



# Patient Handbook

2021

 **Amberwell**  
ATCHISON

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ATCHISON, KS 66002  
913-367-2131  
[AMBERWELLHEALTH.ORG](http://AMBERWELLHEALTH.ORG)

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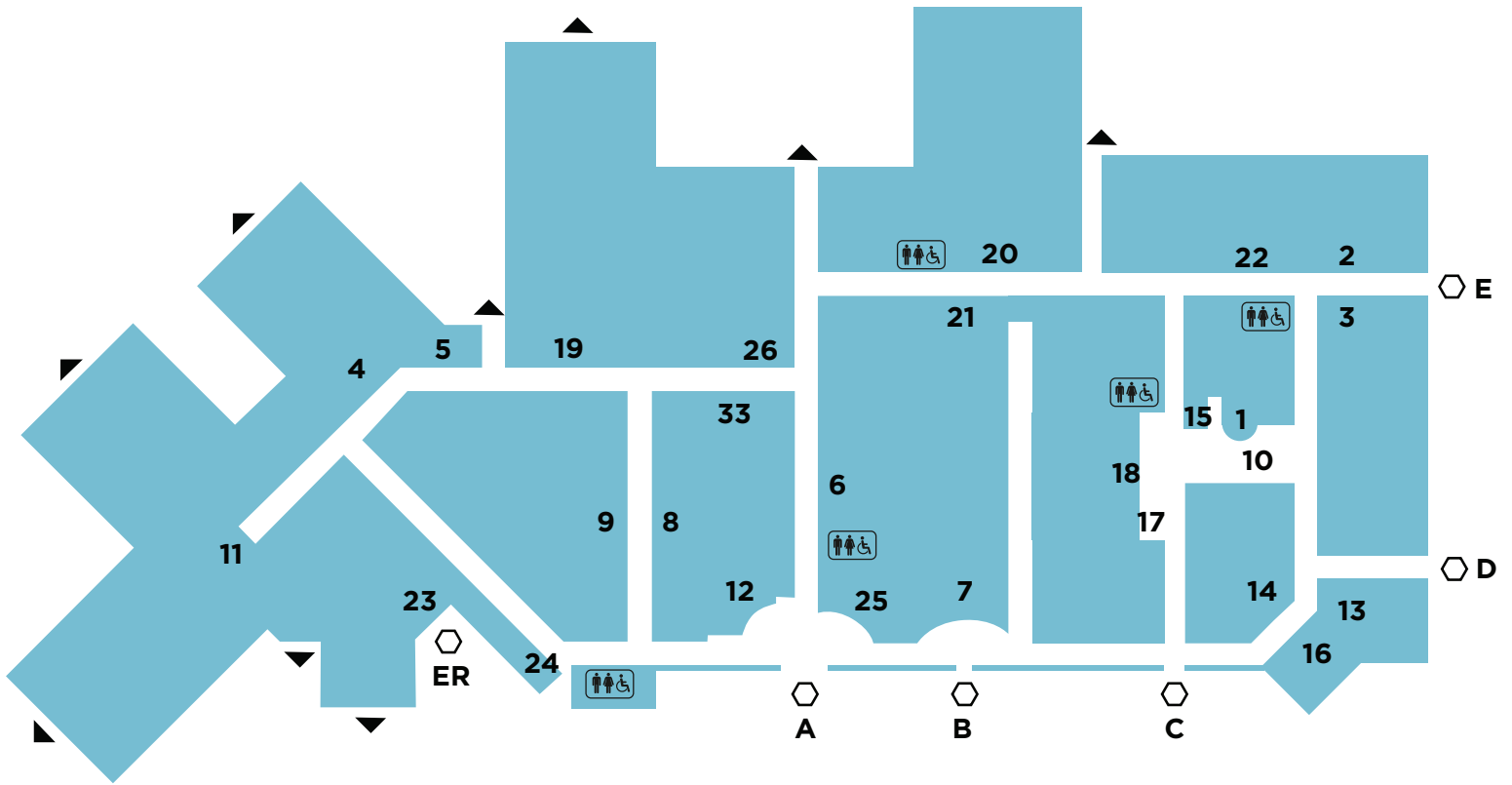


Welcome to Amberwell Atchison. We are pleased you have chosen us for your health care needs. Our goal is to make your visit as safe and comfortable as possible.

**Our Mission**

Amberwell Health provides compassionate care with clinical excellence.

# AMBERWELL ATCHISON PATIENT MAP



- 1. Primary Care Check-In
- 2. Orthopedic Care
- 2. Surgical Care
- 3. Sports Medicine
- 3. Occupational Health Services
- 4. OB Patient Rooms
- 5. OB Waiting Room
- 5. Surgery Waiting Room
- 6. Cafeteria
- 7. Courtyard

- 8. Laboratory Services
- 8. Lab/Radiology Waiting Area
- 9. Radiology Services
- 10. Green Waiting Area
- 11. Inpatient Rooms
- 12. Admitting
- 13. KU Health
- 14. Mosaic Lifecare
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- 17. Blue Waiting Area

- 18. Walk-in Care Check-in
- 19. Surgery Check-in
- 20. Physical/Occupational Therapy
- 21. Cardiac Rehab
- 22. Administration
- 23. ER Waiting Area
- 24. Chapel
- 25. Gift Shop
- 26. Medical Records



- ⬡ Public Entrance
- ▼ Emergency Exit

## Quick Guide to Your Visit

Main Number	913-367-2131
Patient Accounts	913-360-5589
Interpreter Services	available upon request
Meal Service, using in-room phone	913-360-5888
Patient Relations	913-360-5540
House Supervisor after 6:00pm	913-426-3883
Pharmacy	913-360-5326
Spiritual Care and Chaplaincy	available upon request
Walking Escorts on Campus after 6:00pm	913-370-5083

**Patient Rights and Grievance Procedures:** Patient rights, responsibilities, and grievance procedures can be found on page 16-18.

**Long-Distance Phone Calls:** For credit card, operator assistance, third party bill or collect, dial 9. 0, #, wait for the tone, then dial the # again and wait for instructions.

**For Calling Card:** Dial 9 and follow card instructions

**Patient Meals:** You may order a meal between 7:30 am and 6:00 pm from the menu in your room. Because we specially prepare many meals it could take up to 45 minutes for delivery of your order. Some items may not be available, based on your doctor's instructions. If you are admitted after hours an alternate meal will be available for you. Guest meals are available for an additional fee and charged to your hospital bill.

**Visiting Hours:** A designated partner in care is welcome to stay with you 24 hours a day. If that person is staying overnight, please let your nurse know.

Additional guests are welcome from 8:00 am to 8:00 pm. Children under 12 can visit if they are accompanied by an adult. Children are not allowed to stay overnight. Guests must not be ill, with colds, flu, or other contagious conditions, and must respect infection control policies. There may be times when visitation may have to be restricted due to clinical restrictions or public health concerns.

**Language Services and Sign Language:** Please ask your nurse for assistance and arrangements will be made for needed services.

**When You Need Immediate Attention:** We recognize that family members may notice changes in your condition that may not be obvious to staff members. Talk to the nurse right away if you have concerns. If you cannot reach the nurse, contact the nurse manager or House Supervisor.

**Patient/Family Concerns:** At any time, should you or your family have any concerns or problems, please ask to speak to the charge nurse, nurse director, or house supervisor.

**Smoke-Free Campus:** Amberwell Atchison is a Tobacco-free campus. Tobacco is not allowed on Amberwell property.

## **Your Room**

### **Privacy**

You can expect all care providers to knock before entering your room and to acknowledge you upon entry.

### **Housekeeping**

The staff takes pride in cleaning your room with professionalism and in a polite manner. Should you need additional housekeeping assistance or should you like the housekeeper to focus on a particular area of your room, please inform a member of your care team.

### **Toiletries**

Please let a member of your care team know if you need additional toiletries such as shampoo, toothpaste, or toothbrushes, or extra towels, bedspread, pillows, etc.

### **Television**

Information about how to operate your television and what channels are available is at your bedside.

### **Phone**

Dial 9+ the number to place a telephone call from your room. Your family and friends may call your room directly. The telephone number to your room is on the telephone in your room.

### **Meals**

Please feel free to order off your custom room service menu between the hours of 7:30 a.m. and 6:00 p.m. If you are admitted after hours, an alternate meal is available for you. Your meal choices will be aligned with your dietary orders.

### **Service Animals**

Amberwell Atchison welcomes your service animal during your inpatient visit. However, if the service animal poses a health risk, is not housebroken or is out of control, we may ask you to make other arrangements. Documentation of vaccination will be required. Personal pets may also be allowed to visit with a physician order. For more detailed information, please contact the charge nurse or nurse manager.

## **Communication Resources**

### **Communication board**

A communication board in your room is used to share information about your care.



## **Bedside Shift Report**

To promote good communication, Amberwell Inpatient Services participates in bedside reports. This means the nurse going off duty shares important information at your bedside with you and your family, and with the nurse who is coming on duty. If you have any questions during this bedside shift report, do not hesitate to ask them.

## **Call light**

A call light is available in your room that notifies a member of the nursing team that you need assistance.

## **CareShare code**

No information or updates about your health will be provided over the telephone without the caller providing your CareShare security code, which you are given upon admission. We recommend identifying a primary person to be your contact for updates and extended family communication.

## **WiFi**

You and your visitors may use the wireless network named "AH-Guest". No password is required; however, each user must accept the Amberwell Health Wireless Agreement to access the Web.

## **Education Materials**

Education resources regarding specific diagnosis and procedures are available to help you feel comfortable with your care plan. You can request these materials from a member of your care team.

## **Patient Portal**

Our Patient Portal allows access to your latest lab and x-ray test results, prescription lists, and upcoming appointments. You can also communicate with your provider securely via the portal. Proxy access also may be given so that parents, guardians, spouses, and other caretakers can use the portal regarding your care. You can register and learn more about the patient portal at <https://amberwellhealth.org/patient-portal/>.

## **Pain Management**

This pain scale can also be found on the whiteboard in your room for easy reference. We want to make you as comfortable as possible and reduce any pain you may have during your hospital stay. Staff members will ask you about your pain using the scale referenced above. A rating of "0" means no pain while a rating of "10" means the worst pain you have ever had. There are many ways to control pain beyond taking medications so please discuss your pain and options for reducing it with your healthcare team.

# **Important Stay Information**

## **Personal electronics**

If you brought any personal electric appliances into the hospital (radio, electric razor, hair dryer, or other small appliance), for safety reasons, prior to use: 1) the items must be checked by the maintenance department and 2) your nurse should be notified. Electric blankets are not allowed.

## **Noise levels**

Rest is essential for recuperation. As you or your guests enter patient care areas, please speak softly, silence cell phones, and lower the volume on other electronic devices. If there are concerns with the noise levels near your room, please notify your care team member.

## **Tobacco-free campus**

Amberwell Atchison is a tobacco-free campus. We prohibit the use of tobacco products (cigarettes, cigars, pipes, smokeless tobacco, or any electronic cigarette) in both indoor and outdoor areas of the hospital grounds.

Your nurse will contact your physician to get an order for nicotine substitutes if you feel you need them. We can also offer information on how to quit smoking to you, your family, or visitors. You can access the Smoke Free Kansas website ([http://www.kssmokefree.org/quitting\\_help.html](http://www.kssmokefree.org/quitting_help.html)) or call the toll free number found at KanQuit 1-800-784-8669.

## **Valuables**

Please send any valuables you brought with you home with a family member if at all possible. Do not keep your wallet, credit cards, checkbook, money, or other valuables in your room. There may be times when you will be out of your room for tests or surgery. Amberwell Health cannot be responsible for lost or stolen articles or money left in your room.

If you cannot send your valuables home with your family, you can deposit them in our safe. You will be given a receipt for all items in the safe. You can withdraw any or all of these items during your hospital stay, by contacting your nurse.

You are responsible for your personal items such as dentures, eyeglasses, contact lenses, and hearing aids. If you wear dentures, you will be given a container to keep them in when you are not wearing them. Please do not wrap your dentures in tissue, clothing, or any other item, or place them under your pillow. Please take special care to safeguard your glasses, contact lenses, and hearing aids.

# **For Your Protection and Safety**

## **Electronic medical records**

Amberwell Health uses an Electronic Medical Record. The use of electronic medical records keeps your information private and allows for improved coordination of your care between areas of the hospital and your doctor's office.

## **Identification bracelet**

You will be given a patient identification bracelet and may also be given other colored bracelets to wear during your stay. These bracelets are used to ensure that you get the proper tests, treatments, and medications. The different colored bracelets communicate special orders or needs you have to all staff.

## **CareShare code**

You will be provided a CareShare security code upon admission for you to share with your designated spokesperson. No information or updates regarding your health will be provided over the telephone without the CareShare security code being provided.

## **Building restrictions**

Some areas of the building have limited access and special security measures. Please observe these restrictions.

## **Photography and video**

Photography and video are not permitted within the facility without specific permission.

## **Fall prevention**

Please allow us to assist you with getting out of your wheelchair, with your crutches, or moving about the hospital. We want to avoid falls or accidents. Any staff will be happy to help you.

## **Employee badge**

All hospital staff wear name badges with their name and professional status that should be readily visible to you. If you cannot see a name badge, don't hesitate to ask the employee about it.

## **Infection prevention**

Proper hand washing or use of a hand sanitizer is the number one way to prevent infections. If you do not see your care team performing hand hygiene please feel free to remind them before they assist you.

## **Medication list**

Please keep an updated record of all your home medications and present a copy to your nurse. Write down the name of the medication, dosage, and how often you take it. If you take over-the-counter medications, vitamins, or herbal supplements, please include them in your list of medications.

## **Medications from home**

Do not bring your medications from home unless specifically told to do so by your nurse or physician. If you will need to take a medication from home, the nursing staff will store them and give them to you when needed.

## Care Team

You will be cared for by a team of providers including hospitalist, specialist, nursing staff and support staff that may include Dietary, Radiology, Laboratory, Cardiopulmonary, Physical, Occupational, Speech Therapies, Social Services, and Case Management.

You and Your Family	You, the patient, and your immediate family are the center of your health care team.
Hospitalist	These board-certified physicians manage your inpatient care and work together with the Care team, specialists, surgeons, and your primary care physician.
Nursing Staff	These licensed professionals have primary responsibility for your care and direct the care by provided by other members of the nursing team. They may be assisted by nursing students.
Support Staff	These professionals provide respiratory, physical, occupational, and speech therapies; radiology, laboratory, dietary, case management, social, and chaplaincy services.
Anesthesia Providers	These highly trained professionals are licensed to administer anesthesia and manage your care during your surgical procedure

## Family and Visitor Information

### Family support

You may define your family and how they will be involved in care, care planning, and decision making. Family members provide support, comfort, and important information during your hospital stay and in the transition to home and community care.

### Family visiting hours

Family and other partners in care are welcome 24 hours a day.

### Children

Children under 12 must be accompanied by an adult while in the building. Children will not be allowed to stay overnight.

### Visitor restrictions

There may be times when visitation may have to be restricted due to clinical restrictions or public health concerns. You and your family will be advised of these restrictions.

## **Visitor identification**

Visitors may be asked to identify themselves for the protection of patients and staff.

## **OB visitors**

Family and friends are not allowed to wait in the hallways of the OB department and are requested to use the family waiting room next door to the OB department. Children under 12 visiting the Maternal & Child Care/Obstetrics (OB) department must be accompanied by a responsible adult (not the patient). Children under 12 will not be allowed to stay overnight.

## **Labor/Delivery/Recovery visitors**

Up to three visitors are allowed during labor at your request. During delivery, no more than two persons may be in the room. We encourage the presence of the baby's father and another support person during delivery. Siblings will be allowed to visit after the birth but are not able to spend the night.

## **Visitor parking**

Parking is free and your family and visitors are welcome to park in the parking lot at the front of the hospital. We ask that when your visitors come to see you, they do not use the parking lot designated for emergency room patients.

## **Visitor meals**

Your family and visitors are welcome to eat in the hospital cafe which is open from 7:30 a.m. to 5:30 p.m. daily. Vending machines are also located in the cafeteria.

Breakfast            7:30 a.m. to 9:00 a.m.

Lunch                11:00 a.m. to 1:30 p.m., Monday through Friday

Lunch                11:00 a.m. to 1:00 p.m., weekends

Grab and go        7:30 a.m. to 5:30 p.m. every day

Your family should not bring food into your room for you without checking with your nurse first. One guest tray will be provided for a parent that is staying with a pediatric patient.

## **Tobacco-free campus**

Amberwell Atchison is a tobacco-free campus. We prohibit the use of tobacco products (cigarettes, cigars, pipes, smokeless tobacco, or any electronic cigarette) in both indoor and outdoor areas of the hospital grounds.

## **Other Hospital Services**

### **Gift shop**

Our gift shop is operated by auxiliary volunteers and is located in the front lobby. The gift shop hours are 9:00 a.m. to 4:00 p.m. Monday through Friday. If the hours are changed, they will be posted on the gift shop door.

### **Spiritual Care and Chaplain Services**

Chaplaincy services are available to all patients and their families for emotional and spiritual support regardless of your religion. To arrange a pastoral/chaplain visit ask a member of your care team.

The Chapel is located next to the lobby and is available 24 hours a day.

### **Hearing, Speech, Visual Impairments, or Other Disabilities**

If you need assistance with hearing, speech, visual, or other impairments, our staff will work with you to determine what aids or services are available to assist you.

### **Notary Services**

If you need help finding someone legally empowered to witness signatures and certify a document. Ask a member of your care team to contact a notary for you.

### **Translators**

The hospital has a contract with a telephone interpreter line for our patients whose primary language is not English.

### **Advance Directives**

- Why would you want an advance directive?
- Who would make decisions for you if you couldn't speak for yourself?
- Do your doctor and family know what kind of end-of-life healthcare you would accept if you couldn't communicate?

Advance directives allow you to answer these questions in advance, in writing, before any crisis, while you are thinking clearly and able to make well-thought-out decisions.

An advance directive is a very important tool to help you communicate your healthcare wishes. If you would like to obtain a HealthCare Treatment Directive and a Caring Conversations brochure developed by the Center for Practical Bioethics, please contact the Social Work Department at 360-5597.

Our social workers will be happy to answer your questions, help you complete your directives, notarize them, and have them placed in your medical record. There is no charge for this valuable service at Amberwell Atchison.

## **Financial Assistance**

Amberwell Health provides a significant amount of services at no charge or reduced cost to eligible persons who cannot pay for care. Discounts for qualified patients are based on a percentage of the Federal Poverty Guidelines. The guidelines are updated annually.

To inquire about financial assistance, please call 913-360-5533. More information about our Financial Assistance options is also available on our website at [amberwellhealth.org](http://amberwellhealth.org).

Not all services are provided and billed by Amberwell Health. Therefore, the patient will need to discuss financial options and payments with those individual companies; including but not limited to professional radiology and pathology.

## **Discharge Planning**

Your care team will meet on a regular basis to plan your discharge care and work with you and your family to provide the best continuing care. In addition, a discharge planning evaluation can be completed at your request. You and your caregiver (family member or friend who may be helping you) are important members of the planning team. You and your caregiver can use the Discharge Planning Worksheet in Appendix B to prepare for discharge. You have the right to appeal your discharge and processes vary based upon your insurance provider. Please notify a member of your care team for assistance.

## **Patient Choice Statement**

Your Hospitalist may recommend facility, home care services, or equipment to assist you in the transition from hospital to home. Should the Hospitalist order such services, we will arrange all referrals to meet your needs according to your choices. By Federal Law you have the right to select your post hospital care providers.

Your insurance company may have preferred providers with whom they have a contract. If you choose another care provider, this may affect your insurance coverage

We can make home health arrangements for you with Amberwell Health at Home, a full-service provider of home health services. Amberwell Health at Home also provides Hospice services. *Amberwell Health has financial interest in this program.*

We provide a full list of area providers and will provide a list for your review.



## Medicare Information

If you need help choosing a home health agency or nursing home:

- Talk to a member of your care team.
- Visit [Medicare.gov](https://www.Medicare.gov) to compare the quality of home health care agencies, nursing homes, dialysis facilities, and hospitals in your area.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you think you're being asked to leave a hospital or other health care setting (discharged) too soon:

You may have the right to ask for a review of the discharge decision by the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) before you leave. A BFCC-QIO is a type of quality improvement organization (a group of doctors and other health care experts under contract with Medicare) that reviews complaints and quality of care for people with Medicare. To get the phone number of your BFCC-QIO, visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts) or call 1-800-MEDICARE. You can also ask the staff for this information. If you're in a hospital, the staff should give you a notice called "Important Message from Medicare", which contains information about your BFCC-QIO. If you don't get this notice, ask for it.

For more information on your right to appeal, visit [Medicare.gov/appeals](https://www.Medicare.gov/appeals) or visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view the booklet "Medicare Appeal."

## Medicare Resources

The agencies listed here have information on community services (like home-delivered meals and rides to appointments). You can also get help making long-term care decisions. Ask the staff in your health care setting for more information.

### **Area Agency on Aging (AAAs) and Aging and Disability Resource Centers**

**(ADRCs):** Helps older adults, people with disabilities, and their caregivers. To find the AAA or ADRC in your area visit the Eldercare Locator at [eldercare.gov](https://www.eldercare.gov) or call 1-800-677-1116.

**Medicare:** Provides information and support to caregivers of people with Medicare. Visit [Medicare.gov/campaigns/caregiver/caregiver.html](https://www.Medicare.gov/campaigns/caregiver/caregiver.html).

(Medicare Resources Continued)

**Long Term Care (LTC) Ombudsman Program:** Advocates for and promotes the rights of residents in LTC facilities. Visit [ltcombudsman.org](http://ltcombudsman.org).

**Senior Medicare Patrol (SMP) Programs:** Works with seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error, and abuse. To find the local SMP program visit [smppre-source.org](http://smppre-source.org).

**Centers for Independent Living (CILs):** Helps people with disabilities live independently. For a state-by-state directory of CILs, visit [ilru.org/html/publications/directory/index.html](http://ilru.org/html/publications/directory/index.html)

**State Technology Assistance Project:** Has information on medical equipment and other assistive technology. Visit [resna.org](http://resna.org) or call 1-703-524-6686 to get the contact information in your state.

**National Long Term Care Clearinghouse:** Provides information and resources to plan for your long-term care needs. Visit [longtermcare.gov](http://longtermcare.gov).

**National Council on Aging:** Provides information about programs that help pay for prescription drugs, utility bills, means, health care, and more. Visit [benefits-checkup.org](http://benefits-checkup.org).

**State Health Insurance Assistance Programs (SHIPs):** Offers counseling on health insurance and programs for people with limited income. Also helps with claims, billing, and appeals. Visit [Medicare.gov/contacts](http://Medicare.gov/contacts) or call 1-800-MEDICARE (1-800-633-4227) to get your SHIP's phone number. TTY users call 1-877-486-2048.

**State Medical Assistance (Medicaid) Office:** Provides information about Medicaid. To find your local office, visit [Medicare.gov/contacts](http://Medicare.gov/contacts) or call 1-800-MEDICARE (1-800-633-4227).

This Discharge Planning Worksheet is adapted from CMS Product No. 11376, from the CMS. The information is correct as of August 2014. To get more current information visit [Medicare.gov](http://Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY user should call 1-877-486-2048.

If you are a Medicare recipient, you signed a copy of this letter on admission. This copy is provided in this booklet for you.



# Patient Rights and Responsibilities

**As a patient at Amberwell Atchison, you have the following rights:**

- To have fair access to care to the extent that it is available and medically necessary, regardless of gender, race, color, religion, age, national origin, sexual preference, mental or physical disability, disease process, or source of payment for care.
- To participate in the development and implementation of your plan of care.
- You or your representative have the right to make informed decisions regarding your care, be informed of your health status, be involved in care planning and treatment, and be able to request or refuse treatment.
- To formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- To have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- To personal privacy.
- To receive care in a safe setting.
- To be free from all forms of abuse or harassment.
- To the confidentiality of your clinical records and the right to access information contained in your clinical records within a reasonable time frame.
- To 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.
- To be fully informed of and to consent or refuse to participate in any unusual, experimental, or research project without compromising your access to services.
- To know the professional status of any person providing your care and services.
- To have your expressed personal, cultural, and spiritual values and beliefs considered when treatment decisions are made.
- To know the reasons for any proposed change in the professional staff responsible for your care.
- To know the reason for your transfer within or outside the hospital.
- To know the relationship of the hospital to other persons or organizations participating in the provision of your care.
- To be involved in discharge planning including options and choices of agencies to provide services.
- To have access to the cost, itemized if possible, of services rendered within a reasonable amount of time.

- To be informed of the source of the hospital's reimbursement for your services and of any limitations that may be placed upon your care.
- To be informed of the right to have pain treated as effectively as possible.
- To be informed of visitation rights, including any clinical restriction or limitations on such rights, in advance of furnishing patient care if possible.
- To be informed of the right, subject to your consent, to receive visitors whom you designate. You also have the right to withdraw or deny consent to visit to whomever you wish.
- To not have visiting privileges restricted, limited, or denied based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- To be assured that all visitors will enjoy full and equal visitation privileges consistent with your preferences.
- To utilize any alternative means of communication, when medically indicated, for hearing or visually impaired patients, as well as obtaining a translator for patients that speak a language other than English.
- To receive prompt attention to any reasonable complaint; and to file a grievance if it pertains to your treatment at this facility.
- To complain about your care without fear of recrimination or penalty. To have your complaints reviewed and when possible, resolved.
- To request consultation with the Amberwell Health Ethics Committee and to participate in making of ethical decisions regarding your care.

**As a patient at Amberwell Atchison, you have the following responsibilities:**

- For giving the physician/hospital accurate, complete information about your symptoms, past illnesses, and prior hospitalizations.
- For reporting any changes in your condition to those caring for you.
- For making it known that you clearly understand your treatment plan and what is expected of you.
- For following the treatment plan prescribed by your provider.
- For following the instructions of the care providers as they carry out the plan of care ordered by the physician.
- For keeping scheduled appointments, or when unable to do so, notifying the appropriate parties.
- For your own actions when you refuse treatment or choose not to follow the physician's instructions.
- For fulfilling the financial obligations of your healthcare as promptly as possible.
- For following hospital rules and regulations.
- For being considerate of the rights of other patients and facility personnel.

## **Complaint Reporting**

Options to file any type of grievance:

Corporate Compliance Hotline	(913) 367-6663
Amberwell Health Risk Manager	(913) 360-5540
Kansas Department of Health and Environment	1-800-842-0078 or 1-785-296-1500

Discrimination and/or disability complaints:

Office of Civil Rights, Department of Health and Human Services  
601 East 12th Street - Room 353  
Kansas City, MO 64016  
1-800-368-1019 (Voice Phone)  
1-800-537-7697 (TDD)  
1-816-486-3686 (Fax)

Quality of care or premature discharge of a Medicare patient:

Kansas Foundation for Medical Care  
2947 SW Wanamaker Drive, STE A  
Topeka, KS 66614-4193  
1-800-432-0407 or 1-785-273-2552

## **Physician Availability**

Amberwell Atchison provides competent, fully trained staff who are available 24 hours a day, 7 days a week. At times when a physician (Doctor of Medicine or osteopathy) is not present, patients with health care emergencies will be assessed by qualified medical personnel, with physician support via telephone. We want you to know this so that you can make informed decisions about your care.

## **Nondiscrimination Promise**

It is the policy of Amberwell Health to provide services to all people, regardless of age, race, color, ethnicity, national origin, religion, culture, language, physical or mental disabilities, socioeconomic status, sex, sexual orientation, gender identity of expression, or any other protected classification identified under applicable federal, state, and local laws, regulations or statutes. Amberwell Health does not discriminate against visitors based on age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.

# Appendix A

## The “Gift of Life”

Don't take your organs to heaven...heaven knows we need them here!

**1. How does giving a choice benefit a grieving family?** It helps them regain a sense of control and begin the grieving process. Each family has an absolute right to make this personal choice for themselves and the hospital staff has an obligation to help them make an informed decision. For those families who choose donation, it will provide them something positive to focus on and serve as a source of comfort in the months and years to follow. They will also receive a follow up letter explaining how the organ and/or tissues were used.

**2. What is the First Person Authorization State Donor Registry?** A documented decision to donate has been legally binding since 1968 in Kansas and Missouri. What is new is that now the state donor registry is legally binding as a first-person authorization and no one else may overturn or bar another individual's decision.

**3. The care of the patient is NOT compromised in any way.** All patients receive the same quality of care regardless of their wishes relating to donation. The physician involved in the patient's care is not allowed to participate in the donation procedures.

- Nearly every person who dies could be an organ or tissue donor.
- More than 113,000 men, women and children currently await life-saving organ transplants
- Tens of thousands more await life-enhancing tissue or cornea transplants.
- On average, 20 people per day die due to lack of available organs for transplants.
- Every 10 minutes another person is added to the waiting list.
- 95% of Americans are in favor of being a donor, but only 58% are registered.
- In our region, nearly 2,000 people in Missouri and 500 people in Kansas await lifesaving transplants.
- Save as many as 8 lives, which may include releasing 2 people from dialysis treatments by donating kidneys.
- Enhance the lives of up to 75 more people, which may include giving sight to 2 people by donating corneas, and help to repair injured bones, joints and other tissues through bone and tissue donation.

For more information about organ or tissue donation, contact:

Midwest Transplant Network  
1900 W 47th Place, Ste 400, Westwood, KS 66205 | 913-262-1666

## Appendix B - Discharge Planning Worksheet

Use this checklist early and often during your stay. Talk to your health care provider and care team about items on this checklist and check the box next to each item when you and your caregiver complete it. Skip any items that do not apply to you.

Reason for hospitalization \_\_\_\_\_ Date \_\_\_\_\_

### What's Ahead

- Ask where you'll get care after you leave (after you are discharged). Do you have options (like home health care)? Be sure you tell the staff what you prefer.
- If a caregiver will be helping you after discharge, write down their name and phone number. Caregiver name: \_\_\_\_\_

### Your Health

- Ask the staff about your health condition and what you can do to help yourself get better.
- Ask about problems to watch for and what to do about them. Write down a name and phone number of a person to call if you have problems.

Who to contact: \_\_\_\_\_

- Use "My Medicine List" in Appendix A to write down your prescription drugs, over the counter drugs, vitamins, and herbal supplements. Review the list with your care team.
- Tell the staff what drugs, vitamins, or supplements you took before you were admitted. Ask if you should still take these after you leave.
- Write down a name and phone number of a person to call if you have questions.

Who to contact: \_\_\_\_\_

### Recovery and Support

- Ask if you'll need medical equipment (like a walker). Who will arrange for this? Write down a name and phone number of a person you can call if you have questions about equipment. Who to contact: \_\_\_\_\_
- Ask if you are ready to do the activities below. Circle the ones you will need help with and tell the staff:
  - Bathing dressing, using the bathroom, climbing stairs
  - Cooking, food shopping, house cleaning, paying bills
  - Getting to doctor's appointments, picking up prescription drugs
- Make sure you have support (like a caregiver) in place that can help you.



- Ask the staff to show you and your caregiver any other tasks that require special skills (like changing a bandage or giving a shot). Then, show them you can do these tasks. Write down the name and phone number of a person you can call if you need help. Who to contact: \_\_\_\_\_
- Ask to speak to a social worker if you're concerned about how you and your family are coping with your illness. Write down information about support groups and other resources. Support groups and resources: \_\_\_\_\_  
\_\_\_\_\_
- Talk to a social worker if you have questions about what your insurance will cover and how much you'll have to pay. Ask about possible ways to get help with your costs.
- Ask for written discharge instructions (that you can read and understand) and a summary of your current health status. Bring this information and your completed "My Medicine List" in Appendix A to your follow up appointments.
- Get prescriptions and any special diet instruction early, so that you won't have to make extra trips after discharge.
- Write down any appointments and tests you'll need in the next several weeks.

Date	Time	For

**For the Caregiver**

- Do you have any questions about the items on this checklist or on the discharge instructions? Write them down and discuss them with the staff.

Care concerns: \_\_\_\_\_  
\_\_\_\_\_

- Can you give the patient the help he or she needs?
  - What tasks do you need help with?
  - Do you need any education or training?
- Talk to the staff about getting the help you need before discharge. Who to contact: \_\_\_\_\_

## How to use My Medicine List™:

**My Medicine List™** can help you and your family keep track of everything you take to keep you healthy—your pills, vitamins, and herbs. Having all of your medicines in one place also helps your doctor, pharmacist, hospital, or other healthcare workers take better care of you.

Start using **My Medicine List™** today!

1. With help from your healthcare professional, fill out the form.
2. In order to fill out the form, you need a list of all of your medicines or everything you take in front of you. Be sure to include medicine you take from all pharmacies that you use as well as any over-the-counter medicines, vitamins, herbs or minerals you may take.
3. Next, think about what you take in the morning, afternoon, around dinner time, and before you go to bed.
4. For every medicine (including ones you get without a prescription), vitamin or herb you take, you need to write down these things:
  - The name of what you take (like Tylenol, Acetaminophen 500 mg)
  - How much you take of this (1 pill, 3 drops, 2 puffs)
  - What it looks like (round, white and red, clear liquid)
  - How you take it (by mouth, with food, with a needle)
  - You started taking this on: (Sept. 15, 2007)
  - You will stop taking this on: (Sept. 30, 2007)
  - Why you take it (for my arthritis, for my heart, to lower cholesterol)
  - Who told me to use it (my family doctor, my arthritis doctor)

*Here's an example:*

Drug name (brand name, generic name, dose)	This looks like	How many?	How I take it	I started taking this on:
Zocor, simvastatin, 40 mg	yellow pill	1 pill	with water	June 2001

5. Always keep this card with you. Fold it and keep it in your wallet or purse, so you will have it in case of an emergency.
6. Whenever you stop taking something or start taking something new, be sure to update **My Medicine List™**.
7. When you go see the doctor, your pharmacist, have a test, or have to go to the hospital or emergency room, take this form with you.
8. If you have any questions about your medicines, contact your doctor or pharmacist.



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# My Medicine List™

## This medicine list is for:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

*If you need to get in touch with me, use:*

this phone number: \_\_\_\_\_

this e-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

*The best way to get in touch with my emergency contact is:*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am allergic to: \_\_\_\_\_

\_\_\_\_\_

I also have some other problems with medicines: \_\_\_\_\_

\_\_\_\_\_

## Keeping My Medicine List™ up-to-date:

It is very important to keep this information current. Use the chart below to review and update your **My Medicine List™**. You can do this with your doctor, pharmacist, nurse, or other healthcare professional.

Reviewed by:	Reviewed on:	Updated on:	Updated by:



## Questions for my doctor or pharmacist:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

