

MOORE COUNTY HOSPITAL DISTRICT

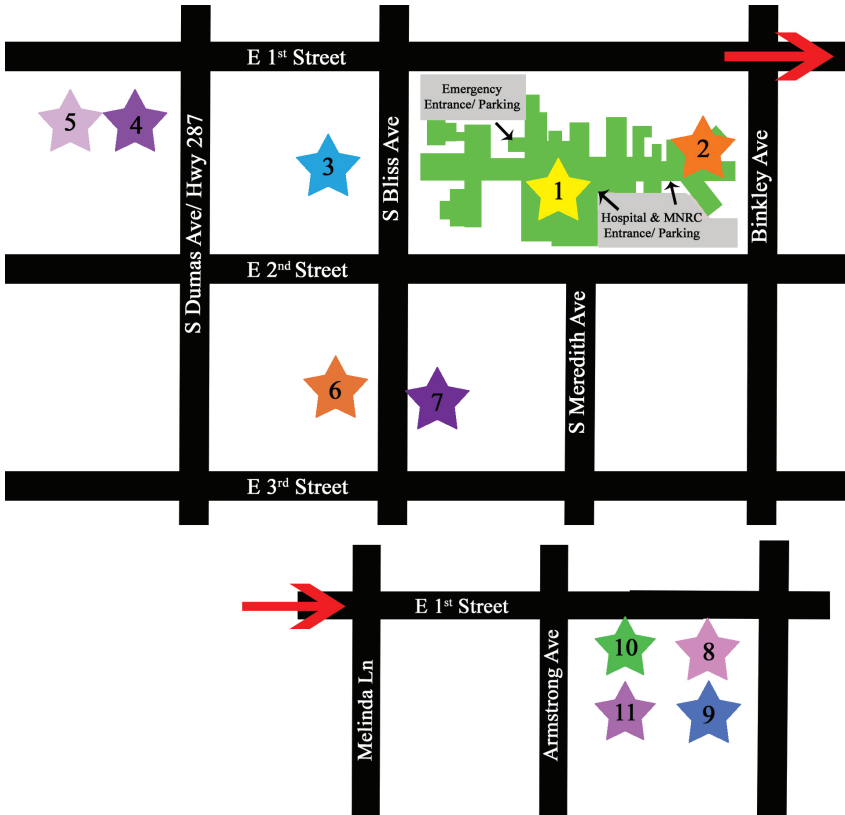
PATIENT HANDBOOK



AN EXCEPTIONAL FAMILY OF CARE. ALWAYS.

WWW.MCHD.NET

MOORE COUNTY HOSPITAL DISTRICT CAMPUS MAP



1. Hospital & Emergency, 224 E 2nd St, (806) 935-7171
2. Nursing Home (MNRC), 302 E 2nd St, (806) 935-6500
3. Moore Co. Family Health Clinic, 110 S. Bliss, (806) 935-1900
4. Patient Financial Services, 115 W 1st St, (806) 934-6004
5. Moore Co. Therapy Services, 115 W. 1st St, (806) 934-2225
6. Moore Co. Foot & Ankle, 222 S Bliss, (806) 934-9503
7. Memorial Home Health & Hospice, 209 S Bliss, (806) 935-4884
8. Moore Co OB/Gyn, 1515 E 1st St, Ste 100, (806) 934-2983
9. Moore Co. Bone & Joint, 1515 E 1st St, Ste 200, (806) 935-4535
10. Moore Co Family Medicine, 1405 E 1st St, Ste 201, (806) 935-2551
11. Moore Co General Surgery, 1405 E 1st St, Ste 101, (806) 935-5094

TABLE OF CONTENTS - PAGE 1

MCHD District Map.....	1
Table of Contents.....	2,3
Welcome.....	4,5
MCHD Mission Statement.....	6
Patient Rights.....	6-8
Your Responsibilities as a Patient.....	9
Speak up for your Care.....	9-10
Before Admission.....	10
Examples of What to Bring.....	11
Examples of What NOT to Bring.....	11
Visiting Hours.....	11
Patient Privacy Practices & Policies.....	12
Our Responsibilities.....	12
Changes to this Notice.....	12
Complaints.....	12
Other Uses of Health Information.....	13
Uses & Disclosures.....	13
For Treatment.....	13
For Payment.....	14
For Health Care Operations.....	14-15
Business Associates.....	15
Directory.....	15
Individuals Involved in Care of Payment.....	15
Future Communications.....	16
Organized Health Care Arrangements.....	16
Law Enforcement / Legal Proceedings.....	16
State-Specific Requirements.....	17
Your Health Information Rights.....	17
Inspect & Copy.....	17
Amend.....	17
An Accounting of Disclosures.....	18
Request Restrictions.....	18
Request Confidential Communications.....	18
Paper Copy of This Notice.....	19

TABLE OF CONTENTS - PAGE 2

Informed Consent.....19
Organ Donation.....19
Advanced Directives.....20
 Directive to Physician.....20-22
 Medical Power of Attorney.....22-24
 Legal Aspects of Advanced Directives.....24
Patient Centered Care.....25
Our Pledge to You.....25
Pain Scale.....26
Hospitalists.....26
Meals.....27
Gift Shop.....27
Vending Machines.....27
Chapel.....28
Smoking Policy.....28
Waiting Areas.....28
Weapons Policy.....28
Patient Satisfaction.....29
Care Concerns & Complaints.....29-30
Talking to Your Doctor.....30
Post Hospital Care.....31
MCHD Services.....32

Welcome!

Thank you for visiting Moore County Hospital District. We hope that the information and education you receive through this booklet helps to meet your needs.

MCHD is dedicated to being the Healthcare Organization of Choice in our area. We are committed to being recognized as the primary source of health care services, education, quality, and information for our service area. We have a very dedicated group of talented physicians and health care professionals that truly care about the patients we serve.

Over the past several years, we have been focusing our time and resources on accomplishing the following strategic imperatives:

QUALITY: Ensure that the clinical quality of MCHD ranks as the best rural health care provider in the state of Texas.

SERVICE: Establish a culture of exceptional service to provide patient centered care to patients, residents, family and visitors.

EMPLOYEES: Become an employer of choice in order to provide a workplace that supports a quality work environment for employees and assures the highest quality and patient satisfaction.

GROWTH: Grow and maintain a dominant market share position that assures the highest quality services and ability to continuously improve MCHD as a community resource.

FINANCE: Maintain a superior financial position in order to retain quality staff and provide adequate capital to fund the healthcare needs of the community.

COMMUNITY: Be recognized as providing leadership that is focused on the overall health of the communities we serve and for our contribution to the general success and growth of our service area.

FACILITY: Complete a facility master plan to address the long-term space, efficiency and image needs of MCHD and the community.

We believe that each of these strategic imperatives will benefit the patients we serve and create an environment of outstanding quality and exceptional service for our patients and staff. I am proud of the progress that our organization has made in recent years and we look forward to serving your needs and ultimately improving the health of our community.

Sincerely,



Jeff Turner, CEO
Moore County Hospital District



MCHD MISSION STATEMENT

The mission of Moore County Hospital District is to improve the health status of the people of the District and surrounding rural communities by providing quality and compassionate care while maintaining the fiscal integrity of the institution.

PATIENT RIGHTS

We are committed to the fair treatment of our patients while maintaining the highest standards for quality care. It is the policy of this hospital to honor a patient's wishes about health care decisions. The patient will be involved as much as possible or allowed by law. All patients at Moore County Hospital District have the following:

- » **The RIGHT** to be treated with dignity, courtesy, and respect regardless of sex, race, religion, or color, national origin, handicap, or source of payment.
- » **The RIGHT** to be told in advance of all estimated charges and reimbursement.
- » **The RIGHT** to an itemized and detailed bill for hospital services.
- » **The RIGHT** to security.
- » **The RIGHT** to privacy.
- » **The RIGHT** to confidentiality of information.
- » **The RIGHT** to meet the staff responsible for patient care.
- » **The RIGHT** to get information, in understandable terms, from the doctor about diagnosis, treatment, and possible outcomes.
- » **The RIGHT** to make decisions about Advanced Directives.
- » **The RIGHT** to make decisions about withholding resuscitative services and withdrawing life-sustaining treatments.
- » **The RIGHT** to make decisions about care at the end of life.
- » **The RIGHT** to have family members involved in healthcare decisions.

- » **The RIGHT** to appoint someone to make these decisions if you cannot understand the treatment or procedure (or are unable to communicate your wishes).
- » **The RIGHT** to communicate with people outside the hospital and send and receive unopened mail.
- » **The RIGHT** to participate in decisions about health care:
 - To be involved in an individualized treatment plan.
 - To request the opinion of another doctor at your expense.
 - To refuse any medical treatment or diagnostic test.
 - To review the information contained in your medical record.
 - To participate in the patient grievance procedure.
- » **The RIGHT** to be informed of the need for continued care after you leave the hospital.
- » **The RIGHT** to an explanation if transferred to another facility.
- » **The RIGHT** to an interpreter.
- » **The RIGHT** to be free from mistreatment, abuse, neglect, and exploitation.
- » **The RIGHT** to pastoral care and counseling.
- » **The RIGHT** to know that Moore County Hospital District has an Ethics Committee. (If you or a family member has an ethical concern or question about care decisions, please notify the charge nurse).
- » **The RIGHT** to receive or limit visitors.
- » **The RIGHT** to know the name of the physician who has primary care responsibilities for your care, treatment, or services.
- » **The RIGHT** to have your family and physician notified of your hospital admission.
- » **The RIGHT** to refuse any care, treatment, or services that you do not want.
- » **The RIGHT** with respect to the use of restraints for acute medical and surgical care, which include:
 - 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 the staff. The term “restraint” includes either physical restraint or a drug that is being used as a restraint.

- That a restraint can only be used if needed to protect the patient's well-being and less restrictive interventions have been determined to be ineffective.
 - That the use of a restraint be selected only when other less restrictive measures have been found to be ineffective to protect the patient or others from harm and must be in accordance with the order of a physician or other licensed independent practitioner permitted by the State of Texas and the hospital to order a restraint.
 - That the use of a restraint be in accordance with written modification to the patient's plan of care, implements the least restrictive manner possible, in accordance with the safe and appropriate restraining techniques, and ended at the earliest possible time.
 - That the condition of the restrained patient be continually assessed, monitored, and re-evaluated.
- » **The RIGHT** to protective services if desired.
- » **The RIGHT** to appropriate assessment and management of pain.
- To receive information about pain relief.
 - To have a concerned staff member committed to pain prevention.
 - To have health professionals who respond quickly to reports of pain.
 - To have state-of-the-art pain management.
 - To help the doctor and nurse manage your pain.
 - To tell the doctor or nurse if your pain is not relieved.

The responsibility to let someone in Administration know if any of your rights have been violated. Call the Administrator's office at extension 1300 or ask the charge nurse for the Administrator on call.

»

YOUR RESPONSIBILITIES AS A PATIENT

- » Provide correct information to facilitate your care, treatment, and services.
- » Ask questions and/or acknowledge when you do not understand the treatment course.
- » Follow instructions, policies, rules, and regulations in place to support quality care for all patients and a safe environment for all individuals in the hospital.
- » Support mutual consideration and respect by maintaining civil language and conduct in your interactions with staff and licensed independent practitioners
- » Meet financial commitments

“SPEAK UP FOR YOUR CARE”

Everyone has a role in making health care safe; physicians, health care executives, nurses and technicians. You, as the patient, can also play a vital role in making your care safe by becoming an active, involved and informed member of your health care team.

The “Speak Up” program, sponsored by The Joint Commission, urges patients to get involved in their care by following these seven steps:

- » Speak up if you have questions or concerns, and if you don’t understand, ask again. It’s your body and you have a right to know;
- » Pay attention to the care you are receiving. Make sure you’re getting the right treatments and medications by the right health care professionals;
- » Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan;
- » Ask a trusted family member or friend to be your advocate;

- » Know what medications you take and why you take them. Medication errors are the most common health care mistakes;
- » Use a hospital or other health care organization that has undergone a rigorous on-site evaluation for established, state-of-the-art quality and safety standards (such as MCHD);
- » Participate in all decisions about your treatment. You are the center of your health care team.

BEFORE ADMISSION

For your convenience, here is a list of items to bring with you when you pre-register or on the date of your visit if you are unable to register beforehand:

- » Your physician orders (if applicable)
- » Your current identification card (driver's license, etc.)
- » Your current medical insurance card
- » Any applicable consent forms or legal documentation (i.e. power of attorney)
- » Your applicable co-pay amount.

Our admissions staff will help determine this amount to their best abilities, however, due to often changing insurance plans, the amount may be a best estimate. If it is determined that you have overpaid, you will be issued a refund for the difference.

If any of your information changes between the date you registered and the date of your visit, please contact the MCHD Admissions department at 806-935-7171 extension 1500 so we may adjust it accordingly and help prevent any delays in your care.

Once you have been pre-registered, please be certain to follow any of your physician's recommendations until the date of your stay.

EXAMPLES OF WHAT TO BRING

- » Pajamas or gown, robe, and slippers
- » Toothbrush and toothpaste
- » Containers for eyeglasses, contact lenses or dentures
- » Hair comb and/or hairbrush
- » Other personal toiletries
- » Insurance card(s)
- » Medicare/Medicaid/Champus card(s)
- » Social Security Card
- » Drivers license
- » List of medications being taken (including over the counter)
- » Advanced directives & Living Wills
- » Current Medications you are using

EXAMPLES OF WHAT NOT TO BRING

- » Personal electric appliances or electronics (Hair dryer, curlers, heating pads, radios, cell phones, tablets, laptops, etc.)
- » Alcoholic beverages
- » Jewelry — please leave all valuables at home
- » Money, wallets and/or purses

Please note that MCHD cannot be responsible for loss or damage to personal items brought on campus

VISITING HOURS

Though MCHD has no formal visitation hours, visitors must follow instructions, policies, rules, and regulations in place and must consider the needs of all individuals in the hospital to be in a healing environment. Patients are encouraged to invite individuals to visit or to have someone present during the stay. Some patients may need to have visiting restrictions due to clinical diagnosis. Patient preference for visitation will be always be honored.

PATIENT PRIVACY PRACTICES & POLICIES

Effective Date: February 17, 2013

This notice describes how health information about you may be used and discussed and how you can get access to this information. Please review it carefully.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in MCHD and include the effective date. In addition, each time you register at, or are admitted to MCHD for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint in writing, with either the MCHD compliance officer or with the Secretary of the Department of Health and Human Services. All complaints to MCHD must be submitted in writing to the following address:

Moore County Hospital District
Attn: Compliance Officer
224 E 2nd Street
Dumas, Texas 79029

OTHER USES OF HEALTH INFORMATION

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

USES AND DISCLOSURES

How we may use and disclose Health Information about you. The following categories describe examples of the way we use and disclose health information:

FOR TREATMENT

We may use health information about you to provide you with treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical and other clinical students, other hospital personnel, or other healthcare providers who are involved in taking care of you at MCHD. For example: a doctor treating you for a broken leg may need to know if you have another medical condition that may affect the healing process. Different departments of MCHD also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

FOR PAYMENT

We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine if it is a covered benefit.

FOR HEALTH CARE OPERATIONS

Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment.

We may disclose information to doctors, nurses, and other students for educational purposes and may combine health information we have with that of other hospitals to see where we may make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

- » We may also use and disclose health information:
- » To business associates contracted to perform a service/billing for it;
- » To remind you of an appointment for medical care;
- » To assess your satisfaction with our services;
- » For population based activities relating to improving or reducing health care cost;
- » For conducting training programs or reviewing competence of healthcare professionals.

When attempting to contact you primarily for appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

BUSINESS ASSOCIATES

There are some services provided in our organization through contracts with business associates. Examples include physician services in emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

DIRECTORY

We may include certain limited information about you in the hospital directory while you are a patient at MCHD. The information may include your name, location in MCHD, your general condition (e.g., good, fair) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory please request the Do Not Disclose Form from the admission staff.

INDIVIDUALS INVOLVED IN CARE/PAYMENT

We may release health information about you to a friend or family member who has legal authority to be involved in your medical care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

FUTURE COMMUNICATIONS:

We may communicate to you via newsletters, direct mail or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

ORGANIZED HEALTH CARE ARRANGEMENT

MCHD, its medical staff members, and other health care providers who participate in your care at MCHD have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time of your visit in their office. As required by law, we may also use and disclose health information for the following entities, including but not limited to:

- » Food and Drug Administration
- » Correctional Institutions
- » Workers Compensation Agents
- » Organ and Tissue Donation Organizations
- » Military Command Authorities
- » Health oversight Agencies
- » Funeral ,Coroners and Medical Directors
- » National, Protective and Intelligence Agencies

LAW ENFORCEMENT/ LEGAL PROCEEDINGS :

- » We may disclose health information in response to a valid subpoena or as required by law.

STATE-SPECIFIC REQUIREMENTS

Texas has some reporting requirements including population-based activities relating to improving health or reducing health care costs. Some Texas privacy laws may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

YOUR HEALTH INFORMATION RIGHTS

Although your health record itself is the physical property of MCHD, the PHI in the record belongs to you. You have the Right to:

INSPECT AND COPY

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may be allowed to charge you for the cost of making the copy according to Texas Department of Health guidelines. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by MCHD will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

AMEND

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for MCHD. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health record information for purposes other than treatment, payment or health care operations where an authorization was not required.

REQUEST RESTRICTIONS

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

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

REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

PAPER COPY OF THIS A NOTICE

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may print or view a copy of the notice by clicking on the Notice of Privacy Practices link on MCHD website at www.mchd.net

To exercise any of your rights, please obtain the required forms from the Compliance Officer and submit your request in writing.

INFORMED CONSENT

Informed Consent: You have the right to decide what may be done to your body during the course of medical treatment. Your physician will discuss with you the nature of your condition, the proposed treatment and any alternate procedures that are available as well as risks associated with certain medical procedures. This information will help you make an informed decision about the kind of treatment you want to receive.

ORGAN DONATION

If you have made a personal pledge to be a donor, MCHD will honor your decision.

Talk to your family about your wishes. Make sure that they understand your wish to be an organ and tissue donor. Also, make sure you understand the wishes of your loved ones.

Sign and carry a donor card or indicate on your driver's license whether you've made the choice to be an organ donor. Inform others, including your close friends, about your wishes.

ADVANCED DIRECTIVES

Below is some information on of advanced directives recognized under TX law available for patients over the age of 18. Advanced Directives can be changed or canceled by you at any time.

DIRECTIVE TO PHYSICIAN

A Directive to Physician, also known as a “living will,” allows you to tell your physician not to use artificial methods to prolong the process of dying if you are terminally ill or have an irreversible condition.

If you sign a directive, talk it over with your physician and ask that it be made part of your medical record. If for some reason you become unable to sign a written directive, you can issue a directive verbally or by other means of non-written communication, in the presence of your physician.

If you have not issued a directive and become unable to communicate after being diagnosed with a terminal condition, your attending physician and legal guardian, or certain family members in the absence of a legal guardian, may make decisions concerning withdrawing or withholding life-sustaining treatment. Your attending physician can also make decisions to withdraw or withhold life-sustaining treatments if you do not have a guardian and certain family members are not available. Examples of life-sustaining measures include:

- » CPR - emergency restarting of a person’s heart or breathing
- » Ventilator - a machine that breathes for a person
- » Dialysis - a machine that does the work of the kidneys
- » Tube or needle feeding - for a person who has lost the ability to swallow
- » Antibiotics - to fight an infection that could hasten death.

Q. Who decides about my treatment?

A. 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 do not want.

Q. How do I know what I want?

A. 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 which treatments are available to you, but your doctor can’t choose for you. That choice depends on what is important to you.

Q. What if I am too sick to decide?

A. 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 do not want.

Q. How do I know what I want?

A. 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 is 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 today that allow you to state WHAT you want and WHO you want to speak for you. One kind of advance directive lets you name someone to make health care decisions when you can't. This form is called a:

MEDICAL POWER OF ATTORNEY

Another type of advanced directive is a Medical Power of Attorney, which allows you to designate someone you trust (an agent) to make health care decisions on your behalf should you become unable to make these decisions yourself. You cannot choose as your agent your health care provider, including a physician, hospital or nursing home; an employee of your health care provider, unless he is your relative; your residential care provider such as nursing home or hospice; or an employee of your residential care provider, unless he or she is related to you. The person you designate has authority to make health care decisions on your behalf only when your attending physician certifies that you lack the capacity to make your own health care decisions. Your agent must make health care decisions after consulting with your attending physicians, and according to the agent's knowledge of your wishes, including your religious and moral beliefs.

When you sign a Directive to Physician, it helps communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes can be based on your personal values. You may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

Q. What if I change my mind?

A. These documents can not be changed, but you can revoke the directive at a any time. A entirely new form can be made to reflect any changes in your wishes.

Q. Do I have to fill out one of these forms?

A. No, you don't 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. But people will be more clear about your treatment wishes if you write it. And your wishes are more likely to be followed if you write them down.

Q. Will I still be treated if I don't fill out these forms?

A. 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 Medical Power of Attorney 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. A Directive To The Physician, Family or Surrogates will state your wishes if you are suffering with a terminal condition and/or an irreversible condition. You may also request particular treatments options which you do or do not want in specific circumstances.

Q. What if I would not want aggressive health care treatments, but want to be kept comfortable?

A. The State of Texas now has a form called an “Out of Hospital Do Not Resuscitate Order.” There is a specific form that must be filled out by you and it must be signed by your physician. This is also an order from your physician to other health care workers (such as home health workers, ambulance personnel, etc.) not to prolong your death by performing CPR or other life saving techniques. Without an order from your physician any health care worker is bound to provide life saving techniques, such as CPR, regardless of your current health status or any illness you may be suffering. This form does give orders to provide comfort measures and palliative treatment for symptom relief. These forms were previously only used when diagnosed with a terminal illness, but now can be completed without a diagnosed terminal condition. If you are interested in this type of directive, then speak with your physician or other health care worker regarding more information about this form.

Q. How can I get more information about advance directives?

A. Ask your doctor, attorney, or health care professionals for more information.

LEGAL ASPECTS OF ADVANCED DIRECTIVES

An advanced directive does not need to be notarized. Neither this hospital nor your physician may require you to execute an advance directive as a condition for admittance or receiving treatment in this or any other hospital. The fact that you have executed an advanced directive will not affect any insurance policies that you may have.

PATIENT CENTERED CARE

MCHD supports patient centered care by providing care that is respectful of and responsive to patient preferences, needs, and values, and by ensuring that patient values guide all clinical decisions.

During your stay, our staff will conduct bedside report, hourly rounding, and will utilize communication boards to keep you and your family informed of your plan of care.

You will see a member of the management team frequently to ensure your needs are being met.

After discharge, you will receive a phone call from our staff to make sure you understand your discharge and answer any questions you may have.

OUR PLEDGE TO YOU

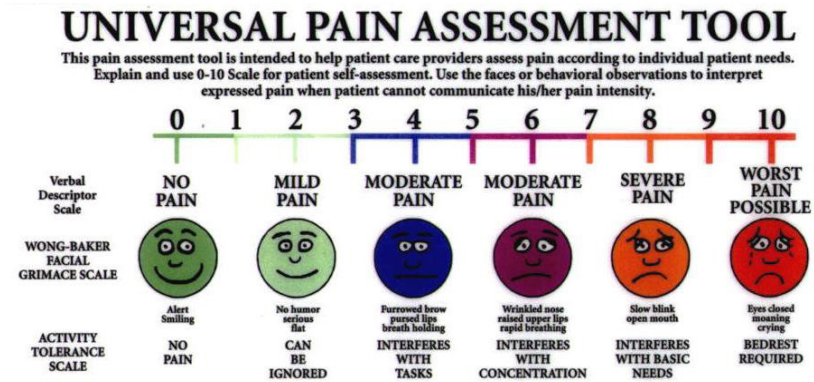
Your Nursing Team at Moore County Hospital District

PROMISES:

- To treat you as a person
- To manage your pain
- To listen to you
- To explain what we are doing and why we are doing it
- To be responsive to your needs
- To educate you & your family about your medications, their risks & possible side effects
- To keep your room clutter free during your stay
- To keep your room as quiet as possible during your stay
- To help you and your family understand what to do when you leave

PAIN SCALE

Managing your pain while you are in our care is one of our highest priority. When our staff asks what level your pain is at, please rate your pain by using the scale referenced here:



HOSPITALISTS

During your stay you may be receiving care from our Hospitalists. Hospitalists are physicians who devote their practice to the care of hospitalized patients. Hospitalists treat patients who have been referred from community primary care physicians, emergency room physicians, surgeons, or other physicians at the hospital. They do not see patients outside of a hospital setting. The Hospitalist and your regular physician work together in regards to your previous health history and discuss any significant findings or events. Your Hospitalist will make arrangements for any prescriptions you may need when you are discharged.

MEALS

Visitor Dining: The cafeteria is open seven days a week. Meals may be purchased for \$5.00 at the Main Lobby Admissions desk during the week, or at the Emergency Room Admissions desk on the weekends before meals are served.

We invite family and friends of our patients to visit our cafeteria during the following hours:

- » Breakfast: Available upon request before 7:00am
- » Lunch: 11:00a.m. - 1:00p.m.
- » Dinner: Available upon request from 4:00p.m. - 5:30p.m.

GIFT SHOP

The MCHD Auxiliary Gift Shop is located in the main lobby of the hospital. The gift shop offers cards, baby items, toiletries, candy, snacks and unique gift items. Hours are 10 a.m. to 5:00 p.m., Monday through Friday. The Gift Shop is operated by the MCHD Auxiliary Volunteers and portions of the sales are used for community scholarships and other community and patient related expenses.

VENDING MACHINES

Snacks and beverages are available at all hours from the vending machines located in the dining room. There are additional beverage vending machines located in the Emergency Department and the Main Waiting Room next to the Chapel.

CHAPEL

The Chapel is located between the Central Nurses Station and the front lobby. It is open 24 hours a day and offers a quiet place for prayer and meditation. Your personal clergyman is a welcome member of the health care team and the MCHD Chaplaincy program allows for an on-call member of the clergy as needed. To get in contact with the Chaplain-on-call please ask your nurse or the Chief Services Officer at extension 3005.

SMOKING POLICY

Moore County Hospital District is a smoke-free facility. Smoking is not allowed on the Moore County Hospital District campus, inside or outside, including outpatient facilities. This policy is strictly enforced.

WAITING AREAS

There are two waiting areas in addition to the main lobby. Waiting areas are located next to the chapel for those patients in the main Med Surg unit, and one next to the surgical reception.

WEAPONS POLICY

MCHD is a weapons-free zone. No weapons are to be brought on any facilities associated with Moore County Hospital District including the main hospital campus and surrounding off-site locations. Weapons are defined as anything designed specifically to be used to inflict bodily harm and include but are not limited to: firearms, knives, explosives, and chemical agents.

PATIENT SATISFACTION

You are very special to us and we want to provide you with Exceptional Care. Always.

MCHD utilizes an independent company to survey patient satisfaction following inpatient and outpatient services. A third party may be contacting you by phone to survey your patient experience. We appreciate your taking the time to take the survey and thank you for your feedback. We are always trying to find ways to improve our services and we take your survey responses very seriously.

CARE CONCERNS & COMPLAINTS

If you have issues or questions, please speak with your nurse or ask for the Unit Nursing Director or the Risk Manager. If your nurse or the Unit Director has been unable to resolve your questions or concerns to your satisfaction, please contact the Chief Nursing Office at extension 2400 or the Administrator-on-call. Your nurse can help you get in contact with them.

MCHD wants to address any concerns or complaints promptly and work towards a resolution as quickly as possible. If we are unable to resolve your complaint immediately, we will provide you with a written notice of the steps taken and the results.

If we are still unable to address your complaint satisfactorily, you may contact:

Texas Department of State Health Services

HHSC Office of Ombudsman

Mail Code H-700

PO Box 13247

Austin, TX 78711-3247

1-800-735-2989

The Joint Commission

www.jointcommission.org

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

1-630-792-5800

KEPRO, Area 3

Rock Run Center, Suite 100

5700 Lombardo Center Dr.

Seven Hills, OH 44131

Attention: Beneficiary Complaints

Beneficiary Helpline - 844-430-9504

Fax: 844-878-7921

TALKING TO YOUR DOCTOR

You and your doctor know more about your condition and your healthcare needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, or your need for possible post-hospital care, don't hesitate to ask your doctor. The hospital's patient representative or social worker will also help you with your questions and concerns about hospital services.

POST HOSPITAL CARE

When your doctor determines you no longer need all the specialized services provided in a hospital but you still require medical care, he or she may discharge you to a swing bed, skilled nursing facility or home care. The discharge planner at the hospital will help arrange for the services you may need after your discharge. Medicare and supplemental insurance policies have limited coverage for skilled nursing facility care and home health care. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your doctor, hospital discharge planner, patient representative, and your family in making preparations for care after you leave the hospital.

Don't hesitate to ask questions. To make sure you don't have any follow-up questions and that you are taking your medication as prescribed, you may receive a discharge phone call from a nurse after you go home. Please don't hesitate to ask questions and voice your concerns.

MCHD SERVICES

- Medical Surgical & ICU
- Swing Bed /Skilled Care
- EMS & Emergency Services
- IV infusions
- Wound Care
- Clinical Outpatient Infusions
- 24 hour Telemetry
- 24 hour Respiratory Services
- Sleep Lab
- Bedside Medication Verification
- Electronic Charting
- Nutrition Services
- Social Services
- Physical, Occupational, and Speech Therapies
 - Functional Capacity Evaluations
 - Sports Medicine
 - Occupational Medicine
 - Work Conditioning
 - Static and Dynamic Splinting
 - Orthotics
 - BTE Simulator II
 - Biodex Pro System IV
 - Biodex Gait Trainer
 - Biodex Balance System
 - Traction (Cervical and Lumbar)
 - Active Spine Care
 - Aquatics
 - Fluidotherapy
 - Ultrasound
 - Paraffin
 - Electrical Modalities (TENS, NMES, Iontophoresis)
 - Nustep
 - Modified Barium Swallow Studies
 - Inpatient and Outpatient Therapies
- 24 hour Lab Services
 - Standard Testing:
 - Serology
 - Bacteriology
 - State Screenings (Pediatrics)
 - PKU
 - Drug Screenings
 - DOT & non-DOT
 - Paternity Test collections
 - State of the Art Analyzers for:
 - Chemistry Studies
 - Hematology
 - Coagulation Studies
 - PT, INR, PTT, D-Dimer
 - Urinalysis
 - Microbiology
 - Immunohematology
- 24 hour Imaging Services
 - X-Ray
 - Nuclear Medicine
 - Fluoroscopy
 - 4D Ultrasound
 - Low Dose Radiation CT Scan
 - Digital Mammography with SenoBright Contrast Enhanced Mammography
 - MRI
 - DEXA Scan
- Surgical Services
 - Cataract
 - Dental
 - EGD & Colonoscopy
 - General
 - Hand
 - Obstetric/Gynecological
 - Podiatry
 - Orthopedics
- Nursing Home
- Home Health
- Hospice

OUR THANKS TO YOU

Thank you for choosing Moore County Hospital District for your health care needs. It is important to us that you receive quality care with a personal touch.

We welcome any comments, suggestions, and/or problems you may have concerning your stay. We look forward to being of service to you in the future.



224 E 2nd St
Dumas, TX 79029
(806) 935-7171
www.mchd.net