Patient Rights and Information Guide

Welcome to Eskenazi Health

We’re glad you chose us for your health care team. The mission of Eskenazi Health is to advocate, care, teach and serve with special emphasis on the vulnerable populations of Marion County. Staffed by physicians of the IU School of Medicine, Eskenazi Health is proud to be one of the leading providers of health care in our community. With a Level I trauma center and nationally recognized services such as Sandra Eskenazi Mental Health Center and a regional burn center, we are well equipped to handle every medical emergency, and we hope to be your provider of choice for all of your family’s health care needs.

At Eskenazi Health, you are the most important member of the health care team.

As a member of this team, you are encouraged to ask questions and participate in decisions about your care. This document will provide you with information that is important for you to know in order for you to be well informed about your care and your rights. If you are an inpatient, the television in your room can also provide more information about the services available to inpatients at the Sidney & Lois Eskenazi Hospital.

If you ever have questions or concerns about your visit to Eskenazi Health that cannot be resolved promptly by the staff members who are assisting you, or if you feel that you or your visitor(s) have been discriminated against based on age, race, ethnicity, color, national origin, veteran status, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression, please feel free to contact a member of the Eskenazi Health Office of Patient Experience by calling 317.880.8333. Staff members are available Monday through Friday from 8 a.m. to 5 p.m. After hours, please inform the charge nurse of your nursing unit or clinic of any concerns needing immediate attention. If your concern cannot be resolved with the Eskenazi Health Office of Patient Experience staff, you may also contact the Indiana State Department of Health at 317.233.1325 (TDD 317.233.5577) or 2 N. Meridian St., Indianapolis, IN 46204 or The Joint Commission at patientsafetyreport@jointcommission.org or by mail at Office of Quality Monitoring, The Joint Commission, 1 Renaissance Blvd., Oakbrook Terrace, IL 60181.

Your Rights as a Patient

As a patient of Eskenazi Health, you will not be discriminated against with regard to age, race, ethnicity, color, national origin, veteran status, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. You have the right to:

Access Compassionate Care
- Be treated with dignity, compassion, care and respect.
- Exercise your cultural, spiritual and personal beliefs.
- Receive appropriate care within the scope of our mission.

Advance Directives
- Receive help in understanding, preparing or revising an advance directive.
- Have your advance directive honored and be informed if we cannot honor it for any reason.
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Communication
• Have visitors of your choice, mail, telephone calls or other forms of communication.
• Participate in any decisions to limit these forms of communication.
• Have a family member, friend or other individual present with you for emotional support during the course of your hospital stay. This support person and any visitors will not be discriminated against based on age, race, ethnicity, color, national origin, veteran status, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. Eskenazi Health supports equal visitation for same-sex couples and same-sex parents.

Confidentiality and Privacy
• Have confidentiality and privacy regarding all aspects of your care and medical information.
• Be informed of the laws protecting your medical information.

Notification
• Have a family member or representative of your choice notified of your admission to the hospital.
• Have your own physician be notified promptly of your admission to the hospital.

Consent
• Receive clear and understandable information about your care and services before agreeing to them.
• Actively participate in all decisions about your care.
• Have your family participate in your care if you desire.
• Appoint an alternate decision maker, as allowed by law, to make decisions about your care should you become unable to do so.
• Choose whether or not to participate in any recording, filming or media events.
• Participate in organ donation only if you desire.

Grievance Procedure
• Expect a thorough review and assistance in resolving any complaints you might have.
• Receive information on how to voice a complaint to hospital or state authorities. All complaints can be voiced to the Eskenazi Health Office of Patient Experience at 317.880.8333.

Hospital Charges
• Expect care that is appropriate, regardless of your financial status.
• Be informed about charges for which you will be responsible.
• Receive counseling to support you in meeting your financial obligations.

Hospital Rules and Regulations
• Expect ethical behavior in our services and business practices.
• Expect us to identify and resolve conflicts of interest.

Identity
• Know who your caregivers are.
• Be informed of business relationships that may influence your care.

Information
• Receive information about your care and rights in a manner you can understand.
• Be informed and understand any changes in the staff responsible for your care.
• Be informed of all unanticipated outcomes of care.
• Understand your options to participate in clinical research.

Personal Safety and Comfort
• Be cared for in a safe environment and receive protection for your personal belongings.
• Have your rights protected and respected under the Americans with Disabilities Act.
• Be free from any form of mental, physical, sexual or verbal abuse.
• Receive protective and/or advocacy services.
• Be free from restraints of any form that are not medically necessary.
• Receive assistance in managing your pain.
• Have a person of your own sex present during your exam if you request it.

Refusal of Care
• Refuse treatment to the extent permitted by law and be informed of consequences and possible alternatives.

Patient Responsibilities
Eskenazi Health has the right to expect you, as a patient, to:
• Provide information about your present health, past illnesses, hospitalizations, medications and other matters relating to your health.
• Report perceived risks in your care and unexpected changes in your health.
• Provide us with feedback you might have about your needs and expectations.
• Ask questions when you do not understand your care or instructions.
• Follow the care plans developed or communicate your concerns about them. We will make every effort to honor your suggestions about care plans.
• Understand that there may be negative consequences of your choice not to follow care plans.
• Follow the hospital’s rules and regulations in order to provide safety and security for all patients and caregivers.
• Show respect and consideration for other patients, families and hospital employees.
• Meet agreed-upon financial obligations to Eskenazi Health.
• Stay in your assigned patient unit so as not to impede your care.

Privacy
Your privacy is very important to us. When you were admitted to the hospital or were registered for outpatient services, you were offered a copy of the Eskenazi Health Notice of Privacy Practices. If you would like to receive a copy of our Privacy Practices brochure now, please ask your nurse or another staff member. It is also available at www.EskenaziHealth.edu. The brochure has complete information about your privacy rights and how to obtain more information about your rights as designated by the Health Insurance Portability and Accountability Act (HIPAA).

Important Message from Medicare
Your rights as a hospital patient:
• You have the right to receive necessary hospital services covered by Medicare or covered by your Medicare Health Plan (“your Plan”) if you are a Plan enrollee.
• You have the right to know about any decisions that the hospital, your physician, your Plan or anyone else makes about your hospital stay and who will pay for it.
• Your physician, your Plan or the hospital should arrange for services you will need after you leave the hospital. Medicare or your Plan may cover some care in your home (home health care) and other kinds of care ordered by your physician or by your Plan. You have a right to know about these services, who will pay for them and where you can get them. If you have any questions, please talk to your physician, your Plan or other hospital personnel.

Your Hospital Discharge & Medicare Appeal Rights
Date of Discharge
When your physician or Plan determines that you can be discharged from the hospital, you will be advised of your planned date of discharge. 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 possible that your charges for additional days in the hospital will not be covered by Medicare, Medicaid or your Plan.

Your Right to an Immediate Appeal Without Financial Risk
If you are a Medicare recipient and feel you are being discharged from the hospital too soon, you have the right to appeal to your Quality Improvement Organization (also known as a QIO). The QIO, Livanta, is authorized by Medicare to provide a second opinion about your readiness to leave. You may call Livanta toll-free, 24 hours a day, at 1.888.524.9900 (TTY 1.888.985.8775) for more information on asking your QIO for a second opinion. If you want to appeal, you must contact the QIO no later than before you leave the hospital on your planned discharge date to avoid any additional costs. You will not be responsible for paying for the days you stay in the hospital during the QIO review, even if the QIO disagrees with you, except for charges such as co-pays and deductibles. The QIO will decide within one day after it receives the necessary information. If you miss the deadline for filing an immediate appeal (after the discharge has been activated), you may still request a review by the QIO before you leave the hospital. However, you will have to pay for the costs of your additional days in the hospital if the QIO denies your appeal. To talk to someone at Eskenazi Health about this, please call 317.880.6802.

Other Appeal Rights
If you are not a Medicare recipient and feel you are being discharged too soon, you may have the right to appeal to your plan. The point of contact for each plan will vary. Please refer to your insurance card for details of who to contact. To ensure that your plan allows the right to appeal, you will be required to work with your designated case manager to avoid delays and fees associated with your plan of care. If you are discharged and still have concerns, you may file for review at the address or telephone number of your plan. To talk to someone at Eskenazi Health about this, please call 317.880.6802.

Consent
With the exception of emergency treatment, each patient or guardian must provide informed consent for surgical and certain other procedures. State law prohibits Eskenazi Health from treating minors without the proper consent of the minor patient’s legally qualified representative, except in emergency cases. A minor is a person under the age of 18.

Interpreters
Interpreter services can be provided to you during your hospital stay. Please tell the staff assisting you if you need an interpreter. There may be an interpreter available in the hospital. If one is not available, staff can access a telephone or video interpretation service. Interpreter services for hearing-impaired patients are also available. All interpretation services are available at no additional charge. Please ask your nursing staff for assistance.
Pain Management
There are many ways that your health care team can help to effectively control your pain. Please speak with your physician or nurse about your pain at any time, and ask questions about pain and pain relief.

You have a right to:
• Information and answers to your questions about pain and pain relief
• Feel that the staff cares and takes your complaints seriously
• A quick response when you report pain
• The best available pain relief treatment
• The services of a pain specialist if needed

You have certain responsibilities to:
• Talk to your physician or nurse about:
  • What to expect
  • Different kinds of pain relief choices
  • A pain relief plan
  • Any pain that won’t go away
• Ask for pain relief as soon as the pain begins.
• Help physicians and nurses measure your pain.
• Stay in your assigned patient unit so as not to impede on your care.

How to talk about your pain
When you talk about pain, answer the following questions:
• Where is the pain located?
• Does the pain come and go or is it continuous?
• Would you describe the pain as sharp, dull, aching, throbbing, needles, etc.?
• What makes the pain better?
• What makes the pain worse?
• Does the pain stop you from doing certain things like bathing, dressing, tying your shoes, eating, etc.?

Pain Intensity Scale

Special Precautions
Eskenazi Health is committed to the prevention, reduction and, if clinically possible, elimination of the use of restraints. However, their occasional use may be necessary to prevent a patient from inflicting self-harm or interfering with medical care. All preventive measures and non-physical interventions will be exhausted prior to using physical restraints, which will be used for the shortest possible duration.

Medical Ethics
Modern medicine helps us provide patients with the most advanced care available today. However, sometimes it may be difficult to make decisions about your care. You may be faced with choices and responsibilities that you have never thought about before. You may wish to speak with an ethics consultant or a member of the Eskenazi Health Ethics Committee. If so, please ask a member of your health care team to page the ethics consultant on call. You may also ask your nurse or the hospital operator to page the chaplain or house supervisor on call to help you contact the right person to assist you.

Advance Directives
It is your right to accept or refuse medical care, but there may come a time when you are unable to make your own decisions due to an injury or illness. Advance directives can protect your right to make decisions about future medical care if you ever become unable to communicate your wishes. Advance directives are instructions that you give in advance about what type of medical care you want or whom you want to make medical decisions for you if you are unable to communicate your wishes.

The following advance directives are recognized in the state of Indiana:
• Talking with your physician and/or family
• Appointment of a health care representative
• Organ/tissue donor
• Power of attorney
• Living will declaration and life-prolonging procedures declaration
• Out of hospital do not resuscitate declaration and order
• Psychiatric advance directive
• Physician orders for scope of treatment (POST)
• Funeral planning declaration

A brochure is available to all patients describing the different types of advance directives that are recognized by law.

Please remember:
• You have the right to control what medical treatment you will receive.
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- No one can discriminate against you for signing or not signing an advance directive.
- Using an advance directive is, however, your way to control your future medical treatment.

If you would like additional information on advance directives, Eskenazi Health Center for Spiritual Care & Education or Eskenazi Health Transition Support staff members are available to provide you with this information. They may be reached at 317.880.7120 (Eskenazi Health Center for Spiritual Care & Education) or 317.880.6802 (Eskenazi Health Transition Support).

Physician Orders for Scope of Treatment

Physician Orders for Scope of Treatment (POST) is a form designed to be a portable, authoritative and immediately actionable physician order consistent with your wishes and medical condition. POST is only appropriate for someone with:

1. An advanced chronic progressive illness
2. An advanced chronic progressive frailty
3. A condition caused by injury, disease or illness from which, to a reasonable degree of medical certainty, there can be no recovery and death will occur from the condition within a short period without the provision of life-extending procedures
4. A medical condition that, if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period the person would experience repeated cardiac or pulmonary failure resulting in death

In consultation with you or your legal representative, your physician, nurse practitioner or physician assistant can write orders that reflect your wishes with regard to cardiopulmonary resuscitation (CPR), medical interventions (comfort measures, limited additional interventions or full treatment), antibiotics and artificially administered nutrition. If you would like to complete a POST, please ask your physician for assistance. You will receive a copy, and a copy will be scanned into your electronic medical record.

Billing

Eskenazi Health will bill your insurance company for services you have received. If a balance remains after the insurance company has paid, you will be billed for the balance. If you do not have insurance, you will also receive a bill. You will receive an additional bill for physician fees for services such as anesthesiology, radiology, pathology, etc. Services provided by physicians are not included in your hospital bill. Please direct all inquiries to these physicians. If you have questions regarding payment of your hospital bill, please call the Eskenazi Health Patient Inquiry Center at 317.880.4055 or 1.866.684.9354.

Financial Counseling and Patient Responsibility

If you do not have health insurance of any kind or cannot pay for your care, you will be asked to talk with a financial counselor. (Patients needing emergency care will always receive care right away, before discussing payment.) The financial counselor will explain the help available and see if you qualify for a federal, state or Health Insurance Marketplace coverage program such as Medicare, Medicaid, Hoosier Healthwise (HHW), Children’s Health Coverage Program (CHIP), and Healthy Indiana Program (HIP). The financial counselor can also help determine if you are eligible for Eskenazi Health’s financial assistance programs, such as Health Advantage or Eskenazi Health Center’s Sliding Fee Scale. The counselor will assist you in signing up for these programs and answer any questions that you may have.

Eskenazi Health is committed to offering high-quality health care at little or no cost to Marion County residents who are unable to pay for their care. We ensure that payment for services is made within the ability of the individual patient.

If you or your family would like to talk with a financial counselor, please call Eskenazi Health Financial Counseling at 1.855.202.1053.

For More Information

Important Eskenazi Health Phone Numbers

To reach an outside line……………………………………………...….…9 + number
Operator…………………………………………………………………….…317.880.0000
Center for Spiritual Care & Education........................................317.880.7120
Connections...............................................................................317.880.7666
Frank & Katrina Basile Gift Shop..............................................317.880.5713
Information Desk.................................................................317.880.8329
Office of Patient Experience...................................................317.880.8333
Release of Information.........................................................317.880.3454
Safety & Security......................................................................317.880.7071
St. Margaret’s Pharmacy..........................................................317.880.4500
Transition Support (social work)..............................................317.880.6802

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