



Outpatient Information Guide



Compassion



Excellence



Nurturing



Future



www.carthagehospital.com

1001 West Street
Carthage, NY 13619
315-493-1000

Table of Contents

Confidentiality-----	Page 3
Patient Responsibilities-----	Page 3
Patients' Bill of Rights -----	Page 3
Safety-----	Page 4
Pain Management-----	Page 4
Patient Advocate-----	Page 4
Pastoral Care/Chapel -----	Page 4
Free Interpretation Services-----	Page 4
Being an active member of your healthcare team---	Page 4
Consent and Release Forms-----	Page 5
Infection Control-----	Page 5
Hand washing -----	Page 6
Tobacco-Free Policy -----	Page 6
Complaints/Grievances -----	Page 6
Parking -----	Page 7
Gift Shop-----	Page 7
Cafeteria Hours -----	Page 7
Scheduling Outpatient Testing-----	Page 7
Billing and Insurance Process -----	Page 7
Charity Care-----	Page 8
Do Not Resuscitate (DNR) Orders-----	Page 8
Patient Visitation Rights -----	Page 10

Also included in this packet:

Deciding About Health Care (New York State Department of Health)

Health Care Proxy (New York State Department of Health)

Language Identification Tool (New York State Department of Health)

Patients' Rights and Responsibilities

Confidentiality

On April 14, 2003, Federal Privacy Standards known as Health Insurance Portability and Accountability Act (HIPAA) became effective to protect patients' medical records and other health information provided to insurance companies, doctors, hospitals and other healthcare providers. The rule gives patients the right to access their medical records and provides patients more control over how their personal health information is used and disclosed. Exceptions to the privacy rule are payment activities, treatment, and healthcare operations, for example, consent is not required to release medical records for continuity of care.

The Hospital is committed to protecting the medical information of our patients. As such, there may be times when the information given to friends and family may be restricted in order to protect the patients' medical information. In order to assist us with disclosure to patients' family members and friends, each patient is encouraged to assign a healthcare proxy, in the event that the patient is unable to give consent to release medical information.

Patient Responsibilities

You have a responsibility to:

1. Provide accurate and complete information related to your health.
2. Pain: Communicate and describe the severity of your pain, report new pain, collaborate with the health care professional in regards to changes in your pain relief.
3. Comply with instructions related to your care.
4. Assure that financial obligations of healthcare are fulfilled as promptly as possible.
5. Follow hospital rules and regulations affecting care and conduct.
6. Be considerate of the rights of other patients and personnel.
7. Be respectful of the property of other persons and of the hospital.
8. Be responsible for your actions, if you refuse treatment or do not follow provider's instructions.
9. Inform the hospital of advance directives concerning designations of a surrogate/agent to make healthcare decisions.
10. Recognize the impact of your lifestyle on your personal health.

Patients' Bill of Rights

As a patient in a hospital in New York State, you have the right, consistent with law to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders - A guide for Patients and Families."
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.

17. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the NYS Health Department. The hospital must provide you with the State Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

[Public Health Law (PHL) 2803 (1) (g) Patient's Rights, 10 NYCRR, 405.7, 405.7 (a) (1), 405.7 ©]

Safety Restraint Measures for Everyone's Benefit

If an incident arises where the patient's immediate safety and/or the well-being of others could be in jeopardy, our goal is to make every effort to prevent physical restraint of the patient. However, if restraint becomes necessary, Carthage Area Hospital is committed to using the least restrictive restraint for the least amount of time.

Pain Management

As a patient at Carthage Area Hospital, you have the responsibility to:

- Ask your doctor or nurse what to expect regarding pain and pain management
- Discuss pain relief options with your doctors and nurses
- Help your doctor and nurse assess your pain by using the pain scale.
- Ask for pain relief when pain first begins.
- Help your doctor and nurse access your pain.
- Tell your doctor or nurse if your pain is not relieved.
- Tell your doctor or nurse about any worries you have about taking pain medication

Patient Advocate:

A professional Social Worker is available at the main campus of Carthage Area Hospital. Should you need assistance with Advance Directives or if you have concerns you wish to discuss with a Social Worker, please feel free to contact them. They can be contacted at (315) 493-1000 ext. 2322 or ext. 2323. You are also welcome to stop at the main hospital campus, an appointment is not necessary. Their office is located across from the Acute Inpatient Unit. The Social Workers are available during regular business hours.

Pastoral Care/Chapel

The Pastoral Care Department is dedicated to providing spiritual and emotional support for patients and families. The Hospital has an interfaith chapel located in the same hallway as the cafeteria. It is open for prayer daily. Roman Catholic patients can arrange to receive Sacraments during their hospitalization.

Free Interpretation Services

Carthage Area Hospital and its affiliated clinics/services offer free interpretation services around the clock for patients who are unable to speak, write and/or understand the English language. A qualified interpreter fluent in the patient's primary language will be available in person or by telephone. This service may be requested through any Carthage Area Hospital staff. Questions and/or concerns may also be addressed to the Social Work office. Social Work can be contacted at (315) 493-1000 ext. 2322 or ext. 2323. The Social Workers are located on the main hospital campus; their office is located across from the Acute Inpatient Unit. Please feel free to stop by their office, no appointment necessary, during regular business hours. A TTY is located in the Social Work office.

Be an Active Member of Your Healthcare Team

- * If your physician prescribes any new medication for you, ask the physician to tell you the name of the medication and why you are taking it?
- * Before taking any medications, look at it. If it doesn't look familiar, ask why. The medication might be a generic form of the drug or it might be the wrong drug. By speaking up you can prevent a medication error
- * If you are having a surgical procedure, ask to have the surgical site marked with a permanent marker and to be involved in the site selection.

Consent and Release Forms

We will ask you to sign a general consent and release forms for treatment. Parents or guardians must sign for dependent minors. A legal or other responsible person will be asked to sign for patients who are unable to sign.

Infection Control

Multidrug-Resistant Organisms (MDROs)

Certain germs have become resistant to the medications (antibiotics) commonly used to treat them. Germs that resist treatment with more than one antibiotic are called multidrug-resistant organisms (MDROs for short). MDROs are found mainly in hospitals and long-term care facilities. They often affect people who are older or very ill, and can cause severe and even fatal infections.

What Causes MDROs?

Hard-to-kill (resistant) germs such as MDROs develop when antibiotics are taken longer than necessary or when they are not needed. At first, only a few germs may survive treatment with an antibiotic. The more often antibiotics are used the more likely it is that resistant germs will develop.

What Are The Risk Factors For MDRO Infections?

People in the hospital or long-term care facility are most likely to get an MDRO infection. The chance of infection is greater for those who receive long-term antibiotic therapy, have a weakened immune system, have had a recent operation, or have a medical device such as a urinary catheter (a soft tube placed in the bladder to drain urine).

How Do MDROs Spread?

Most often, MDROs spread from patient to patient on the hands of healthcare workers.

The germs can also be spread on objects such as bed rails, cart handles, TV remotes, telephones, and catheters.

What Types of Infections Do MDROs Cause?

MDROs can cause infections in almost any part of the body, including:

- Skin
- Lungs
- Urinary Tract
- Bloodstream
- Wounds

How Are MDRO Infections Treated?

MDRO infections are hard to treat because they don't respond to many common antibiotics, even the most powerful ones. Certain antibiotics can still help to control MDROs in most people. The doctor will try to find the type of MDRO causing the illness by ordering certain tests. The results of these tests can help them to choose the best antibiotic to treat the infection. Treatment with the wrong antibiotic can slow recovery and make the infection harder to cure.

What Is The Hospital Doing To Prevent MDROs?

Our hospital and nursing home takes these measures to help prevent MDRO infections:

- **Hand washing:** This is the single most important way to prevent the spread of germs. Healthcare workers wash their hands with soap and water or use an alcohol-based cleaner before and after treating each patient. They also wash their hands after touching any surface that may be contaminated and after removing protective clothing.
- **Protective Clothing:** Healthcare workers and visitors wear gloves, a gown, and sometimes a mask when entering the room of a patient with an MDRO infection. The clothing is removed before leaving the room.
- **Careful use of antibiotics:** Using antibiotics only when needed and for the shortest time possible helps prevent the growth of more antibiotic-resistant germs.
- **Private rooms:** Patients with MDRO infection are placed in a private room or share a room with others who have the same infection.
- **Daily Cleaning:** All patient care items, equipment, and room surfaces are properly cleaned and disinfected every day.
- **Vaccination:** People living in long-term care facilities may receive vaccines to help prevent complications of MDRO infections, such as pneumonia.
- **Monitoring:** Hospitals monitor the spread of MDROs and educate caregivers on the best ways to prevent it.

What Patients Can Do:

- Ask all hospital staff to wash their hands before touching you.
DON'T BE AFRAID TO SPEAK UP!!
- Wash your own hands often with soap and water or use an alcohol-based hand gel containing at least 60 percent alcohol.
- Ask that stethoscopes and other instruments be wiped with alcohol before they are used on you.
- If you have a urinary catheter, ask to have it removed as soon as it is no longer needed.
- Ask the nurse to clean the hub of the Intravenous catheter before she accesses it.

Tips For Good Hand washing:

- Use warm water and plenty of soap. Work up a good lather.
- Clean the whole hand, under your nails, between your fingers, and up the wrists.
- Wash for at least 15-20 seconds. Don't just wipe. Scrub well.
- Rinse, letting the water run down your fingers, not up your wrists.
- Dry your hands well. Use a dry paper towel to turn off the faucet and open the door.

Using Alcohol-Based Hand Gels:

Alcohol-based hand gels are also a good choice for cleaning your hands. Use them when you don't have access to soap and water or your hands are not visibly dirty. Follow these steps:

- Spread about a tablespoon of gel in the palm of one hand.
- Rub your hands together briskly, cleaning the backs of your hands, the palms, between your fingers, and up the wrists.
- Rub until the gel is gone and your hands are completely dry.

For Family and Friends:

Take these precautions when caring for someone who has an MDRO illness;

- Wash your hands well with soap and water or use an alcohol-based hand gel before or after any contact with the patient.
- Wear gloves if you touch body fluids. Discard the gloves after wearing them. Then wash hands well.
- Wash the patient's bed linen, towels, and clothing in hot water with detergent and liquid bleach.
- Clean the patient's room often with a household disinfectant. Or, make your own cleaner by adding 1/4 cup of liquid bleach to one quart of water.

If you have any questions or concerns relating to Infection Control, please ask your nurse to contact the Infection Control Department.

Tobacco-Free Policy

Because tobacco is a substantial obstacle in our quest for good health, we ask for your support of our Tobacco-Free Policy on all Carthage Area Hospital properties. This applies to all Carthage Area Hospital staff, patients, visitors, medical staff, students, volunteers, contractors, subcontractors and non-Carthage Area Hospital employees assigned to position on Carthage Area Hospital owned and/or leased property.

Complaints/Grievances

If you have a complaint, grievance or concern regarding your care, you may communicate your concern by one of the following methods:

1. Report it to a Staff Member on duty.
2. Report it to the Nurse Manager or the Nursing Supervisor.
5. Report it to the Quality Management Department at Ext. 2330.
6. Fill out a written grievance form. (Ask a staff member to get this for you) and submit it to the Quality Management Department.
7. Write your grievance on any paper and submit it to the Quality Management Department.
8. You will receive a written response to your grievance.
9. If you are not satisfied with the hospital's response you may contact the Department of Health at 1-800-804-5447 or The Joint Commission at 1-800-994-6610.

Parking

Visitor and handicapped parking is available either on the West Street entrance of the Hospital or Hospital Drive entrance. Several handicapped parking spots are located next to the Emergency Department entrance. Carthage Area Hospital is not responsible for any damage caused to a private vehicle and/or for any loss of personal articles from a private vehicle parked in the Hospital lots.

Carthage Area Hospital Auxiliary/Gift Shop

The Gift Shop is located next to the Skilled Nursing Facility. Directed by the Carthage Area Hospital Auxiliary, the Gift Shop offers a variety of gifts, personal items, reading materials, greetings cards and much, much more. The Gift Shop is staffed by volunteers so times of operation vary. Please stop by to check out this unique store. The Auxiliary welcomes new membership; anyone interested in joining should contact the Administration office.

For your convenience, there is a 24 hour automated teller machine (ATM) located near Central Registration.

Cafeteria Services:

Monday-Friday 7:00 a.m.-3:30pm

Saturday & Sunday 7:30 a.m.-3:30 pm

Even though cafeteria hours are stated above, staff will try to accommodate you as much as possible. The cafeteria is located in the same hall as the Chapel

Schedule Follow-up Tests Before Leaving

If your doctor wants you to have any follow-up testing done, you may schedule your tests before leaving the Hospital by calling 493-1000. Follow-up outpatient testing could include blood work, X-rays, CAT scan, EKG, ultrasound, etc.

Billing and Insurance

It will be necessary for you to make arrangements for paying your medical bills. Deposits may be requested for deductibles and coinsurance. Please bring your insurance card to all of your visits. If you do not have any insurance, you will be offered several options, from providing a deposit to applying for financial assistance. All patients are always held responsible for their bills, and a deposit covers some initial costs of services provided.

The Billing Process

In order to assist you, with the billing process we have prepared the following outline.

At the time of service, payment is requested for estimated deductibles, co-pay and non-covered items. Accepted forms of payment are: cash, major credit cards or personal checks made payable to Carthage Area Hospital.

Steps for billing your insurance:

Step 1 - Carthage Area Hospital will send your primary insurance carrier an itemized bill approximately ten to fifteen days after services are provided (Primary insurance carriers include: Medicare, Medicaid, Blue Cross, HMOs, commercial insurance, worker's compensation or no-fault).

Step 2 - After receipt of payment from the primary carrier (approximately 30 days after billing), your secondary insurance carrier will be billed for any balance. Upon receipt of this payment, your bill may be paid in full. *If account is not paid in full, step 3.*

Step 3 - There may still be an amount due to the Hospital that has not been covered by insurance. The Hospital may be notified by your insurance carrier anywhere from 30 to 60 days after service regarding amounts not covered and payable by the patient. Upon notification, the hospital will bill the patient or responsible party.

If you have any questions regarding services, there is a telephone number listed on all correspondence from the Hospital. Please feel free to call that number.

Physician Fees

Carthage Area Hospital's bill does not include any fees for the professional charges of your physician, surgeon or consulting physicians. In addition, the bill does not reflect any fees for the professional services of the anesthesiologist, radiologist, pathologist and some physician services. These services will be billed to you separately by the individual physicians or physician group.

Patient Financial Services and Charity Care

If there are any questions regarding your bill or if difficulty in settlement of your account is anticipated, a Patient Accounting Representative is available to assist you. Staff can assist you with setting up a payment plan and also provide information on our Charity Care program and help you apply if needed.

Deciding About Cardiopulmonary Resuscitation (CPR):

Do-Not-Resuscitate (DNR) Orders, A Guide for Patients and Families

What do CPR and DNR Orders Mean?

CPR - cardiopulmonary resuscitation - refers to the medical procedures used to restart a patient's heart and breathing when the patient suffers heart failure

CPR may involve simple efforts such as mouth-to-mouth resuscitation and external chest compression. Advanced CPR may involve electric shock, insertion of a tube to open the patient's airway and injection of medication into the heart.

A Do-Not-Resuscitate (DNR) order tells medical professionals not to perform CPR. This means that doctors, nurses and emergency medical personnel will not attempt emergency CPR if the patient's breathing or heartbeat stops.

DNR orders may be written for patients in a hospital or nursing home, or for patients at home. Hospital DNR orders tell the medical staff not to resuscitate the patient if cardiac arrest occurs. If the patient is in a nursing home or at home, a DNR order tells the staff and emergency medical personnel not to perform emergency resuscitation and not to transfer the patient to a hospital for CPR.

Why Are DNR Orders Issued?

CPR, when successful, restores heartbeat and breathing and allows a patient to resume his/her previous lifestyle. The success of CPR depends on the patient's overall medical condition. Age alone does not determine whether CPR will be successful, although illnesses and frailties that go along with age often make CPR less successful.

When patients are seriously ill or terminally ill, CPR may not work or may only partially work, leaving the patient brain-damaged or in a worse medical state than before their heart stopped. In these cases, some patients prefer to be cared for without aggressive efforts at resuscitation.

Can I request a DNR orders?

Yes. All adult patients can request a DNR order. If you are sick and unable to tell your doctor that you want a DNR order written, a family member or close friend can decide for you. Close friend is only when family is not involved.

Is my right to request or receive other treatment affected by a DNR order?

No. A DNR order is only a decision about CPR and does not relate to any other treatment.

Are DNR orders ethically acceptable?

It is widely recognized by healthcare professionals, clergy, lawyers and others that DNR orders are medically and ethically appropriate under certain circumstances. For some patients, CPR offers more burdens than benefits and may be against the patient's wishes.

Is my consent required for a DNR order?

Your doctor must speak to you before entering a DNR order if you are able to decide, unless your doctor believes that discussing CPR with you would cause you severe harm. In an emergency, it is assumed that all patients would consent to CPR. However, if a doctor decides that CPR will not work, it is not provided.

How can I make my wishes about DNR known?

During hospitalization, an adult patient may consent to a DNR order (in writing); orally or if two adult witnesses are present. When consent is given orally, one of the witnesses must sign in the presence of two adult witnesses. In addition, the Health Care Proxy Law allows you to appoint someone you trust to make decisions about CPR and other treatments if you become unable to decide for yourself.

Before deciding about CPR, you should speak with your doctor about your overall health and the benefits and burdens CPR would provide for you. A full and early discussion between you and your doctor will assure that your wishes will be known.

If I request a DNR order, must my doctor honor my wishes?

If you don't want CPR and you request a DNR order, your doctor must follow your wishes or:

- Transfer your care to another doctor who will follow your wishes, or
- Begin a process to settle the dispute if you are in a hospital or nursing home

If the dispute is not resolved within 24 hours, your doctors must enter the order or transfer you to the care of another doctor.

If I am not able to decide about CPR for myself, who will decide?

First, two doctors must determine that you are unable to decide about CPR. You will be told of this determination and have the right to object.

If you become unable to decide about CPR, and you did not tell your doctor or others about your wishes in advance, a DNR order can be written with the consent of the person highest on the following list:

Choose from the following list:

- Spouse (If not legally separated from the patient)
- Adult Child
- Parent
- Adult Sibling
- Close Friend
- If no one is available, physicians at facilities are allowed by law to make any type of decision without going to court.

How can I select someone to decide for me?

The Health Care Proxy law allows adults to select someone they trust to make healthcare decisions for them when they are no longer able to do so themselves, including decisions about CPR. You can name someone by filling out a healthcare proxy form.

Under what circumstances can a family member or close friend decide that a DNR order should be written?

A family member or close friend can consent to a DNR order only when you are not able to decide for yourself and you have not appointed a healthcare agent to decide for you. Your family member or friend can consent to a DNR order when:

- you are terminally ill; or
- you are permanently unconscious; or
- CPR will not work (would be medically futile); or
- CPR would impose an extraordinary burden on you given your medical condition and the expected outcome of CPR.

Anyone deciding for you must base the decision on your wishes, including your religious and moral beliefs, or if your wishes are not known, make decisions in your best interest.

What if members of my family disagree?

In a hospital or nursing home, your family can ask that the disagreement be mediated. Your doctor can request mediation if he or she is aware of any disagreement among your family members.

What if I lose the ability to make decisions about CPR and do not have anyone who can decide for me?

A DNR order can be written if two doctors decide that CPR would not work or if a court approves of the DNR order. It would be best if you discussed your wishes about CPR with your doctor in advance.

Who can consent to a DNR order for children?

A DNR order can be entered for a child with the consent of the child's parents or guardian. If the child is old enough to understand and decide about CPR, the child's consent is also required for a DNR order.

What happens if I change my mind after a DNR order has been written?

You or anyone who consents to a DNR order for you, can revoke consent for the order by telling your doctor, nurses or others of the decision.

What happens to a DNR order if I am transferred from a nursing home to a hospital or vice versa?

Upon admission to the facility, you will be examined by a practitioner who will discuss your DNR status with you to decide whether the order should remain or be cancelled. If the doctor decides to cancel the DNR order, you or anyone who decided for you will be told and can ask that the DNR order be entered again.

If I am at home with a non-hospital DNR order, what happens if a family member or friend panics and calls an ambulance to resuscitate me?

If you have a non-hospital DNR order and family members show it to emergency personnel, they will not try to resuscitate you or take you to a hospital emergency room for CPR.

What happens to my DNR order if I am transferred from a hospital or nursing home to home care?

The order issued for you in a hospital or nursing home will not apply at home. You, your healthcare agent or family member must specifically consent to a non-hospital DNR order. If you leave a hospital or nursing home without a non-hospital DNR order, a DNR order can be issued by your primary care physician for you at home.

Patient Visitation Rights

1. Carthage Area Hospital will respect the patient's visitation rights.
2. Visitation Rights include, subject to patient consent, the right to receive the visitors whom he/she designates, including, but not limited to, a support person, a spouse, a domestic partner (including a same sex domestic partner), another family member or a friend.
 - A patient's support person could be a family member, friend, or other individual who supports the patient during the course of the hospital stay. Not only may the support person visit the patient, but he or she may also exercise a patient's visitation rights on behalf of the patient with respect to other visitors, when the patient is unable to do so. The hospital must accept the patient's designation, orally or in writing, of an individual as the patient's support person.
3. Visitation shall be non-restricted unless it has been determined to be clinically necessary or:
 - To protect patient or others when there may be an infection issue.
 - To protect patient when the hospital is aware of that there is an existing court order restricting contact.
 - To protect the patient or others from injury.
 - To prevent deterioration of the patient's condition,
 - To prevent infringement or on the rights or care of other patients.
 - To prevent damage to the environment.
 - To support the wishes and requests of the patient.
4. Patients shall be informed of their visitation rights, including any clinical restriction or limitation on such rights, upon admission and have the right withdraw or deny such consent at any time.
5. Visitors shall not be restricted, limited or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
6. Visitors shall enjoy full and equal visitation privileges consistent with patient preferences.