

Patient Rights and Responsibilities, Advance Directives, Conflict of Interest, and Grievance Procedure

THE PATIENT HAS THE RIGHT TO:

1. Have his or her property and person treated with respect;
2. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property;
3. Make complaints to the home health agency regarding treatment or care, the lack of respect for property;
4. Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to –
 - a. Completion of all assessments;
 - b. The care to be furnished;
 - c. Establishing and revising the plan of care;
 - d. The frequency of visits;
 - e. Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits;
 - f. Any factors that could impact treatment effectiveness;
 - g. Any changes in the care to be furnished
 - h. Receive all services outlined in the plan of care
6. Have a confidential record. *The patient or patient's legal representative has the right under Indiana law to access the patient's clinical records unless certain exclusions apply.*
7. Be advised of –
 - a. The extent to which payment for home health agency's services may be expected from Medicaid or any other federally-funded or federal aid program known to the home health agency
 - b. The charges for services that may not be covered by Medicaid or any other federally-funded or federal aid program known to the agency,
 - c. The charges for services that may not be covered by Medicaid or any other federally-funded or federal aid program known to the agency,
 - d. The charges the individual may have to pay before care is initiated;
 - e. Any changes in the information provided in accordance with this section when they occur. The agency must advise the patient/representative, of these changes as soon as possible, in advance of the next home health visit.
8. Receive proper written notice, in advance of a specific service being furnished, if the home health agency believes that the service may be non-covered care; or in advance of the agency reducing or terminating on-going care.

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9. Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation.
10. Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides:
 - a. Agency on Aging,
 - b. Center for Independent Living,
 - c. Protection and Advocacy Agency,
 - d. Aging and Disability Resource Center; and
 - e. Quality Improvement Organization
11. Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the home health agency or outside entity.
12. Be informed of the right to access auxiliary aids and language services.

PATIENTS HAVE THE RESPONSIBILITY TO:

1. Provide complete and accurate information to the best of their knowledge about present complaints, past illness(es), hospitalizations, pain, medications, allergies and other matters relating to their health.
2. Remain under a doctor's care while receiving Agency services.
3. Notify agency of perceived risks or unexpected changes in their condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change of physician).
4. Follow the plan of care and instructions.
5. Ask questions about their care, treatment and service or other instruction they do not understand what they are expected to do.
6. Discuss pain, pain relief options, worries and concerns about pain medication with staff or appropriate medical personnel.
7. Tell agency if visit schedule needs to be changed due to medical appointment, family emergencies, etc.
8. Tell agency if your insurance coverage changes.
9. Promptly meet financial obligations and responsibilities agreed upon with the agency.
10. Follow the organization's policies and procedures.
11. Inform agency of the existence of, and any changes made to, advance directives.
12. Tell agency of any problems or dissatisfaction with the services provided.
13. Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, not smoking or putting weapons away during care).

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14. Show respect and consideration for agency staff and equipment.
15. Carry out mutually agreed responsibilities.

Advance Directives

Advance Directives – documents that allow people to choose what kind of medical care they wish to have in the event they are unable to make those decisions themselves. An advance directive can also designate or name someone else to make medical decisions for a person if the person is incapacitated. For example, Living Will, and Durable Power of Attorney for Health Care.

Do Not Resuscitate

DNR (Do Not Resuscitate) – a healthcare order that tells medical professionals not to perform CPR. CPR (cardio-pulmonary resuscitation) refers to medical procedures used to restart a person's heart and breathing when that person suffers heart failure.

Durable Power of Attorney

Durable Power of Attorney for Health Care – one type of advance directive that is a signed, dated, and witnessed paper that appoints someone else to make the medical decisions for a person in the event he or she becomes incapacitated. This can include instruction about medical treatment the person wants to avoid.

Living Will

Living Will – one type of advance directive that states the medical care a person wants, or doesn't want, in case he or she becomes unable to make those decisions him- or herself. It is called a Living Will because it takes effect while the person is still living.

Healing Hands HHA always respects and encourages patient self-determination. Patients or their surrogates are encouraged and assisted to be active participants in the decision-making process regarding care, treatment and services through education, inquiry and assistance as requested.

The agency provides each patient with information regarding Advance Directives and a description of applicable state law at the time of admission. This information is provided in writing and in a manner that is understandable to the patient/ family/legal representative. A copy of the patient's Advance Directive is maintained in the medical record.

The nurse/skilled licensed therapist will document in the medical record admission form whether or not the patient has completed an Advance Directive, whether a copy of the Advance Directive has been obtained, and that the patient/family/legal representative has been provided with information concerning Advance Directives during the admission process. The Clinical

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Supervisor then will convey this information to all members of the healthcare team and the physician.

GRIEVANCE PROCEDURE

Any complaint or grievance may be made in writing or by a telephone call to the Administrator at the following address/phone number, Monday through Friday from 9:00 a.m. to 4:00 p.m.:

Linda List, RN,
Administrator
Healing Hands Home Health
216 E 9th St
Anderson, IN 46016
(765) 400.9701

The agency will respond to the complaint in writing within fourteen (14) days of the date of receipt of the complaint.

Patient can contact the State's Home Care Hotline which receives complaints or questions about local home care agencies, or implementations of Advance Directives. Their hours are 8:15 a.m. to 4:45 p.m., Monday to Friday and they may be reached at 1.800.246.8909. An answering machine is available 24 hours a day and will record a call after 4:30 p.m. Patient can also lodge complaints and/or grievances with the Consumer Protection Division of the Attorney General's office, the Commissioner of the State Department of Public Health or with any other person or agency.

Patient can report abusive, neglectful, or exploitive practices to the Indiana central abuse hotline at 1.800.992.6978, Monday through Friday from 8:00 a.m. to 4:30 p.m.

CONFLICT OF INTEREST

A conflict of interest may occur when the leadership or staff enter into a relationship with another organization or individual(s) which, in its content or process may adversely affect or have the appearance of adversely affecting the staff's commitment to the HHA and to the culture of safety and quality.

Conflicts of interest may include, but are not limited to:

- relationships
- associations or business dealings with vendors, suppliers, other healthcare organizations or individuals.

All agency staff will:

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- Act solely in the best interests of agency without consideration to the interests of any other agency and to refrain from taking part in any transaction where people do not believe that they can act with undivided loyalty to agency.
- Reveal any material, financial or other beneficial interest to any entity engaged in the delivery of goods or services to agency.
- Reveal any transactions with agency that would result in any benefit to them
- Refrain from using any inside information as to the business activities of agency for the benefit of themselves.

Healing Hands requires all staff to agree to:

- Confidentiality
- The return of records, papers and equipment at the end of employment
- All staff must agree to devote their best efforts to agency and not directly or indirectly be engaged in or connected with any other commercial pursuits without agency knowledge.
- agency staff are obligated to report potential situations that could breach confidential or privileged agency information for personal gain.
- HHA staff must disclose potential conflicts.
- Full-time salaried agency staff will not engage in private practice of a service similar to that provide by agency within the geographic area serviced by agency, without permission of the Administrator. Persons violating this policy will be subject to probation or termination.