

# 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:

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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: \_\_\_\_\_

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Please scan and forward completed form to [PFCC@tbh.net](mailto:PFCC@tbh.net).