

# Patient Handbook



# Welcome to Redlands Community Hospital

Redlands Community Hospital is committed to insuring an optimal patient experience for both you and your family. This booklet is filled with important information to help make your experience with us both stress free and pleasant.

Inside you will find information from how to order meals to appointing someone to make medical decisions regarding your care. Here at Redlands Community Hospital we have many programs that

focus on our “Patient’s-First” philosophy, and only a few are mentioned in this guide. We ask that you take a moment to read our Mission, Vision, and Values found on page 23 as we go through great steps to implement them with every encounter we have with you and your family. If you have any concerns or questions, please “Speak Up” and let us know so that we may immediately address them for you.

## Table of Contents

<b>General Information:</b> . . . . .	2-4
• Social Services	
• How To Identify Your Care Team	
• Interpreter Services	
• Pastoral Care Services and Chapel	
• Patient Experience Liaison	
• Billing Inquiries	
• Financial Assistance	
• Smoking Policy	
• Patient Password	
• Personal Belongings	
• Visitation	
• Our C.A.R.E. Channel 42	
• Our C.A.R.E. Channel 44	
• Free WiFi Service/Charging Stations Are Available	
• Redlands Community Hospital Patient Agreement	
• At Your Request Dining Services	
• Diabetic Meal Service Time	
• Cafeteria Hours	
<b>Patient Safety</b> . . . . .	4
<b>Patient Rights</b> . . . . .	5-6
<b>Statement of Patient Responsibilities</b> . . . . .	7
<b>Your Right to Make Decisions About Medical Treatment &amp; Life Care Planning</b> . . . . .	8-10
<b>Notice of Privacy Practices</b> . . . . .	10-17
<b>Healthcare Dilemmas</b> . . . . .	17
<b>Pain Control</b> . . . . .	18
<b>Patient-Centered Culture</b> . . . . .	18-19
<b>Intensive Care Unit</b> . . . . .	20
<b>Preparing For Your Discharge</b> . . . . .	21
<b>Patient Orientation Checklist</b> . . . . .	22
<b>Mission Statement</b> . . . . .	23

## Phone Numbers and Hospital Hours

### Main Hospital Number:

(909) 335-5500

### Rapid Response Team:

Dial 2000

### To Place a Local Outside Call:

Dial 9, then the phone number.

### To Direct Dial a Patients Room:

Dial (909) 335-5502 then enter the room number

### Information Desk:

Extension 5545

### General Visiting Hours:

10 a.m. - 8 p.m. (except infant area)

We allow visitors of all ages. Other restrictions may apply during flu season, emergencies, or the patient’s condition.

### Discharge Hour:

11 a.m.

### Gift Shop Hours:

9 a.m. - 6 p.m.\* (Monday - Friday)

10 a.m. - 4 p.m.\* (Saturday)

Closed Sunday

\*Hours may vary



## General Information

### Social Services

The Social Services Department has information on many community resources available to assist you. A list of community resources can be obtained from the hospital social worker. Please contact the Social Services Department at (909) 335-5608.

### How To Identify Your Care Team

RN/LVNs . . . . .	Navy Blue
Case Managers/Social Services. . . . .	White Lab Coats
Laboratory Staff . . . . .	Burgundy
Nursing Assistant/Monitor Techs . . . . .	Teal
Emergency Room Tech. . . . .	Forest Green
Physical Medicine . . . . .	Black
Cardiopulmonary Staff . . . . .	Caribbean Blue
Radiology . . . . .	Grey
Pharmacy . . . . .	Royal Blue
Lift Team Technicians. . . . .	Khaki

### Interpreter Services

We provide our patients and visitors interpreter services for non-English speaking and/or hearing impaired patients/visitors at no costs. For assistance in obtaining these services, please contact your nurse or any hospital staff member.

### Pastoral Care Services and Chapel

We understand that illness can take a toll on your physical, mental and spiritual health. Your caregiver can assist you by calling your personal spiritual advisor or you may dial extension 5552 and our Pastoral Care Services volunteers will provide support for you.

The Chapel is located on the first floor, between the staff and public elevators. It is open 24 hours a day for meditation and prayer. Special services are sometimes held in the chapel and a prayer request book is available in the chapel for your use.

### Patient Experience Liaison

We want you to always be satisfied with your care. Should you or your family members experience concerns about your care, you may contact the Patient Experience Liaison and discuss any issues that did not meet your expectations. You may call the Patient Experience Liaison during your hospitalization by dialing extension 5847 internally, or (909) 335-5501 extension 5847 externally after you are discharged.

### Billing Inquiries

You have the right to examine and receive an explanation of your bill regardless of the source of payment. You may

receive, upon request, a full disclosure statement of services and all charges for services provided by the hospital. If you disagree with your bill you may address your concern to the Business Department at extension 5534.

### Financial Assistance

We believe that no patient should delay seeking care due to the lack of health insurance or an ability to pay for their care. It is the policy of Redlands Community Hospital to provide Financial Assistance to those patients who have documented income at or below 350 percent of the Federal Poverty Guidelines, to all qualified patients including those with insurance, and to those who are uninsured at the time of their care and have completed and submitted a Financial Assistance Application within 240 days from the date of the first billing statement. Upon approval, eligible patients will receive significant discounts from their balances based upon their income level. If you think you might be eligible for our program, have questions about the requirements, or would like to request a Financial Assistance Application, please contact our Financial Counselors at (909) 335-5534. Information and applications are also available on our website at [www.redlandshospital.org](http://www.redlandshospital.org).

### Smoking Policy

Smoking at Redlands Community Hospital is strictly prohibited. If you currently smoke, and wish to quit, assistance with smoking cessation is available by contacting 1-800-LUNG-USA (1-800-586-4872) or by contacting your physician.

### Patient Password

Please inform your Care Team if you would like to set up a “Family” password upon admission so that only agreed upon family/friends will be able to obtain information about the patient.

### Personal Belongings

Please safeguard your belongings as the hospital is not responsible for lost personal items. Valuables should be left at home or given to a family member. Eyeglasses, dentures, hearing aids, and cell phones are your personal items and should be stored in such a way to prevent being inadvertently discarded. Please ask your caregiver for a storage container if necessary. **DO NOT PLACE VALUABLE ITEMS ON YOUR FOOD TRAY OR ON YOUR BEDDING.**



## General Information

### Visitation

Rest is essential for your healing, but we also acknowledge that family and friends are an important part of your healing process. With this in mind, please follow these visitor guidelines:

- Visiting hours are open but nursing may limit visitation based on your condition and well-being.
- No more than 2 visitors at one time in your room.
- Children should not be left unattended or unsupervised. We discourage children visiting at the hospital for their own protection.
- Wash your hands or use hand sanitizer when entering and leaving the room. For specific disease conditions we may ask you to wash your hands with soap and water.
- In addition we honor “Quiet Time” from 2 to 4 p.m. daily to encourage rest.

### Our C.A.R.E. Channel (42)

Our C.A.R.E. Channel provides you with peaceful scenes of nature and instrumental music. We hope this is a welcome alternative to other hospital sounds, and may be used as a tool to help reduce the need for pain or sleep medications. The day begins at 6 a.m. with a sunrise sequence leading to the daytime programming, then a sunset sequence at 10 p.m. leading to more soothing music and a star field overnight to help with your sleep pattern.

### Our C.A.R.E. Channel (44)

The second aspect of the C.A.R.E. Channel (44) is for “Guided Imagery.” This feature also uses nature imagery and instrumental music, with the addition of spoken narrations, to assist you in deepening your sense of comfort, calm, and relaxation. This includes a focus on general relaxation, pain management, sleep, pre and post operation care, as well as cancer treatment, heart wellness, labor and delivery and post-partum scenarios. The evening and nighttime programs are designed to promote sleep and diminish anxiety.

### Free WiFi Service / Charging Stations Are Available

Redlands Community Hospital provides free WiFi service. To obtain access, click on your web browser. Once you accept the terms and conditions, you will be connected to the internet.

Note: To obtain access, your device must be equipped with built-in WiFi capabilities.

We have charging stations in all the waiting areas.

### Patient Agreement - Zero Tolerance for Assaultive Behavior

In order to provide high quality, compassionate and safe care, we must be able to work together with you and your family in a professional and respectful manner. To help assure your safety and the safety of others, the following behaviors are not accepted:

- Smoking.
- Possession of illegal substances or weapons.
- The use of medications or substances that are not prescribed by the treating physicians.
- Unwelcome or inappropriate physical contact.
- Using foul language, racial and ethnic slurs, sexual comments or innuendos or other inappropriate language.
- Displaying anger inappropriately, including throwing objects.
- Threats or actual physical assaults by patients, family or visitors to the nursing staff, physicians or other patients.
- Acting in a manner that could adversely affect quality patient care.

Please know that in addition to the above behaviors, any actions that are disruptive may result in staff notifying RCH security, and if necessary, the Redlands Police Department.

### At Your Request Dining Services

In order to better serve you, “At Your Request–Room Service Dining” allows you to order what you want, when you want it, between 7 a.m. and 6:30 p.m. To place your order, dial extension 5554 and our friendly dietary staff will assist you. Your order will be verified to confirm it is the same diet your doctor has ordered for you. Your meal will then be delivered to your bedside. Snacks may be obtained after 6:30 p.m. from your nursing staff.

### Diabetic Meal Service Time

We recommend the following meal times:

Breakfast: 7:30 a.m. - 9:30 a.m.

Lunch: 11:30 a.m. - 1:30 p.m.

Dinner: 4 p.m. - 6 p.m.

Please notify the nursing staff that you received your meal so we can check your blood sugars.



## General Information

### Cafeteria Hours:

Monday – Friday

6:30 a.m. – 10 a.m.\* (Breakfast)

11 a.m. – 9 p.m.\* (Lunch & Dinner)

Saturday – Sunday

7 a.m. – 7 p.m.\*

\* Hours may vary

## Patient Safety

### Patient Safety

Your safety is very important to us. We take great pride in providing you with accommodations and an environment that is safe for you and your visitors.

### Nurse Call

Each patient room and patient restroom has a nurse call system. When activated, a light will appear above the door to your room and an audible signal will sound at the nursing station. Please familiarize yourself with the call bell.



### Emergency Drills

The hospital conducts fire and other emergency drills regularly. If a drill occurs, please remain calm and stay in your room. Hospital staff receive on-going training for emergency situations.

### Universal Precautions

Our staff members take all appropriate measures to reduce the likelihood of exposure to infectious diseases. That is why staff may wear personal protective equipment, such as gloves, goggles and masks. Staff members are expected to practice good hand hygiene. Care providers are to wash their hands with soap and water or a hand sanitizing gel prior to providing care.

### Needle Bin – Needle Safety

A collection container for needles and other sharp items is located in your room and other clinical areas. You and guests should not attempt to reach into this container.

### Hand Hygiene

We care about protecting you and your visitors from the spread of infection. Cleaning your hands is an effective way to protect yourself from serious infections. Everyone is at risk of being exposed to an infection while in the hospital. Staff members either hand-wash or use hand sanitizer after patient contact.

### Oxygen

During your care, we may be required to administer oxygen. Oxygen is highly flammable and for that

reason electrically operated equipment and any open flame should be kept away.

### Medications

Patients should not keep their own medications at their bedsides, unless approved by the physician. All medications you take while in the hospital are prescribed by your doctor, dispensed by the hospital pharmacy, and administered by a nurse. For your safety, the nurse will scan your wrist band prior to dispensing medications.

### Electrical Appliances

Notify your nurse that you have brought in personal electrical appliances. Engineering will check for safety.

### Wheelchairs

Wheelchairs are available, but getting in and out of them by yourself may be hazardous. Please ask a member of our care team for assistance.

### “Call Don’t Fall” Fall Prevention Program

A fall can threaten your health and well-being. Overall risk of falling is increased when you are hospitalized. Ways the hospital staff helps you to be safe include: bed alarms, non-skid socks, low beds, signs so that all staff are aware of increased risk of falls, and hourly rounding. Things you can do to help: always use your call light and ask for assistance before getting out of bed, keep your glasses close, use your cane or walker, use safe shoes, sit before standing, rise slowly, and keep a night light on in the room. Family participation is an important partnership in insuring your safety. Please notify staff when your family leaves.

### Restraints

In some cases, you may become a safety concern for yourself and it may become necessary to apply patient restraint safety measures. The nurse will evaluate all alternatives prior to using restraints, and will monitor the safety of the restraints.



## Patient Rights

You have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual and personal values, beliefs, and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the physician acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and foregoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or refuse a course of treatment. Except in emergencies, this information will include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.
7. Be advised if the hospital or physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are doctors who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital will comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.



## Patient Rights

14. Be free from restraints and seclusions of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. Be informed by the physician, or a delegate of the physician, of continuing healthcare requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, or registered domestic partner status unless:
  - No visitors are allowed.
  - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
  - You have told the health facility staff that you no longer want a particular person to visit. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
19. Have your wishes considered, if you lack decision-making capacity, for the purpose of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any person living in your household and any support person pursuant to federal law.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, registered domestic partner status, or the source of payment for care.
22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling the Patient Experience Liaison, 350 Terracina Blvd., Redlands, California 92373 (909) 335-5501 ext. 5847 or by email at [patientliaison@redlandshospital.org](mailto:patientliaison@redlandshospital.org).

The Grievance Committee will review your grievance and provide you with a written response within seven (7) days. The written response will contain the name of the person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process.
23. File a complaint with the California Department of Public Health (CDPH) regardless of whether you use the hospital's grievance process.

The CDPH phone number and address is:  
1-800-344-2896  
464 West 4th Street, Suite 529  
San Bernardino, California, 92401
24. A complaint can also be filed with The Joint Commission at  
Online: [http://www.jointcommission.org/report\\_a\\_complaint.aspx](http://www.jointcommission.org/report_a_complaint.aspx)  
Fax: 630-792-5636  
Mail: Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181



## Statement of Patient Responsibilities

Patients and their families are responsible for:

1. Providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You and your family are responsible for reporting perceived risks in your care and unexpected changes in your condition. You and your family are responsible to help the hospital improve its understanding of your environment by providing feedback about your service needs and expectations.
2. Asking questions when you do not understand what you have been told about your care or what you are expected to do.
3. Following the care, service, or treatment plan developed. You should express any concerns you have about your ability to follow and comply with the proposed care plan or course of treatment. Every effort is made to adapt the plan to your specific needs and limitations. When such adaptations to the treatment plan are not recommended, you and your family are responsible for understanding the consequences of the treatment alternatives and not following the proposed course.
4. The outcomes if you or your family does not follow the care, service, or treatment plan.
5. Following the hospitals rules and regulations concerning patient care and conduct.
6. Being considerate of the hospitals personnel and property.
7. Promptly meeting any financial obligations agreed to with the hospital.
8. Being considerate of other patients, helping control noise and disturbances, following smoking policies, and respecting others property.

The patient's family or surrogate decision maker assumes the responsibility for the patient if the patient has been found by his or her physician to be incapable of understanding these responsibilities, has been judged incompetent in accordance with law, or exhibits a communication barrier.

In order to provide high quality, compassionate and safe care, we must be able to work together with you, in a professional and respectful manner. Also, to help assure your safety and the safety of others, the following behaviors will not be tolerated:

- Unauthorized smoking, possession of illegal substances or weapons, the use of medications or substances that are not prescribed by the treating physicians.
- Unwelcome or inappropriate physical contact.
- Using foul language, racial and ethnic slurs, sexual comments or innuendos or other inappropriate language.
- Displaying anger inappropriately, including throwing objects.
- Threats of physical assault or physical assault by patients, family or visitors to the nursing staff, physicians and/or other patients.
- Acting in a manner which could adversely affect the healthcare team or impede its ability to deliver quality patient care.

Please know that in addition to the above behaviors, any actions that are disruptive may result in staff calling Security, and if necessary, the Redlands Police Department.



# Your Right to Make Decisions About Medical Treatment & Life Care Planning

This information explains your rights to make healthcare decisions and how you can plan what should be done when you cannot speak for yourself.

Federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

*The California Consortium of Patient Self-Determination prepared the following script, which has been adopted by the California Department of Health Services to implement Public Law 101-508.*

## **Who decides about my treatment?**

Your doctors will give you information and advise about your treatment. You have the right to choose. You can say ‘Yes’ to treatments you want. You can say ‘No’ to any treatment you do not want – even if the treatment might keep you alive longer.

## **How do I know what I want?**

Your doctor must tell you about your medical condition and what different treatments can do for you. Many treatments have side effects. Your doctor must offer you information about serious problems that medical treatment is likely to cause you. Often, more than one treatment might help you – and people have different ideas about which treatments are available to you, but your doctor cannot choose for you. That choice depends on what is important to you.

## **What if I am too sick to decide?**

If you cannot make treatment decisions, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works, but sometimes not everyone agrees about what to do. That is why it is helpful if you say in advance what you want to happen if you cannot speak for yourself. There are several kinds of advance directives that you can use to say what you want and who you want to speak for you. One kind of advance directive under California law lets you name someone to make healthcare decisions when you cannot. This form is called a *Durable Power Of Attorney For Healthcare*.

## **Who can fill out this form?**

You can if you are 18 years or older and of sound mind. You do not need a lawyer to fill it out.

## **Who can I name to make medical treatment decisions when I’m unable to do so?**

You can choose an adult relative or friend you trust as your agent to speak for you when you are too sick to make your own decisions.

## **How does this person know what I would want?**

After you choose someone, talk to that person about what you want. You can also write down in the *Durable Power Of Attorney For Healthcare* when you would or would not want medical treatment. Talk to your doctor about what you want and give your doctor a copy of the form. Give another copy to the person named as your agent, and take a copy with you when you go into a hospital or other treatment facility. Sometimes treatment decisions are hard to make and it truly helps your family and your doctors if they know what you want. The *Durable Power Of Attorney For Healthcare* also gives them legal protection when they follow your wishes.

## **What if I don’t have anybody to make decisions for me?**

You can use another kind of advance directive to write down your wishes about treatment. This is often called a Living Will because it takes effect while you are still alive but have become unable to speak for yourself. The *California Natural Death Act* lets you sign a Living Will called a Declaration. Anyone 18 years or older and of sound mind can sign one.

When you sign a Declaration it tells your doctors that you do not want any treatment that would only prolong your dying. All life-sustaining treatment would be stopped if you were terminally ill and your death was expected soon, or if you were permanently



# Your Right to Make Decisions About Medical Treatment & Life Care Planning

unconscious. However, you would still receive treatment to keep you comfortable. The doctors must follow your wishes about limiting treatment or turn your care over to another doctor who will. Your doctors are also legally protected when they follow your wishes.

## **Are there other living wills I can use?**

Instead of using the *Declaration in the Natural Death Act*, you can use any of the available living will forms. You can use a *Durable Power Of Attorney For Healthcare* form without naming an agent. Or you can just write down your wishes on a piece of paper. Your doctors and family can use what you write in deciding about your treatment. But living wills that do not meet the requirements of the *Natural Death Act* do not give as much legal protection for your doctors if a disagreement arises about following your wishes.

## **What if I change my mind?**

You can change or revoke any of these documents at any time as long as you can communicate your wishes.

## **Do I have to fill out one of these forms?**

No, you do not have to fill out any of these forms if you do not want to. You can just talk with your doctors and ask them to write down what you have said in your medical chart. And you can talk with your family. But people will be clearer about your treatment wishes if you write them down. And your wishes are more likely to be followed if you write them down.

## **Will I still be treated if I do not fill out these forms?**

Absolutely. You will still get medical treatment. We just want you to know that, if you become too sick to make decisions, someone else will have to make them for you. Remember that: A *Durable Power Of Attorney For Healthcare* lets you name someone to make treatment decisions for you. That person can make most medical decisions not just those about life-sustaining treatment when you cannot speak for yourself. Besides naming an agent, you can also use the form to say when you would and would not want particular kinds of treatment. If you do not have someone you want to name to make decisions when you cannot, you can sign a *Natural Death Act* Declaration. This Declaration

says that you do not want life prolonging treatment if you are terminally ill or permanently unconscious.

## **How can I get more information about advance directives?**

Ask your doctor, nurse, or social worker to get more information for you.

## **Blood Alternatives**

Redlands Community Hospital provides our patients with the option to accept blood or other blood products. If you do not wish to receive blood or blood products, you must let the Registered Nurse know of your choice. If you need to speak to someone immediately, you should request to speak to a Case Manager.

## **Life Care Planning (AIM, POLST, Advance Directive)**

The hospital and the medical staff encourage and support the patient's right to actively participate in decisions regarding their healthcare program, including decisions regarding the right to refuse life-sustaining treatment. In compliance with federal law, patients will be given information regarding these rights upon admission to the hospital.

### **• Advanced Illness Management (AIM) Program**

Also known as palliative care, AIM refers to the comprehensive care of patients and their families with advanced, life-limiting illness utilizing a care team of nurses, pharmacists, social workers and physicians to promote quality of life, relief of pain, and symptom management. This is holistic in nature by encompassing the physical, emotional, psychosocial, and spiritual needs of the patient and their families. The AIM program works to bring together the nature, scope and goals of care with the decline in health and physical and/or mental capacities of the patient's advanced illness. The goal is to help the patients learn to manage their chronic illnesses, preserve function, be aware of their care options, and avoid unnecessary re-hospitalization safely. Oral or written instruction made in advance and relating to the provision of healthcare must be on file when an individual is incapacitated.



## Your Right to Make Decisions About Medical Treatment & Life Care Planning

- **The Physician Orders for Life-Sustaining Treatment (POLST) Form is Available**

This form gives seriously ill patients more control over their end-of-life care, including medical treatment, extraordinary measures (such as a ventilator, or feeding tube) and CPR. It is required to be signed by both the patient and the physician. POLST can prevent unwanted or ineffective treatments, reduce patient and family suffering, and ensure that a patient's wishes are honored.

- **Advance Directive**

If the patient wishes to document their healthcare preferences, or appoint another person to make healthcare decisions on their behalf, they must

contact the Admitting Department at extension 5521 for a *Durable Power of Attorney for Healthcare* form.

### **No One Dies Alone Program**

Sometimes patients do not have family or friends to sit with them during the last hours of life. We have volunteers who will stay with the patient and provide reading, music, and physical contact until family comes or during the last hours of their life.

Should you need assistance in completing any forms, contact the Social Service Department at extension 5608.

Any complaints you may have concerning Advance Directive requirements may be made to the Department of Health Services at 1-888-452-8609.

## Notice of Privacy Practices

### **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 Privacy Officer at:

Redlands Community Hospital

350 Terracina Blvd., Redlands CA 92373

Office: (909) 478-3524

Email: [Privacy.Officer@redlandshospital.org](mailto:Privacy.Officer@redlandshospital.org)

### **I. Who We Are**

This notice describes the privacy practices of Redlands Community Hospital (the Hospital), including members of its workforce, the physician members of the medical staff, and allied health professionals who practice at the Hospital. The Hospital and the individual healthcare providers together are sometimes called us or we in this notice. While we engage in many joint activities and provide services in a clinically integrated care setting, we each are separate legal entities. This notice applies to services furnished to you at 350 Terracina Boulevard, Redlands, California as a Hospital inpatient or outpatient.

### **II. Our Privacy Obligations**

Each of us is required by law to maintain the privacy of your health information (*Protected Health Information*

or *PHI*) and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this notice (or other notice in effect at the time of the use or disclosure).

### **III. Permissible Uses and Disclosures Without Your Written Authorization**

In certain situations, which we will describe in Section IV, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

#### **A. Uses and Disclosures for Treatment, Payment, and Healthcare Operations.**

We may use and disclose PHI, but not your 'highly confidential information' (defined in Section IV.C), in order to treat you, obtain payment for services provided to you, and conduct our healthcare operations as detailed below:

- *Treatment*

We use and disclose your PHI to provide treatment and other diagnostic services. In the event language interpretation services are required to communicate with you, we have a telephonic and video remote



## Notice of Privacy Practices

interpreting service available. This service will transmit your voice and/or image over the internet solely for the purpose of communicating treatment and diagnostic information to you. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

- **Payment**

We may use and disclose your PHI so that the treatment and services you receive at the Hospital may be billed to and payment collected from an insurance company, a third party, or you. We may also provide basic information about you, your health plan, and insurance company to practitioners outside the Hospital who are involved in your care, to assist them in obtaining payment for services they provide to you. However, we cannot disclose information to your health plan for payment purposes if you ask us not to, and if you pay for the services yourself.

- **Healthcare Operations**

We may use and disclose your PHI for our healthcare operations, which include internal administration and planning and various activities that assess and improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other healthcare workers. We may disclose PHI to our Privacy Officer and Risk Management Officer in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

We may also disclose PHI to your other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations, such as quality assessment and improvement activities, reviewing the quality and competence of healthcare professionals, or for healthcare fraud and abuse detection or compliance. In addition, we may share PHI with our business associates who provide treatment, payment services, and healthcare operations services on our behalf.

### **B. Use or Disclosure for Directory of Individuals in the Hospital**

We may include your name, location in the hospital, general health condition, and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory or are located in a unit or service area where the identification of which would reveal that you are receiving treatment for mental health and developmental disabilities. 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 (priest, rabbi) even if they don't ask for you by name.

### **C. Disclosure to Relatives, Close Friends and Other Caregivers**

We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your healthcare or payment related to your healthcare. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location or general condition.

In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. 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 healthcare decisions for you (for example, a family member or agent under a healthcare power of attorney).



## Notice of Privacy Practices

### **D. Fundraising Activities**

We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for Redlands Community Hospital/ Redlands Community Hospital Foundation. You will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to our institutionally related foundation. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at Redlands Community Hospital. To opt out, follow the opt-out instructions included with each fundraising communication.

### **E. Public Health Activities**

We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to notify the appropriate government authority, as required or authorized by law, if we believe a patient has been the victim of abuse, neglect, or domestic violence; (3) to report reactions to medications or problems with drug products; (4) to notify people of recalls of products they may be using; (5) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (6) to report births and deaths; and (7) to notify emergency response employees regarding possible exposure to HIV/ AIDS to the extent necessary to comply with state and federal laws.

### **F. Health Oversight Activities**

California state law requires hospitals to report cancer diagnoses and treatment to the California Cancer Registry (“CCR”). Our hospital will securely submit your patient information to CCR if you have a diagnosis of cancer or receive treatment related to cancer while you are our patient. We may also disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil right laws.

### **G. Organ and Tissue Procurement**

We may release your PHI 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.

### **H. Workers Compensation**

We may release your PHI for workers’ compensation or similar programs which provide benefits for work-related injuries or illness.

### **I. Lawsuits and Disputes**

We may disclose your PHI in the course of a judicial or administrative proceeding in response to a court or administrative or legal order, a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request (which may include written notice to you).

### **J. Law Enforcement**

We may disclose your PHI to a law enforcement official: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) 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 at the Hospital; (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.

### **K. Coroners, Medical Examiners, Funeral Directors**

We may disclose your PHI as necessary to (1) a coroner or medical examiner to identify a deceased person or determine cause of death; or (2) funeral directors to carry out their duties.

### **L. Research**

We may use or disclose your PHI without your consent or authorization if our Institutional Review Board approves a waiver of authorization for disclosure.

### **M. Health or Safety**

We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety or health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.



## Notice of Privacy Practices

### **N. Military and Veterans**

If you are a member of the armed forces, we may release your PHI as required by military command authorities.

### **O. National Security and Intelligence Activities**

We may use and disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **P. Health Information Exchange**

Manifest MedEx (MX) is a secure information system for doctors, hospitals and other caregivers to share important health information to improve patient care. MX combines information from participating health care organizations to create a single electronic patient health record, allowing caregivers to quickly access the information they need to make more informed decisions about your care, especially in an emergency. MX makes it easier, faster and more secure. You may choose to opt out of participating in MX. When you opt out, MX removes access to your health information and displays only demographic information needed to make sure no health information is visible. This means your medical information will not be visible within MX to your participating caregiver coordinating your care. You may opt out of the MX any time by contacting the Medical Records Department at (909) 335-5602.

### **Q. Patient Portal**

Redlands Community Hospital provides a patient portal website - [myhealthinfo.redlandshospital.org](http://myhealthinfo.redlandshospital.org) that allows you to log in and see information that your doctor has released. A “patient portal” is a website that allows you to securely access and view your health information. To set up your account in [myhealthinfo.redlandshospital.org](http://myhealthinfo.redlandshospital.org), please contact the Medical Records Department at (909) 335-5602.

### **R. California Immunization Registry**

California Immunization Registry (CAIR) is a secure computer system that stores children’s immunization records. CAIR is managed and operated by the California Department of Health Services. Redlands Community Hospital participates in CAIR. You may refuse at any time to allow immunization-related information to be shared with CAIR by contacting the Medical Records Department at (909) 335-5602.

### **S. California Reportable Disease Information Exchange**

The California Reportable Disease Information Exchange (CalREDIE) is an electronic laboratory reporting system that provides automated secure transmission of laboratory-related data from laboratories to state health agencies to help identify reportable diseases. Redlands Community Hospital participates in CalREDIE. You may refuse at any time to allow laboratory related information to be shared with CalREDIE by contacting the Medical Records Department at (909) 335-5602.

## **IV. Uses and Disclosures Requiring Your Written Authorization**

### **A. Use or Disclosure with Your Authorization.**

For any purpose other than the ones described above in Section III, we may only use or disclose your PHI when you grant us your written authorization on our authorization form (‘Your Authorization’). For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

### **B. Marketing.**

We must also obtain your written Privacy Rule-compliant authorization (‘Your Marketing Authorization’) prior to using or disclosing your PHI for marketing purposes. We can, however, provide you with marketing materials in a face-to-face conversation without obtaining ‘Your Marketing Authorization.’ We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining ‘Your Marketing Authorization.’ In addition, we may communicate with you about products or services relating to your treatment, case management, care coordination, or alternative treatments, therapies, providers or care settings without ‘Your Marketing Authorization.’

### **C. Uses and Disclosures of Your Highly Confidential Information.**

In addition, federal and state law requires special privacy protections for certain highly confidential information about you, including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention,



## Notice of Privacy Practices

treatment, and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about communicable disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic and elder abuse or (9) is about sexual assault. In order for us to disclose your highly confidential information for a purpose other than those permitted by law, we must obtain your written authorization. In accordance with federal and California law, there are specific situations in which highly confidential information may be released without the patient's authorization:

### **D. Substance Abuse Information May be released in the Following Situations:**

- **Program Personnel:** Communication of information between or among personnel who need such information to diagnose, treat, or refer for treatment of alcohol or drug abuse, if the communications are within a program or between a program and an entity that has direct administrative control over the program.
- **Qualified Service Organizations:** Communications between a program and a qualified service organization of information needed by the organization to provide services to the program.
- **Crimes on Program Premises or Against Program Personnel:** Communications from program personnel to law enforcement officers that are directly related to a patient's commission of a crime on program premises or against program personnel or a threat to such crime and are limited to the circumstances of the incidents.
- **Child Abuse Reports:** Reports of suspected child abuse and neglect under California law to the appropriate authorities.
- **Veterans Administration and Armed Forces:** Certain exceptions apply to records and information maintained by the Veterans' Administration and Armed Forces.
- **Medical Emergencies:** Information may be disclosed to medical personnel who need the information to treat a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention.
- **Research Activities:** Information may be disclosed for the purpose of conducting scientific research if the program director determines that the recipient of the patient-identifiable information is qualified

to conduct the research and has a research protocol under which the patient-identifiable information will be maintained in accordance with specified security requirements under the regulations.

- **Audit and Evaluation Activities:** Information may be disclosed for audit by an appropriate federal, state or local governmental agency that provides financial assistance to the program or is authorized by law to regulate its activities; a third party payer covering patients in the program; a private person or entity that provides financial assistance to the program; a peer review organization performing utilization or quality control review; or an entity authorized to conduct a Medicare or Medicaid audit or evaluation.
- **Reports of suspected child abuse or neglect and information contained therein may be disclosed only to:**
  - Law enforcement
  - Child welfare agency
  - Licensing agency (the state agency responsible for licensing the agency in question).

### **E. Reports of Elder and Dependent Adult Abuse may be Disclosed Only in These Following Situations:**

- Information relevant to the incident of elder or dependent adult abuse may be given to an investigator from an adult protective services agency, a local law enforcement agency, the Bureau of Medi-Cal fraud, or investigators from the Department of Consumer Affairs, Division of Investigation who are investigating the known or suspected case of elder or dependent adult abuse.
- Persons who are trained and qualified to serve on multi-disciplinary personnel teams may disclose to one another information and records that are relevant to the prevention, identification, or treatment of abuse of elderly or dependent adults.
- The healthcare provider may disclose medical information pursuant to the Confidentiality of Medical Information Act.
- The healthcare provider may disclose mental health information pursuant to California law.
- Information from elder abuse reports and investigations, except for the identity of persons who have made reports.
- Information pertaining to reports by health practitioners of persons suffering from physical injuries inflicted by means of a firearm or of persons suffering physical injury where the injury is a result



## Notice of Privacy Practices

of assaultive or abusive conduct.

- Information protected by the physician-patient or psychotherapist-patient privileges.

### **F. HIV Test Results May be Disclosed to the Following Persons Without the Written Authorization of the Subject of the Test:**

- To the subject of the test or the subject's legal representative, conservator, or to any person authorized to consent to the act.
- To a test subject's provider of healthcare, as defined by California law.
- To an agent or employee of the test subject's provider of healthcare who provides direct patient care and treatment.
- To a provider of healthcare who procures, processes, distributes or uses a human body part donated pursuant to the Uniform Anatomical Gift Act.
- To the designated officer of an emergency response employee (as those terms are used in the Ryan White Comprehensive AIDS Resources Emergency Act of 1990).
- To a procurement organization, a coroner, or a medical examiner in conjunction with organ donation.
- To a healthcare worker who has been exposed to the potentially infectious materials of a patient provided that strict procedures for testing and consent are followed.
- To specified categories of persons, where the test has been performed on a criminal defendant pursuant to California law.
- To an officer in charge of adult correctional or juvenile detention facilities that an inmate or minor at such facility has been exposed or infected by the AIDS virus or has an AIDS-related condition or other communicable disease.

### **G. Communicable Diseases:**

- Healthcare facilities and clinics must establish administrative procedures to assure that reports are made to the local health officer.
- Where no healthcare provider is in attendance, any individual having knowledge of a person who is suspected to have a disease reportable under California law, may make a report to the local health officer for the jurisdiction in which the patient resides.
- Disease notifications must include, if known, the following information: the name of the disease or condition; the date of onset; the date of diagnosis; the name, address, telephone number, occupation, race/ethnic group, social security number, sex,

age, and the date of birth of the patient; the date of death when applicable; and the name, address and telephone number of the person making the report.

### **H. Release of Mental Health and Developmental Disability Information Requires the Written Authorization of the Patient Only to the Persons Listed Below:**

- The patient's attorney, upon presentation of release of information authorization signed by the patient. If the patient is unable to sign, the facility may release records to the attorney, if the staff has determined that the attorney represents the interests of the patient.
- A person designated by the patient, provided the professional in charge of the patient gives approval; patient consent is not required.
- A person designated in writing by a patient's parent, guardian, conservator, or guardian ad litem if the patient is a minor, ward or conservatee; patient's consent is not required.
- A professional person who does not have the medical or psychological responsibility for the patient's care and who is not employed by the facility that maintains the record.
- A life or disability insurer provided the patient designates the insurer in writing.
- A qualified physician or psychiatrist who represents an employer to which the patient has applied for employment unless the physician or administrative officer responsible for the care of the patient deems the release contrary to the best interests of the patient.
- A probation officer charged with the evaluation of a person after his or her conviction of a crime if the person has been previously confined in, or otherwise treated by, a facility.
- An applicant for, or recipient of, services from the state Department of Developmental Services (or the person's authorized representative) for the purpose of appealing an adverse eligibility or benefits decision.
- A county patients' rights advocate upon presentation of written authorization, signed by the patient who is the advocate's 'client' or by the 'client's' guardian ad litem.

### **V. Protected Health Information**

#### **A. For Further Information/Complaints.**

If you desire further information about your privacy rights, are concerned that we have violated your privacy



## Notice of Privacy Practices

rights, or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

### **B. Right to Request Restrictions.**

You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and healthcare operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.

To request restrictions, make your request in writing to the Privacy Officer at Redlands Community Hospital, 350 Terracina Blvd., Redlands CA 92373. 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; (3) to whom you want the limits to apply.

### **C. Right to Receive Confidential Communications.**

You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

### **D. Right to Revoke Your Authorization.**

You may revoke your authorization, your marketing authorization or any written authorization obtained in connection with your highly confidential information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below.

### **E. Right to Inspect and Copy Your Health Information.**

You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. You should take note that, if you are a parent or legal guardian of a minor, certain portions

of the minor's medical record will not be accessible to you (for example, records pertaining to healthcare services for which the minor can lawfully give consent and therefore for which the minor has the right to inspect or obtain copies of the record (i.e. abortion or mental health treatment); or the healthcare provider determines, in good faith, that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or on the minor's physical safety or psychological wellbeing. If you desire access to your records, please obtain a record request form ("Authorization to Use and Disclose Protected Health Information") from the Medical Records Department and return the completed form to the Medical Records Department. If you request copies, we will charge you twenty-five cents (\$0.25) for each page copied and the actual costs for clerical time and photocopies. We will also charge you for our postage costs if you request that we mail the copies to you.

### **F. Right to Amend Your Records.**

You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Medical Records Department and submit the completed form to the Medical Records Department. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or a reason to support the request is not provided. We may also deny your request if you ask us to amend information that: (1) was not created by us or the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for the hospital; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

If we deny your request for an 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.



## Notice of Privacy Practices

### **G. Right to Receive an Accounting of Disclosure.**

Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you the actual costs of preparing of the accounting statement for each subsequent request. 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 any breach event of your unsecured PHI.

### **H. Right to Receive Paper Copy of this Notice.**

Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

### **I. Right to Choose Someone to Act For You.**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### **VI. Effective Date and Duration of This Notice**

#### **A. Effective Date.**

This notice is effective on September 1, 2014.

#### **B. Right to Change Terms of this Notice.**

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the new notice in waiting areas around the Hospital and on our Internet website at [www.redlandshospital.org](http://www.redlandshospital.org). You also may obtain any new notice by contacting the Privacy Office.

### **VII. Privacy Office**

You may contact the Privacy Office at:

Attn: Privacy Officer

Redlands Community Hospital

350 Terracina Blvd., Redlands, CA 92373

(909) 335-5505 (909) 478-3524

Email: [privacy.officer@redlandshospital.org](mailto:privacy.officer@redlandshospital.org)

## Healthcare Dilemmas

Feelings of anxiety and uncertainty often affect both you and your family when you are hospitalized. Sometimes you or your family may experience a dilemma or conflict related to your planned course of treatment. If so, you may request a meeting with the organizational Ethics Committee.

The Ethics Committee provides a consulting service to patients, physicians and hospital personnel when ethical considerations or personal dilemmas arise regarding treatment of irreversible or terminal conditions.

If you feel you or your family members would like to meet with the Ethics Committee, or if you would like the committee to review your care in terms of planned treatment for your irreversible or terminal condition, inform your physician or nurse. They will contact the appropriate parties, and a meeting of the Ethics Committee will be arranged for you.



## Pain Control

We want to be sure your pain is managed, and help you to have an active role in your pain management. When pain is controlled, patients heal faster and have more comfort. You start walking earlier, do your breathing exercises, and thus you regain your strength quicker. People whose pain is well-controlled do better after surgery. You also may avoid complications such as pneumonia and blood clots. Most importantly you may be able to leave the hospital sooner.

### **What are your options?**

- In our pain program, you, your physician and caregivers will decide which pain treatments, medications, and complimentary therapies to use. Many people combine two or more methods to achieve pain relief.

### **Discuss pain control options with your doctors and nurses. Talk about:**

- What pain control methods have worked for you in the past. What concerns you have about pain medications, and tell your doctors and nurses about medication allergies.

### **Ask for pain relief medication when pain first begins.**

- Take action as soon as the pain starts. If you know your pain will worsen when you start walking or doing breathing exercises, take pain medicine first. It is easier to ease the pain before it is allowed to get out of control.

### **Help your doctor and nurse measure your pain.**

- The usual method is to ask you to rate your pain on a scale of 0 to 10. The nurses have many additional tools if you are unable to rate your pain numerically.
- You may set a pain control goal (such as having no pain that is worse than a 4 on the scale).
- Reporting your pain level using a consistent tool will help tell your doctor and nurse how well your pain management is working.

### **Tell the doctor or nurse about any pain that will not go away.**

- Don't worry about being a bother. The nurses and doctors want and need to know about your pain. Please "Speak Up."

### **Pain is what you say it is.**

- You are the key to getting the best pain relief because pain is personal. Caregivers at Redlands Community Hospital are dedicated to ensuring your hospitalization is as comfortable as possible.

### **Alternatives to Pain Medication.**

- Along with pain medication, or sometimes in place of medication, there are "complimentary therapies" that may be used to treat pain. These therapies include, but are not limited to: massage or touch therapy, application of heat or cold, relaxation techniques, imagery, music, distraction, aromatherapy, biofeedback, rest and immobilization. The nursing staff at Redlands Community Hospital can assist with some of these therapies, but others may require that you contact a specialist in that area. Please ask your nurse for more information if these therapies interest you.

## Patient-Centered Culture

Patients and families are at the center of everything we do. Family is defined by you, the patient, and we will honor the diversity, values, and priorities of your family. Here at Redlands Community Hospital, our care for you includes body, mind, and spirit. We have developed the following programs with you in mind. Our role is to support our patients across the continuum of care through preventative healthcare, education and healing.

### **"All About Me" White Board**

Communication with you and your family is a major factor in Patient-Centered Care here at Redlands Community Hospital. There is a white board at every bedside that will update you on your care team, pain management information, goals for the day, discharge planning and date, etc.



## Patient-Centered Culture

### Help Us Support Your Healing

Sleep is an important part of your healing. Our goal is to reduce noise and provide a restful and healing environment for you. Unfortunately, there are some noises that cannot be avoided and are in place for your care and safety. These include: bed alarms, telemetry boxes, call lights, IV pumps, pulse oximetry, and patient transfers.

We aim to minimize as much noise as possible and provide a quiet and safe environment. When able, we close doors if you are not at risk for a fall. Ear plugs, massage, music and guided imagery are available in order to optimize your sleep.

Evidence shows that rest supports healing. Your rehabilitation is a priority and an important part of your recovery

#### • “Quiet Time Program”

A quiet time is provided daily from 2 to 4 p.m. During “Quiet Time” the lights are lowered, soothing music is turned on, and you are encouraged to take advantage of this opportunity to nap, read or engage in a quiet activity. Please enjoy this time.

#### • “Honoring Sleep”

Sleep is vital as it restores energy, increases the ability to think clearly and to help you heal.

To honor your sleep, we try to keep noise at a minimum from 11 p.m. to 4 a.m. We will continue to make hourly rounds to insure that you are safe and do not need anything and attempt to not wake you unless warranted by your treatment.

Please tell us about your home sleep routine:

Usual bed time \_\_\_\_\_

Light sleeper? Y N

Read before sleep? Y N

Sleep Medication? Y N

How can we help you to sleep?

- Bedtime snack
- Bedtime Tea
- Ear Plugs
- Eye Masks
- Music Channel
- Reading Material

### “Speak-Up” Program

We encourage you to “Speak Up.” Communicate all your questions, comments and concerns to your healthcare team. Speak up if you have questions or concerns. If you still don’t understand, ask again. It’s your body and you have a right to know.

- Pay attention to the care you get.
- Educate yourself about your illness and medications.
- Ask a trusted family member or friend to be your advocate.
- Participate in all decisions about your treatment. You are the center of the health care team.

### Our Promise to You – Hourly Rounding

To ensure you receive the best possible care, all patients are visited hourly by the nursing staff. During this time, we will help you with toileting, check your pain level and help you with any other issues you may have. The Charge Nurse may stop by your room to see that we are meeting your needs during your stay.

### Rapid Response Team

We have established a Rapid Response Team to respond to acute changes or unexpected decline in patient condition. Our team brings clinical expertise and interventions rapidly to the patient. Team members include a Critical Care experienced Registered Nurse and a Respiratory Therapist; Physicians are available to respond on an as needed basis as determined by the Rapid Response Team Nurse. **Anyone** is able to activate the team including patient, family, and friends by dialing extension 2000.

When Your Family Should Call the Rapid Response Team:

- If you feel that something is going wrong with your loved one.
- If a noticeable change in your condition occurs and the healthcare team is not recognizing the concern.
- If after speaking with a member of the healthcare team (ie. nurses, physicians), you continue to have serious concerns on how care is being given, managed, or planned.

### Discharge Phone Call Program

You may be called within 48 to 72 hours after your discharge to make sure you are doing well and understand your discharge instructions and answer any questions you may have about your medications. We want to make sure you have already seen your doctor, or if we can assist you with making a follow-up appointment to visit your doctor.



## Intensive Care Unit

### Our Commitment To You

The Intensive Care Unit team recognizes that clear and consistent communication with you and your loved one is an important part of helping you understand what happens in the Intensive Care Unit. As part of our commitment to our patients and their families, you can expect regular updates on your loved one's condition, treatment plan, and possible outcomes. We remain sensitive to the fact that patients and their family members are unique and deserve our respect, patience, understanding, and compassion during the time spent in the ICU.

### Interdisciplinary Team Rounds

In the Intensive Care Unit, daily Interdisciplinary Team (or IDT) rounds start at 10 a.m. This team includes all of the disciplines working with your loved one which allows the critical care team to personalize a treatment plan. This is a great opportunity for family members to be the voice for their loved one. Family presence is always valued, however, the ICU team understands if you cannot be present. The team is always available to address concerns and answer questions.

### Your Intensive Care Unit Team

The critical care team includes a diverse group of highly trained professionals who provide care in a specialized area known as the Intensive Care Unit (ICU). This team works toward the best outcome possible for seriously ill patients. All members of the team may be asked to teach patients and their families various strategies to improve health, healing, coping, and well-being specific to their area of expertise. Members of the team include: ICU MD, ICU Registered Nurses, Respiratory Therapist, Nurse Practitioners, Pharmacists, Dieticians, Physical and Occupational Therapists, Speech Therapists, Social Workers, Case Managers, and Pastoral Care Providers.

### Guidelines For Visiting

Visits from close family members can be beneficial for your loved one's spirit and healing. Visiting is structured around your loved one's care needs. Each patient will be evaluated as an individual, with consideration given to the requirement for frequent nursing interventions, the need for rest, and the severity of the illness. While we realize the importance of family support and encourage visitation, we ask for your support as we strive to give your loved one the best care possible. There will be times when you are asked

to return to the waiting area so that the nurse, physician, or other interdisciplinary team member may complete a procedure, give a bath, or just to let your loved one get some much-needed rest.

Our staff works hard to protect your loved one's safety, privacy, and confidentiality. The following guidelines will help us provide the best possible care:

- Please use the telephone to the left of the ICU entrance to make ICU personnel aware that you have arrived for a visit. They will activate the doors to ICU for your entry.
- Because of limited space in each patient's room, visitors are limited to 2 people at a time. This will prevent the patient from being overly stimulated. It will also allow room for the nurse to provide emergency care to the patient should a crisis arise. Length of visit may be limited.
- In order to protect the privacy of other patients in the unit, we ask that you remain in your loved one's room while you are visiting.
- Please do not bring food or beverages into the patient's room.
- Your loved one will appreciate cards of encouragement and pictures of family, friends, or pets.
- Due to our Infection Policies, live flowers or plants are prohibited.
- Please do not visit if you are sick, have an infection, or have recently received a live vaccine. Our patients have weakened immune systems, and we need to provide a healthy environment.
- Our ICU allows visitors who are at least 13 years of age. Please speak with your loved one's healthcare team to make arrangements. This ensures that our patients are protected from any childhood viruses that could cause added complications to their medical conditions. Furthermore, it protects the smaller children from the emotional distress young children may experience by exposure to the ICU environment.
- We have several services designed to make your time here more comfortable. Feel free to visit our gift shop or cafeteria or enjoy a walk outside. It is important to give yourself a break periodically and give your loved one time to rest. Remember to take care of yourself.

Exceptions: There are always exceptions to the rules under special circumstances. See the charge nurse if you have any questions.



## Preparing for Your Discharge

As you may be aware, patients are being discharged from the hospital sooner than ever before. A tremendous improvement in healthcare technology accounts for these shorter stays. This benefits patients and family members because patients heal faster in the familiar surroundings of home. Years ago, all treatments occurred in the hospital. Now, patients are treated in a variety of settings to make sure they receive the right kind of care during their illness and recovery. As patients improve, they may be moved to another unit, such as our Transitional Care Unit (TCU) or a skilled nursing facility. This ensures that safe, high-quality healthcare is provided in the most efficient manner possible. Redlands Community Hospital physicians and staff realize that people sometimes have difficulty in adjusting to these changes in care. Case Managers and Social Workers are here to assist in coordinating your discharge plan. If you have questions or concerns, ask your nurse to contact your Case Manager or Social Worker.

The following tips are designed to help you in your planning:

### • Plan Ahead

Discharge time is at 11a.m. If your admission is scheduled ahead of time, ask questions about the length of your stay and what help you may need when discharged. If your admission is unplanned, start thinking about and planning for your discharge on the day of admission. You will work with a multi-disciplinary team to plan for your post hospital needs. The team includes your Physician and Nurse, and may include a Social Worker, Case Manager, Therapist, Dietitian and other health professionals.

### • What Can You Do?

There are things you can do to plan for your continued care. Before you leave, you and your team should answer these questions:

- How will I get home?
- What kind of care will I need?
- Who can assist me at home?
- Are there friends or family who can help?
- Do I have my house keys?

- Does my insurance cover outpatient and home health services?
- Do I have my discharge instructions?
- How will I get my discharge medications?
- How will I get my meals?
- Can I take a bath or shower?
- Will I need special equipment?
- Are there any activities that I cannot do?
- Do I have transportation to my physician's office for follow-up care?

Remember that a nurse and physician each assess your medical stability prior to finalizing your discharge.

### Transitional Care Unit (TCU)

The Transitional Care Unit (TCU) is located on the fourth floor of Redlands Community Hospital, and provides short-term, complex care, such as intravenous antibiotics, wound care and therapy services. If you require long term care or if there is no bed available, we will assist in your transfer to a community-based skilled nursing facility.

### Home Healthcare

Home Healthcare includes a range of healthcare services to restore your health while in the comfort of your home, retirement hotel or board and care home. Depending on your physician's orders and insurance authorization, the types of services available include:

- Nursing Care • IV Therapy • Wound Care
- Rehabilitation Services • Social Services
- Education • Nutritional Support
- Medical Equipment and Supplies

For more information, please contact Home Health Services at (909) 335-5647.

### Hospice Services

Hospice Services are available to assist patients in the last six month of life in their home, skilled nursing facility or board and care home.

If you would like more information about Redlands Community Hospital's Hospice Services, please call (909) 335-5643.



---

## Patient Orientation Checklist

Room Number: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

- Your Room
  - Call Light
  - Whiteboards
  - Education
  - Belongings
  - Phone
  - We are Here to Help/Contact Numbers
  - Smoking Policy, See page 2
  - Visitation, See page 3
  - Patient Agreement, See page 3
  - Ordering Meals, See page 3
- Patient Safety
  - Universal Precautions, See page 4
  - Hand Hygiene, See page 4
    - Hand Sanitizer  Soap and Water (C-Diff)
  - Medications, See page 4
  - “Call Don’t Fall” Fall Prevention, See page 4
- Patient Rights and Your Right to Make Decisions About Medical Treatment & Life Care Planning, See pages 5-10
- Pain Control, See page 18
- Patient-Centered Culture, See pages 18-19
  - “Quiet Time Program” and “Honoring Sleep”
  - Our Promise to You - Hourly Rounding
  - Rapid Response Team
- Preparing for Your Discharge, See page 21
- Review Diet Orders
- Type of Isolation Reviewed with Patient:
  - PPE Required  Gloves  Gown  Mask  Cap  Shoe Covers



## Redlands Community Hospital Mission Statement

*Our mission is to promote an environment where members of our community can receive high quality care and service so they can maintain and be restored to good health.  
We will accomplish our mission by interacting with the following groups:*

### **Our Patients**

Our patients are not just customers, but are fellow humans in need. From their first encounter, we will treat our patients with dignity and compassion, comfort their family and friends, and endeavor to make their stay with us as rewarding as possible. We will provide whatever services we can, in and outside of the hospital, to maintain and restore the health of those who come to us for care.

### **Our Physicians**

We shall strive to anticipate and meet the needs of the physicians who have chosen to affiliate with our Hospital. Together with us, they shall govern themselves and continue to maintain and assure a superior standard of conduct and patient care.

### **Our Employees**

Our employees are health professionals, trained not just to accomplish their job, but to realize that the purpose of every job is to benefit the patient.

### **Our Associates**

Those who have had the faith in us to invest in our future and those with whom we do business deserve a return of that trust. We shall conduct our business efficiently for that purpose.

### **Our Community**

We are an integral part of our community. Therefore, we will listen to our community and its leaders to help us assess the community's health needs and we will work with them to develop a plan to address those needs to the best of our abilities and resources.





## Redlands Community Hospital

*Caring for Generations.*

350 Terracina Blvd.

Redlands, CA 92373-0742

909.335.5500 • fax 909.335.6497

[www.redlandshospital.org](http://www.redlandshospital.org)

