Our Hospitals endeavor to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner.
PATIENT INFORMATION GUIDE

WELCOME

Over the years, we have never forgotten that the human touch has as great an effect as the most powerful medicine. For this reason, our entire staff is committed to making your stay as comfortable and pleasant as possible.

During your hospitalization, we will respect your individuality, dignity and privacy, while offering you the best in healthcare regardless of your payment source, race, sex, cultural, economic, educational or religious background. We will also respect your right to be informed about and participate in decisions regarding your care, inform you of the process for resolution of complaints, and make every reasonable effort to grant requests for special services to meet your individual needs. At the same time, we will maintain a secure and safe environment within the medical center, ensuring that your medical records remain confidential, and encourage you to communicate freely with friends and family through visits, as well as by phone and mail.

In short, you are a very important person to us. Our first and only priority is to provide you and your family with quality healthcare services in a sensitive and compassionate manner.

We wish you a full and speedy recovery!
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MISSION, VISION AND VALUES

MISSION (MOTTO)
Our Hospital endeavors to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner.

VISION (STATEMENT)
Our Hospital is consistently at the forefront of evolving national healthcare reform. Our organization provides an innovative and integrated healthcare delivery system. We remain ever cognizant of our patients’ needs and desires for high quality affordable healthcare.

VALUES

COMPASSION:
We provide an environment that is caring and conducive to healing the whole person physically, emotionally and spiritually. We respect the individual needs, desires and rights of our patients.

QUALITY:
We believe in continuous quality of care and performance improvement as the foundation for preserving and enhancing healthcare delivery. Effective communication and education of our patients, physicians, staff and the community we serve are essential elements of this process.

COMPREHENSIVE:
We are committed to an integrated healthcare delivery system that encompasses the entire spectrum of healthcare delivery. This continuum of care encompasses all aspects of an individual’s healthcare.

COST EFFECTIVENESS:
We offer high quality healthcare that is accessible and affordable.
YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

RIGHT TO INSPECT AND COPY
You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Services Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND
If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to our Compliance Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

• Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
• Is not part of the medical information kept by or for the hospital;
• Is not part of the information which you would be permitted to inspect and copy; or
• Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.
RIGHT TO AN ACCOUNTING OF DISCLOSURES
You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Services Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS
You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do not agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Health Information Services Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to list our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS
You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Health Information Services Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO PAPER COPY OF THIS NOTICE
You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

To obtain a paper copy of this notice: Contact the Admitting Department.
PATIENT RIGHTS

ACCESS TO MEDICAL CARE AND SERVICES
You or your representative have the right to:
- Participate in the development and implementation of your plan of care.
- Participate in the development and implementation of your pain management plan.
- Access protective services and advocacy services.

RESPECT AND DIGNITY
You or your representative have the right to:
- Consider and respectful care. This includes consideration of psychosocial, spiritual and cultural variables that influence your perceptions of illness. This is regardless of race, creed, gender, sexual orientation, national origin, age, disability or sources of payment for care.

PRIVACY AND CONFIDENTIALITY
You or your representative have the right to:
- Privacy concerning your medical care. Staff will conduct case discussion, consultation, examination and treatment confidentially and discretely. Those not involved in your care must have your permission to be present during these discussions.
- Review information or have a copy of your medical record within a reasonable amount of time. We treat all communications and records pertaining to your care as confidential.

PERSONAL SAFETY
You or your representative have the right to receive:
- Access to protective and advocacy services as needed and/or requested.

STAFF IDENTITY
You or your representative have the right to:
- Know the identity and professional status of individual providing service to you.
- Know which physician or other health care professional is primarily responsible for your care.
- Know the existence of any professional relationships among individuals who are treating you. This includes the relationship to any other health care or educational institutions involved in your care.

COMMUNICATION
You or your representative have the right to:
- Communication aids if you have physical impairments that require assistance for effective communication.
- An interpreter if you do not speak or understand English. This service is available at no charge to translate information about your care.
CONSENT
You or your representative have the right to:
- Information from your physician necessary to give informed consent before the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to: the specific procedure and/or treatment, the medically significant risks and benefits involved, and the amount of time you will need to recover.
- Request information about medical alternatives.
- Know the name of the person responsible for your procedures and/or treatment.

REQUEST OR REFUSAL OF TREATMENT
You or your representative have the right to:
- Refuse treatment to the extent the law allows and to be informed of the medical consequences of such decisions.
- Request a treatment that is medically necessary for your condition or illness.

PROVIDENCE / SAINT JOHN CHARGES
You or your representative have the right to:
- Examine and receive an explanation of your bill, regardless of the source of payment.

RULES AND REGULATIONS
You or your representative have the right to:
- Know what rules and regulations apply to your conduct as a patient.
- Information about how we handle patient complaints.
- Know that Providence / Saint John is committed to high standards of care, safety and hospitality for patients and their families.

NON-DISCRIMINATORY TREATMENT
You or your representative have the right to:
- Impartial access to treatment or accommodations available or medically indicated. This is regardless of race, creed, sex, national origin, disability, age or sources of payment for care.

PATIENT VISITATION RIGHTS
Should your visit require a prolonged stay, you or your representative have the right to be informed in writing of the following:
- Patient’s visitation rights;
- Patient’s right to receive the visitors whom he or she designates, including but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend;
- Patient’s right to withdraw or deny such consent as any time; and
- Justified Clinical Restrictions which may be imposed on a patient’ visitation rights.

All visitors designated by the patient (or Support Person where appropriate) shall enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy.
SELECTION OF VISITORS
You or your representative have the right to:
Submit a verbal confirmation of individuals who should be admitted as visitors of the patient and individuals who should be denied visitation rights. Providence / Saint John may record such information in the patient’s records for future reference. In the event the patient is a minor, the legal parent of the minor shall be given the opportunity to verbally designate the individuals permitted to visit the minor patient.

SELECTION OF A SUPPORT PERSON
You have the right to:
Verbally designate a support person to exercise the patient’s visitation rights on his or her behalf, should the patient be unable to do so. Upon such designation by a patient, the legal status of the relationship between the patient and the designated Support Person shall be irrelevant. This designation of an individual as the patient’s Support Person however does not extend to a medical decision making. In the event the patient is unable to exercise his or her patient visitation rights, Support Person’s verbal directive as to who should be admitted as visitors of the patient and individuals who should be denied visitation rights with respect to such patient shall be recognized.

OTHER
INCAPACITATED PATIENTS
In the event a patient is unable to select visitors due to incapacitation and such patient has not designated a Support Person to exercise the patient’s visitation rights, the following non-exhaustive forms of proof may be considered to establish the appropriateness of a visitor or to designate a Support Person for the incapacitated patient when two or more individuals claim to be the incapacitated patient’s Support Person capable of exercising the patient’s visitation rights; (i) an advance directive naming the individual as a support person, approved visitor, or designated decision maker (regardless of the State in which the directive is established); (ii) shared residence; (iii) shared ownership of property or business; (iv) financial interdependence; (v) marital/relationship status; (vi) existence of a legal relationship (may be a legal relationship recognized in another jurisdiction, even if not recognized in our jurisdiction, including: parent-child, civil union, marriage, or domestic partnership; (vii) acknowledgement of a committed relationship (e.g., an affidavit); or (viii) written documentation of the patient’s chosen individual(s) even if it is not a legally recognized advance directive.

JUSTIFIED CLINICAL RESTRICTIONS ON PATIENT’S VISITATION RIGHTS
Justified Clinical Restrictions on a patient’s visitation rights may be imposed. When restricting visitation rights, the hospital shall explain to the patient (or Support Person as applicable) the reasons for the restrictions or limitations on the patient’s visitation rights and how visitation policies are aimed at protecting the health and safety of all patients.

You shall not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
PATIENT RESPONSIBILITIES

PROVISION OF INFORMATION
You or your representative have the responsibility to:

• Provide accurate and complete information about your present health, past illnesses, hospitalizations, medications, and other matters relating to your health.
• Report unexpected changes in your condition to your doctor or nurse.
• Tell us whether you clearly understand the planned course of treatment and the expected outcome.
• Report any perceived or identified safety issues related to your care or the physical environment.
• Ask questions if you do not understand directions and procedures. Or, tell your physician if you are having problems following the plan of care.

COMPLIANCE WITH INSTRUCTIONS
You or your representative have the responsibility to:

• Follow the treatment plan your physician recommends.
• Follow the instructions of nurses and allied health personnel as they carry out your plan of care and follow physicians’ orders, or as they enforce the applicable rules and regulations.
• Keep appointments and to notify the practitioner or the hospital if you are unable to do so.

REFUSAL OF TREATMENT
You or your representative have the responsibility for:

• The medical consequences if you refuse treatment, or do not follow your physician’s instructions.

CHARGES
You or your representative have the responsibility to:

• Provide the necessary information for insurance processing.
• Arrange for payment of your bill.
• Communicate any difficulties regarding bill payment with the Billing Office.

RULES AND REGULATIONS
You or your representative have the responsibility to

• Follow hospital rules and regulations affecting your care and conduct.

RESPECT AND CONSIDERATION
You or your representative have the responsibility to:

• Be considerate of the rights of other patients ad personnel.

PATIENT COMPLAINTS
The hospital protects and assures the rights of each patient as guaranteed to you under Federal and State law. Our commitment is to provide you with quality care.
You and your representative have the right to complain without fear or retribution about the care or services given and request that the hospital address these issues. If you, your representative, and/or any member of your family have a complaint we encourage you to speak up. We value your input and welcome the opportunity to resolve your complaint within a timely manner. You have the right to contact any or all of the following at any time with a complaint or grievance:

Your caregiver, the unit Director and/or a member of the administrative team.

The governing body approves and is responsible for the effective operation, including review and resolution of grievances, unless it delegates the responsibility in writing to a grievance committee. The governing body has delegated the responsibility of reviewing and resolving the grievances to the Administration/CNO, Director of Performance Improvement, Risk Management Director, Director of the unit involved or their designee and other staff members deemed appropriate.

A Complaint is considered resolved when the patient is satisfied with the actions taken on their behalf. If a verbal complaint cannot be resolved at the time by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution, then the complaint is a grievance. A grievance will be reviewed, investigated, and resolved within a reasonable time frame; generally with seven calendar days.

A grievance is defined as a formal or informal written or verbal complaint that is made to the hospital by a patient, or the patient’s representative, regarding the patient’s care (when the complaint is not resolved at the time of the complaint by the staff present), abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoP's), or a Medicare beneficiary’s billing complaint related to rights and limitations provided by 42 CFR 489.

- Kansas Department of Health and Environment (KDHE) (Hotline: 1-800-842-0078). You may also file a complaint in writing to KDHE Bureau of Health Facility Regulation, 1000 SW Jackson, Suite 200, Topeka, KS, 66612-1365.
- Medicare (785-273-2552 or 800-432-0770). Medicare patients who have a complaint about the quality of care or being dismissed from the hospital too early may submit concerns to Director of Collaborative Practice and/or notify the Peer Review Organization authorized by Medicare to review your concerns at the Kansas Foundation for Medical Care, 2947 SW Wannamaker Drive, Topeka, KS, 66614-4193.
- U.S. Department of Health and Human Services, Office for Civil Rights 1-800-368-1019 voice or 1-800-537-7697 (TDD). A complaint of discrimination on the basis of handicap may also be filed with the U.S. Department of Health and Human Services Office for Civil Rights, 601 East 12th Street, Room 353, Kansas City, MO 64106.
- The Joint Commission at 1-800-994-6610, from 8:30 a.m. to 5:30 p.m., cst. Written complaints may be sent to the Office of Quality, The Joint Commission, One Renaissance Blvd., Oak Brook Terrace, Illinois 60181. Or by visiting www.jointcommission.org/General Public/Complaint or emailing complaint@jointcommission.org.
ADVERTISE DIRECTIVES

Providence / Saint John can provide adult patients with information about how to make health care decisions in advance through “Advance Care Planning Documents.”

When you come to a Providence / Saint John office a member of our staff will ask you if you have an Advance Directive. If you have an Advance Directive, we will ask you to provide us with a copy for your medical record.

If you do not have an Advance Directive, and you want more information, we will be glad to meet with you to further explain Advance Directives. Even though it is not required to have an Advance Directive, we believe it is important to provide you with this information so you can make a decision for yourself.

WHAT IS AN ADVANCE DIRECTIVE?

An “Advance Directive” is a document you can use to tell your family and physicians about your health care choices in the event that you are unable to tell them these choices yourself (because you are too ill or injured). It is called “advance” because you complete the document before you need it. You can change or cancel an Advance Directive any time you want. Kansas law recognizes both a Living Will and a Durable Power of Attorney for Healthcare Decisions. There are a number of ways you can document your choices, and you can choose any of the following:

LIVING WILL

A Living Will is a document you can use if you become terminally ill and cannot make decisions for yourself. It lets you express the kind of life-prolonging medical care you do or do not want.

The Kansas Living Will law states that two physicians must determine your condition to be terminal before the Living Will can go into effect.

The Living Will must be signed, dated and legally witnessed by two persons.

In some situations, your choices about health care may be made verbally if you are unable to put them in writing. If so, this document must be prepared in your presence.

DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS

The Durable Power of Attorney for Healthcare Decisions is a way for you to pick a person (called an agent) to make health care decisions for you if you are too sick or injured to make decisions for yourself.

The Durable Power of Attorney For Healthcare Decisions is also a signed, dated, and witnessed or notarized document.

It is important that your agent know your wishes regarding health care, including when to continue or discontinue life-prolonging treatment.
HEALTHCARE TREATMENT DIRECTIVE
A Healthcare Treatment Directive is similar to a Living Will.

It is a signed, dated, and witnessed (or notarized) document that allows you to express in advance your choices about health care treatment.

However, the Healthcare Treatment Directive does not focus only on refusing treatment. You may use your Healthcare Treatment Directive to state when and in what specific situations you wish to continue to discontinue life-prolonging treatment. It contains more information about your health care desires and is not limited to use when you are terminally ill.

YOUR CHOICES
We believe that each person’s life is of great value and deserves respect and care.

We recognize that these types of decisions can be difficult for you and for your family members and friends. We hope this information is helpful.

IMPORTANT THINGS TO CONSIDER
• Your doctor is important in helping you make health care decisions based on what he or she believes to be the cause or possible cause of your condition.
• You should plan your health care directives while you are able to do so, preferably when you are feeling well.
• The person you choose to act on your behalf should know your health care choices.
• If you prepare an “Advance Directive,” it is important for you to discuss the details with your physician and others such as family, friends and clergy, and to give them copies.
• For more information on Advance Directives, ask your nurse or health care provider to contact a social worker or other designated health care professional.

NOTICE OF ACCESSIBILITY FOR PERSONS WITH DISABILITIES (SECTION 504. 45 C.F.R. §84.22 (F))
Our Hospital and all programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features may include:
• Convenient off-street parking designated specifically for disabled person.
• Curb cuts and ramps between parking areas and buildings.
• Level access into first floor level with elevator access to all other floors.
• Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
• A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments.

There is no additional charge for such aids. Some of these aids include:
• Qualified sign language interpreters for persons who are deaf or hard of hearing.
• A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
• Readers and taped material for the blind and large print materials for the visually impaired.
• Flash Cards, Alphabet boards and other communication boards.
• Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.
PATIENT SAFETY

In our efforts to support patient safety and reduce mistakes, we encourage patients to ask questions regarding all aspects of their medical care. Being involved in every decision about your health care can lead to a better outcome for you.

1. Be involved in your health care. The single most important way you can help optimize your care and help to prevent errors is to be an active member of your health care team. **ASK QUESTIONS!** Actively participate in every decision about your health care from start to finish.

2. Make sure all of your doctors and nurses know about any medications you are taking – including prescriptions, over-the-counter medication, and dietary supplements such as vitamins and herbs. Just because it is herbal or natural does not mean it is safe. Tell your doctor and nurse about any allergies or adverse reactions that you have had to medication(s) or food products.

3. Be sure to ask for information about your medication when it is prescribed and when your nurse gives it to you. Make sure that caregivers give you information in terms that you can understand. If you do not understand any information **it is OK to ask!** Questions you may want to ask include: What is the medication(s) for? How am I supposed to take it, and for how long? What side effects may occur? What do I do if they occur? Is this medication safe to take with other medications or dietary supplements? What foods, drinks, or activities should I avoid while taking this medication?

4. Ask why a test or treatment is needed and how it may help you. Be informed.

5. When you have any type of surgery, **ask** for information about your surgery in terms that you can understand. Who will be assisting with my surgery? What is involved? How long will it take? What are the risks involved? How long will my recovery be? What are the expected outcomes?

6. If you are having surgery, make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done. Be involved in marking the correct site of your surgery with the word “YES.”

7. Ask if you have questions or concerns. Do not be afraid to ask questions of anyone who is involved in your care. Ask your doctor or nurse about results of all tests performed, your condition, and treatment during your hospital stay.

8. Provide all health professionals involved in your care with accurate information about yourself. This is especially important if you have many health problems.
9. Upon discharge from the hospital, ask your doctors and nurses to explain the treatment plan you will need to follow at home.

10. If you will be taking medications after discharge from the hospital, you will be given instructions along with a list of medications. To promote medication safety, it is highly recommended that you keep a current list of your medications in your wallet or purse so you can share this information with your doctors, retail pharmacist and if you are re-admitted with your health care provider.

11. Ask a family member or friend to be here with you to be your advocate and ask questions if you can’t. Even if you think you don’t need help now, you might need it later. Ask about an Advance Directive if you do not have one. If you do, be sure to give a copy to your primary physician and the hospital.

12. Practicing good hand washing is the single most important thing we can all do to stop the spread of infection. It is a healthy habit for anyone, whether you are in the hospital, at work or at home. Encourage your visitors to wash their hands and practice good hand washing yourself. If you do not see the health care provider washing their hands with soap and water or using the waterless alcohol hand sanitizer when entering your room to provide care, remember, it is **OK to ask!** Be an active participant in the hand washing process. It only takes a few simple words to help encourage this healthy habit.

Simply say:

“Excuse me, did you wash your hands?”

“I saw that you washed your hands, thank you!”

Communication about all aspects of your care, treatment and services is an important part of our culture of safety.

If you have any complaints, you have the right to complain to the:

**Kansas Department of Health and Environment (KDHE)**
(Hotline: 1-800-842-0078).

You may also file a complaint in writing to:

**KDHE Bureau of Health Facility Regulation,**
**1000 SW Jackson, Suite 200, Topeka, KS, 66612-1365**

Or you may call our accrediting bodies:

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**OFFICE OF QUALITY MONITORING**
Office of Quality Monitoring
The Joint Commission (TJC)
One Renaissance Boulevard,
Oakbrook Terrace, IL 60181
(800) 994-6610
NOTICE OF PRIVACY PRACTICES

Effective Date: March, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Health Information Management.

WHO WILL FOLLOW THIS NOTICE
This notice describes our hospital’s practices and that of:
• any health care professional authorized to enter information into your hospital chart.
• All departments and units of the hospital.
• Any member of a volunteer group we allow to help you while you are in the hospital.
• All Employees, staff and other hospital personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION
We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. WE create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:
• Make sure that medical information that identifies you is kept private (with certain exceptions);
• Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
• Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION
The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.
• **Disclosure at Your Request.** We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

• **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as other acute facilities, skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.

• **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you. If you wish to pay for this hospitalization treatment out of pocket, in full, you have the right to restrict disclosures of protected health information to your health plan. Please contact a business office associate before the end of your hospitalization. Refer to the Business Office phone number.

• **For Health Care Operations.** We may use and disclose Health Information about you for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services we provide to ensure that the care you receive is of the highest quality. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
• **Fundraising Activities.** We may use medical information about you, or disclose such information to a foundation related to the hospital, to contact you in an effort to raise money for the hospital and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital.

• **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

• **Marketing and Sale.** Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

• **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

• **Research.** Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health recovery of all patients who received one medication or treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Before we use or disclose medical information for research, the project will go through a special approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the hospital.

• **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state, or local law.
• **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

### SPECIAL CIRCUMSTANCES

**• Organ and Tissue Donation.** If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

**• Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**• Workers’ Compensation.** We may release Health Information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**• Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child, elder and dependent adult abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of the hospital in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government or authority if we believe a patient has been a victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law. To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws

**• Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**• Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**• Law Enforcement.** We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect,
fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

- **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Security Clearances.** We may use medical information about you to make decisions, regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the U.S. Department of State who need access to that information for these purposes.

- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Multidiciplinary Personnel Teams.** We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

- **Special Categories Of Information.** In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information—e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

**YOUR RIGHTS**
You have the following rights regarding Health Information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. Usually this includes medical and billing records, but may not include some mental health information.
To inspect and obtain a copy of Protected Health Information (PHI) that may be used to make decisions about you, you must submit your request in writing to Health Information Management. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If needed and at your request, the hospital may provide an electronic copy of your electronic PHI.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and submitted to the Health Information Management. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for the hospital
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of Health Information we made. This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
In addition, we will notify you as required by law following a breach of your unsecured protected health information.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. In addition, you have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your spouse.

  **We are not required, however, to agree to your request,** except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations.

  To request restrictions, you must make your request in writing to the Health Information Management. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request in writing to the Health Information Management. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our website.

  **To request any of the above, you must make your request, in writing, to Privacy Officer.**

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice at the hospital. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.
COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with this hospital and/or the Department of Health and Human Services. All complaints must be made in writing. To file a complaint with:

• This hospital, contact the Health Information Management Office for Civil Rights
  U.S. Department of Health and Human Services
  601 East 12th Street - Room 353
  Kansas City, MO 64106
  Voice Phone (800) 368-1019
  FAX (816) 426-3686   TDD (800) 537-7697
• You may also file a complaint with the Joint Commission by calling 800-994-6610 or e mail to complaint@jointcommission.org

You will not be penalized for filing a complaint.

Other uses of Medical Information
Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

A PATIENT’S GUIDE TO BLOOD TRANSFUSIONS

IF YOU NEED BLOOD
You have several options. These options may be limited by time and health factors. You may need to check with your insurance company regarding its reimbursement policy related to blood transfusion. If you have questions about your options relating to blood transfusion, please ask your physician. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences.

USING YOUR OWN BLOOD – AUTOLOGOUS DONATION
Using your own blood can minimize the need for transfusion with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions. Autologous blood donations are not an option for all patients. You may want to ask your doctor if it is safe for you to donate. Autologous blood collections may not be available at the hospital in which your surgery will be performed. Ask your doctor about the availability of these procedures, and if autologous donation is appropriate for you.
DONATING BEFORE SURGERY
Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery. Blood can be stored for only a limited period of time, so coordinating the donations with the date of surgery is an important consideration.

DONATING DURING SURGERY
Immediately before surgery, your doctor may be able to remove some of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you. In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is lost and discarded during surgery may be collected, processed and returned to you. A large volume of your blood can be recycled in this way. Either of these methods may minimize or eliminate the need to be transfused with someone else’s blood.

DONATING AFTER SURGERY
Blood that is lost after surgery may be collected, filtered and returned to you. This process may minimize or eliminate the need to be transfused with someone else’s blood.

USING SOMEONE ELSE’S BLOOD
If you choose not to donate your own blood, or if more blood is required than expected, you will receive blood from community or designated donors, if necessary.

DONORS
Hospitals maintain a supply of donor blood to meet transfusion needs. Volunteer (unpaid) community blood donors and designated donors, or persons you know who may want to give blood, are screened by a thorough medical history, and then tested with the most accurate technology available. Although blood and blood products never can be 100% safe, the risk is very small. As of 2002, infection with HIV (the virus that causes AIDS) occurs less than once per 1,900,000 (almost 2 million) units of blood transfused. Hepatitis C infection occurs about once per 1,600,000 units, and Hepatitis B occurs about once every 180,000 units. Other infections are transmitted much less often. Advance notice is required to accommodate a request for designated donors, as additional processing may be required. If you have additional questions about your options relating to blood transfusion, please refer these questions to your physicians.

UNDERSTANDING YOUR PAIN – FAMILY AND PATIENT INFORMATION

PAIN RELIEF
Pain medicine works best when you relax.
• Place a pillow where your body hurts. This supports the painful area and is helpful when deep breathing and coughing after surgery.
• Use cold or warm packs to ease your pain. Back massages help relax tight muscles.
• Breathe in and out slowly to relax muscles when you get in and out of bed or a chair. Take a breath before you move, then slowly breathe out as you get up or move.
• Listen to soft music.
• Talk with someone; for example, staff from the Pastoral Care or Social Services departments.
ASK ABOUT PAIN BEFORE YOUR SURGERY
Before and after your surgery, ask questions about pain management. Knowing how much pain to expect may help you feel more in control and less afraid of surgery. Here are some questions you may ask the nurses or doctor before surgery.
• How much pain should I expect? What is normal?
• How long does the pain usually last?
• What medication will I get? What choices do I have?
• Will the pain medication be given to me as a pill, a shot, or through an IV (in the vein)?
• How often will I be given the medication?

If you have had pain medicine that didn’t work well, or if you had side effects such as vomiting or blurred vision, be sure to tell the nurses or doctor.

After your surgery, it will be important that you move about and breathe deeply to keep your lungs clear. Your doctor may change the medication to make sure you can do this.

PAIN RATING SCALES
The pain scale below is a way that the nurses and doctors can understand how you’re feeling. The scale is for nurses or doctors to use with a patient who is not able to communicate.

Remember, it is very important for your nurses or doctor to know if the pain medicine doesn’t help, or if your pain suddenly changes.

MANAGING YOUR PAIN
• Everyone feels and reacts to pain in different ways. How you feel pain can depend on what happened to you in the past and how worried you are about what is causing your pain.
• The four pain scales are ways that the nurses and doctors can understand how you’re feeling.
• When you are admitted to the hospital, your nurse will ask you how much pain you are willing to tolerate in order to move around in bed, walk, cough, breathe deeply, and sleep.
• During your stay, the nurses and your doctor will often ask about your pain to make sure the pain level is acceptable. They will also ask where it hurts and how it feels. Here are some words to help describe your pain: cramp, sharp, ache, burning, dull, constant, off-and-on. Your doctor and nurses will compare the pain you can tolerate and the way you describe the pain, to decide what type of medicine and other pain relief methods to use.
• When you leave the hospital, your nurse will talk to you about safe ways to take care of the pain at home. Do not be afraid to take pain medication when you need it, following the directions on the bottle. Short-term use of medicine is not addicting. If you are worried about this, ask your doctor to explain.

• You are the only one who knows how much pain you feel and what makes it feel better. Be honest with the nurses or doctor. Do not worry about being brave or bothering the nurses. Taking care of pain is an important part of taking care of your health.

STOP SMOKING – BE A QUITTER

Cigarette smokers are:
• 2-3 times more likely to have a heart attack
• 3 times more likely to have a stroke
• at increased risk for peripheral vascular disease
• at increased risk for artherosclerosis

Women who smoke and take birth control pills are 10-20 times more likely to have a stroke or heart attack.

BE A QUITTER AND GET RID OF YOUR BEST FRIEND

People are much more likely to succeed in quitting when they know what obstacles they may face and plan to handle them.
• Be ready to review the reasons to quit smoking and plan to cope with unexpected problems.
• Set your quit date to prepare yourself and those around you.
• Stop smoking on the planned day and spend that day with non-smokers.
• Plan for triggers and what to do in situations that trigger your smoking.
  Trigger examples include talking on the phone, driving, being with other smokers, after sex, after eating, being sad, angry or stressed.
• Plan for potential side effects of quitting smoking.
  Potential side effects may include irritability, feeling tired, gastrointestinal problems, weight gain, and cough. These symptoms last for only a short time and your metabolism returns to normal quickly.

ACTION PLAN TO QUIT SMOKING

1. Talk to your family and let them know you have resolved to quit smoking and need their understanding and help from time to time.
2. Recruit the help of a successful ex-smoker.
3. Make a list of people who can help you through difficult situations.
4. Pick a quit date that has special meaning for you.
5. Change your daily routine. Use a different route to drive to work, listen to a different radio station, and change your morning routine.
6. Clean your house and car. Get rid of matches, lighters, and ashtrays. Clean your drapes, furniture, and deodorize your car.
7. Start drinking a lot of water.
8. Keep busy. Plan activities to keep your hand active.
9. Stay in non-smoking areas as much as possible.
10. Focus on one day at a time. Don’t worry about tomorrow.
11. Reward yourself with small gifts from the money you would have used to buy cigarettes.
12. Success depends more on good planning than on will power.
14. Your addiction gets weaker as each day passes.
15. Take control of your life. Choose not to smoke.
16. If you slip back don’t be discouraged. Remind yourself of the progress you have already made.
17. Doing anything worthwhile is tough. Sometimes it takes more than one attempt.

REMEMBER:
THE URGE TO SMOKE WILL PASS WHETHER YOU LIGHT UP OR DON’T LIGHT UP!

RESOURCES AND SUPPORT FOR SMOKING CESSATION

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<th>RESOURCES</th>
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<td>American Cancer Society</td>
<td>1-800-227-2345</td>
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<td><a href="http://www.cancer.org">www.cancer.org</a></td>
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<tr>
<td>American Heart Association</td>
<td>1-800-242-8721</td>
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<td><a href="http://www.americanheart.org">www.americanheart.org</a></td>
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<tr>
<td>American Lung Association</td>
<td>1-800-586-4872</td>
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<td><a href="http://www.lungusa.org">www.lungusa.org</a></td>
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<td>Rx for Change (Clinician Training Program)</td>
<td><a href="http://www.rxforchange.ucsf.edu">www.rxforchange.ucsf.edu</a></td>
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<td>Campaign for Tobacco-Free Kids</td>
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<td>Smoke Free Program (National)</td>
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<td>Committed Quitters Program</td>
<td><a href="http://www.committedquitters.com">www.committedquitters.com</a></td>
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<td>Nicorette Gum</td>
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<td>Nicoderm Patch</td>
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<td>Generic Patch (Formerly Habitrol)</td>
<td><a href="http://www.habitrol.com">www.habitrol.com</a></td>
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<tr>
<td>Nicotrol Patch, Nasal Spray, &amp; Inhaler</td>
<td><a href="http://www.nicotrol.com">www.nicotrol.com</a></td>
</tr>
<tr>
<td>Zyban Tablets</td>
<td><a href="http://www.zyban.com">www.zyban.com</a></td>
</tr>
</tbody>
</table>
**FOOD AND DRUG INTERACTIONS**

Many drugs have the potential of affecting nutritional status. Drugs may interact with nutrients to reduce absorption, alter distribution, or increase excretion of nutrients. Drugs may also have an indirect affect on nutritional status by producing side effects such as decreased appetite, nausea, altered sense of taste or unpleasant taste, dry-mouth or vomiting. The following is a partial list of common prescribed drugs which may have a direct or indirect effect on vitamins and other nutrients.

**DRUG / DIET RECOMMENDATIONS**

<table>
<thead>
<tr>
<th>DRUG</th>
<th>DIET RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTICOAGULANTS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Coumadin (Warfarin)</strong></td>
<td>Keep vitamin K intake consistent from day to day. Recommended Daily Intake (RDI) = 120 mcg/day for men; 90 mcg/day for women. Limit foods high in vitamin K (≥ 200 mcg) to less than 1 c. day. Foods high in vitamin K: Kale broccoli, cabbage, spinach, turnip greens, parsley. For further information on foods high in vitamin K, see USDA online nutrient database. Avoid nutritional supplements high in vitamin K/vitamin E. Limit fried or boiled onions. Limit cranberry juice (less than 8 oz. day). Limit caffeine.</td>
</tr>
<tr>
<td><strong>Dilantin (Phenytoin)</strong></td>
<td>Take with food or milk. Avoid alcohol. Increase vitamin D containing foods. Watch intake of pyridoxine and folacin supplements.</td>
</tr>
<tr>
<td><strong>ANTICONVULSANTS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Dilantin (Phenytoin)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ANTIDEPRESSANTS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>MAOI</strong></td>
<td>Avoid tyramine containing foods such as aged cheese, wine, beer, broad beans, nuts, licorice, yogurt, liver and yeast.</td>
</tr>
<tr>
<td><strong>Marplan, Natdil</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Niamide, Parnate</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ANTI-INFECTION DRUGS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cipro/Levaquin</strong></td>
<td>Take on an empty stomach. No Antacid, Iron, or Zinc at the same time. Take with food or milk. No alcohol during and 24 hours after using product.</td>
</tr>
<tr>
<td><strong>Metronidazole</strong></td>
<td>Take with meals. No alcohol. High fat meal enhances absorption.</td>
</tr>
<tr>
<td><strong>Griseofulvin (Grisactin, Fulvicin)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Macrobdantin</strong></td>
<td>Maintain adequate protein in diet. Take with food, milk or fruit juice.</td>
</tr>
<tr>
<td><strong>Zyvox</strong></td>
<td>Avoid tyramine containing foods such as aged cheese, wine, beer, broad beans, nuts, licorice, yogurt, liver and yeast.</td>
</tr>
<tr>
<td><strong>Macrodantin</strong></td>
<td>Maintain adequate protein in diet. Take with food, milk or fruit juice.</td>
</tr>
<tr>
<td><strong>Tetracycline</strong></td>
<td>Do not take with milk products.</td>
</tr>
<tr>
<td><strong>CARDIAC DRUGS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Aldactazide</strong></td>
<td>Take with food 6 or more hours before bedtime. Diet should be low sodium. Watch potassium containing foods. No natural licorice.</td>
</tr>
<tr>
<td><strong>Calcium Channel Blockers</strong></td>
<td>No grapefruit products should be consumed while taking these medications.</td>
</tr>
<tr>
<td>(Dihydropyridines)</td>
<td></td>
</tr>
<tr>
<td>(Cardene), (Nimotop),</td>
<td></td>
</tr>
<tr>
<td>(Norvasc) (Plendil),</td>
<td></td>
</tr>
<tr>
<td>(Procardia)</td>
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</tr>
<tr>
<td>Cyclosporine</td>
<td></td>
</tr>
<tr>
<td>Tegretol, Zocor</td>
<td></td>
</tr>
</tbody>
</table>
## Drug / Diet Recommendations

<table>
<thead>
<tr>
<th>Drug/Diet Recommendations</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Digoxin (Lanoxin)</strong></td>
<td>Take with water 1/2 hour before or 2 hours after high fiber foods. Maintain diet high in potassium, low in sodium and adequate magnesium. No natural licorice. Avoid high amounts of vitamin D supplements. Don’t take with milk or antacids.</td>
</tr>
<tr>
<td><strong>Hydrochlorothiazide</strong></td>
<td>Take with food 6 or more hours before bedtime. Diet should be low sodium, high potassium. Limit alcohol. No natural licorice.</td>
</tr>
<tr>
<td><strong>Lasix (Furosemide)</strong></td>
<td>Take with food. Increase foods high in potassium, magnesium and calcium. Limit alcohol.</td>
</tr>
<tr>
<td><strong>Questran (Cholestyramine)</strong></td>
<td>Take with water or pureed foods; never take dry or with carbonated beverages. Increase fluids and fiber in diet. Also increase iron, vitamins A, D, K and B-12. Low fat diet suggested.</td>
</tr>
</tbody>
</table>

### Gastrointestinal Drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pepcid (Famotidine)</strong></td>
<td>Take with food. Limit caffeine.</td>
</tr>
</tbody>
</table>

### Hormones and Synthetic Substitutes

<table>
<thead>
<tr>
<th>Drug</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cortisone, Hydrocortisone, Prednisone</td>
<td>Diet may be high protein, low carbohydrate, low sodium. You may want to ask your physician.</td>
</tr>
<tr>
<td>Insulin</td>
<td>Meal patterns should be individualized to coincide with peak action of insulin. Diabetics usually require a bedtime snack. Dietician needs to be seen.</td>
</tr>
<tr>
<td>Lithium</td>
<td>Keep daily sodium intake constant. Take with food to avoid upset stomach. B-10 glasses of water daily.</td>
</tr>
<tr>
<td>Thyroid and Synthroid</td>
<td>Take on empty stomach. With long term use, avoid large intake of soy protein and the Brassica family (cabbage, kale, brussel sprouts, cauliflower).</td>
</tr>
</tbody>
</table>

### Food Component / Significant Source Recommendations

<table>
<thead>
<tr>
<th>Food Component</th>
<th>Significant Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A</td>
<td>Apricots, cantaloupe, broccoli, carrots, beet greens, chard, spinach, pumpkin, sweet potatoes, winter squash.</td>
</tr>
<tr>
<td>Vitamin B-6</td>
<td>Meat, poultry, fish, dairy products, potatoes, sweet potatoes, vegetables, whole grains, flour, cereals.</td>
</tr>
<tr>
<td>Vitamin B-12</td>
<td>Meat, poultry, fish, dairy products except butter, eggs.</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>Fortified milk, fish liver oil, liver.</td>
</tr>
<tr>
<td>Vitamin K</td>
<td>Kale, broccoli, cabbage, spinach, turnip green, parsley.</td>
</tr>
<tr>
<td>Calcium</td>
<td>Milk, cheese, yogurt, canned salmon, oysters, clams, beef liver, almonds, collards, turnip greens and other greens.</td>
</tr>
<tr>
<td>Iron</td>
<td>Fish, eggs, poultry, organ meats, wheat germ, dark leafy green vegetables.</td>
</tr>
<tr>
<td>Magnesium</td>
<td>Seafood, nuts, legumes, dairy products, green vegetables, kelp, bran.</td>
</tr>
<tr>
<td>Potassium</td>
<td>Oranges and juice, tomato juice and vegetable juice, dried peas and beans, mushrooms, potatoes, winter squash, apricots, bananas, dried fruit.</td>
</tr>
<tr>
<td>Sodium</td>
<td>Salt, salty foods, cured foods, canned and processed foods (unless salt free).</td>
</tr>
<tr>
<td>Caffeine</td>
<td>Coffee, tea, chocolate, cola.</td>
</tr>
<tr>
<td>Fiber</td>
<td>Raw fruits and vegetables, bran, dried peas, beans and lentils, whole grains.</td>
</tr>
</tbody>
</table>
DRUG SIDE EFFECT / DIET SUGGESTIONS AND RECOMMENDATIONS

The way you eat may help to relieve some of the unpleasant side effects. Here are some helpful hints.

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SUGGESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Enhance food flavors by using various seasonings.</td>
</tr>
<tr>
<td></td>
<td>3. Marinate meats in sauces or fruit juices.</td>
</tr>
<tr>
<td>Altered Taste Perception,</td>
<td>1. Try to mask taste of drug with pulpy fruits (applesauce, crushed pineapple) or other foods.</td>
</tr>
<tr>
<td>Bitter Taste or Aftertaste</td>
<td>2. Try using sugarless gum, water or lemon juice as mouth rinse.</td>
</tr>
<tr>
<td></td>
<td>3. Try sucking on hard candy.</td>
</tr>
<tr>
<td>Dry or Sore Mouth</td>
<td>1. Moisten dry foods in beverages and swallow foods with a beverage.</td>
</tr>
<tr>
<td></td>
<td>2. Decrease the use of dry (or salty) foods or snacks.</td>
</tr>
<tr>
<td></td>
<td>3. Avoid spicy rough textured or highly acidic foods.</td>
</tr>
<tr>
<td></td>
<td>4. Add milk-flavored sauces, gravies or syrups to food.</td>
</tr>
<tr>
<td></td>
<td>5. Try to suck or lick ice chips.</td>
</tr>
<tr>
<td></td>
<td>6. Incorporate cold foods or beverages into meals or snacks.</td>
</tr>
<tr>
<td></td>
<td>7. Try to chew sugarless gum between meals.</td>
</tr>
<tr>
<td>Heartburn</td>
<td>1. Eat small quantities of food at frequent intervals.</td>
</tr>
<tr>
<td></td>
<td>Avoid overeating.</td>
</tr>
<tr>
<td></td>
<td>2. Control the use of alcohol, caffeinated beverages, peppermint or pepper.</td>
</tr>
<tr>
<td></td>
<td>3. Avoid citrus juice, tomato products and other highly acidic foods or concentrated fruit beverages.</td>
</tr>
<tr>
<td></td>
<td>4. Avoid spicy, greasy, fried or fatty foods.</td>
</tr>
<tr>
<td></td>
<td>5. Avoid eating before bedtime.</td>
</tr>
<tr>
<td>Nausea</td>
<td>1. Eat small quantities of easily digestible foods at frequent intervals.</td>
</tr>
<tr>
<td></td>
<td>2. Reduce food volume at meals. Serve beverages after meals or limit beverage intake with meals.</td>
</tr>
<tr>
<td></td>
<td>3. Try toasted or dry enriched breads, crackers or ready-to-eat cereals.</td>
</tr>
<tr>
<td></td>
<td>4. Have cold clear beverages or juices.</td>
</tr>
<tr>
<td></td>
<td>5. Avoid any fried, greasy or fatty foods.</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>1. Maintain adequate fluid intake, especially those high in potassium.</td>
</tr>
<tr>
<td></td>
<td>2. Eat small quantities of food at frequent intervals.</td>
</tr>
<tr>
<td></td>
<td>3. Let hot foods cool slightly be before eating. Cold foods or beverages may also aggravate diarrhea.</td>
</tr>
<tr>
<td></td>
<td>4. Avoid foods high in fiber, alcohol, milk products, and caffeine containing beverages.</td>
</tr>
</tbody>
</table>

We hope that this information has been informative for you. Should you have any questions, please ask your doctor, pharmacist, or dietitian.
THE ETHICS COMMITTEE
Sometimes a difficult choice must be made from two or more alternatives, none of which completely provides a satisfactory answer. The Ethics Committee is composed of physicians, hospital staff members, and community members, and it functions as an advisory body to the Hospital regarding ethical and moral issues which arise in the provision of medical care. Access to the Ethics Committee is available to patients and their families upon request. Ask your nurse for access.

PASTORAL SERVICES
It is our goal to meet the emotional and spiritual needs of patients and families. Your own clergy person is invited to visit you at any time. If you don’t belong to a congregation, but would like to speak to a spiritual leader from a particular denomination, please ask your nurse to arrange such a visit.

MEDICAL SOCIALWORK
Our Medical Social Work Staff is a part of the total healthcare team that is working to assure that the support and compassionate care our patients and families need during hospitalization is there. We can assist you and your family in dealing with emotional, social and/or economic stresses which may occur as a result of illness and hospitalization.

We are also specialists in identifying the many community, state and federal resources that may be of help to you in the weeks ahead. If you need help in sorting out your needs, ask your nurse to contact a social worker for you.

ORGAN AND TISSUE DONATION
When someone dies, it is often possible for other lives to be saved or made better through the donation of their organs and tissues. We realize that the death of a loved one is a very difficult time and take this into consideration when discussing the possibility of donation. We are required by law to refer our patients to our local organ donation agency who may discuss the option of organ / tissue donation. Many families have taken comfort in this difficult time in knowing that someone else’s life was made better through the donation of their loved ones’ organs/tissues.

INFORMED CONSENT
You have the right to be informed about any procedures, tests, or operations to be performed on you. It is expected that the physician will talk with you about the benefits of your treatments and will explain the risks and complications including unanticipated outcomes that could happen, as well as other treatment that could help you.
MEDICAL RECORDS / HEALTH INFORMATION MANAGEMENT
The records of your hospital stay are kept in the hospital Medical Records Department. You have been issued a unique medical record number and all of your records will be compiled into a unit record under that number. If you have a need for a copy of your record for personal use, there is a nominal charge. We will be happy to copy your record for any physician who is to provide continued medical care for your well being at no charge. Although we are staffed seven days a week for the processing of records, we are available to the public during regular business hours, Monday through Friday. We are closed evenings, weekends and holidays. Contact the Medical Records Department.

SECURITY / LIFE SAFETY
To ensure the safety and well being of patients, visitors and employees, the hospital continually monitors and tests a wide range of security and life-safety measures. You may hear overhead announcements for drills and other messages. Be assured that your nurse will monitor these announcements and inform you of any pertinent information.

SAFETY FIRST
Your well being is of primary importance to us. For this reason, we have equipped your bed with side rails to keep you safe when you are medicated or asleep. Please ask for assistance if you wish to lower or raise them. When you get out of bed, please don’t rely on your bedside table for support.

It can shift under your weight. Also, we ask that you wear non-skid slippers when walking around the unit, and that you request assistance when getting in or out of a bed or chair, unless otherwise instructed by your nurse or doctor.

BEHAVIOR SUPPORT
There may be times during your hospitalization that you feel confused or disoriented due to your illness or the medications you are taking. Our hospital staff is trained to assist you in maintaining a safe environment for yourself and those around you.

If it appears you may cause harm to yourself or others, physical restraints may be considered. Alternate methods shall be attempted prior to the application of restraints. Physical restraints include wrist and/or ankle wraps to ensure your safety and the safety of those caring for you.

Every effort will be made to ensure that your dignity and privacy are respected, and your family will be informed of the necessity to use restraint measures. We are committed to providing a safe hospitalization experience for all patients, and a restraint free environment. Ongoing assessments will be conducted to evaluate alternatives to physical restraints. A restrained patient will be closely monitored to ensure his or her safety. Every effort will be made to remove the restraints as soon as possible.
INFECTION CONTROL
It is important that all visitors adhere to hospital visiting and isolation practices. Visitors with signs of a communicable disease or infection (including colds and flu) should not visit patients who are hospitalized. All visitors should refrain from sitting on the patient’s bed, using the patient’s bathroom and handling the patient’s personal belongings. Remember — handwashing is the single most important means of preventing the spread of infection.

If a patient has certain conditions, special isolation precautions will be initiated and only adult family members will be permitted to visit. To protect patients and guests, all visitors will receive instruction on isolation procedures prior to entering an isolation room, including the use of gloves, gowns, masks and other protective equipment.

FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT “MRSA” (METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS)

WHAT IS MRSA?
*Staphylococcus aureus* (pronounced staff-ill-oh-KOK-us AW-ree-us), or “Staph” is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some Staph are resistant, meaning they cannot be killed by some antibiotics. *Methicillin-resistant Staphylococcus aureus*” or “MRSA” is a type of Staph that is resistant to some of the antibiotics that are often used to treat Staph infections.

WHO IS MOST LIKELY TO GET AN MRSA INFECTION?
In the hospital, people who are more likely to get an MRSA infection are people who:
• have other health conditions making them sick
• have been in the hospital or a nursing home
• have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as “community-associated MRSA” infection, is available from the Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/mrsa

HOW DO I GET AN MRSA INFECTION?
People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.
CAN MRSA INFECTIONS BE TREATED?
Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

SOME OF THE THINGS THAT HOSPITALS ARE DOING TO PREVENT MRSA INFECTIONS?
To prevent MRSA infections, doctors, nurses, and other healthcare providers:
• Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient.
• Carefully clean hospital rooms and medical equipment.
• Use Contact Precautions when caring for patients with MRSA.
  Contact Precautions mean:
  – Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
  – Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.
  – Visitors may also be asked to wear a gown and gloves.
  – When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  – Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
• May test some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient’s nostrils or on the skin.

WHAT CAN I DO TO HELP PREVENT MRSA INFECTIONS?
In the hospital
• Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
• If you do not see your providers clean their hands, please ask them to do so.

When you go home
• If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

CAN MY FRIENDS AND FAMILY GET MRSA WHEN THEY VISIT ME?
The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:
• Clean their hands before they enter your room and when they leave.
• Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.
WHAT DO I NEED TO DO WHEN I GO HOME FROM THE HOSPITAL?
To prevent another MRSA infection and to prevent spreading MRSA to others:
• Keep taking any antibiotics prescribed by your doctor. Don’t take half-doses or stop before you complete your prescribed course.
• Clean your hands often, especially before and after changing your wound dressing or bandage.
• People who live with you should clean their hands often as well.
• Keep any wounds clean and change bandages as instructed until healed.
• Avoid sharing personal items such as towels or razors.
• Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
• Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors’ offices.
• Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

PATIENT ASSESSMENTS
Each patient will receive an initial nursing assessment upon admission. This information will help us to identify and prioritize your overall treatment plan. The scope, intensity and timeliness of further assessments will be defined by your healthcare team based on your diagnosis, care setting, desire for care and response to previous treatment. An assessment of your discharge planning needs will also begin within 8 hours of your admission. Discharge planning is a collaborative process and will involve you, your family and qualified individuals of the healthcare team.

INTERPRETERS
Because we provide healthcare services to people with culturally diverse backgrounds, our interpreting services include the translation phone or use of an outside company for in-person interpreting. If you need their help in understanding any aspect of your care — or in expressing your concerns — your nurse will arrange for their assistance. There is no charge for this service.

MEDICATIONS
During your hospitalization, all necessary medications will be prescribed for you by your physician. For this reason, you should leave all other prescriptions and over-the-counter preparations at home, unless your physician advised you otherwise. Even a simple aspirin can interfere with the way certain therapies work, so please notify your nurse if you’ve brought any medications with you. We are interested in all medications you are taking at home, and will ask you what they are as part of your initial assessment. It is always helpful if you have a written list of names, times and doses of medication you are using, including those prescribed by a specialist, such as eye drops or topical creams.

SMOKING
To provide a healthful and comfortable environment for all patients and visitors, we maintain a smoke free environment. Patients and visitors are not allowed to smoke anywhere in the hospital, including the cafeteria, restrooms or lounges. Smoking is also prohibited on the grounds, except where designated by signage.
PATIENT INFORMATION GUIDE

PATIENT AND FAMILY EDUCATION
We believe that patient education is one of the most important ways every patient can help their own recovery. Knowing what is wrong with you and what treatments are available, allow you to help make the decisions about your care that you want. We know that everyone has his or her own ways of learning. We want to help you learn about your condition in the easiest way possible. You will be asked questions about how you learn best, if you have any religious or cultural beliefs that will effect our teaching. The types of topics we want to cover include how to be safe, nutrition, how to safely take your medicines, how to use any equipment you need and any questions you have about your diagnosis.

CONDITION REPORTS
When friends call to inquire about your condition, the call will be directed to your room. If you’d prefer that we withhold all information, including your condition and location within the hospital, please notify your nurse.

YOUR ENVIRONMENT
A big part of getting settled is becoming acquainted with your new surroundings. Your room is where you will spend most of your time, and it is designed to be as cheerful and pleasant as possible, while allowing for comfort and safety. If your accommodations are semi-private, please be considerate of your roommate’s needs, and limit your visitors and activities accordingly.

THE CALL SYSTEM
There is a call button at your bedside and a button/pull cord in the bathroom to summon assistance. Just press the button or pull the cord and a staff member will respond in person or by intercom. Please don’t hesitate to use it if you have questions or need help.

TELEPHONES
Keeping in touch with loved ones is important, especially when you are ill. For your convenience, there is a private phone on your bedside table. If friends or family want to reach you, they can call and ask the operator to connect them to your room.

TELEVISION
Sometimes the days can seem long, when you are in the hospital. For your comfort, your room is equipped with a television set. To hear television programs, change channels, and tune into radio stations, use the bedside control. Special channels are available in certain areas.

PERSONAL VALUABLES AND BELONGINGS
We cannot be responsible for valuables that you keep in your possession. You should leave your jewelry, money (large sum), wallets, and purses at home to ensure their safekeeping. Please be alert concerning your belongings such as dentures, contact lenses, eyeglasses, hearing aids, and comparable personal belongings. Please store these items carefully when not in use. Never leave them on a meal tray or wrap them in tissue paper. If you forget to leave your valuables at home and do not wish to entrust them to a friend or relative, they may be deposited in the Hospital safe for safekeeping. Ask your nurse for assistance.
PERSONAL EQUIPMENT
The hospital maintains strict safety requirements on all electrical and battery operated appliances used in the patient care environment. No personal electrical devices are allowed, including hair dryers, curling irons, electric shavers, radios and similar equipment.

MEALTIMES
Breakfast is usually served to our patients by a health team member between 7:00 and 8:15 a.m. Lunch is delivered between 12:00 and 12:30 p.m. Dinner usually arrives between 5:00 and 7:00 p.m. Snacks are available upon request and are served at 10:00 a.m., 3:00 p.m., and 8:00 p.m., if your diet is not restricted. Check with your hospital for specific meal times.

FOOD & NUTRITION SERVICES
Proper nutrition can be as crucial to your health as the right therapy or medication. In fact, food can play such an important role in your recovery that your diet is personally prescribed by your physician and carefully planned by a registered dietitian. All patients will receive a menu listing several approved selections for breakfast, lunch and dinner. A guest tray is also available upon request. Please feel free to ask your dietitian questions regarding your meals or nutritional needs.

HOUSEKEEPING
Our housekeeping staff makes sure your room is neat and clean each day. They’re especially sensitive to your needs for privacy and quiet and try to complete their tasks discreetly, with as little disturbance as possible. If you have any special housekeeping requests, please let one of our staff members know.

MAIL AND FLOWERS
If you are going to be with us for more than a day, your loved ones may want to send you flowers and cards wishing you a speedy recovery. Mail should be addressed to your name and room number. A volunteer or staff member will deliver flowers to your room as soon as they arrive with the exception of specialty areas, such as ICU. Those patients may receive flowers after they are transferred to the Medical Surgical Unit. Mail will be delivered to your room. If you are not there, it will be left on your bedside table. Mail received after you leave the hospital will be sent to your forwarding address.
VISITING HOURS
Visits from loved ones can be comforting when you are hospitalized. For this reason the Hospital staff members make every effort to provide an environment conducive to the needs of both patients and visitors. Because certain types of high-risk patients may be more prone to acquire infectious diseases than other patients, visitors are restricted by age in certain clinical areas of the hospital. If young children accompany your visitors to the hospital, they should wait in the main lobby under the supervision of a parent or other responsible adult. Children of patients or siblings under fifteen, however, may usually visit with the approval of a patient’s nurse.

PARKING
Patients and visitors may park in designated areas.

CAFETERIA
If your visitors would like to drop by our hospital cafeteria please check for specific hours of service. Please refrain from bringing food or drinks in patient care areas.

VISITORS’ WAITING AREAS
For the comfort of your loved ones, waiting / lounge areas are available. The Nursing Staff can direct you to the correct waiting / lounge area. It is a good place for them to relax while you’re resting, undergoing tests or being examined.

GOING HOME

CASE MANAGEMENT
The Case Management staff are experienced professionals who collaboratively monitor and coordinate your care while assessing your needs on an ongoing basis during your stay. They work closely with your physician and the healthcare team, as well as your insurer, to assure you receive the highest quality care. Your Case Management Staff will work with you and your family to arrange for appropriate post discharge needs.

DISCHARGE PLANNING
The first thing most people think about when they enter a hospital is, “When can I go Home?” Going home from the hospital or to another facility can present special needs and challenges. Please let your nurse or any member of your healthcare team know if you have any special concerns regarding your needs after leaving the hospital as early as possible. Your healthcare team begins thinking and formulating a plan with you for your discharge early in your hospital stay. Let your nurse know if you request a discharge plan evaluation from the Case Manager. You may also request a Case Manager to discuss changes and questions you have about your discharge planning and needs. A variety of healthcare team members will help minimize any problems and assist you in transitioning from one level of care to another. In collaboration with you and your family and the physician, your case manager, discharge planner, social worker and nurse can assist in arranging the appropriate after hospital services you may need. These services may include home healthcare, skilled nursing facilities, and/or resources to enhance the success of your hospital stay.
LEAVING THE HOSPITAL
When you and your doctor decide you are ready, you will leave the hospital to continue your recovery at home or at a transitional facility. Before you go, your physician and nurse will review your discharge papers and discuss your post-hospital care with you and your family. Make sure you understand your physician’s instructions. The entire healthcare team is available to assist in answering your questions. Don’t forget to arrange for a ride home with a relative or friend well in advance of your discharge.

STROKE AND TIA
Stroke or TIA (transient ischemic attack or stroke warning) occurs when a blood vessel leading to the brain becomes clotted or bursts. The vessel clotting or bursting causes the part of the brain fed by the vessel to stop working and also affects the part of the body the brain controls. Strokes can be caused by high blood pressure, diabetes, smoking, and atherosclerosis. If you have been in the hospital for treatment of a stroke you should follow up with your physician within one week of discharge or as directed. CALL 911 immediately if you have any of the following warning signs:

Sudden numbness or weakness of the face, arm, leg, especially on only one side of the body
- Sudden confusion, trouble speaking, or understanding
- Sudden trouble seeing out of one or both eyes
- Sudden trouble walking, dizziness, loss of balance, or lack of coordination
- Sudden severe headache with no known cause

FINANCIAL MATTERS

YOUR BILL
We know that medical bills can be confusing. In an effort to simplify matters, we will assist you in verifying your insurance and identifying prior authorization requirements, deductibles and copayments. Please be prepared to pay all applicable insurance deductibles, and copayments before you enter the hospital or at the time you are admitted.

After you leave the hospital, we will bill your insurance company directly. Once we have reconciled your account with your insurance company, you will receive a bill for any remaining copayments or deductions, as well as for any noncovered items and services. For your convenience, you may pay by cash, check, Discover, American Express, Visa, or Mastercard. If you have questions about our billing procedures — or inquiries about your hospital bill—we will be happy to answer them. Please call our business office on Monday through Friday, from 8:00 a.m. to 4:30 p.m. Check your hospital for specific hours.

In addition to your hospital bill, you may also receive separate bills from your doctor, anesthesiologist, radiologist, pathologist, and other specialists who cared for you.
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MEDICARE

If you are enrolled in Medicare, we will send you a bill only if you have an outstanding deductible amount or have incurred charges for non-covered items or services. This also applies to patients enrolled in supplemental policies. If there are no uninsured items, we will bill Medicare directly and you will not receive a bill from us.

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

Patients who lack insurance or have inadequate and meet certain low or moderate income requirements may qualify for discounted payments or charity care. Patients should contact the hospital’s Business Office.

THINGS TO ASK YOUR DOCTOR

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PROVIDENCE MEDICAL CENTER
SAINT JOHN HOSPITAL

Providence Medical Center
8929 Parallel Parkway | Kansas City, Kansas
913-596-4000
www.providencekc.com

Saint John Hospital
3500 S. 4th Street | Leavenworth, Kansas
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