

PHYSICIAN SERVICES OF NORTHEAST CONNECTICUT, LLC

Patient Rights & Responsibilities

Providing the highest quality of personalized health care is our goal at Day Kimball Hospital. We work hard to respect patients' needs, values, and dignity and we believe that patients should be partners with us in their medical care. These Patients Rights and Responsibilities will help us work with you to provide the best possible care. If you are a minor or unable to speak for yourself, these rights and responsibilities, as appropriate, will be given to your parent or legal guardian. You are one of our valued patients. Your rights include, but are not limited to the following:

Personal Rights

- ◆ To be provided appropriate medical treatment, regardless of your ability to pay or your race, national origin, sex, or religion;
- ◆ To be treated with respect, consideration, and dignity;
- ◆ To receive information about financial assistance;
- ◆ To receive a full explanation of all charges, including an itemized and detailed explanation of your bill, if desired;
- ◆ To receive care in a safe setting, free from all forms of abuse or harassment;
- ◆ To have visitors, mail and telephone calls, unless these things are not medically advisable, or you choose not to;
- ◆ To have an interpreter if English is not your primary language (ask your nurse if an interpreter is needed);
- ◆ To have access to special equipment and/or an interpreter if you are hard-of-hearing or deaf (ask your nurse or call extension 2342);
- ◆ To be assured of the confidentiality of all personal and medical information, including your medical record;
- ◆ To have your cultural heritage respected and your religious and/or spiritual needs and values met;
- ◆ To be examined in a place that is private;
- ◆ To have a person of the same sex present when you are being treated by a person of the opposite sex;
- ◆ To have private discussions about your situation and care;
- ◆ To refuse to see or talk with people not directly involved in your care;
- ◆ To understand all Hospital rules and regulations that affect your care and conduct as a patient;
- ◆ To ask for a different room if you're having a problem;
- ◆ To have all reasonable requests responded to promptly and politely.

Medical Rights

- ◆ To know the names, specialties and credentials of the people treating you;
- ◆ To be free from restraints and isolation not medically necessary;
- ◆ To expect prompt and effective treatment of pain;
- ◆ To know the relationship between your doctor and the Hospital;
- ◆ To review your medical record with your doctor or nurse;
- ◆ To receive a complete explanation of why you or your loved one needs to be transferred to another hospital, if a transfer is medically necessary;
- ◆ To be informed of your continuing health needs when you are discharged from the Hospital;

- ◆ To be notified in writing of the need for you to be discharged and that your insurance company will decline to pay should you choose to stay in the Hospital;
- ◆ To file an appeal regarding your discharge and to know that you will not be personally responsible for bill during the appeal process;
- ◆ To participate fully in all discharge plans and to know when the discharge is to happen;
- ◆ To request an autopsy be performed on your family member or loved one following their death. You have the right to request that a doctor not affiliated with Day Kimball Hospital perform the autopsy at another hospital. Payment for the autopsy is the responsibility of the next of kin of the person who died;
- ◆ All patients have the right to be treated in the least restrictive manner;
- ◆ All patients have the right to safe and effective treatment;
- ◆ All patients have the right to be free of being placed in a restrictive device unless it is deemed medically necessary for their treatment;
- ◆ A restrictive device may be a physical device restricting movement or medications that will make the patient sedate;
- ◆ These devices MUST be ordered by a physician and used only when it is deemed necessary for safe and effective treatment;
- ◆ When a physician orders the restrictive device, it can be used only for a limited period of time and requires patient monitoring the entire time;
- ◆ The use of restrictive devices will be incorporated into the plan of care;
- ◆ All staff who are involved in using restrictive devices will be trained and utilize them only when other alternatives have been tried;
- ◆ To consult with a specialist.

Rights of Decision-Making

- ◆ To be informed about all aspects of your care;
- ◆ To be fully informed about your diagnosis;
- ◆ To know your treatment options and alternatives;
- ◆ To participate in decisions regarding your care;
- ◆ To refuse treatment to the extent permitted by law;
- ◆ To give informed consent to decisions regarding your care;
- ◆ To refuse to participate in research or experimental projects;
- ◆ To choose the hospital where you are cared for;
- ◆ To make an Advance Directive (Living Will) and appoint a person to make health care decisions for you, in case you become unable to speak for yourself;
- ◆ To receive explanations about withholding or withdrawing life sustaining treatment.

Patient Responsibilities

As a patient, your responsibilities include, but are not limited to the following:

- ◆ To follow the treatment plan recommended by your doctor, including following the instructions of your nurses and other health care providers in the Hospital;
- ◆ To provide accurate and complete information to your doctor, nurse or other health care

provider, including any changes in your condition and known food or medication allergies;

- ◆ To ask questions if you do not understand any aspect of your care;
- ◆ To inform your doctor or nurse and provide a copy of an Advance Directive (Living Will), if you have one;
- ◆ To ask your doctor or nurse what to expect regarding pain and pain management;
- ◆ To discuss pain relief options;
- ◆ To help the doctor or nurse assess your pain and to tell them if your pain is not relieved;
- ◆ To be responsible for your actions and condition if you refuse treatment or do not follow your doctors' or nurses' instructions;
- ◆ To see that the bill for your health care services is paid as promptly as possible or appropriate arrangements are made with a patient account representative.

If You Have a Concern About Your Care

We encourage you to share any concerns you may have about your care. We have a comprehensive plan for hearing and responding to concerns and other issues. All attempts will be made to resolve the concern or issue in a timely manner. Our plan offers you several

options for filing a concern:

- ◆ You may speak to your doctor, nurse, unit nurse director, or a patient representative.
- ◆ You may speak to the Hospital's Corporate Communications Department, Medical Staff Leaders, or you may fill out a patient satisfaction survey, which you will receive in the mail after your discharge.

Important Phone Numbers for Resolving Concerns or Problems

- ◆ Foreign language interpreter services - ask your nurse for Language Line Services
- ◆ Services for hard-of-hearing or deaf patients – ext. 2342 or ext. 2229 (after hours)
- ◆ Patient representatives – ext. 2279
- ◆ ICU/Telemetry Nurse Director – ext. 2370
- ◆ Med/Surg/Peds Nurse Director – ext. 2329
- ◆ Emergency Department Nurse Director – ext. 2408
- ◆ Maternal Child Health Nurse Director – ext. 2312
- ◆ Inpatient Psychiatric Unit Nurse Director – ext. 2556
- ◆ Pediatric Center, Oncology and Specialty Clinics – ext. 2476
- ◆ Community/Public Relations – 963-6597
- ◆ Ethics Committee – ext. 6344
- ◆ Day Kimball Home Care Director – ext. 2591
- ◆ Chaplains' office – ext. 2644
- ◆ If these individuals cannot address your concern or issue to your satisfaction, you may contact the Quality Management Department by telephone or mail. The telephone number is (860) 928-6541, extension 2208. The mailing address is:

**Quality Management Department
Day Kimball Hospital
320 Pomfret Street
Putnam, CT. 06260**

How To Resolve Any Problem or Concern While You Are Here

We encourage you to share any concern you may have about your care. We want you to be satisfied with your care and happy with your experience here. We have a

comprehensive plan for hearing and responding to your concern or problem. Our plan offers you several ways to make your concern known to us.

- ◆ You may talk with the volunteer patient representatives who will visit your room daily (call ext. 2279 to ask for a patient representative).

- ◆ You may speak to your nurse or doctor or the director of your unit (see the Patient Handbook binder for a list of phone extensions).

- ◆ If these individuals cannot address your concern or solve your problem to your satisfaction, you may contact the Quality Management Department by telephone or by mail. The phone number is 928-6541, ext.2208 and the mailing address is:

Day Kimball Hospital

320 Pomfret Street, Putnam, CT 06260

- ◆ A patient “grievance” is defined as a formal or informal written or verbal complaint that is made to the Hospital by a patient or the patient’s legal representative when a patient issue cannot be resolved promptly by the staff present.

- ◆ All grievances or issues regarding patient care are reviewed by hospital administration. You will receive a letter regarding the resolution of your grievance or a timetable for its resolution within seven business days of the receipt of your grievance.

- ◆ If appropriate, your concern may be forwarded to a nurse manager, a department director, or a member of the medical staff for investigation and follow-up. You may be contacted by one of these persons if additional information is needed.

- ◆ The President and CEO has the final authority for the resolution of all patient grievances.

- ◆ If, after administrative review, you wish to pursue your concerns, you may contact the following agencies:

The Department of Public Health

410 Capital Avenue, Hartford, CT 06134

860-509-7400 / 860-509-7191 - TDD

The Joint Commission’s Office of Quality Monitoring

Call 1-800-994-6610 or email complaint@jcaho.org