

Compass Regional Hospice

PATIENT'S BILL OF RIGHTS

1. *Receive a timely response from Compass Regional Hospice regarding your request for hospice services.*
2. *Receive information concerning hospice including policies (including admission & discharge); procedures; charges for services; identification, by name and title, of all caregivers; the nature and frequency of care to be furnished; the disciplines that will provide the care; any change in the provision of care before the change is made; any anticipated transfer or termination of care.*
3. *Right to know about short term treatment options for pain control, symptom management and respite.*
4. *Choose your hospice agency, refuse treatment within the confines of the lay and be given information concerning the consequences of refusing treatment.*
5. *Receive appropriate and professional quality hospice care services without fear of physical and mental abuse; neglect; or discrimination on the basis of race, color, religion, sex, national origin, sexual preference, disability or age.*
6. *Have your person and property treated with courtesy and respect by all who provide hospice care services to you. Have your cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.*
7. *Receive a clear and understandable explanation of your medical problems, treatments and procedures needed, and of the expected outcome.*
8. *Participate in the development of a plan of care that will meet your unique health care needs; receive updates and assessments of the plan; voice grievances; access the Ethics Advisory Committee is necessary to assist with treatment and care decisions; and suggest changes in services and staff without fear of threats, restraints or discrimination.*
9. *Right to have pain appropriately assessed and managed.*
10. *Have your care treated confidentially and understand that no records are released without written authorization. Be able to review your clinical record upon request.*
11. *Be informed before care is initiated of the extent to which payment may be expected from Medicare or other sources, and the extent to which payment may be required from you. Receive this information, orally and in writing, within thirty days of the date the hospice care provider becomes aware of any changes in charges.*
12. *Delegate authority to a family member or guardian to make decisions regarding your care.*
13. *The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.*
14. *The agency's policy on withholding of resuscitative services and the withdrawal of life sustaining treatment.*

Patient's Responsibilities

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies and all pertinent items.
2. Assist in developing and maintaining a courteous and safe environment.
3. Inform CRH in a timely manner when you will not be able to keep a hospice/home health care appointment and any changes in status (i.e., a hospitalization)
4. Participate in development of, adhere to, and accept the consequences of, the plan of care.
5. Voice concerns or problems to CRH agency staff member and request further information concerning anything you do not understand.

Complaint/Grievance Procedure

An essential ingredient of hospice care is active participation in decision-making by patient and family members. Throughout your care by Compass Regional Hospice, we encourage you to voice any complaints or problems to the members of your Compass Regional Hospice team. They will make every effort to resolve the problem. The following steps are available to you:

1. Discuss the problem with your primary nurse.
2. Call the Director of Clinical Services at 443-262-4100(voice) 443-262-4130 (TTY) to describe and discuss the complaint or grievance. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment and services.
3. To file a discrimination complaint, contact Compass Regional Hospice administrative offices at 443-262-4100 (voice) 443-262-4130 (TTY) or write a letter addressed to Compass Regional Hospice, 160 Coursevall Dr., Centreville, MD 21617 Attention: Civil Rights Coordinator. If you believe that Compass Regional Hospice has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Office for Civil Rights (OCR) 1-800-421-3481.
4. Call the Executive Director at 443-262-4100(voice) 443-262-4130 (TTY) to describe the nature of the problem. Complaints and grievances presents to the Hospice Executive Director will be resolved within ten (10) working days. The Executive Director will notify the Board of Directors, Compass Regional Hospice and the Hope and Healing Center
5. Call or write to the Chairman of the Board of Directors, Compass Regional Hospice, 160 Coursevall Drive, Centreville, MD 21617.
6. Call the:
Department of Health & Mental Hygiene
Office of Quality Management
Spring Grove Center
Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228
Hospice Hotline Number 1-800-492-6005
7. Contact the Joint Commission to report any concerns about patient care or safety concerns.
 - At jointcommission.org, using the "Report a Patient Safety Event" link in he "Action Center" on the home page of the website.
 - By fax to 630-792-5636
 - By mail to the Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook terrace, Illinois 60181.