



# ARMC PATIENT INFORMATION/ ADMISSION PACKET

*Our Mission is to provide quality health care to the community*

## **YOUR RIGHTS AS A PATIENT AT ARROWHEAD REGIONAL MEDICAL CENTER**

**About ARMC:** One of Southern California's premier hospitals. ARMC is located 50 miles east of Los Angeles at the foot of the San Bernardino Mountains. ARMC was founded as a charity hospital in 1877. Today it is a newer, progressive, 456-bed teaching hospital with a Level II Trauma Center and Burn Center. The hospital is conveniently located off Interstate 10, just minutes away from several major cities and attractions in Southern California.

### **Our Goal**

Our goal is to provide you with quality medical care which is satisfactory to you. If you have a concern or complaint about the service, please tell us. Remember, if we do not know about your concern, we cannot take care of it.

### **Communication Services**

To ensure effective communication with Patients and their Companions who are deaf or hard of hearing, we provide appropriate auxiliary aids and services free of charge, such as: sign language and oral interpreters, video remote interpreting services, TTYs, note takers, computer-assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices and systems, telephones compatible with hearing aids, televisions with caption capability or closed caption decoders, and open and closed captioning of most ARMC programs. Services are available twenty-four (24) hours a day, seven days a week. Please ask your nurse or other ARMC Personnel for assistance, or contact the ADA Coordinator at (909) 580-1000 (voice or TTY).

### **To Resolve an Issue, Grievance, or Complaint**

First, ask your doctor or nurse for help. Often your problem can be solved immediately. If you are not satisfied or if others need to be involved, the supervisor will be contacted. If possible, the supervisor will resolve the complaint or will refer it to the person who can. You May contact the Grievance Coordinator at (909) 580-3535 or by e-mail [patientadvocate@armc.sbcounty.gov](mailto:patientadvocate@armc.sbcounty.gov) if you wish to file a formal complaint.

## **YOUR RIGHTS AS A PATIENT... (con't)**

Complaints may also be directed to the State of California

**Department of Public Health, Licensing and Certification, San Bernardino District Office**

464 West 4<sup>th</sup> Street, Suite 529

1-855-804-4205

San Bernardino, CA 92395

CDPH\_LNC\_SFS@cdph.ca.gov

### **Patient Responsibilities**

You are Responsible for:

- Providing your care giver with complete, accurate information about your health and your past medical history.
- Asking your caregivers questions when you do not understand what treatment you are receiving or why.
- Cooperating in a considerate, courteous manner with hospital personnel.
- Being considerate of other patients.
- Keeping all scheduled appointments.
- Making appropriate arrangements to pay for services received and to comply with those arrangements.

### ***Patients or his/her representative have the right to:***

- Participate in the development and implementation of his or her plan of care.
- Have his/her representatives (as allowed under state law) make informed decisions regarding his/her care. The patient's rights include being informed of his/her health status, being involved in care planning and treatment, and being able to request or refuse treatment. A physician informs the patient or his/her representatives on the medical consequences of his/her refusal of any drugs, treatment, or procedure. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- Have a family member or representative of his or her choice, and his or her own physician notified promptly of admission to the hospital.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- The confidentiality of his/her clinical records pertaining to patient's care and stay in the hospital. To the extent required by law, written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the patient's care. The patient will receive a separate "Notice of Privacy Practices" that explains their privacy rights in detail and how we may use and disclose their protected health information.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

## **YOUR RIGHTS AS A PATIENT... (con't)**

- Be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services
- Have assistance in obtaining consultation with a physician other than the attending physician;
- Leave the hospital even against the advice of physicians to the extent permitted by law.
- Receive as much information about any proposed treatment or procedures as needed in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- Know the professional status of any person providing his/her care/services.
- Know the reasons for any proposed change in the Professional Staff responsible for his/her care.
- Know the reasons for his/her transfer either within or outside the hospital.
- Know the relations(s) of the hospital to other persons or organizations participating in the provision of his/her care.
- Access to the cost, itemized when possible, of services rendered within a reasonable period of time.
- Examine and receive an explanation of the bill regardless of the source of payment, including information regarding the source of the facility's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.
- Be informed of the source of the hospital's reimbursement for services, and of any limitations which may be placed upon his/her care.
- Be informed of the right to have pain treated as effectively as possible.
- Receive the education needed to understand his/her pain and its treatment
- Access information contained in his/her clinical records within a reasonable time frame. The hospital must 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.
- Receive notice of his/her beneficiary discharge rights and notice on non-coverage rights. To receive a copy of their right to appeal premature discharge.
- Receive appropriate assessment of pain and optimum management of pain.
- Know a hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. The hospital staff must:

## **YOUR RIGHTS AS A PATIENT... (con't)**

- Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her others rights under this section
- Inform each patient (or support person) where appropriate of the right, subject to his or her consent, to receive the visitors whom he or she designates, including but not limited to a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
- Not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
- The patient's family has the right of informed consent for donation of organs and tissues.
- Have provided to terminal patients and families all measures to assure comfort by treatment of symptoms, pain management and the acknowledgement of the psychological, social, emotional, cultural and spiritual concerns.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the identity of persons providing the care.
- Be informed of continuing health care requirements following discharge from the hospital and the means for meeting them.
- Select any post-hospital extended care providers, as long as they can provide appropriate care needed, such as hospice, home health care and nursing home placement.
- Know which hospital rules and policies apply to their conduct while a patient.
- Have access to an interpreter or communication assistive devices.
- Quality, considerate and respectful care given by competent personnel and to expect that professional standards are continually maintained.
- Exercise of these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status, or the source of payment for care.
- Considerate and respectful care.
- Receive information about the illness, the course of treatment and prospects for recovery in terms that the patient can understand.
- Have all patients' rights apply to the person who may have legal responsibility to make decision regarding medical care on behalf of the patient.
- Be informed of the grievance process including whom to contact to file a grievance.  
The patient advocate phone number is (909) 580-3535.

## **YOUR RIGHTS AS A PATIENT... (con't)**

- Be informed that if they are not satisfied with the quality of care they received, they may contact: **California Department of Public Health, 464 West 4<sup>th</sup> Street, Suite 529, San Bernardino, Ca 92401. (909) 383-4777**

**AND/OR**

**Office of Quality and Patient Safety**

**The Joint Commission**

**One Renaissance Boulevard**

**Oakbrook Terrace, Illinois 60181**

**Fax: (630) 792-5636**

**Email: <mailto:patientsafetyreport@jointcommission.org>**

REV. 1/2018

## **CODE BLUE**

**BE INFORMED:** Experience has demonstrated to the medical community that many patients and their families are unaware of a very important basic policy decision that might need to be made regarding the treatment of hospitalized patients- that of whether to resuscitate or not. All hospitalized patients will receive cardio pulmonary resuscitation (CPR) as treatment for cardiopulmonary arrest, unless a 'Do Not Resuscitate' order is written prior to the arrest. You may one day be faced with the choice – whether you or a loved one should receive resuscitation. We realize this choice will not be easy; therefore, the following information has been provided to define frequently used terms and to answer some of your questions.

**CARDIOPULMONARY RESUSCITATION:** This is an emergency procedure consisting of artificial breathing and manual chest compressions performed in an attempt to revive a patient who has no heartbeat and is not breathing.

**CODE BLUE:** This term is used to describe the call for a special team of doctors, nurses and technicians to start CPR, give medications, and activate emergency equipment when a patient develops a cardiopulmonary arrest. The call for help goes out over the public address system and by beepers.

**NO CODE BLUE:** This is a hospital term for 'Do Not Resuscitate'. It is a written order issued by the patient's doctor stating the patient's wish that the medical staff not begin CPR when breathing or heart activity has stopped. The patient and the family will be fully informed of the details of both the patient's disease and prognosis.

Should the decision be made to NOT perform CPR, then and only then, will the doctor write the 'Do Not Resuscitate' order. This order can be changed. The patient's condition is reviewed at least every 24 hours, and frequently more often. 'NO CODE' does not mean that medical or nursing care is withheld. To the contrary, the utmost in care and comfort will continue to be provided.

**TERMINALLY ILL:** This describes a patient who is diagnosed as being incurable. The patient may be awake, alert, and incurable, or may be in a 'persistent vegetative state; and incurable.

## **CODE BLUE... (con't)**

**CRITICALLY ILL:** This describes a patient who is dangerously ill but who may very well survive and recover fully.

**INTUBATION:** This is a procedure in which a flexible plastic tube is inserted into the windpipe through the mouth or nose in order to deliver oxygen and allow suctioning of secretions. It may be necessary if the patient cannot breathe on his/her own.

**RESPIRATOR OR VENTILATOR:** This is a machine used to substitute for or assist with breathing when the patient cannot breathe effectively on his/her own. The machine is doing the breathing for the patient. Without the respirator or ventilator, the patient may cease breathing

**PACEMAKER:** This is an electrical device that sends an electrical impulse to the heart causing a heartbeat. An external pacemaker may be needed after CPR if the heart fails to effectively beat on its own.

**LIFE-SUSTAINING TREATMENT:** This includes any medical procedure and/or machine that serve to support or prolong the life of the patient. There are legally recognized ways for an adult person to express in writing his preference regarding initiation, maintenance, and/or withdrawal of life-sustaining treatment.

**DEFIBRILLATION:** This is an electrical treatment that corrects the heart when it is not beating correctly. This may be part of CPR. It is accomplished by the use of two large round metal 'paddles' placed on the chest. When the doctor or nurse pushes a button, a brief electrical impulse will be discharged to the heart and may restore the patient's normal heartbeat.

We hope this information has provided answers to some of your questions. Our doctors and nurses are always available to discuss this with. We care about you!

*[Source: Prepared by the Professional Practice Committee, Department of Nursing, ARMC]*

REV. 03/1999

## **QUIT CLINIC**

### **(SMOKING CESSATION PROGRAM)**

**The smoking cessation program** is a series of three (3) two-hour sessions offered each month. Sessions are on the first three (3) Tuesdays of the month from 2:00-4:00 pm.

**Group Counseling** by Physicians and Nurse Practitioners

Located at Arrowhead Regional Medical Center (ARMC), 400 N. Pepper Ave, Colton Ca, 92324  
(room location varies)

## QUIT CLINIC (con't)

**Medication treatment** is recommended and available depending on eligibility. Most people qualify! (Medications offered are: Zyban, Nicotine Patches, and Chantix).

### HOW CAN I SIGN UP?

**For class dates and availability: please call (909) 580-6167**

### HOW CAN I QUIT?

- Some smokers do not quit because they SAY they lack 'willpower'. Quitting successfully is NOT just a matter of willpower; but also your willingness to try new ways of managing life WITHOUT smoking. We call the 'problem-solving' or 'skill-building'. We'll help you to be more aware of your own 'triggers' and better ways of handling them without smoking.
- **There is no *one* magic way to quit!** – BUT – there are a variety of 'tools' you can learn to help you be in more control of the situation. We hope we can help you learn some of these ideas.

### SOME THINGS TO THINK ABOUT BEFORE YOUR FIRST 'QUIT CLINIC' CLASS....

- **Recognize** that you may have a small setback, but that DOES NOT mean that you are a smoker again
- **Plan** how to AVOID smoking in a repeat situation, which caused you to relapse
- **Do not look back** - Think about the EFFORT you have already invested into quitting & continue with it.
- **Tell Yourself** – 'I'm not going to let this effort go to waste. I'm still going to be a nonsmoker!'

### QUICK QUIT TIPS

#### What are the hazards of smoking?

- Smokers die 5-8 years earlier than people who do not smoke. Smoking is the major cause of preventable deaths in the U. S.
- Smokers and their families have a two-times greater risk of fatal heart disease, and a two-to-three times greater chance of stomach ulcers, and more chance of many types of cancer besides just lung cancer (throat, mouth, esophagus, pancreatic, kidney, bladder, cervical).

- Smoking gives you ‘delicate’ bones so that you are more likely to suffer from bone fractures, known as ‘osteoporosis.’
- Smokers and their families and pets tend to get colds and other respiratory infections more than nonsmokers.

### **QUIT CLINIC (con’t)**

- Increased blood pressure is another danger of smoking.
- Smoking also complicates sleep disorders & chronic pain syndromes.
- Smoking affects pregnant women and their unborn children. Smoking mothers have a greater risk of miscarriage and stillbirth. It is the main preventable cause of fetal death and disease.
- Infants of smokers weigh less at birth. They also have more respiratory infections, a higher risk of chronic ear infections, and poor lung function.

#### **What happens to my body after I quit smoking?**

**Your body will start to heal and cleanse itself within the first 12 hours!** Your lungs and heart begin immediately to repair the damage caused as the levels of nicotine and carbon monoxide decline rapidly. Within the first 2-4 days your sense of taste and smell will return. Usually the ‘smoker’s hack’ will disappear during this time, and you will notice that you can breathe easier. You will feel more energetic, stronger, and clear-headed. Congratulations!

**Of course, not everyone will feel so wonderful upon quitting smoking.** Some people will experience withdrawal symptoms, such as edginess, short temper, desire for the nicotine ‘lift’, fluid retention, sleep irregularity, or sore gums or tongue. These symptoms are temporary and indicate your body is kicking the habit. You might need extra support at this time.

---

*[Sources: Duke University – QuitSmart Stop Smoking Class, Robert Shipley, Ph.D. ‘Helping Smokers Get Ready to Quit’ (American Lung Association), and Smoking and Health Fact Sheet (Cancer Information Service); ‘Clearing the Air; A guide to Quitting Smoking/ (National Institute of Health, Office of Cancer Communications]*

#### **FIRST: GET READY TO QUIT!**

- ❖ Make a list of all the reasons why you want to quit.
- ❖ Notice when and why you smoke. Try to identify the ‘triggers’ in your daily life that make you want to smoke. Have a management plan before you quite!
- ❖ Change your smoking habits. Smoke a different brand, use your opposite hand. Make smoking inconvenient while at home.
- ❖ When you want a cigarette, delay it for one minute.
- ❖ Set a date for quitting. Choose a date when there is as little stress in your life as possible. Tell at least one other person.

#### **SECOND: MAKE YOUR QUIT DAY SPECIAL!**



- ❖ Plan the day so that it is different from a typical day. Have breakfast someplace new or jog first thing in the morning.
- ❖ Throw away all your cigarettes, ashtrays, and lighters.
- ❖ When you get the urge to smoke – remember the 4-Ds:

*Drink water, Deep breath, Delay, Do something else!*

### **QUIT CLINIC (con't)**

- ❖ Carry some substitute with you (gum, hard candy, etc)
- ❖ Tell your friends you have quit & tell them how they can help you.
- ❖ Be specific. Make a bet with a friend that you can quit, put aside the money that you'll save by not smoking – it's a fortune!

### **THIRD: PROBLEM-SOLVE HOW TO STAY QUIT!**

- ❖ Quitting smoking requires lifestyle changes. For example, brush your teeth after eating, take a walk at the most difficult time of the day, and meet your friends in places where there is 'no smoking'.
- ❖ Do not worry if you are more irritable than usual: these symptoms will pass. Medication treatments such as Nicotine Replacements (gum or patches) and a special pill called 'Zyban' can help.
- ❖ Be more physically active. This is very important in the treatment of addictions. Exercise will make you feel better and will keep pounds off. Some smokers do gain weight while they are quitting, but not all quitters. You'd have to gain an extra 100 pounds to be as unhealthy as smoking.
- ❖ If you smoke at bars, avoid going for the first few weeks and/or months you're trying to quit. Later, switch drinks to 'scramble' the relationship between smoking and alcohol.
- ❖ Eat regular meals to avoid hunger & sweets. Feeling hunger is sometimes mistaken with a desire to smoke. When snacking, try low calories snacks like air-popped popcorn or fresh vegetables.

REV. 08/2015

# HAND HYGIENE SAVES LIVES - A Patient's Guide

## Hand Hygiene is the #1 way to prevent the spread of infections

**You can take action** by practicing hand hygiene regularly and by asking those around you to practice it as well. You and your loved ones should clean your hands very often, especially after touching objects or surfaces in the hospital room, before eating, and after using the restroom. Your healthcare provider should practice hand hygiene every time they enter your room.

**It only takes 15 seconds** of using either soap and water or an alcohol-based hand rub to kill the germs that cause infections. Use soap and water when your hands look dirty; otherwise, you can use alcohol-based hand rub. You, your loved ones, and your healthcare providers should practice hand hygiene.

**To Prevent Hospital Infections** - In the United States hospital patients get nearly 2 million infections each year. That's about 1 infection per 20 patients! Infections you get in the hospital can be life-threatening and hard to treat. All patients are at risk for hospital infections. You can take action by asking both your healthcare providers and visitors to wash their hands.

**To Make a Difference in Your Own Health** - Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard-to-treat infections, such as methicillin-resistant *Staphylococcus aureus*, or MRSA.

You and Your Family/Visitors Should Practice Hand Hygiene	Healthcare Providers Should Practice Hand Hygiene *
<ul style="list-style-type: none"> <li>• Before preparing or eating food.</li> </ul>	<ul style="list-style-type: none"> <li>• Every time they enter your room</li> </ul>
<ul style="list-style-type: none"> <li>• Before touching your eyes, nose, or mouth.</li> </ul>	<ul style="list-style-type: none"> <li>• Before putting on gloves.</li> <li>• [<i>Wearing gloves is not enough to prevent the spread of infection</i>]</li> </ul>
<ul style="list-style-type: none"> <li>• Before and after changing wound dressings or bandages.</li> </ul>	<ul style="list-style-type: none"> <li>• Before and after changing wound dressings or bandages.</li> </ul>
<ul style="list-style-type: none"> <li>• After using the bathroom.</li> </ul>	<ul style="list-style-type: none"> <li>• After removing gloves.</li> </ul>
<ul style="list-style-type: none"> <li>• After blowing your nose, coughing, or sneezing.</li> </ul>	<p><i>*If you already have an infection, your healthcare providers may take special measures (isolation precautions) to prevent the spread of your infection to others. They might enter your room wearing protective equipment (e.g. gloves, gown, or mask). You do not need to ask them to clean their hands because they should have done it before they put on gloves.</i></p>
<ul style="list-style-type: none"> <li>• After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.</li> </ul>	

## HAND HYGIENE INSTRUCTIONS:

With Soap and Water	With an Alcohol-Based Rub
<ol style="list-style-type: none"><li>1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel–or quarter–sized amount of soap to your hands.</li><li>2. Rub your hands together until soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under your fingernails.</li><li>3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the “Happy Birthday” song twice.</li><li>4. Rinse your hands well under running water.</li><li>5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.</li></ol>	<ol style="list-style-type: none"><li>1. Follow directions on the bottle for how much of the product to use.</li><li>2. Rub hands together and then rub product all over the top of your hands, in between your fingers and the area around and under your fingernails.</li><li>3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.</li></ol>

### Use Soap and Water

- When your hands look dirty.
- After you use the bathroom.
- Before you eat or prepare food.

### Use and Alcohol-Based Rub

- When your hands do not look dirty.
- If soap and water is not available.

***Products that kill germs should contain 60% to 95% ethanol or isopropanol (types of alcohol), are fast-acting and convenient.***

### You Can Make a Difference in Your Own Health

- Healthcare providers know they should practice hand hygiene, but they sometimes forget. Most welcome your friendly reminder.
- Ask healthcare providers to practice hand hygiene in a polite way – tell them that you know how easy it is for people to get infections in the hospital and that you don’t want it to happen to you.

CDC acknowledges the following partners in the development of the *Hand Hygiene Saves Lives* video: the Association for Professionals in Infection Control and Epidemiology and Safe Care Campaign. This information was developed with support from the CDC Foundation and Kimberly-Clark Corporation



## **PATIENT FINANCIAL SERVICES INFORMATION**

ARMC provides financial assistance to individuals based on income, assets, and needs. If you do not have health insurance, have excessive out-of-pocket medical expenses, or worry you won't be able to pay for your care, we may be able to help you.

The Financial Assistance Program at ARMC provides assistance for all your outstanding medical accounts. Eligibility to this program entitles you to continue to receive care either for free or at a reduced rate, and to enter you in a monthly payment agreement for any balance you may owe. The dollar amount of the monthly payment agreement is based on your "ability to pay." Please be aware that ARMC may forward any unpaid medical bill(s) to a collection agency and that this may result in an adverse effect on your credit rating. Qualification for financial assistance and compliance with payment arrangements will protect you from negative credit reporting, wage garnishments, or liens being placed against your primary residence.

You may apply for assistance in person at the Medical Office Building, Patient Accounts Department located in the 2<sup>nd</sup> floor suite # 215. The reception desk is open Monday through Friday between the hours of 8:00 am and 5:00 pm (except holidays). You may also receive information by calling 1-877-818-0672 Monday through Friday between the hours of 9:00 am and 4:00 pm (except holidays).

Rev. 03/2014

## **YOUR RIGHT TO MAKE DECISIONS ABOUT MEDICAL TREATMENT**

This information explains your rights to make health care decisions and how you can plan what should be done when you cannot speak for yourself. A federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

**WHO DECIDES ABOUT MY TREATMENT?** Your doctor will give you information and advice about treatment. You have the right to choose. You can say 'Yes' to treatments you want. You can say 'No' to any treatment you don't want – even if the treatment might keep you alive longer.

**HOW DO I KNOW WHAT I WANT?** Your doctor must tell you about your medical condition and about what different treatments can do for you. Many treatments have 'side effects'. Your doctor must offer you information about serious problems that medical treatment is likely to cause you. Often, more than one treatment might help you – and people have different ideas about which is best. Your doctor can tell you when treatments are available to you, but your doctor can't choose for you. That choice depends on what is important to you.

## **YOUR RIGHT TO MAKE DECISIONS... (con't)**

**WHAT IF I'M TOO SICK TO DECIDE?** If you can't make treatment decisions, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time, that works. But sometimes everyone doesn't agree about what to do. That's why it is helpful if you say in advance what you want to happen if you can't speak for yourself. There are several kinds of 'advance directives' that you can use to say *what* you want and *who* you want to speak for you.

**WHO CAN FILL OUT THIS FORM?** You can fill out the form if you are 18 years or older and of sound mind. You do not need a lawyer to fill it out.

**WHO CAN I NAME TO MAKE MEDICAL TREATMENT DECISION WHEN I'M UNABLE TO DO SO?** You can choose an adult relative or friend you trust as your 'agent' to speak for you when you're too sick to make your decisions.

**WHAT IF I DON'T HAVE ANYBODY TO MAKE DECISIONS FOR ME?** You can use another kind of advance directive to write down your wishes about treatment. This is often called a 'living will' because it takes effect while you are alive but have become unable to speak for yourself. The California Natural Death Act lets you sign a living will called a DECLARATION. Anyone 18 years or older and of sound mind can sign one.

When you sign a DECLARATION, it tells your doctors that you don't want any treatment that would only prolong your dying. All life-sustaining treatment would be stopped if you were terminally ill and your death was expected soon, or if you were permanently unconscious. You would still receive treatment to keep you comfortable, however. The doctor must follow your wishes about limiting treatment or turn your care over to another doctor who will. Your doctors are also legally protected when they follow your wishes.

**WHERE CAN I GET THE FORM(S)?** One kind of advance directive under California law lets you name someone to make health care decisions when you can't. This form is called a DURABLE POWER OF ATTORNEY FOR HEALTHCARE.

At ARMC, a blank copy of the ADVANCE HEALTH CARE DIRECTIVE form can be printed for you by any clerk in the hospital or in the clinics. This form allows you to name another individual as agent to make health care decisions for you, defines who will qualify as that agent on your behalf, and covers the decisions the agent may make on your behalf.

**ARE THERE OTHER LIVING WILLS I CAN USE?** Instead of using the DECLARATION in the Natural Death Act, you can use any of the available living will forms. You can use a DURABLE POWER OF ATTORNEY FOR HEALTH CARE form without naming an agent. Or, you can just write down your wishes on a piece of paper. Your doctors and family can use what you write in deciding about your treatment. But living wills that don't meet the requirements of the Natural Death

## **YOUR RIGHT TO MAKE DECISIONS... (con't)**

Act don't give as much legal protection for your doctors if a disagreement arises about following your wishes.

**WHAT IF I CHANGE MY MIND?** You can change or revoke any of these documents at any time as long as you can communicate your wishes.

**DO I HAVE TO FILL OUT ONE OF THESE FORMS?** No. You do not have to fill out any of these forms if you don't want to. You can just talk with your doctors and ask them to write down what you've said in your medical chart. And you can talk with your family. However, people will be clearer about your treatment wishes if you write them down, and your wishes are more likely to be followed according to your desires if they are written.

**WILL I STILL BE TREATED IF I DON'T FILL OUT THESE FORMS?** Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you. Remember that.

- ✓ A DURABLE POWER OF ATTORNEY FOR HEALTH CARE lets you name someone to make treatment decisions for you. That person can make most medical decisions- not just those about life-sustaining treatment- when you can't speak for yourself. Besides naming an agent, you can also use the form to say when you would and wouldn't want particular kinds of treatment.
- ✓ If you don't have someone you want to name to make decisions when you can't, you can sign a NATURAL DEATH ACT DECLARATION. This DECLARATION says that you do not want life-prolonging treatment if you are terminally ill or permanently unconscious.

**HOW CAN I GET MORE INFORMATION ABOUT ADVANCE (HEALTHCARE) DIRECTIVES?** Ask your doctor, nurse, or social worker to get more information for you. If you have already provided for such a situation by signing legal documents, please tell your nurse or doctor. You must also give them a copy of any documents you have signed. We have formal policies that describe how we ensure that your wishes are carried out.

You and your doctor may decide that you need surgery, which is done in the operating room. At Arrowhead Regional Medical Center (ARMC), all appropriate resuscitation efforts will be carried out if necessary in both the operating room and recovery room. If you have directed that you not be resuscitated, your request will be temporarily suspended while you are in the operating room or recovery room. If you are not in agreement with this, your surgery will not be performed at ARMC and you will be assisted in making other arrangements for transfer of your care to another doctor at another hospital.

The Social Service department will provide specific information upon request. For further information, call (909) 580-6360. Complaints concerning the advance directive requirements may be filed with the California

[Sources: The California Consortium on Patient Self-Determination prepared the preceding text which has been adapted by the California Department of Health Services to implement Public Law 101-508] REV. 02/1999

## **HIV TESTING INFORMATION**

An HIV test may be ordered during your hospital visit. The initial HIV test is an antibody screen for previous exposure to Human Immunodeficiency virus. This process tests for the presence of antibody to HIV—1 and HIV—2 which are the most common causes of Acquired Immunodeficiency Syndrome.

If the test is negative and your doctor feels you are still at risk, a repeat test should be performed. If the HIV AB screen is indeterminate, this test should also be repeated.

A positive test result will be followed with a second test to confirm the findings. If the test to confirm the finding is also positive, your physician will discuss the numerous treatment options available.

You have the right to decline any HIV test.

If you have any questions regarding HIV testing or your results from a test, please contact your Primary Care Physician (PCP), or speak to the physician providing your care today.

REV. 09/2015

## **INLAND EMPIRE HEALTH INFORMATION EXCHANGE (IEHIE)**

### **WHY HEALTH INFORMATION EXCHANGE IS IMPORTANT**

- Better patient care because a provider has a full picture of key aspects of your condition;
- Better quality and safety of care when a provider does not have to guess about your medications, diagnoses or allergies;
- Critical time saved in the emergency room, and;
- Less likelihood of unnecessary tests or duplication of tests

**What is the IEHIE?** The Inland Empire Health Information Exchange (IEHIE) is a secure computer system for doctors, hospitals, health plans and other providers to share important health information to improve patient care. IEHIE combines information from separate organizations to create a single electronic patient health record, allowing caregivers to quickly access the information they need to make more informed decisions about your care, especially in an emergency. Medical records are already shared through fax, email and mail. IEHIE makes it easier, faster, and more secure to share that information.

**What type of information is sent to IEHIE?** A patient's IEHIE record includes allergies, alerts, visits history (encounters), medications, appointments, insurance information, clinical documents, laboratory results, immunizations and radiology reports. To make sure health



## **INLAND EMPIRE HEALTH INFO... (con't)**

information is entered into the right record; the system includes name, address, and date of birth, gender, phone number and medical record numbers from the sites of care.

**Who has access to my information in the IEHIE?** All information in the system is encrypted making it unreadable by hackers, and is sent over a private network. Only caregivers, such as doctors and hospitals, can use the system. The system keeps track of who has looked at each patient's record, including when the record was viewed and what specific parts were viewed. Patients can request a report of this information by contacting IEHIE or filling out the online audit request form.

**May I access/view my own information in the IEHIE?** Yes. IEHIE includes a patient portal that allows you to log in and see information that your doctor has released. A patient portal is a web-site whose purpose is to allow you to securely access/view your health care information, as well as provide educational materials and other useful resources. Once the portal is available in your area, your provider or other participating provider(s) can give you information on how access the web-site.

### **Is there anyone I can ask if I look for my medical information and can't find it?**

Your first call should be to your provider. He or she must release your health care information to the IEHIE patient portal in order for the information to be visible to you.

If your provider has released the information but you still cannot see it, you should contact the IEHIE help desk at [info@iehie.org](mailto:info@iehie.org)

**What do I do if I want to 'opt out' of the IEHIE system?** The easiest way to 'opt out' of the IEHIE system is to call the IEHIE. Participation with IEHIE is voluntary. Your choice in regard to participation will not affect your ability to access medical care. As with any electronic system, there is a risk of unauthorized access or misuse of information. If you feel that the risks outweigh the benefits, you may choose not to participate or 'OPT OUT'. When you opt out, IEHIE removes access to your health information and displays only demographic information needed to make sure no health information is visible. You can 'OPT OUT' of the system at any time and IEHIE makes it very easy to do so. Please be aware that opting out means that your medical information will not be visible through the IEHIE to help your participating provider coordinate your care. Your provider will also have a form available to 'OPT OUT' of IEHIE. Once you 'OPT OUT', none of your health information will be visible regardless of the clinical site you visit.

You may 'OPT IN' at any time if you wish to have your information made available again at a later date. Opting back in will allow all of your information to be once again available to the appropriate medical staff. If you have opted out and wish to opt back in, you must notify your provider or hospital and complete the required form.

## **INLAND EMPIRE HEALTH INFO... (con't)**

NOTE: The Patient Portal also provides a patient with the ability to opt out or opt in to the IEHIE under the Consent section.

**IEHIE PRIVACY NOTICE:** You are receiving this Notice of Privacy Practices in addition to the Privacy Notice you have received from your health care provider. The purpose of this notice is to advise you that the Inland Empire Health Information Exchange (IEHIE) may facilitate electronic sharing of your personal health information among your health care providers and health plans, in order for your medical treatment and payment to be based on as complete a record as possible. If you do not wish to share your personal health information electronically between your doctor and other providers, request an 'OPT OUT' form from your provider, sign, date and return the form to your provider. Or you can simply contact the IEHIE directly at the phone number or email below.

You may opt out at any time. When you opt out of the IEHIE your caregiver(s) will then need to request a copy of your records be transferred by other means such as fax or email.

You may opt back in at any point by contacting the IEHIE or completing an 'OPT IN' form. All health information in the system will then become available to the provider of care.

Inland Empire HIE, 3993 Jurupa Avenue, Riverside, CA 92506. Phone: 951-686-1326

Fax: 951-686-1692; E-Mail: [info@iehie.org](mailto:info@iehie.org)

REV. 03/2014

## **YOUR RIGHT TO RECEIVE VISITORS**

You have the right to receive visitors and to designate a person to support you while you receive care in the hospital. We do not restrict, limit, or otherwise deny visitation privileges on the basis on race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. Visitors enjoy full and equal visitation privileges consistent with your preferences.

Your right to have visitors may be limited or restricted when visitation would interfere with your care and/or the care of other patients. Circumstances that may provide a basis to impose restrictions or limitation on visitors include (but are not limited to) when:

- There may be infection control issues
- Visitation may interfere with the care of other patients
- The hospital is aware that there is an existing court order restricting contact
- Visitors engage in disruptive, threatening, or violent behavior of any kind
- The patient or patient's roommate(s) need rest or privacy
- In the case of an inpatient substance abuse treatment program, there are protocols limiting visitation

## **YOUR RIGHT TO RECEIVE VISITORS (con't)**

- The patient is undergoing care intervention
- Visitation is otherwise clinically contraindicated

We may need to limit the number of visitors for any one patient during a specific period of time, as well as establish minimum age requirement for child visitors when reasonably necessary to provide safe care.

You will be informed of the reason for any restriction or limitation of visitors.

The number of visitors and length of visitation may be limited in specific care setting such as intensive care units and post-operative/invasive recovery areas due to your care needs, the level of required medical care, and limited bedside space.

General visitor access to area where newborn infants and pediatric patients are housed is limited due to security concerns and the need to protect these vulnerable populations.

Due to care and safety concerns, visitation is not permitted during the performance of operative, invasive, or other high-risk procedures.

To protect patient privacy, visitation is generally not permitted when a patient is receiving personal care such as toileting, bathing, etc.

### **You also have the right to:**

- Consent to receive visitors you have designated, either orally or in writing, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend;
- Withdraw or deny your consent to receive specific visitors, either orally or in writing at any time.

**ABOUT YOUR SUPPORT PERSON:** A 'support person' is someone who can help you and provide emotional support during your time with us. This person does not necessarily have to be the same person as your representative (if you have one) who is legally responsible for making medical decisions on the patient's behalf.

A support person could be a family member, friend, or other individual who supports the patient during the course of care, treatment, or service.

Not only may your support person visit you, but he or she may also exercise your visitation rights on your behalf with respect to other visitor if you are unable to do so.

## YOUR RIGHT TO RECEIVE VISITORS (con't)

### VISITING HOURS & INFORMATION:

CARE SETTING	OTHER INFORMATION
Emergency Department	Visiting is limited to 2 people at a time
Critical Care Areas	Visiting is limited to 2 people at a time
Post-Anesthesia Care Unit (Recovery)	Visiting is limited to 1 person. No visitors under 14 years of age.
Labor & Delivery (L&D)	Support persons are welcome according to the preference of the laboring woman. Supervised siblings may visit.
Mother/Baby & Newborn Nursery (NBN)	Visitors are encouraged to come to the Mother/Baby Unit. Only parents and banded people may visit in the Newborn Nursery
Neonatal Intensive Care Unit (NICU)	Visitors must be at least 14 years of age. Siblings must be at least 3 years of age <u>and</u> have proof of current immunization.
Pediatrics	A parent or support person over the age of 18 can stay with the child.
Behavioral Health	Visitors must be 18 years or older: Visiting hours: Weekdays from 6:00 pm – 8:00 pm Weekends & Holidays from 2:00 pm – 4:00 pm <i>and</i> 6:00pm – 8:00pm

REV. 08/2014

## YOUR RIGHT TO TRANSITIONAL CARE

While you are a patient here at Arrowhead Regional Medical Center, you have the right to request a discharge evaluation to make sure that you leave the hospital safely and to ensure you receive the appropriate care after discharge.

**DISCHARGE PLANNING:** From the moment you are admitted to Arrowhead Regional Medical Center (ARMC), our staff work as a team to help prepare you for your discharge. Various members form you discharge team will meet with you during your hospital stay and review information about your post-hospital care in detail.

In order to provide a comprehensive discharge plan, please tell your nurse and/or physician if you have any obstacles and/or barriers to return to your previous residence. Obstacles include but are not limited to the following:

- Live alone with little or no support system
- Require placement outside of the home due to a physical, mental, and/or psychiatric condition
- Unable to perform personal care needs (ie: bathing, eating, cooking, walking, etc)

## **YOUR RIGHT TO TRANSITIONAL CARE (con't)**

To help coordinate the recommendations made by your health care team, a member of the Case Management/ Social Services department will work with and for you and your family to help you make arrangement for medical, physical and emotional needs you may have as your care is continued in other settings.

**COMMUNITY RESOURCES:** By calling 1-800-772-1213, you can use the automated telephone services to get recorded information and conduct some business 24 hours a day.

**Aging and Adult Services, San Bernardino County:**  
686 E. Mill Street, San Bernardino, Ca 92415 Phone: (909) 891-3900

**In Home Support Services: (909) 891-3700**

**Public Guardian – Conservator: (909) 798-8500**

**San Bernardino Resource Database: 211**

**Community Care Licensing: (951) 782-4207**

**Nursing Home, Home Health Quality Ratings:** Medicare Nursing Home Compare  
<http://www.medicare.gov/default.aspx>

**California Nursing Home Compare:** <http://www.calnhs.org/>

**California Long Term Care Quality Ratings:** <http://www.calqualitycare.org/>

**Medicare Home Health Compare:**  
<http://www.medicare.gov/HomeHealthCompare/search.aspx>

## **MY ARMC HEALTH**

*Your Health Information in one place*

Access and manage your health information easily and securely 24/7 with

Arrowhead Regional Medical Center's **My ARMC Health Patient Portal**.

View your information with just a few simple clicks using your smart phone, tablet or computer.

**Get Started Today! Go to:** <https://www.arrowheadmedcenter.org/> to enroll and learn more.

## Immunization Registry Notice to Patients and Parents

Immunizations or ‘shots’ prevent serious diseases. Tuberculosis (TB) screening tests help to determine if you may have TB infection and can be required for school or work. Keeping track of shots/TB tests you have received can be hard. It’s especially hard if more than one doctor gave them. Today, doctors use a secure computer system called an *immunization registry* to keep track of shots and TB tests. If you change doctors, your new doctor can use the registry to see the shot/TB test record. It’s your right to choose if you want shot/TB test records shared in the *California Immunization Registry*.

### How Does a Registry Help You?

- Keeps track of all shots and TB tests (skin tests/chest x-rays), so you don’t miss any or get too many
- Sends reminders when you or your child need shots
- Gives you a copy of the shot/TB record from the doctor
- Can show proof about shots/TB tests needed to start child care, school, or a new job

### How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies use the registry to:

- See which shots/TB tests are needed
- Prevent disease in your community
- Remind you about shots needed □ Help with record-keeping

### Can Schools or Other Programs See the Registry?

Yes, but this is limited. Schools, child care, and other agencies allowed under California law may:

- See which shots/TB tests children in their programs need
- Make sure children have all shots/TB tests needed to start child care or school

### What Information Can Be Shared in a Registry?

- patient’s name, sex, and birth date
- limited information to identify patients
- parents’ or guardians’ names
- details about a patient’s shots/TB tests

What’s entered in the registry is treated like other private medical information. Misuse of the registry can be punished by law. Under California law, only your doctor’s office, health plan, or public health department may see your address and phone number.

### Patient and Parent Rights

It’s your legal right to ask:

- not to share your (or your child’s) registry shot/TB test records with others besides your doctor
- not to get shot appointment reminders from your doctor’s office
- to look at a copy of your or your child’s shot/TB test records
- who has seen the records or to have the doctor change any mistakes

If you DO want your or your child’s records in the registry, do nothing. You’re all done.

If you DO NOT want your doctor’s office to share your immunization/TB test information with other registry users, tell your doctor or download a “Decline or Start Sharing/Information Request Form” from the CAIR website (<http://cairweb.org/cair-forms/>) and FAX or email it to the CAIR Help Desk at **1-888-436-8320** or [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov).

For more information, contact the CAIR Help Desk at 800-578-7889 or [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov)

*\* By law, public health officials can also look at the registry in the case of a public health emergency.*

California Department of Public Health: Med Office IZ Registry Disclosure Letter rev 7/13 IMM-891 E/S

# RAPID ASSESSMENT TEAM

## *Addressing the needs of the patient in case of a medical emergency*

**OUR TEAM:** Each member of the Arrowhead Regional Medical Center’s clinical care team is well trained and committed to providing the best clinical care possible. Concerns related to routine patient care should always be directed to your nurse or other health care team member.

But we understand that patients or their families may have concerns about their condition or the type of care being provided. In response to those concerns, to eliminate problems, and in the interest of patient safety, we have created a “Rapid Assessment Team” for patients, family or visitors to call for assistance.

This team was created to address the needs of the patient in case of a medical emergency.

**WHEN TO CALL THE TEAM:** If something is of concern, you should always try to communicate with your nurse first. If a noticeable medical change occurs and you feel that the health team is not recognizing your concerns, you should activate the Rapid Assessment Team by dialing “44444” on any ARMC telephone. This will connect you directly to the security department, who will initiate the process. Our team will assess the situation and call in any additional health professionals who are needed to assist with the evaluation and treatment of the patient.

Information you should convey to the team includes your name, the name and location of the patient, and your specific concern. The Rapid Assessment Team is another way we demonstrate that we want our patients and families to know they are our partners in care. Please direct your questions to one of our healthcare providers.

<b>Rapid Assessment Team</b>
<b>DIAL 44444</b> ON ANY ARMC TELEPHONE
IF A NOTICEABLE MEDICAL CHANGE OCCURS AND YOU FEEL THAT THE HEALTH TEAM IS NOT RECOGNIZING YOUR CONCERNS, YOU SHOULD ACTIVATE THE RAPID ASSESSMENT TEAM.

**INTERVENTION:** The Rapid Assessment Team can be activated in an emergency for the benefit of the patient by the patient, employees or the patient’s family.

REV. 02/2016