Patient and Care Team Partnership Agreement

Regions Hospital has a strong tradition of excellence in patient care. We are committed to providing patient and family centered care along with the patient’s participation. These expectations outline our partnership agreement which is intended to provide compassionate care in an environment that promotes comfort, healing and mutual respect between the patient and Care Team.

Expectations of the Patient and Care Team Partnership Agreement:

♦ Patient and Care Team (doctors, nurses, social worker, physical therapist, etc.) will work together to provide the best possible care for the patient in a respectful environment. This includes communication of patient progress during this hospital stay.
♦ Patient will participate in cares necessary to encourage safe and timely discharge.
♦ Any rude, threatening, demeaning comments or behaviors will be called out by the Care Team. Care will be terminated temporarily if Care Team member feels uncomfortable. Care will resume when respectful behavior is observed and respectful communication is used. Care Team will ask Security to intervene if negative behaviors continue after requests have been made to stop.
♦ Any physically threatening behavior demonstrated by the patient will result in the immediate termination of care by the Care Team until those behaviors cease. Care Team member will immediately contact Security.
♦ Cares will be given at agreed upon times. If patient is not cooperative with agreement, cares will be deferred until next scheduled time. (Example, Patient declines morning wound care, wound care will not be offered until the scheduled evening shift).
♦ Families are welcomed and recognized as an important part of a patient’s recovery. However, Regions Hospital will not tolerate profanity, disruptive behavior, or any behavior that interferes with the care of any patient.
♦ Regions Hospital has a Zero Tolerance for any alcohol or drug use on the hospital property, abusive actions or language, or any other behavior that creates risk or threat to patients, families, visitors, or Care Team. Anyone, including families violating our Zero Tolerance policy will be asked to leave the hospital. Care Team will call Security immediately.

__________________________________  __________________________________
Patient Signature                                                                 Date

__________________________________  __________________________________
Care Team Member                                                                 Date