.

Any person who believes she or he has been subjected to discrimination based on disability may file a grievance under this procedure. It is against the law for Englewood Hospice Care, Inc. to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

- Any difference of opinion, dispute, or controversy between a patient, family or patient representative and Hospice is handled according to the Englewood Hospice’s mission, applicable laws, and regulations. Englewood Hospice is committed to responding to any concerns or differences.
- Patients and/or their families/legal representative may freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.
- Grievances must be submitted to the Human Resource Manager/Section 504 Coordinator within three (3) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Human Resource Manager/Section 504 Coordinator or designee shall conduct an investigation of the complaint. This investigation may be Informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of the Englewood Hospice Care, Inc. relating to such grievances.
- The Human Resource Manager/Section 504 Coordinator or designee shall will issue a written decision on the grievance no later than 30 days after its filing.
- The person filing the grievance may appeal the decision of the Human Resource Manager/Section 504 Coordinator by writing to the Administrator/Chief Executive Officer/Broad of Directors) within 15 days of receiving the Human Resource Manager/Section 504 Coordinator decision.
- The Administrator/Chief Executive Officer/Board of Directors shall issue a written decision in

response to the appeal no later than 30 days after its filing.

- The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office of Civil Rights.

The Englewood Hospice Care, Inc. will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to:

- Providing Interpreters for the deaf,
- Providing tapes cassettes of material for the blind, or
- Assuring a barrier-free location for the proceedings.

The Human Resource Manager/Section 504 Coordinator will be responsible for such arrangements.

DECISION MAKING

The patient/family have the right to:

The patient/family have the right to exercise his/her rights as a Hospice patient.

Be fully informed of health status unless contradicted by their physician.

Make decisions about health care, including completion of advance directives: a living will, a health care agent, an attorney-in-fact for health care and/or a conservator.

Receive necessary information by designated Hospice staff about services covered (under hospice benefit) to give informed consent prior to being admitted to The Englewood Hospice Care, Inc. system to care and/or treatment.

Refuse treatment to the extent permitted by law, and to be informed of possible consequences of his/her decision.

Participate or choose whether to participate in a research study and understand Hospice will protect them and respect their rights during research.

Request a change of caregiver without fear of consequences.

Request discharge from The Englewood Hospice Care, Inc. program or choose non-hospice care

(for example: hospice care outside the plan of care) and transfer to another system of care, or care by family.

Receive complete information/explanation concerning needs for an alternative to such a transfer. Hospice must provide evaluation, service and referral as indicated by the patient's situation.

Expect access to information delineating the process of registration, review and resolution of patient/family complaints

To ask for more information concerning anything you do not understand.

The patient/family have the responsibility to give The Englewood Hospice Care, Inc. an accurate and complete health history when requested to do so.

The patient/family will be actively involved in developing and implementing a plan of care, which will include the use of all appropriate personnel and community resources.

If discharge is required due to the need to transfer the patient to a non-hospice course of care outside the plan of care, or because the patient's health improves and he/she no longer qualifies for the current level of care under regulatory guidelines, he/she can expect the following:

That the patient/family will be involved in the discharge planning process.

That all options for ongoing care needs will be reviewed with the patient/family.

That the patient/family will be informed by Hospice clinical staff or ongoing continuing health care requirements following discharge and/or risks entailed by discharge.

When requested, an autopsy will be arranged via Yale New Haven Hospital.

PRIVACY

The patient and family have the right to:

A confidential clinical record.

Consideration of privacy concerning their program of care, information regarding their

health, social and financial circumstances.

Unrestricted visitors and communication.

An explanation if any restrictions are necessary.

Expect that records pertaining to the patient/family shall be confidential and released only as consistent with The Englewood Hospice Care, Inc. internal policy or as otherwise required or authorized by law or third party payment contract.

The patient/person designated in writing by the patient has access to the patient's medical record. The Hospice Medical Director and Vice President of Clinical Operations or designee must be present when the medical record is reviewed by patient or designated other.

QUALITY OF CARE

The patient/family have the right to:

Expect reasonable safety of Hospice inpatient, outpatient and home care practices and to receive care of the highest quality.

Be told what to do in case of an emergency.

Know what Hospice rules and regulations apply to the conduct of the patient/family and the rights and privileges of the patient/family as the unit of care.

Be provided an interpreter and hearing-impaired services, as appropriate.

Refuse care and treatment.

Choose his/her attending physician.

Receive information about the scope of services that the Hospice will provide and specific limitations on those services.

Participate in the development of your Hospice care plan.

The patient family has the responsibility to:

To follow the plan of care

Provide and maintain a safe home environment (for Home Care).

To call and cancel the visit if they are not home (for Home Care).

To assist in safe entry into their home (for Home Care).

To follow the plan of care

To make any choice of non-hospice care known to Hospice as soon as practical.

FINANCIAL

The patient/family have the right to:

An explanation of any bill for services regardless of sources of payment.

Receive a written statement of services offered and charges for services with 30-day notice of any change in charges.

Be informed of the extent to which payment may be expected from Medicare or any other payor known to the organization.

To be informed of the charges for which the patient may be liable.

To be informed of any charges not covered by Medicare or other payor.

Request information about financial or billing concerns.

In considering an application for uncompensated care, families are encouraged to meet with the Finance Department to discuss any private pay arrangements that can be undertaken by the family. When it is determined that all or a portion of a bill cannot be paid on a private pay basis, uncompensated care is then considered.