Speak Up, Plus 7 Key Ways to Take Charge of Your Care

1. Prevent Falls
2. Check IDs
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5. Don’t Ignore Pain
6. Incision Care
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On Our Cover

Speak Up!
Ask Questions and Voice Concerns

5 Tips to Fight Infection

Successful Discharge
How to Plan Ahead

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Welcome

Thank You for Trusting Us

Everyone at Mercy Philadelphia Hospital is focused on your overall health and well-being. We pledge to provide you, your family and loved ones with the best possible service. If there is anything we can do to make your stay more comfortable, please let us know.

We are also committed to providing you with clear information about what to expect during your hospital stay. Our belief is that the more informed and involved you are in your care, the better your experience will be.

This Patient Guide offers details about your accommodations, Patient Rights and Responsibilities, Advance Directives, discharge procedures and much more. It is designed to help answer questions you may have, but of course, if you have any additional questions or concerns, please ask any of our staff and we will be glad to help you.

Upon your return home, you may receive a patient satisfaction survey. Please take the time to complete the brief survey as your feedback is important to us. Your answers to the survey will remain confidential.

Thank you for choosing Mercy Philadelphia Hospital. We are privileged to serve you.

Sincerely,

Kathryn Conallen
Chief Executive Officer and Senior Vice President
Acute Care Operations
Mercy Health System

MISSION STATEMENT
We, Mercy Health System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. In fulfilling our mission, we have a special concern for persons who are poor and disadvantaged.
Why We Are the Right Choice for Your Care

Mercy Philadelphia Hospital has served the communities of west and southwest Philadelphia for 97 years. Built on the foundation of providing compassionate, quality health service, Mercy Philadelphia is an acute-care, teaching hospital offering emergency services, medical and surgical services, cardiac care, cancer care, rehabilitative and chronic care services, behavioral health services and outpatient services. Mercy Philadelphia Hospital is a member of Mercy Health System of Southeastern Pennsylvania, the largest Catholic healthcare system serving the Delaware Valley.

The History of Mercy
The Sisters of Mercy, founded in 1831 by Catherine McAuley in Dublin, Ireland, began their ministry in Philadelphia in 1861. A chief mission of the Sisters from the earliest days was the care of the sick. As soon as they arrived in Philadelphia, the Sisters began visiting the sick in their homes and setting up schools for the instruction and care of children and adults, especially in poorer communities. Mercy Philadelphia Hospital (formerly Misericordia Hospital) became the first Catholic hospital in Philadelphia; the first patient was admitted into the hospital on July 2, 1918.

Core Values
- **Reverence:** We honor the sacredness and dignity of every person.
- **Commitment to Those Who are Poor:** We stand with and serve those who are poor, especially those most vulnerable.
- **Justice:** We foster right relationships to promote the common good, including sustainability of Earth.
- **Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity:** We are faithful to who we say we are.

CONTACT US
1501 S. 54th St. • Philadelphia, PA 19023
PH: 215.748.9000 • www.mercyhealth.org/mercyphiladelphia
# Phone Directory

## Key Numbers

**Main:** 215.748.9000 | **Patient Information:** 215.748.9100

**Patient Relations:** 215.748.9168 | **Discharge Planning:** 215.748.9150

**Billing Information:** 215.748.9120 | **Operator:** Dial 0

## OTHER HOSPITAL SERVICES

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For more information on the resources available at Mercy Philadelphia, visit www.mercyhealth.org/mercyphiladelphia.
Patient Satisfaction Matters to Us

How’s your stay? Are you getting the care you need? Are your doctors and nurses listening and responding to your questions or requests? Our goal is to provide the best quality care. To do so, we ask for feedback from patients like you.

During Your Stay

Please speak with your nurse or nursing supervisor if you have any questions or concerns about your care. If your issue is still not resolved, then contact a Patient Experience Director at 215.748.9168. You also have the right to file your complaint with either:

The Pennsylvania Department of Health
Acute & Ambulatory Care Services
P.O. Box 90
Harrisburg, PA 17108
717.783.8980
Toll-free: 800.254.5164
www.portal.health.state.pa.us/

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
800-994-6610
Email: patientsafetyreport@jointcommission.org

Patient Relations

Patient Relations, also known as Patient Experience, is here to assist you and your family. If you have a question or concern about your experience at Mercy Philadelphia Hospital, we would like to hear from you. Help us see things through your eyes as we strive to deliver the best possible care to you and your family. We suggest you first discuss your concern with your nurse, the department manager or your doctor. If the concern remains, the Patient Relations staff is available to help. The Patient Experience Department is located in Room 132, First Floor. The office is open from 8:30 a.m. to 5:00 p.m. To speak to a Patient Experience Director, please call 215-748-9168.

Mercy Patient Experience Principles

We hold sacred and believe that each person is made in the image and likeness of God; thus, people come first in all we do. Mercy Health System is committed to providing a high-quality experience to the patients who come to us for care. We believe a trusting partnership among patients, families and caregivers is essential to ensuring the consistent delivery of person-centered care. We strive to exceed the expectations of our patients in every encounter, every time.
After Your Stay
Once you leave our care, we will continue to seek your feedback through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. The HCAHPS survey is a tool to measure and report patient satisfaction. It’s made up of simple questions on key care topics such as:

- doctor and nurse communication
- medicine and discharge information
- pain management and staff responsiveness
- overall quality of the hospital environment

If you’re selected to receive this brief survey, please take the time to complete it. The results will help us know what we’re doing right and where we can improve.

Want to Know How We Score?
You can review and compare the quality, care and safety ratings for different hospitals at:

- Medicare Hospital Compare, uses HCAHPS results and other data: www.medicare.gov/hospitalcompare

You can also find information on hospitals through these accrediting organizations:

- Healthcare Facilities Accreditation Program (HFAP): www.hfap.org
- DNV GL Healthcare: www.dnvglhealthcare.com
- The Joint Commission: www.qualitycheck.org
During your stay, you have access to a special service called the Rapid Response Team. You can call this service, and a critical-care team will check on you or your loved one and provide help before there is a life-threatening emergency.

**WHEN to Call Rapid Response**

*Call for help if you notice:*

- changes in heart rate or drop in blood pressure
- change in respiratory (breathing) rate or oxygen levels
- changes in urine output (much more or less urine)
- change in mental status or level of consciousness
- any time you are worried something might be wrong
- any change in the patient’s condition that needs immediate attention and the healthcare team is not responding, or if you continue to have serious concerns after speaking with the healthcare team

**HOW to Call Rapid Response**

**Step 1:**
Dial 2222 on bedside phone.

**Step 2:**
Tell the operator: your name, room number, patient’s name and your concern.

**Step 3:**
The Rapid Response Team will be sent to your room.
Fast Facts About Your Stay

An A-Z Guide to the Most Frequently Asked Questions

ATM
For your convenience, an ATM is located on the first floor in the Atrium area.

Cafeteria
Location: First floor

Hours:
- Breakfast: 6:45 a.m. to 10:00 a.m.
- Lunch: 11:30 a.m. to 2:00 p.m.
- Dinner: 3:30 p.m. to 6:30 p.m.

Visitors are welcome to dine in the Mercy Skylight Café.

Calling Your Nurse
To call your nurse, please press the button located at your bedside. When you press the button, the nurses’ station is alerted and a light flashes above your door. A staff member closest to your room will respond or notify the person most qualified to help you.

Confidentiality Reports
Confidentiality is important to our patients and staff. Any personal information about your diagnosis and treatment must come from your physician, and this information is only available to those you designate to receive it.

During the Night
Please stay in bed after you’ve been prepared for the night. Strange surroundings and sleeping medications may create a hazard if you get out of bed. For help during the night, please use your call button.

Electrical Appliances
Electrical appliances including hair dryers, curling irons, razors, radios, heating pads, portable heaters, VCRs, computers and other devices are not permitted in patient rooms. You may use only battery-operated devices.

VISITING THE HOSPITAL?
Thanks for taking the time to support your loved one’s care and recovery. See p. 11-12 for important visitor information.
Fire Safety
We regularly conduct fire drills. If you hear an alarm, stay where you are. In the event of an actual emergency, hospital staff will notify you.

Gift Shop
The hospital’s gift shop is located on the first floor of the main hospital and is staffed by volunteers. The shop has gift items, jewelry, magazines, greeting cards, candy and toiletries.

Gifts for Patients
Visitors should check with the nurse before bringing gifts of food or drink to patients. Please check with the nurse to make sure your gift is appropriate. Flowers and balloons are prohibited on the Intensive Care Unit. All latex balloons are prohibited.

Guest Meals
If a family member or friend wants to eat in your room with you, the Mercy Skylight Café has a large and varied menu. Contact the Food and Nutrition Department at ext. 32282 for more information.

Hearing Impaired
Mercy Philadelphia provides telecommunications devices for the deaf (TDD/TTY). Certified sign language interpreters will be provided to hearing-impaired patients when necessary.

Helping Us Help Others
We are committed to providing quality healthcare regardless of the patient’s ability to pay. You can help us help others by making a contribution.

Your gift also will help us enhance our services, programs and facilities to better care for our community. Visit www.mercyhealth.org/resources/donate to learn how to make a gift.

Housekeeping Services
We clean all patient rooms daily. If there is a housekeeping problem in your room, tell your nurse or call our housekeeping department at ext. 39450, and it will be taken care of as soon as possible.

Interpreters
If you need an interpreter, please let your caregiver know.

Mail and Flowers
A hospital staff member will deliver mail and flowers to you by a hospital staff member. Any mail received after your discharge will be forwarded to your home address. Please note that flowers are not allowed in intensive care units.

Organ Donation
As you work every day with your family, friends and physician to improve and maintain your health and fitness, we ask you to think about your option to become an organ and tissue donor. Hospital staff and representatives of the Delaware Valley Transplant Program are available to answer any questions you may have. For more information, call 800.DONORS.1, ask your doctor or nurse, or see the Gift of Life website at www.donors1.org/m mercyhealth.
Oxygen
Special regulations are in effect in areas where patients are receiving oxygen. Electrically operated equipment and aerosol products are not permitted in these areas.

Parking
Parking for patients and visitors is located in the garage and is available 24 hours a day, seven days a week. The cost to park is $2. Tokens are available in the Registration Lobby on the first floor of the hospital. Parking spaces for Patient Family Parking Only and Patient Handicap Parking Only are on the first floor of the parking garage. Please be sure to lock your car. If you need help with your vehicle, call Security at ext. 32131.

Patient Meals
Healthy meals are an important part of your treatment and recovery. We make every effort to provide meals that are prepared according to your doctor’s orders. Patients are served:
- Breakfast: 7:30 a.m. to 9:00 a.m.
- Lunch: 11:30 a.m. to 1:00 p.m.
- Dinner: 4:30 p.m. to 6:00 p.m.

Your meal may be delayed if you are scheduled for a test or treatment. Whenever possible, you will be served afterward. A member of the Food Services team will visit you to talk about your menu and food preferences. If you need to speak to someone about your meals, call ext. 32282.

Public Restrooms
Visitors should not use the bathrooms in patient rooms. They are reserved only for patients in order to protect their health. Public restrooms are located throughout the hospital.

Personal Belongings
If you have valuables, such as jewelry, credit cards and cash, please give them to a relative or friend to take care of during your stay.

Store your contact lenses, eyeglasses, hearing aids and dentures in containers labeled with your name and place them in a drawer in your bedside table when not in use.

Please don’t put them on your bed or food tray—they may be damaged or lost. Mercy Philadelphia Hospital cannot be responsible for replacement of personal belongings. If you cannot send your valuables home, please speak with your nurse about storing them in the hospital safe in the Security Office. You will be given a written receipt for all items, which must be presented when you withdraw them.

If you lose something, please call Patient Relations at ext. 39168. We will make every effort to help you find it.
Smoking
Smoking and/or the use of any tobacco products is not permitted anywhere in the hospital or on hospital grounds.

Spiritual Care
Our chaplains are experienced in ministering to people of all faiths and are available for spiritual and emotional support, prayer and other spiritual needs.

Chaplains are available on weekdays from 8:00 a.m. to 7:30 p.m. and weekends from 7:00 a.m. to 3:30 p.m. To contact a chaplain, please call the Spiritual Care Department at 215.748.9440.

A small chapel on the first floor is open 24 hours a day for meditation and prayer. Mass is celebrated in the chapel every Wednesday at 8:00 a.m. You can view Mass and other services on channel 65.

Television and Telephone Service
Telephones are provided in all patient rooms. For in-house calls, dial 3 + the last four digits of the number. To place a local call, dial 8 + the area code and number. To place a long-distance call, dial 8 + 0 + the area code and number. To reach the hospital operator, dial 0.

Television service is free in each patient room. Please be considerate of others by keeping the TV volume down and turning off your TV at bedtime. If you need help with your TV, please tell a staff member.

Vending Machines
Vending machines offering beverages and snacks are located in the Skylight Café and in the Emergency Department near the Security desk. They are available 24 hours a day, seven days a week.

Visiting Hours
- **Critical Care, along with the rest of the hospital:** 24 hours a day, seven days a week
- **Psychiatric Units:** 2SE:
  - Monday through Friday: 6:30 p.m. to 8:30 p.m./Saturday and Sunday: 12:30 p.m. to 2:30 p.m. and 6:30 p.m. to 8:30 p.m.
- **2NE:**
  - Tuesday and Friday: 6:30 p.m. to 8:30 p.m./Sunday: 12:30 p.m. to 2:30 p.m. and 6:00 p.m. to 8:00 p.m.

Visitor Guidelines
We encourage visitors for emotional support and recovery. To provide a restful and safe environment, we ask that all visitors follow these guidelines:
- Visitors are limited to three per patient.
- In Critical Care Units, only two visitors per patient are allowed.
- The patient has the right to allow or exclude visitors of his or her choosing.
- Each patient may designate a support person to determine who can visit the patient if the patient is incapacitated.
- Children under 13 years of age are not permitted on the floors to see patients.
- Be considerate of other patients by keeping noise to a minimum.
■ Refrain from visiting if you have a cold, sore throat or any contagious disease.
■ Observe “no visiting” and precaution signs before entering the room.
■ Leave the room during tests or treatments if asked.
■ Food, flowers and balloons are not permitted in the Critical Care Unit.
■ The hospital may restrict visitation at any time for the health and safety of all patients.

Visitor Passes
All visitors must have a Visitor Pass. Please sign in at the Information Desk in the Atrium area to receive your pass. You must carry your pass at all times while you are in the hospital.

Waiting Areas
There are lounge areas for visitors throughout the hospital and on the first floor in the Cedar Avenue Lobby. There are also waiting areas for families of patients in the Critical Care Units, Emergency Department and Surgery. During certain hours, our hospitality coordinator is on duty in the Surgery Waiting Room and Short Procedure Unit to give family members updates.

Wheelchairs
Wheelchairs are available on all nursing units. Please ask a staff member for help when getting in or out of your wheelchair.

Wi-Fi
Mercy Philadelphia Hospital is pleased to offer free Internet access on nursing units. This allows you and your visitors to stay connected to the Web, check email or surf the Internet during your stay at the hospital.

To gain Wi-Fi access: After turning on the Wi-Fi on your device, select the Guest wireless network. Open your browser, and accept the terms and conditions of the Wireless Guest Network. Please note that Mercy Philadelphia Hospital does not provide wireless laptops or other wireless devices to take advantage of this access.

Your Room
Your patient room is assigned based on your condition when you are admitted and the bed availability on the day of your admission. You may be moved as your health status changes. Private (single-bed) and semiprivate (two-bed) rooms are available.

All room temperatures are regulated within the hospital. We want your stay to be comfortable. If you room is not comfortable, please notify the nursing staff.
### TV CHANNELS

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Quick Quiz! By the age of 65, how many years of the average American's life is spent in front of the TV?

- 2 years
- 5 years
- 9 years
- 12 years

Answer: With 4 hours of viewing each day or 28 hours a week, by age 65 TV-viewing time can equal roughly 9 years!
Take Charge of Your Care

You are the center of your healthcare team. Let this special guide help you get the best results from your hospital stay.

Speak Up! If you have questions or concerns, you have the right to ask and get a response from your doctor or nurse that makes sense to you. To help, share your answers to these questions with hospital staff.

- What language would you prefer to speak?
- Do you need glasses, hearing aids or other devices to help with talking to hospital staff?
- Do you prefer to hear, see or read health information?
- Do you have any cultural, ethnic or religious-based special needs?
- Who will be your support person who talks with hospital staff about your healthcare wishes? (see p. 33)

Ask Yourself

Is there anything else the hospital should be aware of to improve my care experience?
7 Key Ways
TO TAKE CHARGE OF YOUR CARE

SPEAK UP. Ask questions and voice concerns. It’s your body, and you have the right to know.

PAY ATTENTION. Always double-check that you are getting the right treatments and medicines from the right hospital staff.

EDUCATE YOURSELF. Learn about your medical condition, tests and treatment options, so you know why following your care plan is so important.

FIND A SUPPORT PERSON. Pick someone to help speak up for your care and needs during your stay.

KNOW YOUR MEDS. Understand what your medicines treat, why you need them and how to take them for the best results.

CHECK BEFORE YOU GO. Make an informed decision when selecting additional healthcare services. Choose only accredited providers who meet patient safety and quality standards. Go to www.qualitycheck.org to learn more.

PARTICIPATE IN YOUR CARE. You are the center of your healthcare team. Make sure you know what’s happening every step of the way—from admission through discharge.

Source: The content within the “Take Charge of Your Care” section reinforces the safety and quality care goals and standards issued by The Joint Commission and other hospital accreditation organizations.
Prevent Falls

While you are here, you may feel dizzy or weak. Illness, procedures, medicines or even just lying down for too long can all make you less steady on your feet. To keep yourself safe:

- Use the nurse call button for help getting out of bed.
- Ask for help going to the bathroom or walking around. (And use hospital handrails when they’re available.)
- Wear nonslip socks or footwear.
- Keep often-used items within easy reach (glasses, remote, tissues, etc.).
- Make sure your wheelchair is locked when you get in or out of it. Never step on the footrest.

Patients of all ages are at risk for falls. It’s better to be extra careful than risk another medical problem.

Check IDs

While you are here, many people will care for you (doctors, nurses, aides) and these same people will care for many patients. To prevent errors in your care:

Ask to see the ID of everyone who comes into your room, so you know the name and job of the person caring for you. If you do not see an ID badge, contact your nurse immediately.

Speak up if hospital staff does not check your ID. Any time staff enters your room to give you medicine, transport you, or perform procedures or treatments, state your name and birth date.

This may seem repetitive at times, but it helps ensure you receive the correct care.
Pay Attention To Your Care

- Tell your nurse if something doesn’t seem right.
- Know what time you normally get medicine, and tell your nurse if you don’t get it.
- Request drawings or illustrations to help you learn about your condition.
- Read and understand all medical forms before signing. Ask if you need information explained.
- If your treatment involves medical equipment, practice using it with your nurse before you leave the hospital.
- Don’t be afraid to ask for a second opinion. The more information you have, the better you will feel about making decisions.
- Talk to your doctor and family about whether you want life-saving actions taken.

You Are Key

You are the most important member of your healthcare team.

Understand your treatment
Ask questions
Speak up about pain
Know your medicines
Plan early for a successful discharge

And Remember, Take Charge of Your Communication

Ask About Jargon: If you hear a medical term you don’t understand, ask what it means.

“Teach Back”: After you get instructions or an explanation, repeat back what you thought you heard so you can double-check that you understood.

Take Notes: Write down any key facts your doctor tells you so you won’t forget.
5 Ways to Fight Infections

The hospital is a place you come to get well, but you can also come in contact with germs that can make you feel worse. Reduce your chances of infection by taking these safety precautions.

1. **Clean your hands.**
   - after touching hospital objects or surfaces
   - before eating
   - after using the restroom

2. **Ask hospital staff members to clean their hands.** This should be standard practice, but don’t be afraid to remind them if they forget or to ask them to wear gloves when touching you. Ask visitors to clean their hands too!

3. **Cover if you are sick.** If you get an infection, limit the spread of germs by sneezing and coughing into tissues you promptly throw away, and avoid touching other people. Ask the staff if there is anything else you should do—like wear a surgical mask—to prevent the spread of germs.

4. **Keep an eye on bandages or dressings.** If a dressing on a wound or IV becomes loose or wet, let your nurse know. Also if you have a catheter or drainage tube, tell your nurse if it becomes loose or dislodged.

5. **Keep your vaccinations up-to-date.** Make sure you are as protected as possible from the spread of infection. Check with hospital staff about whether it’s safe for you to receive any vaccines you might need.

Tell friends and family not to visit if they are sick. And make sure all your guests wash their hands when they enter your room.
Don’t Ignore Pain

No one knows how much pain you are in but you. Tell your doctor or nurse when pain strikes or if it comes back again after it goes away. Talk about your pain level throughout the course of your stay.

Ask yourself, then share with your nurse.

- Where does it hurt?
- When does it hurt?
- Does it keep you from doing things—like sleeping, dressing, eating?

Which words describe your pain?

- aching
- bloating
- burning
- comes and goes
- constant
- cramping
- cutting
- dull
- numbing
- pressing
- pressure
- pulling
- radiating
- searing
- sharp
- shooting
- soreness
- stabbing
- throbbing
- tightness

How bad is it on this pain scale?

![Wong-Baker FACES® Pain Rating Scale](image)


You’re the Expert on Your Pain

Starting to get uncomfortable? Pain medicine not working? Speak up. You may need to get more of the current pain medicine you are on or switch to a different kind of medicine to get relief. Don’t try to ignore painful symptoms. Managing your pain will help with your healing process. Talk to your doctor or nurse when pain strikes.
Incision Care

Sutures (stitches), surgical staples, adhesive tapes or surgical glue may be used to close incisions. They also help stop bleeding and speed healing. Instead of stitches, your incision may have been closed with Steri-Strips. Treat these the same way you would stitches.

To help your incision heal, follow the tips below. These are meant to be general guidelines. You may have been given specific incision care instructions from your surgeon, and you should follow those as well.

Changing Your Dressing
Leave the dressing (bandage) in place until you are told to remove it or change it. Change it only as directed, using clean hands.
- Gather your supplies ahead of time.
- Wash your hands before touching your incision.
- Wet your hands, use soap and work up lather.
- Rinse your hands with your fingers pointing down.
- Dry your hands with a clean paper towel or cloth. Remember, once you have washed your hands do not touch anything other than your supplies. Keep pets out of the area.
- Your work area should be clean. Spread a clean cloth or towel over your work area.

Keep Your Incision Clean and Dry
- Avoid doing things that could cause dirt or sweat to get on your incision.
- Don’t pick at scabs. They help protect the wound.
- Keep your incision out of water. Bathe or shower only as directed. To keep the incision dry when around water, cover it with a plastic bag or plastic wrap. You could also use rubber gloves to protect stitches on a hand.
- If stitches get damp, pat them dry.

Call If...

Call Your Healthcare Provider If You Notice Any of These Signs:
- The wound separates
- Progressive redness and swelling with a significant increase in pain
- White, yellowish or bad-smelling discharge from the wound
- Bleeding that can’t be stopped by applying pressure
- Fever above 101°F (38.3°C)
Manage Your Meds

Whether you take one medicine or five, it’s important to know what you are taking and why. Ask your doctor these questions about any new (and current) medicines you take:

- What is the name of my medicine? Generic name?
- Why am I taking it? How will it help? When will it start working?
- What dose? How often? How long?
- What is the best time (morning, night, etc.) or way to take it (with food, with water)?
- What are possible side effects? What do I do if they happen?
- Are there any foods, drinks or activities to avoid?
- What do I do if I miss a dose?

Prevent Medicine Errors

Be sure your doctors and nurses know:

- All the prescription drugs, over-the-counter medicines and herbal or vitamin supplements you take.
- Any allergies you have to medicines, anesthesia, foods, latex, etc.
- That your name matches the name on the medicine (use your ID bracelet to double-check).

Remember, Take Charge of Your Medicines

Think you’re due for your next dose? Wondering if this new medicine can replace one you already take? Want to make sure all your medicines and supplements are safe to take together? Don’t be afraid to ask.
Vaccines work with your immune system to help protect you from infections and disease. As you age, you’re more at risk of certain health conditions because your immune system isn’t as strong as it used to be. And if you do get sick, the symptoms can be more serious than when you were younger.

Three types of vaccines are especially important for older adults, including:

**Influenza Vaccine**—The flu vaccine is recommended for all ages every year, and there is a higher-dose vaccine for adults over age 65. You need the vaccine every year because the flu virus changes over time.

**Zoster or Herpes Zoster Vaccine**—This vaccine protects against shingles. It’s one dose and is recommended for all adults age 60 and up. Shingles causes rash, blisters and severe pain.

**Pneumococcal Vaccines**—Recommendations recently changed for pneumonia vaccines. Even if you already received one vaccine, you may still need another. Talk to your doctor about the vaccination schedule that’s right for you.

**Pneumococcal conjugate or PCV13:** You need one dose of this vaccine if you are age 65 or older and didn’t receive it at a younger age. It’s best to get this one before the PPSV23 vaccine (see below). Wait at least 12 months if you receive the PPSV23 first.

**Pneumococcal polysaccharide or PPSV23:** If you are age 65 or older, you need one dose of this vaccine, ideally 6 to 12 months after receiving the PCV13 vaccine (see above).

**Talk to Your Doctor**

Your doctor is your best source for information about vaccines. Which vaccines are right for you depend on your age, other health conditions you have (including pregnancy) and where you travel.
Multi-Drug Resistant Organisms

When you are admitted into the hospital, you may have a nasal swab done to determine if you have MRSA (methicillin-resistant Staphylococcus aureus). This is a multi-drug-resistant organism (MDRO) that is frequently found in patients. MDROs are hard to treat with antibiotics, so we must be careful to make sure that the MDRO isn’t spread.

If your nasal swab test comes back positive, you will be placed in isolation. This means staff will wear gowns, gloves or masks when they treat you. Your family and visitors are expected to do the same to help prevent the spread of bacteria. These are the most common types of MDROs:

**MRSA: Methicillin-Resistant Staphylococcus Aureus**
MRSA is a bacterium that is carried on the skin or in the noses of healthy people and is a common cause of minor skin infections. It can also cause surgical wound infections, bloodstream infections and pneumonia. To prevent the spread of MRSA:

- **Cover your wound:** Keep areas of affected skin covered with clean, dry bandages.
- **Clean your hands:** Anyone in close contact should clean hands with soap and warm water or an alcohol-based sanitizer.
- **Do not share personal items:** Avoid sharing clothing, towels or razors.
- **Talk to your doctor:** Tell any of your healthcare providers that you have a MRSA infection. If you have a wound that does not heal or a boil or “spider bite” that looks infected, see your doctor.

**C. diff: Clostridium difficile**
C. diff is a germ that can cause diarrhea and serious intestinal conditions. When you are healthy the good bacteria in your body keep the C. diff germs under control. But when you take antibiotics they kill the good bacteria, making the C. diff germs strong. To help prevent C. diff:

- **Make sure that all healthcare providers clean their hands before and after caring for you.**
- **Be sure to clean your hands.**
- **Only take antibiotics as prescribed by your doctor.**

**VRE: Vancomycin-Resistant Enterococci**
Enterococci are bacteria that are normally present in the intestines and in the female genital tract. Vancomycin is an antibiotic that is often used to treat infections caused by enterococci. When enterococci become resistant to vancomycin (not killed by it), it is called VRE. VRE can cause infections of the urinary tract or the bloodstream, or of wounds. Most VRE infections can be treated with antibiotics other than vancomycin. If you develop VRE while on a urinary catheter, removal of the catheter can help get rid of the infection.
According to the U.S. Department of Health and Human Services, 1 in 25 patients gets a healthcare-associated infection while staying at the hospital. Often, these happen because hospital procedures and equipment can expose internal parts of your body to germs. The chart below lists common infections and steps you can take to prevent them.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>HOW IT STARTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter-Associated Urinary Tract Infections (UTI)</td>
<td>Germs enter your urinary tract while using a tube to drain urine</td>
</tr>
<tr>
<td>Surgical Site Infections</td>
<td>Germs affect the site of your surgery—either on your skin or internally</td>
</tr>
<tr>
<td>Central Line-Associated Bloodstream Infections</td>
<td>Germs enter your bloodstream through a large tube that’s inserted in a vein near your neck, chest or groin</td>
</tr>
<tr>
<td>Ventilator-Associated Pneumonia</td>
<td>Germs enter your lungs through a tube in your mouth, nose or neck used to help you breathe</td>
</tr>
</tbody>
</table>
### Superbugs

A “superbug” is a germ that causes a bacterial, viral or fungal infection, but does not respond to the usual treatments. This means these bugs make you sicker longer and increase your risk of more serious complications. Common strands include MRSA, E. coli, and VRE. Superbugs spread from person to person through touching germy hands or objects. Protect yourself by taking the steps below. And remember, wash your hands and ask everyone you see during your stay to wash his or her hands too.

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>PREVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>fever</td>
<td>clean hands before touching area</td>
</tr>
<tr>
<td>burning</td>
<td>clean hands before touching area</td>
</tr>
<tr>
<td>pain</td>
<td>keep urine bag below level of bladder to prevent backflow</td>
</tr>
<tr>
<td>bloody or frequent urination</td>
<td>don’t tug, pull, twist or bend the tube</td>
</tr>
<tr>
<td>redness</td>
<td>secure catheter to your leg and ask every day if it’s still needed</td>
</tr>
<tr>
<td>pain</td>
<td>do not shave surgery site (irritation increases risk of infection)</td>
</tr>
<tr>
<td>drainage of cloudy fluid</td>
<td>clean hands before touching area</td>
</tr>
<tr>
<td>fever</td>
<td>don’t let visitors touch or dress your wound</td>
</tr>
<tr>
<td>red skin and soreness at site</td>
<td>ask your nurse to show you how to care for your wound</td>
</tr>
<tr>
<td>fever</td>
<td>clean hands before touching area</td>
</tr>
<tr>
<td>chills</td>
<td>make sure staff wear gloves, gown, cap, mask and sterile drape when handling tube</td>
</tr>
<tr>
<td>red skin and soreness at site</td>
<td>speak up if your bandage comes off, looks wet or dirty, or if your skin looks sore</td>
</tr>
<tr>
<td>fever</td>
<td>avoid touching tube or letting visitors touch tube</td>
</tr>
<tr>
<td>chills</td>
<td>ask that tube be removed as soon as possible</td>
</tr>
<tr>
<td>cough</td>
<td>clean hands before touching area</td>
</tr>
<tr>
<td>mucus</td>
<td>ask if it’s safe to raise the head of your bed</td>
</tr>
<tr>
<td>fever</td>
<td>know how often the inside of your mouth needs to be cleaned and speak up when it hasn’t happened</td>
</tr>
<tr>
<td>chills</td>
<td>ask that the tube be removed as soon as possible</td>
</tr>
</tbody>
</table>
You Have the Right to the Best Care

Mercy Health System’s (MHS) mission calls us to render personalized and compassionate care to patients in ways that respect the dignity of each person. In this spirit, our hospitals, ambulatory care centers and home healthcare services present this statement of the rights and responsibilities of our patients.

Patient Rights
MHS understands and respects the patients’ right to a reasonable response to request and needs for treatment or service, within MHS’s capacity, our stated mission, and applicable laws and regulations. MHS’s patients, or when appropriate, the patient’s legally designated representative, have the right:

▷ To respectful care given by competent personnel.
▷ Upon request, to be given the name of the attending physician, the names of all other physicians directly participating in the care, and the names and functions of other healthcare persons have direct contact with the patient.
▷ To know the reasons for any proposed change in the professional staff responsible for the patient.
▷ To every consideration of privacy concerning the patient’s medical care. Case discussion, consultation, examination, and treatment are considered confidential and should be conducted discreetly.
▷ To have all records pertaining to the medical care treated as confidential except as otherwise provided by law or third-party contractual agreements.

▷ To know what hospital rules and regulations apply to patient’s conduct.
▷ To expect emergency procedures to be implemented without unnecessary delay.
▷ To good, quality care and high professional standards that are continually maintained and reviewed.
▷ To full information in layperson’s terms, concerning diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. When it not possible to give such information to the patient, the information shall be given to the patient’s healthcare agent or healthcare representative.
▷ Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment.
▷ A patient or, in the event the patient is unable to give informed consent, a legally responsible party, has the right to be advised when a physician is considering the patient as a part of a medical care research program or donor program, and the patient, or legally responsible party, must
give informed consent prior to actual participation in such a program. A patient, or legally responsible party, may, at any time, refuse to continue in any such program to which he has previously given informed consent.

A patient has the right to refuse any drugs, treatment, or procedure offered by the hospital, to the extent permitted by law, and a physician shall inform the patient of the medical consequences of the patient's refusal of any drugs, treatment, or procedure.

To assistance in obtaining consultation with another physician at the patient's request and own expense.

To medical and nursing services without discrimination based upon age, race, color, religion, sex, sexual orientation, national origin, disability, or source of payment.

To have access, when possible, to an interpreter if the patient, or legally designated representative, does not speak English. To expect reasonable accommodations for effective communication, including accommodations for hearing, speech and visual impairments.

To be provided with upon request, within a reasonable time frame, access to all information contained in the patient's medical records unless access is specifically restricted by the attending physician for medical reasons. To have access, request, amendment and obtain information or disclosures of his or her health information, in accordance with law and regulation.

To expect good management techniques to be implemented within the hospital, considering effective use of time, and to avoid personal discomfort to a patient.

When medically permissible, a patient may be transferred to another facility only after the patient or a patient’s healthcare agent/healthcare representative has received complete information and an explanation concerning the needs for an alternative to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

To examine and receive a detailed explanation of the bill of services. The right to be informed of the source of the hospital's reimbursement for services and any limitations which may be placed upon care, within a reasonable time.

To full information and counseling on the availability of known financial resources for healthcare. To be informed of the Operating Unit's source of reimbursement for services and any limitations that may be placed upon the patient's care.

A patient has the right to expect that the healthcare facility will provide a mechanism whereby he is informed upon discharge of his continuing healthcare requirements following discharge.
and the means for meeting them.

- A patient cannot be denied the right of access to an individual or agency that is authorized to act on his behalf to assert or protect the rights set out in this section.
- A patient has the right to be informed of his rights at the earliest possible moment in the course of his hospitalization.

**Related Patient Rights**

- To be free from all forms of abuse and harassment.
- To receive care in a safe environment.
- To have cultural and religious beliefs respected.
- To be informed about the outcomes of care including unanticipated outcomes.
- To access protective services.
- To have pain treated as effectively as possible.
- To sufficient storage space to meet personal needs and to keep/use personal clothing/possessions unless it infringes on others rights or is medically/therapeutically contraindicated or poses a safety hazard.
- Additionally, patient’s family has a right to informed consent of donation of organs and tissues.
- You have the right to get information about your care in your language.
- You have the right to get an up-to-date list of all of your current medicines.
- You should be active in your healthcare.
- You should ask questions.
- You should pay attention to the instructions given to you by your caregivers. Follow the instructions.
- To consult with the Institutional Ethics Committee and to participate in consultation meetings regarding his/her treatment decisions that deal with medical/ethical issues, including issues of conflict resolution, withholding resuscitation, foregoing or withdrawal of life sustaining treatment and participation in investigational studies/clinical trials. To request a copy of the MHS code of ethics policy.
- To be free from restraints and/or seclusion unless clinically necessary to protect the safety of the patient and/or others.
- To pastoral counseling and assistance in obtaining other spiritual services at the patient’s request.
- To express spiritual and cultural practices as long as they don’t interfere with treatment.
- To formulate an advance directive and to have the Operating Unit staff and practitioners who provide care comply with the patient’s advance directive. When a patient is incapacitated, when an individual presents the hospital with an advance directive, medical power of attorney or similar document executed by the patient and designating an individual to make medical decisions for the patient when
incapacitated, then the hospital must, when presented with the document, provide the required notice of its policies to the designated representative.

**Rights of Minors and Incompetent Patients**

- To ensure the rights of the neonate, child or adolescent patients, the patient has the right to expect the treatments or individualized needs shall be communicated with the patient’s guardians as necessary.
- To appoint a patient’s healthcare agent/healthcare representative in the event the patient should become incompetent.

**Patient Responsibilities**

- A patient is expected to cooperate with and follow the given care and treatment with instructions and accept the consequences of not following instructions.
- A patient must follow the rules of the hospital, including those rules concerning: visitation, refraining from smoking, and the use of TV, radio or other electrical equipment.
- A patient must provide information about his or her health history, including present complaints, past illnesses, hospitalizations and indications of perceived risks in their care.
- A patient is expected to show respect and consideration.
- A patient is expected to be aware of and sensitive to the needs of other patients, especially those in the same room, and not to engage in activity which might be detrimental to those needs.
- A patient must support a safe health care environment and therefore he or she is not permitted to bring a firearm or explosive to the hospital.
- A patient has the responsibility to meet financial obligations to the hospitals and the physician for the services rendered.
- All activities must be consistent with policies of Mercy Health System and the moral and religious beliefs of the sponsors of Mercy Health System. A patient is expected not to engage in any activity which is in violation of those policies and beliefs.
- A patient is expected to ask questions if he or she does not understand.
- A patient or family member is expected to report concerns related to care, treatment, services and patient safety issues.

**Patient Visitation Rights**

**Hospital must:**

- Inform each patient (support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her rights at the time of admission. (Please see hospital policy on visitation.)
- Inform each patient (support person, where appropriate) of the right, subject to his or her consent, to receive the visitors who 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 and his or her right to
withdraw or deny such consent at any time. Justified Clinical Restrictions are described in MHS Patient Visitation policy.

- Not restrict, limit or otherwise deny visitation on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.

**Admission Notification**

- To have a family member or representative and his or her physician of choice notified promptly of his or her admission to the hospital.

**Plan of Care**

- To be informed of his or her health status, the right to be involved in care planning and treatment and a right to request, accept or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary.
- To participate in developing and implementing his or her plan of care.

**Complaints**

- To submit either verbally or in writing, complaints about his or her care, and to have complaints reviewed and, when possible, resolved.
- To receive notice in writing within 10 days of the resolution of the grievance. The Operating Unit will respond within 10 days to complaint registered.
- In addition to submitting complaints to the Operating Unit, a patient also has the right to notify the Pennsylvania Department of Health if the patient believes his or her rights have been violated.
- To report a violation of your patient rights, you may call the Pennsylvania Department of Health at 800.254.5164 or 717.783.8980

Mercy Health System is committed to providing the highest quality and safest care for each patient. It is our privilege to serve. If your concerns cannot be resolved at this level, you may contact The Joint Commission (TJC). TJC conducts unannounced accreditation surveys of organizations to determine their compliance with nationally established Joint Commission Standards. These standards deal with the organization’s quality, safety of care issues and the safety of the environment in which the care is provided. TJC does not address billing, payment, labor relations issues or individual clinical management of patients. If the concerns in question cannot be resolved at the hospital level, then The Joint Commission may be contacted as stated below:

Division of Accreditation Operations,
Office of Quality and Patient Safety
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone: 800.994.6610
Email: patientsafetyreport@jointcommission.org
Privacy and Health Information

You have privacy rights under a federal law that protect your health information. This law sets rules and limits on who can look at and receive your health information. These rights are important for you to know.

Who must follow this law?

- Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes and many other healthcare providers and their vendors
- Health insurance companies, HMOs and most employer group health plans
- Certain government programs that pay for healthcare, such as Medicare and Medicaid

What information is protected?

- Information your doctors, nurses and other healthcare providers put in your medical records
- Conversations your doctor has with nurses and others regarding your care or treatment
- Information about you in your health insurer’s computer system
- Billing information about you at your clinic
- Most other health information about you held by those who must follow this law

What rights do you have over your health information?

Providers and health insurers must comply with your right to:

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared

Right to Complain

If you believe your rights are being denied or your health information isn’t being protected, you can file a complaint with your provider, health insurer or the U.S. government at www.hhs.gov/ocr/privacy.
Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing.

Get a report on when and why your health information was shared for certain purposes.

File a complaint.

**What are the rules and limits on who can see and receive your health information?**

*To make sure that your health information is protected in a way that doesn’t interfere with your healthcare, your information can be used and shared:*

- For your treatment and care coordination.
- To pay doctors and hospitals for your healthcare and help run their businesses.
- With your family, relatives, friends or others you identify who are involved with your healthcare or your healthcare bills, unless you object.
- To make sure doctors give good care and nursing homes are clean and safe.
- To protect the public’s health, such as by reporting when the flu is in your area.
- To make required reports to the police, such as reporting gunshot wounds.

*Without your written permission, your provider cannot:*

- Give your health information to your employer.
- Use or share your health information for marketing or advertising purposes.
- Share private notes about your mental health counseling sessions.

Another law provides additional privacy protections to patients of alcohol and drug treatment programs. For more information, visit: [www.samhsa.gov](http://www.samhsa.gov).

Source: U.S. Department of Health & Human Services Office for Civil Rights
Advance Directive Policy
During admission, we ask each patient whether he or she has an advance directive. If so, we record it in the patient’s hospital chart. The advance directive will help us to know and honor the patient’s wishes, if he or she is unable to express them. A situation may arise in which a patient’s wishes conflict with the religious beliefs and moral values of the Catholic Church. We may refuse to honor these wishes but, in such cases, we will refer the patient to an alternative source of care. A copy of our policy on advance directives, along with a living will form, can be found in the waiting areas throughout the hospital or be requested from the Patient Relations Office. An advance directive may take several forms. In Pennsylvania, two types are specifically authorized:

Living Will
This set of instructions explains the type of life-prolonging medical care you wish to accept or refuse. It can include your wishes about the use of CPR if your heart stops, a ventilator if you stop breathing, or feeding tubes or IVs if you cannot eat or drink.

Durable Power of Attorney
For healthcare: This is a legal document that names your healthcare proxy—someone who can make medical decisions for you if you’re unable to do so. An official healthcare proxy can represent your wishes on emergency care but also on other medical issues like potential treatment options, blood transfusions, kidney dialysis, etc. Choose someone you trust, discuss your medical wishes, and make sure the person agrees to represent you in this role.

For finances: You also have the right to appoint someone or the same person to help manage your finances if you cannot.
Plan Early to reduce your chances of being readmitted and increase your chances for a healthy recovery. Take steps as soon as possible during your stay to plan for a successful transition from the hospital.

To begin, ask to speak with your discharge planner, and review the following:

- your discharge summary and discharge plan
- your complete medicine list and instructions
- your upcoming appointments
- what to do if you don’t feel well

A Reason To Plan Early

If you need a rehabilitation facility, nursing home, skilled care, or other service after your stay, you’ll need time to find and weigh your options. For help comparing services in your local area, go to:

- www.medicare.gov/nursinghomecompare
- www.medicare.gov/homehealthcompare
- www.qualitycheck.org
Checklist for Discharge

Make sure you have the following information before you leave the hospital.

- **Discharge summary.** This includes why you were in the hospital, who cared for you, your procedures and medicines.

- **Medicine list.** This includes all your new and former prescriptions, over-the-counter medicines, vitamins and supplements. Ask if there are any medicines you can stop taking or that are not good to take together. Also make sure you know why, how and when to take each one.

- **Prescriptions.** Check that your pharmacy has your new prescriptions and that you have a plan to get them filled.

- **Follow-up care instructions.** Beyond medicine, this can include:
  - foods or activities to avoid
  - tests or appointments
  - how to care for incisions or use equipment
  - warning signs to watch for
  - daily living adjustments (like how to get into bed)
  - who to call with questions

- **After-hospital services.** Know how much support you’ll need in these areas:
  - **Personal care:** bathing, eating, dressing, toileting
  - **Home care:** cooking, cleaning, laundry, shopping
  - **Healthcare:** taking your medicines, doctor’s appointments, physical therapy, wound care, injections, medical equipment

- **Local Resources.** Ask your discharge planner for help finding local after-care services or other support groups.

**Going Home**

- Verify your discharge date and time with your nurse or doctor. On most units, checkout time is 11:00 a.m. If you cannot leave by this time, please notify your nurse. You may be billed for the extra time in your room, and this charge is not covered by most insurance plans.

- Have someone available to pick you up.

- Check your room, bathroom, closet and bedside table carefully for any personal items.

- Retrieve any valuables you have stored in the hospital safe.

- Make sure you or your caregiver has all necessary paperwork for billing, referrals, prescriptions, etc.

- When you are ready to leave, a member of the hospital staff will escort you to the front entrance and help you into your vehicle.
After-hospital care that fits your needs is important. Make sure you understand what your hospital staff recommends for you.

**Home Healthcare**—Care provided by professionals in your home to help maintain or restore health. Includes: *home care* services such as housekeeping and meal preparation; *personal care* services such as bathing, dressing or eating; and *healthcare* services such as physical therapy or skilled nursing.

**Independent Living**—Communities with individual, private apartments or homes. Includes: meals, housekeeping, maintenance, social activities and possibly transportation. Healthcare services like skilled nursing are not usually standard.

**Assisted Living**—Individual units or apartments, usually in a long-term care facility. Includes: home and personal care services, as well as help managing health conditions and medicine routines—plus social activities and transportation. Medical staff is on site 24 hours.

**Nursing Home**—Long-term care facility with individual rooms for those who don’t need a hospital, but can’t be cared for at home. Includes: all daily living and personal care services, 24-hour skilled nursing care, plus social activities and events. Special units often available for people with Alzheimer’s disease or memory loss.

**Hospice**—Care program that provides support for terminally-ill patients and families in hospitals, facilities or homes. Includes: 24-hour help with pain control, symptom management and emotional or spiritual support.

To get started evaluating or finding after-hospital care resources in your area, visit:

- [Eldercare Locator](www.eldercare.gov)
- [National Respite Network and Resource Center](www.archrespite.org)

Contact your health insurance, Medicare or Medicaid to find out what care and services are covered for you, and to obtain help with costs.
Take Charge of Your Payments

The hospital billing process may seem complicated, but you can feel more in control by knowing exactly what your bill covers. For example, if you stay overnight, you can expect to see charges for your room, meals, 24-hour nursing care and medicines. The bill will also show charges for any special services, such as X-rays and lab tests. You’ll receive bills for doctors, surgeons and specialists separately from the hospital.

Medicare

If you have Medicare, you’ll have to fill out an MSP (Medicare secondary payer) form. This ensures that Medicare only pays for services not covered by other insurance you may have. If you have secondary insurance, this usually covers Medicare deductibles. If you don’t have secondary insurance, you need to pay these amounts yourself.

Also be sure to read your quarterly MSNs (Medicare summary notices) to review:

- the amount your doctor(s) charged
- the amount Medicare approved and paid
- the amount you owe
- your current deductible status

If you have questions, call the customer service number listed on your statement.

Commonly Confused Terms

- **Deductible**: The amount you owe each year before your insurance begins making payments.

- **Co-payment**: A flat fee you pay for a specific service, usually due at the time of service.

- **Co-insurance**: The portion of your medical expenses that you’re personally responsible for paying. For example, your insurance may cover 80 percent of a bill, while you have to pay the remaining 20 percent.
Commercial Insurance Providers
If you use a commercial insurance provider, then the hospital forwards your claim based on the information you provide at registration. About a month after you leave the hospital, you’ll get an explanation of benefits (EOB) statement from your insurance provider. This isn’t a bill. EOBs show:

- the amount billed by your doctor or hospital
- how much of that cost is covered by your insurance
- how much you owe

Review this and all other bill-related documents carefully. If you have questions, contact your doctor or the customer service number listed on the statement.

Self-Pay Patients and Payment Arrangements
If you’re planning to pay your bills without help from Medicare or a commercial insurance provider, then you’ll get bills directly from the hospital. When the first bill arrives, call the hospital’s financial services department to set up a payment plan.

Communicate with the financial services department as soon as possible. If you don’t set up a payment plan, or if you stop making payments, then your account may be placed with a collection agency. The hospital wants to work with you, so reach out with any questions or concerns you have.

Understanding Coordination of Benefits (COB)
COBs happen when you’re covered under two or more insurance companies. This may occur when a husband and wife are both listed on each other’s insurance policies, or when both parents carry their children on their individual policies.

To prevent duplicate payments, COBs determine the primary payer. You choose who this is when you’re admitted. Insurance companies usually request completed COBs from you before paying a claim, so make sure you address these requests quickly.

Need Help?
If you don’t understand something on your bill, or if you’re having trouble paying your bills, call call ext. 39819. A financial counselor can work with you and guide you to services that can help.
Heart Attack & Stroke Warning Signs

Recognize the Signs and Get Help Quickly

A heart attack or stroke is a medical emergency and every second counts. The faster you or a loved one recognizes the symptoms and gets help, the better your chances of surviving, with the least amount of damage to your heart or brain.

Once you've had an event, you're at greater risk of having another in the future. But keep in mind that the symptoms of a second event can be different from what you experienced the first time.

Heart Attack Warning Signs

The main symptom of a heart attack is chest pain or discomfort. It can also feel like pressure, fullness or squeezing in your chest. These feelings may start gradually and get worse, or they may come and go.

The symptoms of a heart attack can be different for women. Women may also have unusual heartburn, shortness of breath, lightheadedness, nausea, or they may feel tired or anxious weeks before a heart attack.

Stroke Warning Signs

Think F.A.S.T. when it comes to recognizing a stroke:

FACE DROOPING: Does one side of your face droop or is it numb? Try to smile.

ARM WEAKNESS: Is one arm weak or numb? Raise both arms. Does one arm drift downward?

SPEECH DIFFICULTY: Is your speech slurred? Are you unable to speak? Try to say a simple sentence like “The sky is blue.”

TIME TO CALL 911: If you notice any of these symptoms, even if they go away, call 911 right away.

Other sudden symptoms can include:

- numbness or weakness in your leg
- confusion or trouble understanding
- trouble seeing in one or both eyes
- trouble walking, dizziness, loss of balance and coordination
- severe headache with no known cause
Deep-vein thrombosis (DVT) occurs when blood clots form in the legs and block circulation. The clots can lodge in your brain, heart or lungs, causing damage or even death. When you’re in the hospital and don’t move around because you are in bed most of the time, your risk of DVT increases. Ask your doctor about using compression boots or stockings and/or blood thinners to prevent DVT during your stay. And be sure to tell your doctor or nurse if you have any of the following warning signs:

- A leg cramp or charley horse that gets worse
- Swelling and discoloration in your leg, upper arm or neck
- Unexplained shortness of breath
- Chest discomfort that gets worse when you breathe deeply or cough
- Lightheadedness or blacking out