

Essential Care Partner / Care Partner Appeals Form



When a request for Essential Care Partner (ECP) / Care Partner (CP) exception is unresolved through discussions between the patient, essential care partner and manager and/or director of the care unit, this form will be completed to initiate the appeals process.

PATIENT, FAMILY, ESSENTIAL CARE PARTNER OR CARE PARTNER TO COMPLETE

Please describe your reason for an appeal and any information you would like to share:

ECP/CP Name: _____ Contact # _____

This section and below is for the staff to complete.

Urgent appeal will require a same day response, when end-of-life may be imminent or there is an extenuating circumstance where a delayed response will create a risk.

Non-urgent appeals reviewed within 48 hours.

Urgent Appeal:

Non-Urgent Appeal:

The Patient Advocate, Clinical Manager or Administration Coordinator will investigate and consult with Incident Management Team/ Senior Leader on call and a minimum of two additional individuals. Please identify those involved in decision:

Patient Family Advisor

Bioethicist

Infection Prevention & Control

Program Manager/Director

PFCC Manager

Quality & Risk Management

Clinical team member, please list _____

Decision:

Appeal Granted

Appeal Denied

Explanation: _____

Please scan and forward completed form to PFCC@tbh.net.