

GUIDE TO YOUR CARE AND PATIENT RIGHTS AND RESPONSIBILITIES

Important information about medical and ethical issues

Our goal while you are a patient is to help you experience the best possible outcome. For this to happen, everyone—you, your family and your health care team—must all work together and communicate clearly. This guide is provided to help you understand how you and your family can work with your health care team toward the goal of achieving the best possible outcome, as well as to help you understand your rights and responsibilities. We know that a facility can be a confusing place. You may have many different members of your health care team who visit when your family isn't nearby. Physicians and nurses may use words you don't understand. You may have questions about facility rules or your rights as a patient. You may be very sick and hard choices may need to be made about your treatment. Making those decisions can be difficult and emotions may be strong. We hope the information you find in this guide will ease your mind, make you feel comfortable communicating with your health care team about your treatment or any other issues, and enhance the experience of both you and your family.

The rights and responsibilities recognized at Baylor Scott & White Health ("BSWH") are as follows:

- BSWH is committed to respecting the rights of BSWH patients and their surrogate decision-makers, designated representatives, support persons, and families in accordance with ethical standards, federal and state law, and facility accreditation standards. Along with those rights, patients also have certain responsibilities.
- Patients are informed of their rights and responsibilities. Communication assistance is available to patients, through the services of a translator or interpreter, in order for patients to receive the information in a manner they understand.
- Patients have the right to have a family member, surrogate decision-maker, support person, or designated representative and the patient's physician promptly notified of their admission to a BSWH facility.
- BSWH will collaborate with patients and their surrogate decision-makers to promote patient health and welfare by recommending treatments based on medical science and health care professional judgment.
- We will treat all with dignity, compassion, and respect for personal values, including spiritual beliefs.
- Patients will not be discriminated against for any reason.
- Patients have the right to receive information in a language and form necessary for their understanding and agreement with, or refusal of, the treatment recommended. If patients are unable to receive this information, it is given to their surrogate decision-maker.
- Patients have the right to formulate advance directives such as living wills, and we will respect those directives within the law and facility policy.
- Patients have the right to receive information about our policies on advance directives and the initiation, maintenance or withdrawal of life sustaining treatments. Further, patients have the right to receive information about Cardiopulmonary Resuscitation ("CPR") and our policies on Code Status Orders including Full Code, Do Not Attempt Resuscitation ("DNAR"), and Limited Code ("LC") orders.
- Patients may request, or have their surrogate decision-maker, designated representative, support person, and/or physician request on their behalf, a discharge planning evaluation to be performed and to have that information given to the patient, surrogate decision-maker, designated representative, support person, and physician. When appropriate, a discharge planning evaluation is offered to outpatients.
- Patients have the right to accept or refuse visitors of their choosing except when such visitors might interfere with their medical treatment or the treatment of others.
- Patients have a right to privacy as outlined in law and regulation.
- Patients have a right to a copy of their medical records in accordance with law and facility policy.
- Patients have the right to consent or refuse to consent to participation in research and to the involvement of students and residents in their care.

Limitations on rights:

- Patients do not have a right to testing or treatments that are unavailable in our facilities.
- Patients do not have a right to testing or treatment which, in the treating physicians' judgment, is medically inappropriate for their condition.

Patients have the responsibility to:

- Provide a complete and honest medical history.
- Cooperate with all necessary examination, testing and treatment recommended. If a patient is unwilling to do so, we will consider the patient responsible for the consequences and the patient should seek treatment elsewhere.
- To show respect at all times for our staff, other patients, and visitors.
- To pay for that portion of medical treatment not covered by insurance or to disclose to us any need for financial assistance.
- To speak up and ask questions if the patient or surrogate decision-maker does not understand or feels dissatisfied with the treatment and care we are providing, or if the patient or surrogate decision-maker feels the patient is unsafe while under our care.

A patient's guardian, next of kin, surrogate decision-maker, support person, or designated representative may exercise, to the extent permitted by law, the rights delineated on behalf of the patient and take on the responsibilities of the patient if a patient:

- Has been adjudicated incompetent in accordance with the law;
- Is found by their physician to lack decision-making capacity or to be mentally incapable of understanding the proposed treatment or procedure;
- Is unable to communicate their wishes regarding treatment; or
- Is a minor.

Who is on my health care team?

Throughout this guide we refer often to your health care team. Depending on many factors, your health care team may be made up of any number of individuals. Every team member brings special expertise. These individuals will identify themselves, their professional status, if applicable, their relationship to others on the team, and their role in your treatment and care.

Goals and types of treatment

The most basic goal of medicine is to fix or cure your health problem. If a complete cure is not possible, the goal of the health care team is to try to slow down the problem or make it go away for a while (remission). Perhaps the most important goal is to provide you with comfort and relief of suffering at all times. You will receive medically appropriate treatment to meet these goals and we hope that you will do well.

Communicating with your health care team

Good communication is essential to every part of medical treatment. It is important when things are going well. It may be even more important when things are not going well and the outcome you and your family expected is not being achieved. Either way, it is vital that you, your family and your health care team communicate clearly. You should feel free to discuss any topic associated with your care and treatment with members of your health care team. For example, you may want to discuss:

- Your diagnosis
- Likelihood of achieving goals
- Problems that might occur during recuperation
- The types of treatment appropriate to meet those goals
- The benefits, burdens, and risks of treatment as well as the probability of success. It is important that you discuss your goals and the types of treatment with your physicians, nurses and your family while you are able to speak for yourself. How do you want to be treated if you have an accident or an illness and become so sick you can't speak for yourself? Who should speak for you and what should they say?
- The importance of advance care planning

The process of thinking about who should speak for you if you can no longer speak for yourself and considering the goals and intensity of your treatment is called advance care planning. When thinking about who should speak for you, consider how trustworthy that person is and how available they are. Think about what you would want them to say on your behalf. This is easy if you are only temporarily unable to speak for yourself and recovery is expected. But what if you become so sick that you can no longer communicate, and cure is no longer possible? If you make these decisions in advance, you will be relieving your family and loved ones from making these decisions for you. You should think about these questions:

- What physical, mental or financial burdens would you be willing to accept to temporarily stay alive longer (or prolong dying) in that circumstance?
- What quality of life would you want to have to make staying on a breathing machine or dialysis worthwhile?
- Would you be willing to live confined to a bed in a nursing home, unable to care for yourself?
- How important is pain control to you—not only physical, but mental and spiritual?
- What if you were permanently unconscious and could not feel pain, hunger, thirst, happiness, love or joy, but could be kept alive with a tube in the stomach to provide artificial nutrition and hydration?

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These are hard questions and they often have deeply personal answers. Whatever your answers are, the best way to communicate them is by completing an advance directive such as a Living Will and/or a Medical Power of Attorney.

Advance directives have been clearly shown to improve patient care in the setting of serious illness and to lessen family stress. If you do not have an advance directive at the time of admission, we hope you will complete one. It is never too late to do so, and a copy can be placed in your medical record. You are not required to complete an advance directive. Whether or not you choose to complete an advance directive, your care, treatment and services that you receive will not be affected, nor will your decision result in any discrimination against you. To help you face questions you may have about advance directives and to complete an advance directive, you may request the following additional resources from your nurse, social worker, chaplain or physician, or you may access advance directive resources online at BSWHealth.com

If I complete an advance directive, can I change my mind?

Yes, you may cancel, or revoke any advance directive simply by destroying the document, signing and dating a written statement that states your desire to cancel the directive, or telling your doctor or nurse. You may also review and revise your advance directive. If you choose to change an advance directive, you must execute a new one.

If you are admitted within the facility where else can I get help?

If you are admitted within the facility there are specially trained social workers, nurses, and chaplains who can help you with advance care planning concerns. You may also have ethical concerns as you consider potentially serious issues. All Baylor Scott & White facilities have access to ethics committees and ethics consultants who may offer counsel and assist in resolving ethical issues that might arise. These services are provided free of charge. You, your family or health care decision maker, your physician or any member of your health care team may request guidance from a Baylor Scott & White facility ethics committee. For further information, your physician, nurse, social worker or chaplain can help you reach the ethics committee at your facility or you may call one of the phone numbers at the end of this handout. You may also wish to consult your personal or family lawyer if you have questions about advance care planning.

What if there is disagreement about ethical issues?

On rare occasions there may be ethical disagreements between you, your family and/or health care providers. We believe good communication can prevent most ethical disagreements. It is also worth remembering the following:

- We will make every reasonable attempt to honor your treatment preferences within the mission, philosophy and capabilities of the facilities and the accepted standards of medical practice. This includes those expressed by an advance directive or by others on your behalf if you lack an advance directive and are unable to make decisions.
- You have the right to refuse specific treatments or care.
- We do not recognize an unlimited right to receive treatments that are medically inappropriate.
- Texas law, specifically Chapter 166 of the Texas Health & Safety Code, provides a process for resolving ethical disagreements between you, your family, and/or health care providers in those rare cases where further communication does not resolve the disagreement. This process relies on ethics consultants and ethics committees available at each facility to help as needed.

At some point, you may be asked to make hard choices about treatment when cure of your illness is no longer possible, and emotions may be strong. We have provided this information in hopes of helping you better understand your rights, responsibilities and ethical issues associated with being in the facility. We hope a better understanding will improve communication, treatment and lessen stress for all.

Complaints

We welcome your feedback at all times, both positive and negative. If you have any complaints, we hope you will:

- First report your complaint to the clinical manager for the unit or facility involved. The bedside nurse will help you identify the clinical manager.
- We will investigate your complaint through our formal complaint process, and we will give you a response. Although we encourage you to bring your concerns directly to us, you always have the right to take any complaint to the Texas Department of State Health Services and/or the Joint Commission by e-mail, fax, letter or phone at the contact numbers and addresses listed below.

Grievance Process Information

We will investigate your complaint through our formal complaint process, and we will give you a response.

Patient Privacy or Confidentiality Complaints: (866) 245-0815

Billing Concerns: (800) 994-0371

Patient Relations: (866) 218-6919

Although we encourage you to bring your concerns directly to us, you always have the right to take any complaint to the Texas Department of State Health Services by email, fax, letter or phone at the contact numbers and addresses listed below.

Texas Department of State Health Services
Health and Human Services Commission
Complaint and Incident Intake Mail Code E-249
P.O. Box 149030
Austin, Texas 78714-9030
Email: hfc.complaints@hhs.texas.gov
Complaint Hotline: 1-800-458-9858, Option 5
Fax: 833-709-5735

The Joint Commission
Office of Quality and Patient Safety
One Renaissance Blvd.
Oakbrook Terrace, IL. 60181
www.jointcommission.org
Phone: 1-800-994-6610
Fax: 630-792-5636

Have a right to take complaints including quality of care, disagreement with a coverage decision, or wishes to appeal a premature discharge to the Quality Improvement Organization ("QIO") for Texas Medicare beneficiaries at the contact number and address listed below.

Acentra Health
Rock Run Center
5700 Lombardo Center, Suite 100 Seven Hills, OH 44131
(888) 315-0636
Fax (844) 878-7921
QIOCommunications@acentra.com

HMO Patient's Right to File a Complaint:

You may send a complaint to your HMO if you are not happy with your HMO's operations, procedures, or the health care services you received from your doctors. HMOs must meet required deadlines to resolve your complaint and must give you a written answer. If you are not happy with the HMO's decision, you can appeal the decision to the HMO's appeal panel. The appeal panel members cannot be the same individuals who reviewed or decided your complaint. Call or write to your HMO to find out more about the HMO's complaint and appeal process. You may also contact the Texas department of insurance for more information about your rights and about HMO requirements at the following address and telephone numbers:

Texas Department of Insurance
HMO complaint helpline 1-800-252-3439
In Austin, call 512-463-6515 Servicio en español