

(continued from page 5)

Complaints or grievances regarding this facility can be filed with the New Mexico Department of Health at:

Mail: New Mexico Department of Health
Incident Management Bureau
1190 St. Frances Dr.
Santa Fe, NM 87502-6110

Online: <http://dhi.health.state.nm.us>

Fax: (505) 584-6057

Phone: Toll-free Hotline 1-800-752-8649

For complaints or grievances related to a Renal Transplant Program, you may contact the End Stage Renal Disease (ESRD) Network #15; a nonprofit organization involved in assuring quality care to individuals with ESRD at:

Mail: Intermountain End-Stage Renal Disease Network
1301 Pennsylvania, Suite 750
Denver, CO 80203

Phone: (303) 831-8818 or
toll free 1-800-783-8818 or 1-888-777-0105

If you are concerned about a possible violation of a law or Presbyterian's ethics commitment, you should report your concerns in one of the following ways:

- Ask to speak to a supervisor or a manager
- Contact the Presbyterian Compliance Department:
Phone - (505) 923-8544
- Call the toll-free Compliance Hotline: 1-888-435-4361 (anonymous, 24/7, National Hotline Services)

Important Message from Medicare

If you are an inpatient who receives Medicare benefits...

Date of Discharge

When your doctor or Medicare health plan ("Plan") determines that you can be discharged from the hospital, you will be advised of your planned discharge date. You may appeal if you think that you are being asked to leave the hospital too soon.

If you stay in the hospital after your planned date of discharge, it is likely that your charges for additional days in the hospital will not be covered by Medicare or your Plan.

Your Right to Immediate Appeal without Financial Risk

When you are advised of your planned date of discharge, if you think you are being asked to leave the hospital too soon, you have the right to appeal to your Quality Improvement Organization (also known as QIO). The QIO is authorized by Medicare to provide a second opinion about your readiness to leave. You may call Medicare toll-free, 24-hours a day, at 1-800-MEDICARE (1-800-633-4227), or TTY/TTD: 1-877-486-2048, for more information on asking your QIO for a second opinion. If you appeal to the QIO by noon of the day after you receive a noncoverage notice, you are not responsible for paying for the days you stay in the hospital during the QIO review, even if the QIO disagrees with you. The QIO will decide within one day after it receives the necessary information.

Other Appeal Rights

If you miss the deadline for filing an immediate appeal, you may still request a review by the QIO (or by your Plan, if you are a Plan enrollee) before you leave the hospital. However, you will have to pay for the costs of your additional days in the hospital if the QIO or your plan denies your request. To request a review by the QIO or to report quality of care concerns or complaints, you may contact the QIO at:

Mail: New Mexico Medical Review Association
5801 Osuna Rd. NE, Suite 200
Albuquerque, NM 87109

Phone: Toll-free 1-800-663-6351

Fax: 505-998-9899

Abuse, Neglect and Misuse of Personal Property

Presbyterian Healthcare Services is committed to providing patient care in a safe environment. Any patient, family member, legal guardian or employee may report an incident of abuse, neglect or misuse of personal property to any Presbyterian Healthcare Services employee or directly to the New Mexico Department of Health Improvement. Reports can be made to the New Mexico Department of Health Improvement by telephone call, written correspondence or utilizing the New Mexico Department of Health Improvement incident report form. Patients, family members, legal guardians and employees should feel free to make reports to Presbyterian Healthcare Services or state agencies without fear of retaliation. As required by state law, Presbyterian Healthcare Services maintains an incident management system in order to ensure a timely response and identify quality improvement opportunities related to suspected patient abuse, neglect, or misuse of personal property.

New Mexico Department of Health Improvement incident report forms are provided to patients as part of their admission packet. Reports can also be made by calling, faxing or e-mail per below.

Adult Protective Services and Children Youth & Families Department (CYFD)
Statewide Centralized Intake (SCI)

Phone: 1-800-797-3260

Fax: 1-505-841-6691

New Mexico Department of Health Improvement (NMDHI)

NMDHI Hotline: 1-800-752-8649

Fax: 1-800-584-6057

E-mail: incident.management@doh.state.nm.us

Online Form: <http://dhi.health.state.nm.us/elibrary/ironline/ir.php>

Translation and Interpretation Services

Patients and their families have a right to translation and interpretation services to help communication among patients and their families or representatives and doctors, nurses, or other caregivers. Interpreters and translation services, including services for American Sign Language, are available simply by making a request to any Presbyterian staff member or showing them this notice. *This is a free service.*

Patient Rights and Responsibilities and Responding to Your Needs and Concerns

You have the Right...

as a patient of Dr. Dan C. Trigg Memorial Hospital, a Presbyterian Healthcare Services Facility:

- To receive adequate and appropriate care regardless of your race, creed, color, national origin, education, social class, religion, sex, sexual orientation, marital status, age, disability or source of payment;
- To receive care that respects your personal values, beliefs, individuality, independence and decisions;
- To have personal privacy, including confidentiality of your medical records and personal information as further described in the booklet, "Joint Notice of Privacy Practices";
- To access your medical records within a reasonable time frame, except under circumstances where the law allows us to limit your access;
- To receive care in a safe environment;
- To receive information about your health in terms you can understand including your diagnosis, treatment, prognosis for recovery, and outcomes of care;
- To make informed decisions about your care;
- To participate to the fullest extent possible in developing a plan for your care and to expect care will be provided in accordance with that plan;
- Except in emergencies, to give your consent before receiving treatment and after an explanation of the potential risks, benefits, medical consequences and alternative treatments;
- To request appropriate treatment or to refuse recommended tests or treatment to the extent permitted by law and to be informed of the medical consequences of your refusal;
- To know who is providing your care and who has overall responsibility for providing your care;
- To have a family member or representative of your choosing and your physician notified promptly when you are admitted to the hospital;
- To request a second opinion or consult a specialist at your own expense;
- To have your family, with your permission, involved in your care, treatment, and service decisions as appropriate and as allowed by law;
- To make an advance healthcare directive and/or an advance mental health treatment directive and to expect providers to honor your directives to the extent required by law and hospital policy;
- To expect that appropriate surrogate decision-makers will be sought if you lack the ability to make decisions and have not made an advance directive;
- To expect that your designated or surrogate decision-maker will be able to exercise all rights you would have regarding your medical care;

- To receive information about pain management, when applicable, and to have your pain recognized and managed as effectively as possible;
- To receive information about any research or experimental treatment being considered for your care and to consent or refuse to participate;
- To receive information about any recording or filming made for purposes other than identification, diagnosis or treatment and to consent or refuse to participate;
- To have specific dietary needs met when you are receiving your meals from our facility;
- To have reasonable access to visitors of your choosing and telephone and mail services in accordance with facility policy unless you have been informed that there are medical or institutional reasons why your access must be restricted;
- To access information about the ways in which the facility educates staff about patient rights and their role in supporting those rights;
- To receive written information about and to access protection and advocacy services;
- To raise concerns about ethical issues relating to your care with your providers and/or the Hospital Ethics committee;
- To request and receive information regarding the charges for any treatment or services and any potential sources of financial assistance;
- To request and receive an explanation of your bill regardless of the source of payment;
- To expect that we will communicate with you in a manner that you can understand, including the use of translation and interpretation services or audiovisual aids when necessary;
- Except in emergencies, if you need to be transferred to another facility, to receive a full explanation of the reason for transfer, appropriate provision for continued care and acceptance by the receiving institution;
- To receive care that is free from all forms of abuse, neglect, harassment and that preserves your dignity;
- To be free from restraint or seclusion unless necessary medically or in an emergency situation to protect you or others from harm;
- To access facility policies and procedures concerning the reporting of abuse, neglect, misappropriations of your property and where applicable, other reportable incidents;
- To voice concerns, complaints, and grievances about your care, service or safety issues, without fear of reprisal or discrimination, including filing complaints and grievances with your healthcare facility, the State and with other government and/or quality management organizations (See *“Responding to Your Needs and Concerns”* section of this brochure);
- To expect prompt action in addressing a complaint, grievance, need or concern.

It is your right as a patient receiving post-acute care in one of our facility swing beds:

- To access your medical records within 24 hours of your request (excluding weekends and holidays) and to purchase copies of your medical record within 2 days of accessing your medical records, except under circumstances where the law allows us to limit your access;

- To retain and use personal clothing and when space permits, possessions, unless there is a medical reason why you cannot do so or unless to do so would violate the rights or health and safety of other patients;
- To manage your own financial affairs or, if you prefer, to have the facility manage your personal funds and to provide you with appropriate management and accounting for any funds deposited with the facility;
- To receive a complete physical and mental evaluation within 14 days of your first admission to this facility, within 14 days of readmission to this facility if there has been a significant change in your condition, and at least once every 12 months for as long as you remain in this facility;
- To have a family member or representative of your choosing and your physician notified when there is a significant change in your status or any accident resulting in injury, a need to alter your treatment significantly, a change in room or roommate assignment, a transfer or discharge decision or any change in your rights;
- To choose your physician, qualified pharmacist and other providers from among all willing and qualified providers;
- To have immediate access to visitors of your choosing and telephone and mail services in accordance with facility policy unless you have been informed that there are medical or institutional reasons why your access must be restricted;
- To receive information about and to access health, social and legal services;
- To receive information before care is initiated and when changes occur about the charges for any treatment or services, including whether or not you can expect the charges to be covered by Medicare, Medicaid or other sources, and the extent to which payment may be required from you;
- To receive information about how to apply for and use Medicare and Medicaid benefits and how to receive refunds if you have made payment for care that is covered by your benefits;
- To receive assistance, if needed, with daily living functions;
- To share a room with your significant other if you both are patients in the same facility and both agree to the arrangement;
- To expect that you will not receive unnecessary medications and if the facility determines it is safe, to administer your own medications;
- To review the results of the most recent survey of the facility conducted by federal or state surveyors and any plan of correction that is in effect.

If you receive treatment or services for mental health or a developmental disability, then while in our facility it is also your right:

- To receive prompt and adequate medical attention for any physical medical issues you may have;
- To receive a physical examination upon admission to the facility (unless a physical has been performed within 2 days prior to admission) and to receive another physical examination at least once every 12 months for as long as you remain in the facility;
- To be free from unnecessary or excessive medication and to expect that medication will never be used as punishment, for the convenience of staff or as a substitute for programs;

- To have writing materials and telephone facilities provided to you without charge, in accordance with policy, if you cannot otherwise afford them;
- To practice or abstain from the practice of religion;
- To have reasonable daily opportunities for physical exercise and outdoor exercise and to have reasonable access to recreational areas and equipment.

You have the Responsibility...

as a patient of a Presbyterian Healthcare Services Facility:

- To provide complete, accurate and timely medical and insurance information;
- To follow all facility rules and policies;
- To participate to the extent possible in making decisions about your care;
- To cooperate with your providers and to comply with the agreed upon plan of care; to discuss with your healthcare providers any problems you think you might have in following the plan of care;
- To accept responsibility for the results if you do not follow your plan of care;
- To communicate with your healthcare providers including informing them if there is a change in your health and/or condition and asking questions as necessary to understand your care, treatment, services or what is expected of you;
- To be considerate of other patients, healthcare providers, staff and property;
- To accept responsibility for your medical bills and to work cooperatively to promptly resolve all financial obligations;
- If you know you will be staying in our facility overnight, to leave any valuables at home or to request that any valuables you might bring with you are stored in a safe place;
- To communicate any concerns, complaints or grievances that you may have in a helpful way by contacting the appropriate person or organization.

If you are a patient of a Dr. Dan C. Trigg Memorial Hospital, a Presbyterian Healthcare Services Home Care, then it is your responsibility:

- To provide complete, accurate and timely medical and insurance information;
- To follow all facility rules and policies;
- To clean and store equipment and supplies in the home according to the instructions provided to you by Agency staff;
- To remain under a physician's care while receiving Agency services;
- To participate to the extent possible in making decisions about your care;
- To cooperate with your providers and to comply with the agreed upon plan of care; to discuss with your healthcare providers any problems you think you might have in following the plan of care;
- To accept responsibility for the results if you do not follow your plan of care;
- To communicate with your healthcare providers including informing them if there is a change in your health and/or condition and asking questions as necessary to understand your care, treatment, services or what is expected of you;
- To be considerate of other patients, healthcare providers, staff and property;
- To accept responsibility for your medical bills and to work cooperatively to promptly resolve all financial obligations;

- To communicate any concerns, complaints or grievances that you may have in a helpful way by contacting the appropriate person or organization.

It is your right to make an Advance Directive

An advance healthcare directive is an individual instruction or a power of attorney for health care made, in either case, while the individual has capacity. An advance mental health treatment directive is an individual instruction or a power of attorney for mental health treatment decisions made, in either case, while the individual has capacity.

Advance directives provide direction to healthcare providers, if you become unable to make choices for yourself, by making your wishes known.

If you do not prepare an advance directive and/or a power of attorney, then New Mexico law decides who will be authorized to make decisions on your behalf in the event that you are unable to make decisions yourself.

We have prepared a booklet, “Making Healthcare Decisions,” to give you more information about advance directives. This booklet contains all the forms that you will need to make an advance directive and/or a power of attorney. If you have not received a copy of this booklet and would like one, you may request a copy from Admissions, the registration desk, or your healthcare provider. After you review the booklet, if you have further questions or would like assistance in preparing your documents, then we will be happy to assist you.

After preparing an advance directive and/or a power of attorney, in addition to keeping a copy in a safe and easily accessible place, you should provide a copy to your physician or other healthcare providers. We also suggest that you provide a copy to any person you designate to make decisions for you.

Responding to Your Needs and Concerns

Presbyterian Healthcare Services is committed to making your care as comfortable and problem free as possible. Our goal is to provide excellent care in a compassionate and healing environment.

Procedures for Filing a Patient Complaint or Grievance

If you would like to share a compliment, complaint, or grievance related to your care, services or safety by telephone, please call the facility’s main number and ask to be connected with the Supervisor or Administrator of the facility.

If you wish to contact us about a compliment, complaint, or grievance in writing, you may send the correspondence to the Administrator of your hospital or of the Presbyterian Healthcare Services hospital closest to your clinic. Or you may write to:

Presbyterian Healthcare Services
 Attention: Patient Relations
 P.O. Box 26666
 Albuquerque, NM 87125-6666