

# PATIENT AND VISITOR SERVICE GUIDE

Experts in caring for you.



### Interpreter Services

CMH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CMH has arranged for language assistant services free of charge. Call 417-326-6000.

English	If you speak English, language assistance services, free of charge, are available to you.
Spanish	Si usted habla español, tiene a su disposición servicios de asistencia con el idioma sin costo alguno.
Chinese	如果您讲汉语普通话,则可以免费向您提供语言协助服务。
Vietnamese	Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị, nếu quý vị nói tiếng Việt.
Serbo- Croatian	Ukoliko govorite srpski, na raspolaganju su vam besplatne usluge jezične pomoći.
German	Wenn Sie deutsch sprechen, stehen Ihnen kostenlos Sprachhilfen zur Verfügung.
Arabic	إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية مجان
Korean	모국어가 한국어일 경우 무료 언어지원 서비스가 제공됩니다.
Russian	Если ваш язык — русский, то вам могут быть предоставлены бесплатные услуги переводчика.
French	Si votre langue est le français, des services d'assistance linguistiques sont mis gratuitement à votre disposition.
Tagalog	Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo sa lengguahe na walang bayad.
Pennsylvanian Dutch	Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.
Persian Farsi	اگر شما به فارسی صحبت میکنید، خدمات کمکهای زبان بطور رایگان در دسترس شما می باشند
Cushite Oromo	Yoo qooqa Oromo dubbatta tahe, tajaajilli gargaarsaa, baasi (kaffaltii malee) siif jira.
Portuguese	Se você fala português, está disponível atendimento gratuito com assistência ao idioma.
Amharic	አማርኛ የሚናንሩ ከሆነ፣ የቋንቋ ዕርዳታ አንልግሎቶችን፣ በነጻ <i>ያገ</i> ኛሉ።

# **Table of Contents**

CMH Mission, Vision, Values	2
Welcome	2
Your Accommodations	2
Your Hospital Team	3
Hourly Rounding	4
Bedside Shift Report	4
Food Service	5
Safety and Security	5
For Family and Friends	6
Pain Management	6
Hospital Bills and Insurance	7
Going Home	9
Patient Rights and Responsibilities	10
HIPAA Privacy Notice	13
Fall Prevention Program	17
Infection Prevention	18
Speak Up	18
Advance Health Care Directive	20
Vial for Life	22
For More Information	22
CMH Hospital Map	24
TV Channel Guide	25

### **OUR MISSION**

**Mission** - Caring for every generation through exceptional services by leading physicians and a compassionate healthcare team.

**Vision** - Be the first choice for customer-focused healthcare to every generation.

**Core Values** - I am Positive, Respectful, Innovative, Dedicated and Empowered. Together we are CMH PRIDE.

### **ABOUT CMH**

Citizens Memorial Hospital is a not-for-profit healthcare system devoted to exceptional patient care provided by leading physicians and caring staff. Opened in 1982, CMH is located in Bolivar, Missouri, and serves Benton, Cedar, Dade, Dallas, Hickory, northern Greene, Polk and St. Clair counties.

In addition to hospital services, CMH includes 34 primary care and specialty care physician clinics, rehabilitation services, Senior Health Center, and ambulance services in four counties.

Citizens Memorial Health Care Foundation includes six longterm care facilities, one residential care facility, five independent living communities, homemaker plus, home health, hospice, health transit services, home medical equipment, and two retail pharmacies.

### WELCOME

At Citizens Memorial Hospital we are proud of the caring legacy our dedicated employees and medical staff have created, and we appreciate the opportunity to extend that legacy to you and your family. This Patient and Visitor Service Guide is intended to give you a comprehensive overview of Citizens Memorial Hospital, your rights and responsibilities as a patient, and helpful information to make you or your family member's stay as comfortable as possible.

As always, your feedback and input is essential for us to expand and update our services, so feel free to communicate your comments to our staff and/or patient advocate.

We are pleased that you and your physician have selected Citizens Memorial Hospital for your medical care and we welcome you to our facility.

Sincerely,

Michael Calhoun

Chief Executive Officer/Executive Director

Citizens Memorial Hospital

Citizens Memorial Health Care Foundation

### YOUR ACCOMMODATIONS

### **Your Room**

Your room assignment at Citizens Memorial Hospital (CMH) is based upon your admitting diagnosis and the bed availability on the day of your admission. Private (single bed) and semiprivate (two beds) rooms are available. Medical insurance usually does not cover the full cost of a private room. Please note, CMH cannot guarantee the patient a private room throughout their stay.

### **Your Hospital Bed**

Most hospital beds are operated electrically and your nurse will show you how to adjust your bed properly.

Your hospital bed probably is higher and more narrow than your bed at home. Bedside rails are for your protection. They may be raised at night or during the day if you are resting, recovering from surgery or taking certain medications.

### **Room Temperature**

All rooms in the hospital are centrally heated and air conditioned. If your room temperature is not comfortable, after mentioning it to your nurses, please notify the maintenance staff by dialing extension 6469.

### **Calling Your Nurse**

A button to call your nurse is located on your bed or at your bedside. When you press the button, the nursing station is alerted that you need assistance and a light comes on above your door. A staff member will respond to your signal as soon as possible.

### **During The Night**

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

### **Telephones**

Telephones are provided in each room. Patients may receive calls in their rooms any time but preferably from 7 a.m.-9 p.m. Local calls may be made at any time from the room by dialing "9" and the number. You may call the hospital operator by dialing "0" at any time for assistance.

# To call a hospital extension, please use the 4-digit extensions listed throughout this book.

Long distance and toll calls can be made at any time by dialing "9-0" and the number. Long distance calls cannot be charged to your room. You may make a credit card call, charge a long distance call to a third number or make a collect call.

Your family and friends may call your room directly. Talk to your nurse about the phone number in your room. If further assistance is needed, the operator may be reached at 417-326-6000.

### **Television**

Televisions are provided in each room. Please be considerate of other patients by playing the television softly and by turning off your set at bedtime. For your convenience, channel information is located on the inside back cover of this guide.

### YOUR HOSPITAL TEAM

### Admissions

Whether arriving to CMH by private vehicle, ambulance or directly from a clinic, once admitted to one of our hospital departments we work to set clear expectations and communicate effectively from the beginning to end of your stay. While a patient, you can expect to see a collaborative approach from your healthcare team, which is comprised of physicians, nursing professionals, care coordination, and therapy services.

### **Your Care Team**

CMH is staffed with 24/7 hospitalist physician services. During your stay you will be seen by a physician and a nurse practitioner or physician assistant. This team works collaboratively in assessing your health, managing lab values and reviewing imaging reports. The care team develops and deploys a personalized plan of care to improve your health condition. Consultative serves from other specialists are utilized contingent on your health care needs.

### What is a Hospitalist?

A Hospitalist is a doctor who is an expert in taking care of the people in the hospital. These trained physicians are experienced in providing excellent care for complicated hospitalized patients on a daily basis. They are on-site 24 hours a day, work side-by-side with nursing staff, track test results, and order necessary follow-up tests promptly.

Hospitalists coordinate the care of ICU, telemetry and medical surgical patients. During your hospital stay and upon discharge they assist in coordination of your care with other healthcare physicians and providers.

### **The Nursing Staff**

Our team of professional registered nurses, licensed practical nurses and certified nurse assistants provide 24-hour nursing care. A charge nurse is responsible for directing and coordinating nursing care on each unit. A nurse manager is available to handle any emergency that arises. Please contact your nurse or the nurse manager (information located on electronic communication boards and on page 22 of this book) if you have any questions or concerns.

### **Social Services Department**

Social workers assist patients and family members deal with financial, social, spiritual and emotional needs that occur during or after illness or hospitalization. Members of the department work with patients and families who need assistance related to short-term and long-term illness, as well as rehabilitation needs. Social workers also are involved in assisting with discharge planning. You may contact a social worker by dialing extension 6316.

### **Patient Satisfaction**

Following your hospitalization, you may receive a written questionnaire by mail. Please complete this and return it in the envelope provided. If for any reason you are unable to rate our services a "5" on a 1 to 5 scale, please let us know the nature of your concerns and how we can make your next experience with CMH better. All comments are taken seriously, kept confidential and help us continually improve the quality of our services.

### **Patient Advocate**

Sometimes, even in the best hospital, the stay does not progress as easily as people would like. If the nurse manager cannot address your needs, please contact our Patient Advocate. The Patient Advocate can offer additional assistance and help smooth out those rough spots that occasionally develop during a hospital visit. You can reach our Patient Advocate by dialing extension 6539. If the Patient Advocate is unavailable at the time of your call, please leave a message on the voice mail so that your needs can be addressed.

### **Family Activated Rapid Response**

At CMH, we feel that families are an important part of the healthcare team. We recognize that you know your loved one better than anyone else. For this reason, we have developed a way for you to alert us in the event your loved one experiences a medical emergency. Dial 811 from the telephone in your room and tell the operator your room number. They will send our Rapid Response Team to evaluate your loved one.

### When to call:

- If there is a noticeable medical change in your loved one and you feel the care team is not recognizing or addressing the concern.
- If there is a breakdown in how care is being given and/or confusion over what needs to be done. If you are concerned, so are we.

### Other Health Professionals

During your stay, you may meet other members of our healthcare team such as employees from radiology (X-ray), the laboratory, respiratory care or other hospital departments. Besides the people you meet, CMH employs many "behindthe-scenes" workers such as food service workers, business office staff, secretaries, maintenance personnel and others who contribute greatly toward your well-being while you are here. If you have any questions about these individuals, please contact your charge nurse. (All CMH employees are required to wear name badges to identify them as employees.)

### **Cultural & Personal Belief Preferences**

CMH is committed to meeting the physical, social, emotional and spiritual needs of our patients. Our hospital maintains a call list of local voluntary chaplains who are available for spiritual counseling upon request. If you would like to speak to a CMH chaplain, inform your nurse, social worker or call the hospital operator.

### Dietitian

Our registered dietitian oversees the special nutritional needs of our patients. Should you need special diet instructions, your physician may order a consultation with the dietitian. Also, you may need additional diet instructions after you go home. Our dietitian can arrange this service on an outpatient basis. For more information, please dial extension 7957.

### Housekeepers

CMH takes pride in our appearance and cleanliness. Your room is cleaned daily by a member of our housekeeping team. If there is a housekeeping problem in your room, please dial extension 6458. Your concerns will be taken care of as soon as possible.

### **Ethics Committee**

Medical care is not an exact science. Since we are all unique individuals, we do not respond to treatment, medications and procedures exactly the same way. Also, we are given many choices and often difficult decisions must be made. Should you feel compromised or in an ethical dilemma, do not hesitate to contact the social worker (extension 6311) or your charge nurse (extension may be found on page 22) for assistance. The Ethics Committee stands ready to assist you and/or your family should you feel an ethical issue exists.

### **Corporate Compliance**

CMH has a corporate compliance plan in place. We take fraud and abuse seriously. We have a person to address these issues and calls are kept confidential. To reach CMH's Corporate Compliance Officer dial extension 6768 or the Corporate Compliance Hotline 417-328-6626.

### **Volunteers**

Volunteers are special people. The members of our auxiliary share thousands of hours of their time with patients and employees of CMH. They operate the gift shop, staff the information desk and have many fundraisers from which the proceeds generously are donated to fund special projects or to purchase equipment for CMH. Any day at CMH, auxilians/volunteers can be seen throughout the organization providing

many hours of service to our patients and visitors. If you would like to volunteer time to CMH or one of the many associated long-term care facilities, please dial extension 6432.

### **HOURLY ROUNDING**

An important part of providing you with the very best care and service is hourly rounding. You will be visited by one of your caregivers every hour from 6 a.m. - 10 p.m. and every two hours from 10 p.m. - 6 a.m. You will not be awakened for hourly rounding.

During our rounds we will be:

- Checking your progress.
- Monitoring your comfort and pain.
- Helping you move and change positions.
- Assisting with trips to the bathroom.
- Ensuring your room is clean and tidy.

Your caregivers will also make sure that you have easy access to the:

- Telephone.
- Bedside table.
- Water or other beverage, if allowed.
- Personal items.
- Call light for assistance.

We strive to anticipate your personal needs and monitor your well-being on an hourly basis so that you, your family and visitors can focus on your recovery. At CMH our team is dedicated to ensuring the very best in patient care and to providing an exceptional experience for all of our patients and guests.

During your stay you will be visited by one of the Department Leaders. Their job is to ensure you are receiving the very best care possible. If you have any concerns about your care, please feel free to talk with them during their visit or to ask for them at any time during your stay.

You may receive a survey and/or a phone call when you return home. We hope that you will take time to share your thoughts with us. We use your feedback to recognize our staff and to improve our patient experience. If you have any questions or concerns during your stay with us, please do not hesitate to let your nurse know. Your experience with us is our priority.

### **BEDSIDE SHIFT REPORT**

### What is patient-centered, bedside shift report?

This is a special report at the change of shift between you, the nurse going off duty and the oncoming nurse, to share important information about your care. This report was created to improve patient safety and increase patient and family participation.

### Why are we doing a shift report at your bedside?

Your nurses want you to take an active role in your health care. We also believe that our care should center on you, with all activities and plans tailored to your individual needs. Good communication between patients and caregivers is critical in providing safe, compassionate, high quality healthcare.

### What do nurses do during the bedside shift report?

The nurse going off duty will introduce you (and your family, if you choose) to the nurse caring for you during the next shift. They will review important information about your medical history and current clinical status. You will have the opportunity to clarify information on your communication board.

### What do you need to do during the bedside shift report?

You and your family have the opportunity to listen to the nurses discuss your care, offer your input and address any concerns you may have.

### What are the advantage of the bedside shift report?

The process helps ensure that all important information is shared and allows you to participate in your care plan. You can ask questions, raise concerns, report problems and provide information to the nurses.

### **FOOD SERVICE**

### **Nutritional Services**

Meals, specific to your condition, are an important part of your treatment and recovery. CMH makes every effort to provide nutritious meals that are prepared according to your physician's orders.

Patients are served breakfast between 7:30-8:15 a.m., lunch is served between 12-12:45 p.m., and dinner is served between 5-5:45 p.m. Your meal may be delayed if you are scheduled for a special test or treatment. Whenever possible, you will be served after your examination or test.

Diet aides will enter your room with a menu for the current day as well as the following day. If you have difficulty making menu selections, a member of the dietary department will be happy to help you. Patients and family members may modify or change the order on menus. Please dial extension 6364 for assistance. If you are on a special diet prescribed by your physician, you will receive menus tailored to your specific needs.

If a family member or friend wishes to eat in your room with you, they may go to the cafeteria, buy a meal there and take it back to your room. We offer families a guest meal at the discounted rate of \$5 per meal. Nutritional Services looks for new and innovative ways to better serve you and attend to your specific dietary needs. The nursing staff will keep you informed and assist you with the ordering process.

### Cafeteria

The cafeteria is open daily from 6:30 a.m.-7:30 p.m. Breakfast is served from 6:30-9 a.m., lunch is served from 11 a.m.-1:30 p.m., (Sunday until 2 p.m. for the buffet), and dinner is served from 6-7:30 p.m. Snacks and drinks are available throughout the day. Visitors are welcome to eat in the cafeteria at any time it is open. Boxed meals are available during operating hours.

### **Douglas Medical Center Deli**

The deli in the Douglas Medical Center is open Monday - Friday from 8 a.m.-4 p.m. Breakfast, lunch, snacks and drinks are available throughout the day. Visitors are welcome to eat in the deli at any time it is open. Call 417-328-7156 for more information.

### **DJBean Coffee Bar**

The DJBean Coffee Bar is located in the Douglas Medical Center. It is open Monday-Friday from 7 a.m.-5 p.m. Coffee, tea, smoothies, specialty coffee drinks and snacks are available throughout the day. Visitors are welcome to visit DJ Bean Coffee Bar at any time it is open. Call 417-328-7116 for more information.

### **Vending Machines**

Vending machines for snacks and beverages are located along the main hallway on the way to the cafeteria. Soda machines also are located in the outpatient department and emergency room areas.

### **Catering Services**

The nutritional services staff at CMH is available to provide catering services for your special occasions such as business meetings, birthday parties, civic club meetings and wedding receptions. In addition, the community rooms, located at the north end of the hospital, are available to rent for these occasions. For more information on planning your special event, please call our Catering Manager at 417-328-7747.

### SAFETY AND SECURITY

### **Patient Safety**

Your safety and well-being are our utmost concern during your hospital stay. Many behind-the-scenes actions are occurring during your hospitalization to ensure that you are provided a safe environment and receive safe care. Patient identification bracelets, verifying the correct surgical site, preventing patient falls and asking your name and date of birth, are all examples of methods to assure you are provided safe care while you are here.

We take every precaution available to ensure that your care is delivered in a safe manner. We monitor our patient safety plans and processes on an on-going basis and continually look for ways to improve our care-delivery processes.

If you have any questions concerning your safety, please bring them to our attention immediately. If you suspect something has gone wrong (or is about to go wrong), speak up! Let your nursing staff know your concerns immediately, or contact the CMH Safety and Security Department at 6450 if we may provide assistance.

### Valuable or Lost Items

Patients are asked not to bring items of value to the hospital such as jewelry, wallets, purses, etc. If you do bring a valuable item, it should be deposited in the hospital safe. Security will inventory the items in the presence of you and a witness and provide a receipt. The hospital does not accept responsibility for items of value unless they are deposited in the safe. If you lose something, please notify your nurse immediately, and we will make every effort to help you find it. Unclaimed articles are turned in to the Safety and Security Department, where they are kept for 30 days. To access your stored valuables upon discharge, or to inquire about lost articles, contact Safety and Security at extension 6450.

The patient is responsible for their personal property (i.e. eye glasses, dentures, canes, etc.) while in the CMH facilities. CMH is not responsible for reimbursing patients for lost property.

### **Smoking Policy**

No smoking is allowed within the hospital facilities, hospital property or any CMH campus.

# FOR FRIENDS AND FAMILY Visiting Hours

CMH follows the guidelines of the Compassionate Care Visitation Act. Visiting hours for the hospital, including The Birth Place, are from 9 a.m.-8 p.m. daily. Specialized units, such as the Wellness Center, have restricted visiting hours posted in each of the respective waiting areas.

Visitors can be good medicine for patients. We encourage family members and friends to visit.

The following are general guidelines for visitors:

- Please use the hand sanitizer as you enter and leave the patient's room. This is for your protection as well as theirs.
- Visitors may not smoke in patient rooms, anywhere in the hospital nor outside on hospital property.
- Patients will be allowed up to two visitors per patient room at a time. Visitors in semiprivate rooms should be considerate of both patients.
- People with colds, sore throats or any contagious diseases should not visit patients. Visitors should maintain a quiet environment and avoid unnecessary noise.

- Visitors may be asked to leave the room during tests or treatments or when the physician or nurse needs to see the patient.
- We prefer visitors not stay overnight in semiprivate rooms.
   Overnight stays are allowed in private rooms. For pediatric patients under the age of 15, parents or a responsible guardian is required to stay.

### **Electronic Communication Boards**

At Citizens Memorial Hospital, we want to allow patients to be more engaged in their own care and enhance quality and safety through clear communication. The electronic communication boards are designed to help patients and families achieve this. The electronic communication boards include important and up-to-date information to improve patient care and communication.

### **Gifts for Patients**

Visitors should check with the nurse before bringing gifts of food or drink to patients. In the Intensive Care Unit, please check with the nursing staff regarding any gifts for patients.

### **Gift Shop**

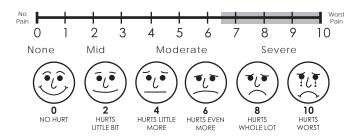
The CMH Gift Garden is staffed by volunteers and is open Monday-Friday, 9 a.m.-4 p.m. Weekend hours are 1-4 p.m. on Saturdays and Sundays. You may reach the gift shop by dialing extension 6417.

### PAIN MANAGEMENT

Everyone has the right to receive treatment for their pain. A certain amount of pain is to be expected with some procedures and conditions. The staff at Citizens Memorial Hospital wants to help achieve a level of pain that is tolerable. During your time at Citizens Memorial Hospital, you may be asked to measure or "rate" your pain on a scale from 0-10 as reflected below.

### **How To Rate Your Pain Level**

- 1 3 Pain is present but not interfering with your daily activity.
- **4 6** Pain is tolerable but interfering with daily activity and is distracting.
- 7 9 Pain is now considered severe and intolerable.
- **10** The most severe pain possible. You are unable to imagine a higher level of pain.



### Discuss with your physician or nurse the following:

- What medication(s) can you give me to treat my pain?
- How and when should I take the medication(s) and for how long?
- What side effects are common? What should be done if they occur?
- Should I try non-drug methods and/or procedures to relieve my pain?

### **Pain Relief**

Medication and other treatments can almost always reduce pain. Treating pain is an important part of good patient care. Reducing pain can also help you enjoy life more. To reduce pain, discuss with your physician and/or healthcare professional the following:

- · All the places it hurts;
- · How strong the pain feels;
- What eases the pain;
- · What medications you are currently taking;
- How much relief should you get from the medications prescribed you now take; and
- Side effects from the medications you take now.

Help yourself by asking your doctor or nurse for pain relief when you need it. It's your right. Then find out how to take your medication safely, and follow your doctor's advice. It's your role in getting the best pain care.

Tell me about your pain. Report all chest or possible heart pain to your health care provider or family immediately!

### **HOSPITAL BILLS AND INSURANCE**

### If You Have Health Insurance

CMH will need a copy of your insurance identification card. Also, we may need the insurance forms if required by your employer or insurance company. The billing department will file a claim with your insurance company if this information is supplied. You will be asked to assign benefits from the insurance company directly to the hospital. After the insurance company pays the hospital, we will send you a letter requesting payment on any remaining balance. If you receive payment directly from your insurance company, you should pay the hospital this amount. Patients should familiarize themselves with the terms of their insurance coverage. We will help you understand the hospital's billing procedures and charges. However, since you are responsible for the bill your coverage for payment is a contract between you and your insurer.

Your plan may have special requirements, such as a second surgical opinion or precertification for certain tests or procedures. You are responsible for making sure the requirements of your plan have been met prior to receiving services. If your plan's requirements are not followed, you

may be responsible financially for all or part of the services rendered in the hospital. Some physician specialists may not participate in your healthcare plan and their services may not be covered.

### If You Are Covered by a Medicare Replacement Plan

CMH will need a copy of your Medicare Replacement Plan card to verify eligibility and process your claim. Your plan may have special requirements, such as a referral or precertification for certain tests or procedures. You are responsible for making sure the requirements of your plan have been met prior to receiving services. If these requirements are not followed, you may be responsible for payment of all or part of the services rendered in the hospital. Some physicians may not participate in your health plan and their services may not be covered. You will be responsible financially for services received by nonparticipating providers; therefore, you should check with your plan to determine who is a participating provider and whether the service is a covered benefit. Deductibles and copayments are your responsibility.

### If You Are Covered by Medicare/Medicaid

CMH will need a copy of your Medicare card to verify eligibility and process your Medicare claim. You should be aware that the Medicare program specifically excludes payment for certain items and services, such as cosmetic surgery, self administered medication, some oral surgery procedures, personal comfort items, hearing evaluations and others. Deductibles and copayments also are the responsibility of the patient and are due at the time of discharge unless you have a medicare supplement insurance policy.

CMH will need to scan your Medicaid card each time you are treated at the hospital. Medicaid also has payment limitations on a number of services and items. Medicaid does not pay for the cost of a private room unless medically necessary. You may owe a copayment for each admission to the hospital or for each emergency room visit. The copayment will be due at the time of service.

### If You Have No Insurance

You will be asked to pay for your medical care at the time of service. A representative from the Patient Access or Accounting Department will discuss financial arrangements with you. A Social Worker also is available to assist you in applying for Medicaid or other government assistance programs. You will not be refused services because you are unable to pay. We ask that you contact our Patient Accounts Representative, at extensions 6508, as soon as possible to make payment arrangements.

### Repeat Visits to the Hospital

If you are a recurring patient, CMH will file a claim for you. After your insurance, Medicare and/or Medicaid pays, you will receive a final bill for any balance you may owe. Copayments are due the time of service.

### **Accident Claims**

In order to file a claim for you, we will need accurate and complete information about the accident. We will file a lien with the automobile or other liability insurance company for payment.

### **Work-Related Injuries**

CMH will need your employer's complete address, telephone number and name of an employer contact person to verify coverage. We will file a claim with your employer's insurance. If your claim is not verified by your employer, you will be billed for the services or we will file your medical insurance.

### X-rays

You or your insurance company will be billed by the hospital for any X-rays you have taken during your stay. The radiologist who reviews and interprets those X-rays may be billed separately to your insurance. The hospital's accrediting agency The Joint Commission requires that a radiologist read all X-rays taken at a hospital.

### The Birth Place

We encourage all expecting parents to pre-admit at least 30 days before your due date. You may establish an account before the delivery date and may begin making payments before you are admitted. If you have insurance, we will file a claim for you. We will ask you to pay your deductible and copayment at the time of discharge. If there is a balance due after your insurance pays, you will receive a letter from us requesting payment.

### **Payment Arrangements and Discounts**

If you pay the amount you owe prior to discharge, you will receive a 15% discount. We ask that you pay any amount due at the time of service. We accept VISA, Mastercard and Discover for payment. If you cannot pay in full, you should contact our Customer Service Department to make payment arrangements. Those numbers are:

Local: 417-328-6508Toll Free: 800-326-0508

### **Your Hospital Bill**

The hospital is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. Please remember that your policy is a contract between you and your insurance company and you have the final responsibility for payment of your hospital bill. To inquire which insurance plans are contracted with CMH, you may log on to www.citizensmemorial.com and search the Insurance Finder section. Your bill reflects all of the services you received during your stay. Charges fall into two categories: a basic daily rate, which includes your room, meals, nursing care, house-

keeping and telephone; and charges for special services that include items your physician orders for you, such as X-rays or laboratory tests. If you have certain tests or treatments in the hospital, you may receive bills from physicians you did not see in person. These bills are for professional services rendered by these physicians in diagnosing and interpreting test results while you were a patient. Pathologists, radiologists, cardiologists, anesthesiologists and other specialists perform these services and are required to submit separate bills. If you have questions about these bills, please call the number printed on the statement you receive from them.

### **Outpatient Observation and Extended Recovery**

Staying overnight at the hospital does not mean that you have been admitted as an inpatient to the hospital. Whether you are admitted, treated as an outpatient, or outpatient with extended recovery affects how much you pay out of your own pocket.

When you go to the hospital, you may receive care in different ways. If you only need to receive care for a short amount of time, like a visit to the emergency room, this is called "outpatient" care. This type of care is covered by your Medicare Part B medical insurance. Another type of outpatient care is when you have a procedure or minor surgery and require an extended recovery. This is also covered by Medicare Part B medical insurance. If you do not have Medicare Part B your procedure may be subject to other insurance co-pays or you may be responsible for the full amount of charges.

If you need to be in the hospital for a longer period of time, such as when you have some kinds of surgery, then you will be admitted to the hospital as an "inpatient." This type of care is covered by your Medicare Part A hospital insurance. Sometimes the doctor just wants to be sure you need to be admitted to the hospital for care. He or she may have you stay at the hospital, maybe up to 48 hours, to see how you are doing before actually admitting you. This is called "outpatient observation care" and is covered under your Medicare Part B medical insurance. For your comfort, you may be moved to another room but still be under outpatient observation.

If you need more care, the doctor can then admit you to the hospital as an inpatient. If you are not sure how the hospital will be billing your care, as an inpatient or outpatient, ask your doctor if you have been admitted.

Under Medicare Part B, you must meet your deductible. Medicare will then process your claim and send you or your supplemental insurance the balance of your bill. Part A hospital insurance pays for most of your inpatient care. Under observation, Medicare does not cover all pharmacy charges for medications such as: insulin, eye drops, inhalers, and pills taken by mouth.

Your time in the hospital as outpatient observation does not count toward the days needed to qualify for care in a skilled nursing facility if you need skilled care either from the hospital or at a skilled nursing facility. Medicare only pays for this kind of care if you have been an inpatient for at least three days in a row not including the day you are discharged.

### **Pre-Admission**

We encourage all patients scheduled for procedures or surgeries to preregister. In most cases, your physician will begin the process for you. You may call the Main Registration at 417-328-6555 for more information.

### **GOING HOME**

When your physician decides you are ready to leave the hospital, a discharge order will be completed. Your care team will assist you in making arrangements with a family member or friend to help you when it is time to go home. Some important things to remember are listed below.

### **Personal Belongings**

Collect all of your belongings and double-check closets and drawers. If you have anything stored in the hospital safe, call Safety and Security at extension 6450 and someone will bring your belongings to you. Prescriptions should be sent home with family or locked in our hospital pharmacy. No medications may be kept in rooms.

### **Discharge Instructions**

Your physician and nurse will give you instructions about post-hospital care. If you have questions about your diet, activities or other matters, please be sure to ask. A healthcare provider may call you 24-72 hours after discharge.

### **Transport Services**

When you are ready to leave, a member of the hospital staff will escort you to the front entrance and help you into the vehicle.

### **Swing-Beds**

Swing-beds are designed for patients who no longer require acute care in a hospital, but who need additional short-term care before discharge. Rehabilitation and specialized nursing care are emphasized.

### **Health Transit Services**

Health Transit Services will provide transportation for health-related needs and appointments such as: getting home after being discharged from the hospital; returning to the Outpatient Department for additional therapy; or traveling to physician appointments. There is a cost; however, it may be covered by Medicaid, vehicle liability or workers' compensation. For more information, please call 417-777-5165.

### **CMH Diabetes Education**

The CMH Diabetes Education Center provides an American Diabetes Association certified diabetes self-management education program. Classes are offered on Type 1 diabetes, Type 2 diabetes, gestational diabetes and medical nutrition therapy for diabetes. Classes are offered to groups and individuals and include information on an array of topics. For more information, please call 417-328-7957.

### **Outpatient Services**

CMH offers patients who are sick, injured or require specialized types of testing or treatment, but do not require the overnight monitoring and care of a hospital, as outpatient services. Your care could be classified as outpatient when receiving treatment in the emergency department, observation services, outpatient surgery, lab tests, X-rays, or outpatient clinic services when the doctor hasn't written and order to admit you to the hospital. The outpatient department or outpatient clinic is a part of the main hospital, but designed to offer services allowing patients to return to the comfort of their home same day for recovery. Outpatient services, when appropriate for treatment, does provide care at less cost, saving patients money.

### **Cardio-Pulmonary Rehabilitation**

Whether you need to reduce the risk of heart disease or are recovering from a cardiac procedure, the CMH Cardio-Pulmonary Rehabilitation program is available to help. This is a voluntary program consisting of structured education, individual exercise routines and support through a team including you, your friends and family, physicians, nurses, respiratory care services, occupational and physical therapists, and a dietitian. The goal is to assist you in achieving a healthier lifestyle. For more information, call 417-328-6574.

### Physical, Occupational & Speech Rehabilitation

The CMH Rehabilitation Department provides comprehensive rehabilitation services to patients that are hospitalized with many different diagnoses. Our qualified physical therapists, occupational therapists and speech therapists work with your physician to minimize the effects of your illness and allow you to enjoy your highest quality of life. For more information, call 417-328-6453.

### Home Medical Equipment (HME)

CMH Foundation owns and operates its own durable medical equipment company, which provides a wide range of medical equipment supplies and oxygen therapy equipment for patients in their homes. HME is a participating Medicare and Medicaid provider and has services in the following counties: Cedar, Dallas, Hickory and Polk. For more information, please call extension 6352, 417-326-3584 or 1-800-995-3290.

### **Hospice**

CMH Hospice is an agency certified by Medicare and Medicaid and accredited by The Joint Commission. We offer care for families and patients with a life-ending disease who have a life expectancy of six months or less. Under your physician's direction, Hospice provides nurses, nursing assistants, social workers, a chaplain, volunteers and therapists, as well as supplies, to assist you and your family through the difficult care required by a terminal illness. We will provide the full scope of Hospice care to those who qualify in Cedar, Dade, Dallas, northern Greene, Hickory, Polk and St. Clair counties. For more information, please call extension 6350, 417-326-3585 or 1-800-955-3493.

### **Home Health**

Home Health Care is a full service certified Medicare, Medicaid, Home Health agency accredited by The Joint Commission. Under your physician's direction, Home Health provides nurses, nursing assistants, social workers, and speech, occupational and physical therapists. Patients qualify for home care by being homebound and requiring skilled care by a nurse and/or therapist (this does not include "maintenance care"). We provide Home Health Care to those who qualify in Cedar, Dade, Dallas, northern Greene, Henry, Hickory, Polk, and St. Clair counties. For more information, please call extension 6350, 417-326-3585 or 1-800-955-3493.

### **Long-Term Care Assistance**

Long-term assistance can range from independent living apartments to residential care to skilled nursing care facilities.

### Independent Living

These apartments have all-electric kitchens, dining rooms, one or two bedrooms, bathrooms, emergency call systems, central heat and air, and 24-hour security. Some apartments have single-car garages. Independent living complexes are located near healthcare facilities for access to daily meals and activity programs, if desired.

### Residential Care

Residential care also provides individual apartments, but with corridors to the main dining hall and activities.

### Skilled Nursing Care

Skilled nursing care facilities care for patients 24-hours a day, seven days a week -- a home away from home. Caring professionals and nursing staff tend to residents' needs for routine activities of daily living such as eating, bathing and dressing, as well as providing nursing care or therapy. Most of these facilities have special care units for those individuals with Alzheimer's disease and other dementias. For more information about long-term care assistance, please call 417-399-1818.

### PATIENT RIGHTS AND RESPONSIBILITIES

Effective March 1, 2022

Citizens Memorial Hospital District and Citizens Memorial Health Care Foundation (CMH) will protect and promote each patient's rights. CMH is committed to providing quality medical care respectfully, courteously and promptly. CMH must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. CMH will take reasonable steps to determine a patient's wishes concerning designation of a representative. CMH wants you to be aware of your rights and responsibilities as a patient and consumer of our services.

### **Access to Care**

CMH prohibits discrimination. You (the patient) shall be provided treatment or accommodations that are available or medically indicated, regardless of your age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression. Please visit OCR's website at www.hhs.gov/ocr to file a complaint or to request to speak with someone who can answer your questions and guide you through the process.

### **Admission and Communication**

You (the patient) have the right to have a family member (or representative) of your choice and your own physician notified promptly of your admission to the hospital. CMH respects your right to receive information in a manner you understand. Information will be tailored to your age, language and ability to understand. Resources for language interpretation, translation services, vision and speech impaired services are available.

### **Respect and Dignity**

You (the patient) have the right to be treated with dignity and respect. You have the right to an environment that preserves dignity and contributes to a positive self-image. You have the right to individualized, considerate, and respectful care at all times and under all circumstances. CMH respects your culture, personal values, beliefs and preferences and will attempt to accommodate your religious and other spiritual services.

### **Patient Visitation, Phone and Mail**

You (the patient) have the right to have a family member or other individual to be present with you for emotional support during the length of your stay unless the individual's presence infringes on other's rights, safety or is medically or therapeutically contraindicated. You have the right to consent to receive the visitors whom you designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and you have the right to withdraw or deny such consent at any time. CMH will not restrict, limit, or otherwise deny visitation privileges on

the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. CMH will ensure that all visitors enjoy full and equal visitation privileges consistent with your preferences. You have the right to use a phone and receive mail in a confidential manner. If communication is restricted in any way, you have the right to know why. If you are too ill or incapable of communicating, your physician may, with your permission, discuss your condition with your family or representative.

### **Privacy and Safety**

You (the patient) have the right to receive care in a safe setting. You have the right to personal privacy and confidentiality. You have the right to access protective and advocacy services. Your information may be included in a patient directory and you may restrict any or all uses and disclosures. Those not directly involved with your care must have your permission to be present in discussions regarding your care. If you think confidentiality has been breached, you may file a complaint by contacting the patient advocate (417-328-6539) or privacy officer (417-328-6422). They will assist you in filing the complaint with CMH or you may call the Office for Civil Rights in the Department of Health and Human Services at 1-800-368-1019. If you have brought personal possessions to the hospital, you have the right to have these possessions reasonably protected.

### **Medical Records**

You (the patient) have the right to the confidentiality of your medical records. You have the right to access information contained in your medical records within a reasonable time frame. CMH strives to enable you to receive your medical records in an efficient and timely manner. CMH will not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits. You or your designated representative have the right to review your medical record and to receive copies of the record at a reasonable photocopy fee. You have the right to obtain information on disclosures of health information. You have the right to request an amendment to your medical record.

### **Consent and Refusal of Treatment**

You (the patient) or your representative (as allowed under State law) have the right to receive information from your physician in order to give informed consent before any procedure and/or treatment is started. CMH honors your right to give or withhold informed consent to produce or use recordings, films, or other images of you for purposes other than your care. You or your representative have the right to participate in decisions about your care plan, treatment and services. CMH honors your right to give or withhold informed consent. You have the right to accept medical care or to refuse it to the extent permitted by law and to be informed of the medical consequences of refusal.

### **Information Regarding Care**

You (the patient) or your representative (as allowed under State law) have the right to make informed decisions regarding your care. You and/or your representative have the right to be informed about your health status, diagnosis, and prognosis, including unanticipated outcomes of care, treatment, and services that relate to sentinel events. Your rights include being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right should not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. You or your designated representative have the right to be informed, upon request, regarding general information pertaining to services you received.

### **Discharge Planning**

You (the patient) or your designated representative, or family, have the right to participate in discharge planning, including being informed of service options that are available to you and a choice of agencies which provide the service. If the patient is concerned about the quality of care or premature discharge, you have the right to contact the quality improvement organization (QIO) or other insurance.

### **Care Team Identity**

You (the patient) have the right to know the name and professional status of individuals providing service to you. You have the right to know which physician primarily is responsible for your procedures and/or treatment.

### **Hospital Charges**

Regardless of the source of payment for your care, you (the patient) have the right to request and receive an explanation of your total bill for services provided in the hospital. You have the right to have your bill audited for accuracy.

### **Designation of a Decision-Maker**

You (the patient) have the right to appoint a surrogate to make health care decisions, on your behalf, including refusal of care and consent for treatment, in accordance with law and regulation. CMH will address your decisions about care, treatment and services received at the end of life. You have the right to formulate, revise and revoke advance directives and to have the hospital staff and practitioners who provide care to you in the hospital comply with these directives which state your wishes. You have the right to designate a decision-maker in your Advance Health Care Directive in the event you are, or become incapable of, understanding a proposed treatment or procedure or if you are or become unable to communicate your wishes regarding care. Additional copies of an Advance Health Care Directive are available through CMH Social Services at extension 6316 (or 417-328-6316).

### **Ethical Decisions or Dilemmas**

You (the patient) have the right to participate in ethical questions that may arise in the course of your care. These may include issues of conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatment and participation in investigational studies or clinical trials. To access services of the Ethics Committee, please contact a social worker at CMH or notify your nurse.

### **Pain Management**

You (the patient) have the right to discuss your pain, pain management options and any concerns with your physicians, nurses and staff.

### **Restraints or Seclusion**

You (the patient) have the right to be free from physical or mental abuse, and corporal punishment. You have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of yourself, staff or others and must be discontinued at the earliest possible time.

### **Abuse and Protective Services**

You (the patient) have the right to access protective and advocacy services. You have the right to be free from all forms of abuse including verbal, mental, physical, sexual and financial abuse, as well as harassment, neglect or exploitation. You have the right to protective oversight while you are a patient in the hospital. The CMH Social Services Department will assist you, if suspected or requested, in notifying appropriate agencies. Protective agencies include those for children and vulnerable adults who may be in a hazardous living condition or situation. Many of these agencies' telephone numbers are listed within CMH's Patient & Visitor Service Guide. If there are services required, please notify Social Services by calling extension 6316 (or 417-328-6316).

### **Complaint Process**

You (the patient) have the right to file an informal or formal complaint or written grievance and to expect a prompt resolution. You have the right to voice a complaint concerning your treatment, accommodations, hospital personnel, or staff without fear of repercussions or unreasonable interruption of care. You have the right to ask your nurse and/or care provider to help you resolve care issues during your visit. You have the right to ask for the department supervisor to resolve care issues during your visit. You have the right to voice your complaint to the CMH Patient Advocate at extension 6539 (or 417-328-6539).

### **Grievance Process**

Any patient service or care issue that cannot be resolved promptly by staff present will be considered a grievance. To file a grievance, please contact the CMH Patient Advocate at

extension 6539 (or 417-328-6539). Upon your request, you will be provided with a copy of the hospital's policy and procedure on grievances. Grievances about situations that may endanger the patient will be reviewed immediately. In most cases, CMH will review and respond to all other grievances within seven (7) days or will inform you (the patient) or representative that the hospital is working to resolve the grievance and the anticipated response date. You also may call the Health Services Regulation MO Department of Health & Senior Services at 1-573-751-6303 to voice a grievance. Complaints that pertain to patient safety or quality of care issues may be made to The Joint Commission at the toll free number 1-800-994-6610 or by going to the Website jointcommission.org and clicking on Report a Complaint option.

Health Services Regulation MO Department of Health & Senior Services PO Box 570, Jefferson City, MO 65102

### **CMH Complaint and Grievance Process**

- 1. Begin by contacting a Department Manager or CMH Patient Advocate at 328-6539.
- 2. Managers and/or other research, respond and resolve complaint, or
- 3. If complaint can't be resolved, Patient Advocate initiates grievance process.
- 4. Patient Advocate establishes and communicates time frame for resolution.
- 5. Grievance Committee reviews concerns, develops resolution and sends a letter of resolution.

CMH strives to provide the highest quality customer service, but if we have failed to meet your expectations, know that you have many resources within CMH to voice your concerns.

### PATIENT RESPONSIBILITIES

### **Provision of Information**

You (the patient) have the responsibility to provide, to the best of your knowledge or ability, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the physician responsible for your care. You are responsible for reporting whether you clearly comprehend a contemplated course of action and what is expected of you to care for yourself.

### **Compliance with Instruction**

You (the patient) are responsible for following the treatment plan recommended by the physician primarily responsible for your care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible physician's orders and enforce the applicable hospital rules and regulations.

### **Refusal of Treatment**

You (the patient) are responsible for outcome(s) of your actions if you refuse treatment or do not follow the physician's instructions

### **Hospital Charges**

You (the patient) are responsible for assuring that the financial obligations of your healthcare are fulfilled as promptly as possible.

### **Hospital Rules and Regulations**

You (the patient) are responsible for following hospital rules and regulations affecting patient care and conduct.

### **Respect and Consideration**

You (the patient) are responsible for being considerate of the rights of other patients and hospital personnel and for cooperating in the control of noise, the number of visitors, and observing CMH and state no smoking laws. You are responsible for being respectful of the property of other persons and of the hospital, and maintaining civil language.

### **Advance Health Care Directives/Religious Beliefs**

You (the patient) have the responsibility of informing your physician and the hospital of any advance directives, Do-Not-Resuscitate (DNR) orders, living wills or religious beliefs that need to be considered during the course of your hospitalization.

### **Personal Possessions**

You (the patient) are responsible for your personal property, including cell phones, eye glasses, dentures, canes, jewelry, etc., while in the CMH facility. Any valuables should be sent home with family when possible.

You may obtain an additional copy of these rights from the CMH Social Services office at extension 6316 (or 417-328-6316) or from your nurse. If you have a question, concern or comment that you would like to ask about CMH, either during your stay with us or after you return home, please contact our patient advocate at extension 6539 (or 417-328-6539).

# HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY NOTICE

Effective November 1, 2018

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 CMH Privacy Officer at 417-328-6422.

### WHO WILL FOLLOW THIS NOTICE

This notice describes Citizens Memorial Hospital District and Citizens Memorial Health Care Foundation practices and that of:

- Health care professionals' authorization to enter information into your medical record
- All departments and units of the organization
- Any member of a volunteer group we allow to help you while you are in our facilities
- All employees, staff and other organization personnel
- The organization of Citizens Memorial Hospital & Citizens Memorial Health Care Foundation includes the following facilities: Citizens Memorial Hospital, Home Care Services, Home Medical Equipment, Homemaker Plus, Parkview Health Care Facility, Citizens Memorial Health Care Facility, Colonial Springs Health Care Center, Community Springs Health Care Facility, Ash Grove Health Care Facility, Butterfield Residential Care Center, CMH-owned pharmacies and CMH-owned physician clinics. And any additional facilities or providers added in the future.
- All of these entities, sites and locations will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operational purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by CMH, whether made by CMH personnel or your personal doctor or other practitioners involved in your care. Your personal doctor may have different polices or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

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

We are required by law to:

- make sure that medical information that identifies you is kept private
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

# HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION

The following categories describe different ways that we may

use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

**Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, clergy or others who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the organization also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. CMH can disclose medical information and other general information about you to other health care providers outside the organization who are providing you with care.

**Payment:** We may use and disclose medical information about you so that the treatment and services you receive from CMH may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations: We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and/or to evaluate the performance of our staff. We also may send you a patient satisfaction survey or call after you receive treatment in one of our facilities. We may combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students and other CMH personnel for review and learning purposes. We may also combine medical information we have with medical information from other health care organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Appointment Reminders:** We may use and disclose your medical information to contact you as a reminder that you have an appointment for treatment or medical care. You may receive a call before your scheduled clinic visit to remind you the upcoming appointment.

**Treatment Alternatives:** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose your medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

**Fundraising Activities:** We may use information about you to contact you or your family members in an effort to raise money for the organization. We may disclose information to a foundation related to the hospital so that the foundation may contact you to raise money for the hospital. We would only release contact information such as your name, address and phone number and the dates you received treatment or services. If you do not want the organization to contact you for fundraising efforts, you must notify our Privacy Officer in writing.

Patient Directory: We may include certain limited information about you in the patient directory while you are patient. This information may include your name, location in the hospital or facility, you general condition (e.g., fair, critical, etc.) and your religious affiliation. The 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 even if he or she does not ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Patient Identification Purposes:** In some of our care settings, patient or resident names may be posted on the door of the patient or resident's room for patient safety identification purposes.

### Individuals Involved in Your Care or Payment for Your

**Care:** We may release medical information about you to a caregiver who may be a friend or family member. We may also give information to someone who helps pay for your care (for example a group health plan).

**As Requested by Law:** We will disclose medical information about you when required to do so by federal, state or local law.

### **SPECIAL SITUATIONS**

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

**Military:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

# Public Health Risk (Health and Safety to You and/or Others):

We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child or elder abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

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

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process:
- to identify or locate a suspect; fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct:
- · about criminal conduct on CMH property; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors:**

CMH may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Service for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

# YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, contact the Health Information Management Department by calling 417-328-6304. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We must act on your request no later than 30 days after receipt of such a request.

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

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

To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management Department. In addition, you must provide a reason that supports your request. We must act on your request no later than 60 days after receipt of such a request.

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

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

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you to others except for purposes of treatment, payment and operations identified above and why such disclosures were made.

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

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use

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

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

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

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communication, you must make your request in writing to the Director of Health Information Management Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. **Right to Paper Copy of This Notice:** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any staff member of CMH

### **Changes to this Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice for display. The notice will contain on the first page the effective date. In addition, each time you register at or are admitted to CMH for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### Complaints

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

### Other Uses for Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke that permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provide to you.

- Privacy Officer 417-328-6422
- Risk Management Department 417-328-6541
- Health Information Management Department 417-328-6304

**Nondiscrimination Policy:** Citizens Memorial Hospital and Citizens Memorial Health Care Foundation complies with applicable Federal and State civil rights laws and does not exclude, discriminate against or treat people differently on the basis of age, race, ethnicity, religion, creed, culture, language, physical or mental disability, socioeconomic status, payment sources, sex, sexual orientation, gender identity or expression, or communicable disease such as, but not limited to, HIV, MRSA and Hepatitis B.

### **FALL PREVENTION PROGRAM**

### **Your Safety**

At CMH we care about your safety. We developed the "Fall Prevention Program" with you in mind. With this program our staff will:

- Ask questions to help decide if you are at risk for a fall. You will be given a fall risk rating of low, medium or high based on these questions.
- Create a personalized plan to help prevent you from falling.
- Provide you and your family with education to decrease your fall risk.
- Communicate your fall risk to your healthcare team.

### **Points to Consider**

If you are rated as being at high risk of falling, we will discuss ways to reduce the chances of you having a fall. There are a number of proven things to do to prevent falls. We will discuss ideas that may work for you.

### **Safe Patient Handling and Movement**

Citizens Memorial Hospital is committed to providing a safe environment for patients and employees. Research has shown that injuries are more likely to occur when we lift or move people and objects greater in size and weight than what our bodies can safely handle.

The hospital has equipment available to assist staff in helping patient move and turn in bed, get in and out of beds or chairs, and slide from stretchers to beds. Employees are expected to

use appropriate equipment when needed in order to safely move or lift patients. When this equipment is used, staff will explain how the equipment will be used so that you feel safe and comfortable.

### Issues to be considered include:

- The environment around you
- Your general health
- The type and number of medications you take
- Levels of pain
- Bowel and bladder issues
- Decision making skills
- Rehabilitation needs
- Equipment safety
- Pets

### **Possible Strategies**

When you're moving from lying down to standing up

- Sit on the edge of the bed for a minute before standing up
- Move your ankles up and down to increase the blood flow to your legs
- Get your "nose over your toes" before standing up
- Push off the bed or chair; don't pull up
- Stand for a minute before taking that first step

### **Environment**

- Don't over reach for items
- Put away "scatter rugs"
- Keep cords and tubing out of the way
- Keep pathways free of clutter
- Use handrails when using stairs
- Use grab bars in tubs and showers
- Be aware of pets in your walking space
- Keep frequently used items close to you
- Don't stand on chairs or other furniture to reach items above your head

### When You're Walking

- Take your time when turning around. Count each step to help pace yourself.
- If you have a walking aid (walker, cane, etc.), make sure it is in good condition.
- Use your walking aid correctly. Don't grab for furniture.
- Wear footwear that is non-slip and comfortable.
- If you need assistance when walking, our staff will use a belt around your waist to assist you called a gait belt.

### **Diet and Fluids**

- Eat a balanced diet
- Drink plenty of water
- Talk to your doctor about an exercise plan

### Remember

Report new or increased weakness or dizziness to your doctor

- Let the staff know if you have fallen in the past 12 months
- Ask for help that's why we are here

### Who Can Help Your Prevent Falls?

- Nurse
- Physical Therapist
- Occupational Therapist
- Physician
- Pharmacist
- Optometrist (eye doctor)
- Podiatrist (foot doctor)

They are all available through CMH to answer your questions and make recommendations.

### **Resource List**

Senior Health Center 417-777-7171
Outpatient Therapy 417-328-6453
Ash Grove, Bolivar, Buffalo, El Dorado Springs, Greenfield,
Hermitage, Osceola, Pleasant Hope, Stockton and Willard
Home Medical Equipment 417-326-3584
Bolivar (main location), Buffalo, Hermitage and Stockton
Home Care Services 417-326-3585

### INFECTION PREVENTION

Our role in patient safety is to identify infections and reduce the risks of acquiring or transmitting infections. At CMH we monitor MultiDrug Resistant Organisms or MDROs. These include Methicillin Resistant Staph Aureus or MRSA, Vancomycin Resistant Enterococcus or VRE, Clostridium Difficile or C-Diff and other less common organisms, which cause infections. CMH reduces the risks of acquiring MDRO's by using standard precautions, hand hygiene, isolation precautions and active surveillance.

Standard precautions include things like the staff cleaning each piece of equipment before it is used on a patient. Each staff person who enters your room should use hand hygiene before and after they care for you or your surroundings.

There are three types of isolation. Contact isolation is used for infections that can be passed on by touching, like MRSA or head lice. Staff will wear a gown and gloves when entering your room. You will be asked to remain in your room except when receiving treatments that cannot be done in your room. Visitors can help reduce the risk of spreading infections caused by contact by using hand hygiene before and after entering your room and not visiting other patients or areas of the hospital after entering your room. Droplet precautions are used for infections that can be transmitted by droplets that you cough or sneeze into the air, like the flu, mumps or rubella. Staff and visitors who enter these rooms are asked to wear a mask. Patients and visitors can help by using cough etiquette, which includes always covering you mouth when you cough or sneeze, and using hand hygiene immediately after coughing

or sneezing. Airborne precautions are also used for infections that can be transmitted through the air, but these are very small and can float on air currents. Chicken pox, measles and TB or suspected TB patients would be placed on airborne precautions. Patients are placed in special rooms and the staff will wear masks or hoods when they enter your room.

CMH also monitors surgical site infections, central line bloodstream infections, and catheter associated urinary tract infections. Talk with your surgeon and the preoperative nurses about how you can reduce your chances of a surgical site infection.

Some infections are mandated by the state to be reported to the Missouri Department of Health and Senior Services.

The nursing staff has brochures available for more information on MRSA. If you would like more information on any infection prevention topic or which diseases are reportable, ask your nurse to contact the Infection Prevention nurse.

### **SPEAK UP**

### **Help Prevent Errors in Your Care**

Everyone has a role in making health care safe -- physicians, health care executives, nurses and technicians. Health care organizations across the country are working to make health care safety a priority. You, as the patient, can also play a vital role in making your care safe by becoming an active, involved and informed member of your health care team.

An Institute of Medicine (IOM) report has identified the occurrence of medical errors as a serious problem in the health care system. The IOM recommends, among other things, that a concerted effort be made to improve the public's awareness of the problem.

The "Speak Up" program, sponsored by The Joint Commission, urges patients to get involved in their care. Such efforts to increase consumer awareness and involvement are supported by the Centers for Medicare and Medicaid Services. This initiative provides simple advice on how you, as the patient, can make your care a positive experience. After all, research shows that patients who take part in decisions about their health care are more likely to have better outcomes.

# 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.

- Your health is very important. Do not worry about being embarrassed if you don't understand something that your doctor, nurse or other health care professional tells you.
- Don't be afraid to ask about safety. If you're having surgery, ask the doctor to mark the area that is to be operated on.

- Don't be afraid to tell the nurse or the doctor if you think you are about to get the wrong medicine.
- Don't be afraid to tell a health care professional if you think he or she has confused you with another patient.

# Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right health care professionals. Don't assume anything.

- Tell your nurse or doctor if something doesn't seem right.
- Expect health care workers to introduce themselves. Look for their identification (ID) badges. A new mother should know the person who she hands her baby to. If you don't know who the person is, ask for his or her ID.
- Notice whether your caregivers have washed their hands. Hand washing is the most important way to prevent infections. Don't be afraid to remind a doctor or nurse to do this.
- Know what time of day you normally get medicine. If you don't get it, tell your nurse or doctor.
- Make sure your nurse or doctor checks your ID. Make sure
  he or she checks your wristband and asks your name before
  he or she gives you your medicine or treatment.

# Educate yourself about your illness. Learn about the medical tests you get and your treatment plan.

- Ask your doctor about the special training and experience that qualifies him or her to treat your illness.
- Look for information about your condition. Good places to get that information are from your doctor, your library, respected websites and support groups.
- Write down important facts your doctor tells you. Ask your doctor if he or she has any written information you can keep.
- Read all medical forms and make sure you understand them before you sign anything. If you don't understand, ask your doctor or nurse to explain them.
- Make sure you know how to work any equipment that is being used in your care. If you use oxygen at home, do not smoke or let anyone smoke near you.

# Ask a trusted family member or friend to be your advocate (advisor or supporter).

- Your advocate can ask questions that you may not think about when you are stressed.
- Ask this person to stay with you, even overnight, when you are hospitalized. You will be able to rest better. Your advocate can help make sure you get the right medicines and treatments.
- Your advocate can also help remember answers to questions you have asked. He or she can speak up for you when you cannot speak up for yourself.
- Make sure this person understands the kind of care you want. Make sure he or she knows what you want done about life support and other life-saving efforts if you are unconscious and not likely to get better.

- Go over the consents for treatment with your advocate before you sign them. Make sure you both understand exactly what you are about to agree to.
- Make sure your advocate understands the type of care you
  will need when you get home. Your advocate should know
  what to look for if your condition is getting worse. He or she
  should also know who to call for help.

# Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.

- Ask about why you should take the medication. Ask for written information about it, including its brand and generic names. Also ask about the side effects of all medicines.
- If you do not recognize a medicine, double-check that it is for you. Ask about medicines that you are to take by mouth before you swallow them. Read the contents of the bags of intravenous (IV) fluids. If you're not well enough to do this, ask your advocate to do it.
- If you are given an IV, ask the nurse how long it should take for the liquid to run out. Tell the nurse if it doesn't seem to be dripping right (too fast or too slow).
- Whenever you get a new medicine, tell your doctors and nurses about allergies you have, or negative reactions you have had to other medications.
- If you are taking a lot of medicines, be sure to ask your doctor or pharmacist if it is safe to take those medicines together. Do the same thing with vitamins, herbs and overthe-counter drugs.
- Make sure you can read the handwriting on prescriptions written by your doctor. If you can't read it, the pharmacist may not be able to either. Ask somebody at the doctor's office to print the prescription, if necessary.
- Carry an up-to-date list of the medicines you are taking in your purse or wallet. Write down how much you take and when you take it. Go over the list with your doctor and other caregivers.

# Use a hospital, clinic, surgery center or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission's quality standards.

- Ask about the health care organization's experience in taking care of people with your type of illness. How often do they perform the procedure you need? What special care do they provide to help patients get well?
- If you have more than one hospital to choose from, ask your doctor which one has the best care for your condition.
- Before you leave the hospital or other facility, ask about follow-up care and make sure that you understand all of the instructions.
- Go to Quality Check at www.qualitycheck.org to find out whether your hospital or other health care organization is "accredited." Accredited means that the hospital or health

care organization works by rules that make sure that patient safety and quality standards are followed.

# Participate in all decisions about your treatment. You are the center of the health care team.

- You and your doctor should agree on exactly what will be done during each step of your care.
- Know who will be taking care of you. Know how long the treatment will last. Know how you should feel.
- Understand that more tests or medications may not always be better for you. Ask your doctor how a new test or medication will help.
- Keep copies of your medical records from previous hospital stays and share them with your health care team. This will give them better information about your health history.
- Don't be afraid to ask for a second opinion. If you are unsure about the best treatment for your illness, talk with one or two additional doctors. The more information you have about all the kinds of treatment available to you, the better you will feel about the decisions made.
- Ask to speak with others who have had the same treatment or operation you may have to have. They may help you prepare for the days and weeks ahead. They may be able to tell you what to expect and what worked best for them.
- Talk to your doctor and your family about your wishes regarding resuscitation and other life-saving actions.

# ADVANCE HEALTH CARE DIRECTIVE What is Advance Health Care Directive? (AHCD)

An AHCD is a document that communicates and expresses your healthcare treatment wishes in case a situation develops in which you are unable to communicate.

The U.S. Supreme Court decision (Cruzan v. Director, Missouri Department of Health) states that all people have a constitutional right to refuse any medical treatment, including life-prolonging treatment(s).

The U.S. Supreme Court's decision gives you the right to name another person, an agent, called an attorney-in-fact (Durable Power of Attorney), to become a decision-maker for healthcare issues in the event that you are unable to communicate and make your own decisions.

The AHCD is a signed, dated, witnessed and notarized document that allows you to express your healthcare wishes in advance concerning the use of life-prolonging medical treatment(s).

# What is Durable Power of Attorney for Health Care? (DPOA)

A DPOA for Health Care is a legal document in which you appoint someone to make decisions for you if you are unable to do so.

It is important that you choose an agent/attorney-in-fact who knows your goals, values and whom you trust to carry out your wishes.

You must appoint a person 18 years of age or older. Usually a close relative or someone you trust with your life is named as your agent/attorney-in-fact. It cannot be your physician or an owner, operator or employee of a healthcare facility in which you reside, unless you are related.

A DPOA for Health Care does not cover business or financial decisions; it only covers healthcare decisions when you are unable to make decisions for yourself.

It is important to talk with your agent/attorney-in-fact about your wishes in detail and be sure he or she agrees to act on your behalf.

### I. Why do I need an Advance Health Care Directive?

An Advance Health Care Directive is similar to a living will, yet it does not focus exclusively on refusing treatment. In an Advance Health Care Directive, you are stating your wishes about future medical decisions in advance. In the event that you become incapacitated due to an illness or injury, the responsibility of making decisions is relieved from family and friends. Your wishes will be honored.

Due to the complexity of illnesses and medical treatment options, situations may arise when it is not clear from your Advance Health Care Directive what your decision or wish may be in regards to your care. To provide for that event, you may name a person you trust to make decisions for you (an agent). This is done in the Durable Power of Attorney for Health Care.

# 2. When does an Advance Health Care Directive go into effect?

The Advance Health Care Directive only will be used when you cannot make or communicate decisions for yourself. Your Advance Health Care Directive is good until the time of your death unless you cancel it. It is recommended that you review the document annually to make sure it still expresses your wishes. When you do conduct a review, put your initials and the date in the margin to show you are continuing to think out your decisions.

# 3. Do I need a lawyer to fill out an Advance Health Care Directive?

No. It is not necessary to hire a lawyer to fill out an Advance Health Care Directive. Although a lawyer is not necessary to complete an Advance Health Care Directive, a Durable Power of Attorney for Health Care requires notarization. Both the Advance Health Care Directive and the Durable Power of Attorney for Health Care are legal documents and you should consult a lawyer if you have questions concerning the legal effect.

# 4. What should I know about a Durable Power of Attorney for Health Care?

A Durable Power of Attorney for Health Care is a legal document in which you appoint someone to make decisions for you if you are unable to do so. The person you appoint to make decisions for you is called an "agent." This person also is sometimes called an "Attorney in Fact." It is important that you choose an agent who knows your goals, values and whom you trust to carry out your decisions. You must appoint a person 18 years of age or older. Usually, a close relative or someone you trust with your life is named as your agent.

It cannot be your physician or an owner, operator or employee of a healthcare facility in which you reside, unless you are related. A Durable Power of Attorney for Health Care does not cover business or financial decisions; it only covers healthcare decisions when you are unable to make decisions for yourself. Be sure to talk with your agent about your wishes in detail and be sure he or she agrees to act on your behalf.

# 5. Who needs to know about my Advance Health Care Directive?

It is your responsibility to notify and provide copies of your Advance Health Care Directive to the agent appointed in your Durable Power of Attorney for Health Care and others such as your physician, family, friends and clergy. Discuss the details of your Advance Health Care Directive with those people and ask your physician to make it part of your permanent medical record.

### 6. Will my wishes be carried out?

Healthcare providers and your agent must honor your wishes as expressed in your Advance Health Care Directive, as long as the directions you have made are clear and in accord with state law. Any provider who will not honor your Advance Health Care Directive or decisions made by your agent must assist in arranging your transfer to a provider who will honor your Advance Health Care Directive and the decisions of your agent.

If you have named an agent, only he or she has the legal authority to make healthcare decisions for you. However, your agent may wish to obtain information from your family members to assist him or her in making your healthcare decisions. It is a good idea to explain to your family members your healthcare wishes so they will know what to expect.

# 7. Will my Advance Health Care Directive be honored in an emergency situation?

In an emergency situation, it may be possible and necessary for healthcare providers to make a quick judgement of medical treatment versus quality of life. You should assume that treatment will be tried until it proves to be useless. If treatment does not lead to a significant recovery, you should expect that

your Advance Health Care Directive will be honored and treatment, which has proven to be useless, will be stopped.

# 8. What if I DO NOT want to be revived when I die (when my heart and breathing stops)?

Some people want to refuse cardiopulmonary resuscitation (CPR) because they fear being "trapped" on life support. Your Advance Health Care Directive partly addresses this concern. The Advance Health Care Directive states that if it is uncertain whether or not treatment "will lead to significant recovery," it only should be tried for a reasonable period of time. If, however, you do not want CPR at all, you need to talk to your physician about a medical order directing emergency workers not to use CPR (No Code or Do Not Resuscitate [DNR] see question #9).

### 9. What is a "Do-Not-Resuscitate" (DNR) order?

A DNR request is an order written by a physician instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) when your heart and breathing stops. A person with a valid DNR order will not be given CPR. Even though the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. An "Outside of Hospital DNR" request is written for individuals who are outside the hospital setting. These are available by contacting CMH Social Services at 417-328-6316 or your primary care provider's office.

# 10. What is the difference between a DNR request and a "No Code Outside the Hospital?"

Although both are orders signed by a physician to direct healthcare personnel not to start CPR on a patient whose heart and breathing stops, each are used in different settings. The "no code" applies to a hospital setting and becomes part of the vital information for all healthcare personnel. This way your wishes easily can be recognized in case your heart and breathing stop. The "Outside of Hospital DNR" request is for outside the hospital and primarily is directed to medical staff to honor your wishes not to start CPR when your heart and breathing have stopped.

If you have checked "No CPR" in your Advance Health Care Directive, you also will need to talk to your physician about "DNR" and "No Code" designations.

# 11. May I request that artificially administered food and water be stopped and feeding tubes be removed?

Yes. You clearly must express this wish in your Advance Health Care Directive

# 12. How can I describe what an "acceptable quality of life" means to me?

It is important to describe what an "acceptable quality of life" means in terms of your personal goals and values. There is no

single "right" answer to this question. Therefore, this definition needs to be a personal description. Some examples of statement people have made regarding an "acceptable quality of life" include:

I want to have...

- the ability to recognize people.
- the ability to communicate.
- the ability to feed myself.
- the ability to swallow food and fluid.
- the ability to make decisions for myself.
- the ability to relate to my environment.
- the ability to reasonably be free of pain.

# 13. Will filling out an Advance Health Care Directive affect my future medical treatment or my health or life insurance?

No. Your decision to make an Advance Health Care Directive is your right under law. Your signature on an Advance Health Care Directive will not affect your benefits or ability to obtain life or health insurance. Furthermore, an Advance Health Care Directive will not affect your ability to obtain healthcare treatment.

# 14. If I change my mind, may I cancel or change an Advance Health Care Directive?

Yes. You may cancel or change your Advance Health Care Directive by telling your agent or physician in writing of your decision to do so. You may change your Advance Health Care Directive by reinitializing and dating the areas of change. If many changes are made to your Advance Health Care Directive, you need to destroy all copies of the old Advance Health Care Directive and complete a new form. Remember to give a new copy to your agent(s), family and physician.

### **VIAL FOR LIFE**

CMH participates in the national Vial for Life Project that is designed to speak for individuals when they are unable to speak for themselves in emergent situations. The vial contains important medical information that can assist emergency personnel in administering the proper medical treatment. For more information contact CMH Social Services at 328-6316.

### FOR MORE INFORMATION

### Management

Accounts Payable	417-328-6409
Administrative Director of Long-	-Term Care Facilities
	(East) 417-326-3000
	(West) 417-766-9033
Clinic Administration	417-328-6653
Community Relations	417-328-6318
Marketing	417-328-7245
Performance Improvement	417-328-6422

<b>Hospital Directory I</b>	Extensions
-----------------------------	------------

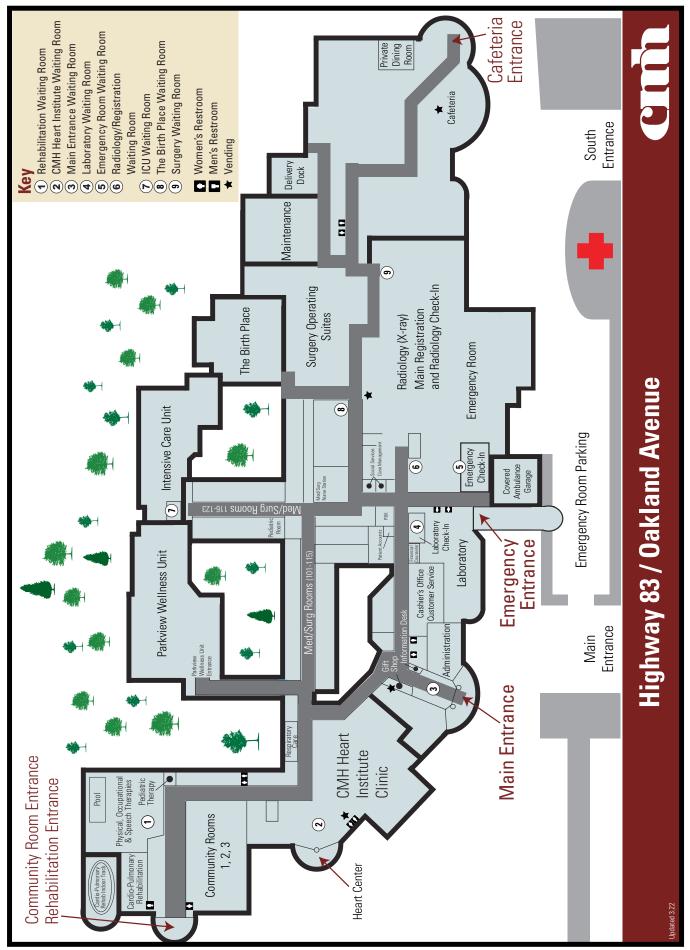
ilospitai Directory Extensions	
CMH Main Number	417-326-6000
Executive Offices	417-328-6501
Hospital Administration	417-328-6551
Main Registration	417-328-6556
The Birth Place	417-328-6302
Call Center	417-328-6010
Cardio-Pulmonary Rehabilitation	417-328-6574
Catering Services	417-328-6365
Cath Lab	417-328-6677
Community Rooms Reservations	417-328-6501
Diabetes Education Center	417-328-7957
Dietitian	417-328-6462
Dialysis Clinic	417-777-8115
Educational Services	417-328-6769
Emergency & Trauma Center	417-328-6301
Gift Shop	417-328-6417
Health Transit	417-777-5165
Home Health	417-326-3585
Homemaker Plus	417-326-4357
Hospice	417-326-3585
Housekeeping Services	417-328-6458
Human Resources-Employment Office	417-328-6426
Information Desk	417-328-6525
Intensive Care Unit	417-328-6303
Job Hotline	877-247-4562
Laboratory	417-328-6412
Maintenance	417-328-6469
Medical Records	417-328-6304
Medical/Surgical Unit	417-328-6300
Miles for Smiles (Dental Unit)	417-328-6334
Nutritional Services	417-328-6364
Occupational Medicine	417-328-6453
Outpatient Clinic/Surgery	417-326-8700
Parkview Wellness Unit	417-328-6305
Patient Accounts	417-328-6508
Patient Advocate	417-328-7719
Patient Inquiries	417-326-6000
Physician Recruiting	417-328-6273
Radiology Department (X-ray)	417-328-6447
Rehabilitation Services Administration	417-328-6396
Respiratory Care	417-328-6455
Safety & Security	417-328-6450
Social Services	417-328-6316
Speakers Bureau	417-328-6318
Volunteer Office	417-328-6432

### **Polk County Agencies**

Community Outreach Ministries	417-326-2769
Division of Family Services	417-777-4938
(Adoption, Child Abuse and Neglect, Food	Stamps, Foster
Care, Medicaid, Public Assistance)	
Polk County Christian Social Ministries	417-326-7179
(Clothing Outlet Newborn Baby Program)	

Polk County Community Center (OACAC) (Clothing Outlet, Commodity Food Distributed Planning, Housing/Rental Assistance, Part Polk County Health Center (Communicable Disease Control (including Environmental Sanitation Services, Family Clinic, Immunization Clinic, Prenatal Case Records, Well Child Clinic, and Woman, In (WIC) Program))	ent Aid) 417-326-7250 g STDs), y Planning; Flu Shot Management, Vital	Head Start Program Hearing Aid Information Hospice International Hearing Society Medicare/Medicaid Information Missing Children Help Center MO Attorney General MO Dept of Health and Sr. Services, Bureau Services Regulations	417-777-8932 800-521-5247 417-326-3585 734-522-7200 800-633-4227 800-USA-KIDS 800-392-8822 u of Health 573-751-6303
Polk County Court	417-326-4912	MO Veterans Commission (Bolivar)	417-326-4031
University of Missouri Extension Center	417-326-4916	National Alzheimer's Association	800-272-3900
(Family Violence, 4-H Clubs, In-School En	richment Program,	National Down's Syndrome Society	800-221-4602
Parenting Classes, Teen Depression and S		On My Own	417-667-7007
Pregnancy Prevention)		Parent Link	800-552-8522
Social Security Administration	800-892-7600	Polk County Court	417-326-4912
		Polk County Extension Center (Bolivar)	417-326-4916
Health and Education		Reach to Recover	417-881-4668
AIDS	800-342-2437	Show Me Healthy Women	816-726-9926
AIDS Project of the Ozarks	417-881-1900	Shriner's Hospital for Crippled Children	800-237-5055
American Cancer Society	800-4-CANCER	SIDS/Sudden Infant Death Syndrome	800-421-3511
Helpline	800-ACS-2345	Social Security Information	800-772-1213
American Health Association	800-227-8922	Southwest Ctr for Independent Living	417-886-1188
(Info on sexually transmitted disease)		Southwest MO Office On Aging	417-862-0762
Breast Cancer of the Ozarks	417-862-3838	STD/Sexually Transmitted Disease Info	800-227-8922
Bright Horizons Day Program for Special		Veteran's Commission (Springfield)	417-895-6532
Cancer Information Center	800-4-CANCER	Victim Center	800-743-5265
CMH Health Insurance Marketplace	417-328-7575	Vocational Rehabilitation	417-895-5863
CMH Home Health & Hospice	417-326-3585		
CMH Home Medical Equipment	417-326-3584	Law Enforcement	
Communicable Disease Information	800-392-0272	Bolivar Police Department	417-326-5298
Down's Syndrome Society	800-221-4602	Buffalo Police Department	417-345-8836
Family Support Division Information	800-392-1261	Polk County Sheriff's Office	417-777-9020
Grief Recovery Helpline	800-334-7606		

# Citizens Memorial Hospital Map



### **CMH TV CHANNEL GUIDE**

2	FREE FORM	16	NATIONAL GEOGRAPHIC
3	A&E	17	NICKELODEON
4	AMC	18	TBS
5	ANIMAL PLANET	19	TLC
6	CARTOON NETWORK	20	TNT
7	CNBC	21	FOX SPORTS 1
8	CNN	22	TVLAND
9	ESPN CLASSIC	23	WEATHER CHANNEL
10	DISCOVER CHANNEL	24	ABC
11	DISCOVER FAMILY	25	CBS
12	HISTORY CHANNEL	26	NBC
13	FOX NEWS	27	FOX
14	LIFETIME	28	PBS
15	NFL NETWORK		

NOTES	

