

# PATIENT GUIDE

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SPAULDING HOSPITAL™  
FOR CONTINUING MEDICAL CARE

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CAMBRIDGE



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## ***WELCOME TO SPAULDING***

We are pleased that you have selected Spaulding Hospital for Continuing Medical Care Cambridge for your ongoing medical and rehabilitation care. This booklet provides you with information about your hospital stay and treatment. During your stay, you will have a team of health care professionals who are committed to making this a positive experience that meets your goals. We encourage you to be an active participant in your care plan by letting us know your needs and wishes and by asking us questions. We want your hospitalization to be a satisfying experience for you. If there are things that we are doing (or not doing) that differ from your expectations, we believe strongly that effective communication is the best way for us to reach a mutually acceptable resolution. Please feel comfortable approaching us to talk about ways that we may make your hospitalization more satisfying.

We can be contacted at the following address and telephone number:

Spaulding Hospital for Continuing  
Medical Care Cambridge  
1575 Cambridge St.  
Cambridge, MA 02138  
(617) 876-4344

Unit specific extensions:

2 West ext. 7915  
2 South ext. 3432  
3 West ext. 3423  
3 South ext. 3433  
4 West ext. 3425  
4 South ext. 3434

## ***YOUR TREATMENT TEAM***

When you are admitted, a Spaulding attending physician is assigned to your care.

### ***Physician/Nurse Practitioner***

Your attending physician/nurse practitioner is responsible for overseeing all aspects of care delivered to you during your hospitalization. He or she will assess your clinical status, formulate your medical plan of care, monitor your progress, and direct the activity of the entire healthcare team.

### ***Physiatrist***

Physiatrists are physicians specializing in physical medicine and rehabilitation who will assess and coordinate the rehabilitation plans of care for patients who are receiving active rehabilitation therapy.

### ***Nurses***

Members of your nursing team possess specialized knowledge and clinical skills that they will use to help you regain your optimal level of medical health and function. They recognize the profound impact that your illness or injury has upon your life, and will work in partnership with you and your family to maximize your health and wellness, prevent complications, and help you prepare for the transition to the next stage of your care. Each patient is assigned to a primary nurse upon admission. Your primary nurse will help develop a care plan that is unique to you in order to ensure that your care needs are met during your stay at Spaulding. He or she will serve as a teacher as well as providing physical care and comfort. Spaulding's nurses practice based on professional standards, evidenced-based practice, and research.

### ***Case Management***

Your case manager will assist you in obtaining the services that you will need. He or she will assist you and your treatment team in establishing and adjusting goals. He or she will speak with you about what your insurance will cover here, and will meet with you regularly about your progress. Your case manager will help plan your discharge by coordinating your continued care at a level that meets your ongoing treatment needs, based on the recommendations of the treatment team.

### ***Clinical Social Worker***

Social workers assist patients and their families in coping with the impact of illnesses and injuries and provide resource information.

### ***Chaplain***

The hospital chaplain is available to counsel individuals of all faiths. To contact the chaplain, call 876-4344 ext. 5496, or ask a member of your treatment team to call the Chaplain's Office.

### ***Physical and Occupational Therapists***

The physical therapist evaluates and treats problems relating to mobility, strength, coordination, and endurance. The occupational therapist helps improve your ability to perform everyday tasks, such as dressing, eating, personal hygiene, meal preparation, housekeeping, and community and pre-vocational skills.

### ***Speech-Language Pathologists***

Your speech-language pathologist treats problems that interfere with the ability to speak, swallow, understand, read, write, focus, remember, or solve problems.

### ***Respiratory Therapists***

Respiratory therapists assist with evaluating and treating conditions related to heart and lung function. They provide 24-hour coverage for patients requiring respiratory care.

### ***Dietitians***

Your dietitian recommends therapeutic diets, supplements, and special feeding programs to ensure that you receive optimum nutritional care. Your dietitian also will educate you and your family about guidelines to follow at home.

### ***Other Health Care Professionals***

Depending on your health care needs, other professionals may join your rehabilitation team.

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## ***PATIENT SERVICES***

### ***Guidelines for Visiting***

Suggested visiting hours are 11 a.m. to 8 p.m. Visitors may park in the Spaulding Hospital for Continuing Medical Care Cambridge parking lots as space permits free of charge.

### ***Telephone***

Telephones are available at your bedside for your personal use. The phone number is listed on the back of the phone.

### ***Television***

Our TV service is a satellite-based package. Television service can be activated immediately. Press the "on" button on your television control.

### ***Clothing***

If you have been admitted to Spaulding Hospital for Continuing Medical Care Cambridge for intensive medical care, we may provide garments for you to wear during treatment. Once you are up out of bed and participating in an active rehabilitation program, you will probably be more comfortable in your own clothing from home. Loose fitting, comfortable clothing, underwear, socks, and shoes that provide good support are recommended. You may consider marking your clothing and belongings with your name.

### ***Barber and Hairdresser Services***

Hairdresser services are available at Spaulding. Arrangements can be made with the staff on your floor.

### ***Patient Meal Services***

Upon your arrival, your Physician will prescribe a diet for you. You will meet a Registered Dietitian who will discuss your therapeutic diet and follow you throughout your stay. Additionally, a team of Catering to You Associates will work with you daily to deliver your menu and introduce you to the Catering-To-You meal service.

Each unit has a specific Catering-To-You Associate and you can reach your Catering Associate by calling from your room phone:

2S x 3996  
 2W x 3874  
 3S x 3875  
 3W x 3884  
 4S x 3998  
 4W x 3884

If you have concerns regarding the food, menu or service please contact our Patient Services Manager (x3997) or our Clinical Nutrition Manager (x3870).

Meal times vary by unit from:  
 Breakfast 7:30AM – 8:30 AM  
 Lunch: 11:30 AM - 12:30 PM  
 Dinner: 4:30-5:30 PM

*\*Meal times will vary by unit*

Alternative meal times are planned based on your treatment schedule.

We will make every effort to make your meals here at Spaulding enjoyable!

### ***Cafeteria***

Cafeteria Hours are:

Breakfast: 6:30 am - 10:30 am

Lunch: 11:30 am - 2:00 pm

Dinner: 4:30 pm - 6:30 pm

Vending machines located outside the cafeteria are open 24 hours a day.

### ***ATM***

An ATM is conveniently located in the main lobby.

### ***Computer Access***

Spaulding provides free of charge, wireless internet access to patients, families and visitors, for use on their personally-owned computers. Our information services department can help get you started. Public computers are available in the sitting areas near each nurses station. Security of personal computing equipment is the owner's responsibility as confirmed in the hospital's Belongings/Valuables policy.

## ***HOSPITAL GUIDELINES***

### ***Smoking***

Spaulding is a smoke-free hospital.

### ***Electrical Appliances***

Our Engineering Department must evaluate all electrical and battery-operated appliances for safety. Your primary nurse can arrange this for you.

### ***Belongings/Valuables***

The Hospital cannot assume responsibility for money, jewelry, or other personal belongings, unless they are deposited in the security department safe. Your primary nurse can help you make these arrangements.

If you have removable dental appliances, hearing aides, glasses, or similar items, you and your primary nurse should discuss the safest storage for them when not in use.

### ***Room/Bed Changes***

Situations may arise that require you to be moved to another room. This may happen for reasons of medical necessity for you or your roommate, or a need within the hospital to safely accommodate all patients. When these situations occur, your primary nurse or nurse manager will speak to you and coordinate a room change with the Admitting office.

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## ***DECISIONS CONCERNING YOUR HEALTH CARE***

This section describes your rights as a patient under Massachusetts law to make decisions about your health care, to accept or refuse medical or surgical treatment, and to complete a Health Care Proxy. It is important that you talk with your doctor(s), nurse, and other members of your health care team so that you know what treatments and procedures are

being considered so you can make informed and voluntary decisions.

### ***Your Right to Receive Information and Make Decisions***

#### *Who decides about my health care?*

If you are an adult over 18 years of age and are competent, you have the right to make decisions about your health care. You have the right to be informed about your treatment in a way that you can understand and the right to consent to or not consent to any course of treatment or therapy, including treatments that are life saving or sustaining.

#### *Why am I being informed of my rights again at this hospital if I have previously been informed and expressed my wishes?*

Your opinion as to your health and general well being may have changed recently or may be subject to change during your stay at Spaulding. It is important that your doctors at Spaulding know what your wishes are at this time. You may change your instructions to your doctor(s) at any time.

#### *What if I am under 18 years of age?*

If you are under age 18 (a minor), your parent or legal guardian usually makes decisions about your health care. Some minors may legally make their own health care decisions. Ask your doctor if you are able to make your own decisions.

#### *What medical information should I receive to help me decide on treatments?*

You should know the possible risks, expected benefits, and likely outcomes for all recommended treatments and procedures, including the option of no treatment, before you decide to accept the treatment. You and your family should receive all information that would be important in making your decision.



## ***Advance Care Documents and Health Care Proxy***

### *What is an Advance Directive?*

An Advance Directive is a document in which you may express your wishes regarding future treatment if, through illness or injury, there came a time you were not able to make or communicate your own decisions. Upon admission, the hospital will ask if you have an Advance Directive. If you have completed one, you should provide the hospital with a copy of the document.

There are different types of Advance Directives. They include the Health Care Proxy, MOLST and the Living Will, which are described below. If you would like additional information, you should speak with any member of your health care team.

### *What is a Health Care Proxy and how does it help me?*

A Health Care Proxy is the legally recognized Advance Directive in Massachusetts. The Health Care Proxy is a simple form that allows you to name someone (called your Health Care Agent) to make decisions for you if for any reason you become unable to make or communicate these decisions yourself. The purpose of the Proxy is to ensure your wishes are respected if you are unable to decide for yourself.

### *What is a Living Will?*

A Living Will is a type of Advance Directive in which you express your choices regarding future treatment. A Living Will is not legally recognized in Massachusetts. Although providing evidence of your wishes, a Living Will may not necessarily give your Health Care Agent sufficient authority to carry out your wishes in the same way as a Health Care Proxy. The hospital's Health Care Proxy form includes a section where you

may provide instructions for your agent or specifically limit his or her authority.

### *What is a MOLST?*

MOLST is a medical order form (similar to a prescription) that relays instructions between health professionals about a patient's care. MOLST is based on an individual's right to accept or refuse medical treatment, including treatments that might extend life. Patient's with serious advanced illness at any age may discuss filling out a MOLST with their clinician.

### *If I want a Health Care Proxy, what should I do?*

Case managers can assist you with a Health Care Proxy, you can reach them at (617) 876-4344 ext. 3568. Discuss your decision with your family, your doctor, and the person you wish to name as your Agent.

### *Do I have to complete a Health Care Proxy?*

Although it is recommended, you are not required to complete a Health Care Proxy. If you become unable to make your own decisions and you have not named a Health Care Proxy, your family may be asked to pursue guardianship through the court system.

### *What are some decisions about my medical care that I should discuss with my physician or someone else on my health care team?*

You should discuss all aspects of your medical care with your doctor. When preparing an Advance Directive, it is particularly important to talk about treatment such as:

- Resuscitation (sometimes called CPR): treatment to restore breathing and heartbeat. It may include pressing on your chest, providing medications through intravenous lines, or placing a tube down your throat connected to a breathing machine.

- **Ventilator:** a breathing machine (or respirator) to breathe for you if you cannot breathe on your own.
- **Food and Fluids:** food and water provided through tubes if you are unable to eat on your own.
- **Medications:** drugs used to control pain, restlessness, infections, or other conditions.
- **Comfort:** care that helps make you comfortable but is not intended to treat your condition. Bathing, positioning, and moistening your lips if they are dry are examples of comfort care.

All additional policies of this facility regarding your rights to make health care decisions are available from the Case Management Department.

### ***Organ and Tissue Donation***

It is the policy of Spaulding Hospital for Continuing Medical Care Cambridge, in compliance with Massachusetts General Law and Federal Social Security Regulations, to offer patients and their families the opportunity to consider organ and tissue donation. The New England Organ Bank (NEOB) facilitates the donation process. If you have questions, you may discuss donation with your physician or speak with a representative of the Nursing Management Department. The department will contact the NEOB with your inquiries.

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## ***PATIENT SAFETY***

Spaulding Hospital for Continuing Medical Care Cambridge is committed to providing a safe environment and to continuously strive to improve the delivery of patient care. In order to provide the best possible experience for you as a patient, we want you to know the following information.

*What is the most important thing that you can do to ensure your safety?*

The single most important way you can help to ensure your safety, is to be an active member of your health care team. Be involved in taking part in every decision about your health care.

### ***Changes in Your Medical Condition***

The hospital has established a system for early recognition and timely response to changes in a patient's condition. Our Rapid Response Team is comprised of physicians, nurses, and respiratory therapists who provide additional clinical assistance to the patient, family, and attending nurse when needed. Patients and family members are encouraged to alert caregivers if the patient's condition is of concern or appears to have changed. At such time, if your concerns have not been adequately addressed, please ask your nurse or caregiver about a further evaluation involving our Rapid Response System.

### ***Preventing Infection***

- Handwashing is one of the best ways to prevent infection. Wash your hands well with soap and warm water for at least 15 seconds after using the bathroom, before touching or eating food, or after touching contaminated items or surfaces. Use the alcohol-based hand sanitizer to clean your hands when you leave your room to prevent spreading infections to others.

- Remind health care providers and visitors to wash their hands or use the alcohol-based sanitizer before they treat/touch you.

- Practice respiratory etiquette by coughing or sneezing into the crook of your arm. If you have to use a tissue, wash your hands after use. If there is any Precaution sign posted, speak to the nurse to learn why.

If you would like more information on things like MRSA or VRE, we have that available. Please ask your nurse.

The Spaulding Hospital for Continuing Medical Care Cambridge Infection Control Nurse may be contacted at extension 3000.

*How can you and your family become a part of the healthcare team?*

- Speak up if you have questions/concerns.
- Make sure you get the results of all tests/procedures.
- When you are leaving the hospital, ask your doctor/nurse to explain the care you will need at home.
- Ask a family member or friend to be there with you, and to be your advocate.
- Learn about your condition and treatments by asking your doctor and nurse and using reliable resources.

### ***Fall Prevention***

As part of the nursing assessment upon admission, a falls risk assessment is completed for all patients. Also, within twenty-four hours of admission, all patients are screened by occupational and physical therapists to assess their mobility and safety. Personal safety devices and alarms may be implemented within the assessment period. Appropriate mobility devices will be provided to patients as needed.

The Fall Prevention Program includes keeping your:

- Call light within your reach
- Personal belongings within your reach
- Bed in lowest position

### ***Medication Safety***

Make sure that all of your doctors know about everything you are taking.

- Tell your physician/nurse about all prescription drugs, over the counter drugs, vitamins, herbs, or dietary supplements you take.

- Tell your physician/nurse about any allergies or adverse reactions you have had to medications.

- Ask for information about your medicines in terms you can understand--both when your medicines are prescribed and when you receive them:

- The name of the drug and how much to take?

- What the drug is used for and what it is supposed to do?

- When will it work and how will you know it is working?

- When and how to take the drug--with food, special instructions?

- How to store it?

- What to report to the doctor?

- If it can be taken with over the counter drugs, vitamins, herbs, or dietary supplements.

When the nurse is administering medication to you, ask what is being administered and why.

### ***Patient/Family Education on Use of Restraints***

We want you to know that we are a facility committed to restraint reduction. We believe in providing the highest quality care, thereby improving our patients' quality of life. We feel we can best accomplish this by minimizing restraint use. In this way, we hope to preserve our patients' dignity while providing them with a safe environment. The Federal and State Government, along with the Joint Commission, also encourages a move toward a restraint free environment.

By definition, a physical restraint is "any manual method or physical or mechanical

device, material, or equipment, attached or adjacent to the patient's body that the individual cannot remove easily which restricts freedom of movements or normal access to one's body." Examples of restraints include:

- Vest/chest restraint
- Arm, wrist, waist, leg, or ankle restraint
- Wheelchair seatbelt, lapboard or bar that is not self-releasing
- Full length bedrails or geri chairs

Many adverse effects have been associated with the use of these restraints including muscle and bone weakening that can lead to immobility, chronic constipation and incontinence, low self esteem, withdrawal, depression, loss of dignity, pressure ulcers, and death due to suffocation or strangulation. Because of these possible serious effects, we are asking for your support in our restraint reduction policy.

We will strive to meet your health needs, make our environment safe and provide you and your family with the necessary information to promote your own safety.

We ask that you take responsibility to use appropriate caution, report safety concerns to facility staff, and take part in planning for yourself or for your family member's safety.

We believe we can provide a higher quality of care and improve quality of life by reducing restraint use and that this can be done without compromising safety. If safety becomes an issue in our facility, our clinical team will meet with you or your family to develop a plan to provide the safest environment possible.

If you have questions about our restraint reduction policy, feel free to contact any member of the clinical team.

### ***Ethics Advisory Committee***

The Ethics Advisory Committee is available

for consultation with patients, families, and staff who face difficult treatment and care decisions.

The Committee is available for discussion and advice on ethical issues that may result when a question and/or conflict arises because of individual values and personal judgments.

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## ***ON THE WAY HOME***

### ***Discharge Planning***

Throughout your stay, your case manager will work with you to arrange post-discharge services. We recognize that our patients are facing complex illnesses and will need further access to healthcare services after their stay at SHC. Our staff of case managers will work with you to set up individualized care at the appropriate setting for your continued recovery and rehabilitation.

### ***Skilled Nursing Facility***

Many patients need continued inpatient nursing care and therapy before they are able to return home. Your case manager will create a list of facilities for you based upon your individual care needs and your geographical preference. Ask your case manager for information about the Partners Skilled Nursing (SNF) Collaborative.

### ***Outpatient Services***

Your physician may prescribe outpatient rehabilitation. Your case manager will assist with this transition. Spaulding offers these services in over 20 locations.

### ***Family Team Meeting***

Some patients and families find it helpful to have a Family Team Meeting during their stay. You can ask your case manager to schedule a meeting for your family to meet with your healthcare team. These meetings generally last one hour and give you an opportunity to

discuss your discharge plan, your care needs, and to ask questions about your care.

### ***Home Care***

Your physician may determine that the appropriate course of treatment includes home care. Home care can be provided through Partners HealthCare at Home, which serves more than 70 cities and towns in Eastern and Southeastern Massachusetts.

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## ***PATIENT'S BILL OF RIGHTS***

We, your health care team, promise to preserve your individual rights listed here and ask for your cooperation. We also ask you and your visitors to understand your responsibilities as a patient of Spaulding Hospital for Continuing Medical Care Cambridge and to be considerate of the rights of others.

As a patient at Spaulding Hospital for Continuing Medical Care Cambridge you shall have these Rights:

### ***Care and Treatment***

1. To be involved in all aspects of your care and treatment.

2. To equitable, considerate, respectful care that includes consideration of your psychosocial, spiritual, cultural and personal values and beliefs.

3. To know the identity and specialty of individuals involved in your care. To refuse to be observed, examined, or treated by students or any other staff without jeopardizing your access to medical care.

4. For patients suffering for any type of cancer, and specifically breast cancer, to receive information on all alternative treatments which are medically viable.

5. To receive prompt, life-saving treatment without delay and to receive the most

appropriate medical treatment and care available without regard to your economic status or the source of payment.

6. For victims of sexual assault, to be provided emergency treatment and medically and factually accurate information about emergency contraception.

7. To make decisions about the plan of care prior to and during the course of treatment and to refuse treatment to the extent permitted by law and SHC policy, and to be informed of the medical consequences of this action. This includes resuscitative and limitation of life-sustaining treatment.

8. To include or exclude any or all family members from participating in your health care decisions.

9. To consult with specialists (in addition to any already involved in your plan of care) at your own request and expense.

10. To expect a reasonable response to requests for appropriate and medically indicated care and services, within the capacity of SHC.

11. To expect that your pain and symptoms will be assessed and treated with the goal of minimizing your experience of pain and discomfort, to the extent clinically possible. Patients are encouraged to tell their caregivers about their pain and discomfort experiences and their responses to treatment, to best facilitate their pain and symptom management.

12. For dying patients, to care which optimizes dignity through the treatment of symptoms (as desired by the patient or Health Care Proxy), the acknowledgement of psychological and spiritual concerns of the patient and family.

13. To expect reasonable continuity of care, and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

14. To participate or have your designated representative participate in the consideration of ethical issues which arise in your care.

15. To exercise cultural and spiritual beliefs that do not interfere with the well being of others.

### ***Choice***

1. To express choice regarding service delivery, composition of the service team and concurrent services.

2. To request that another physician treat you in the event that you are not satisfied with the medical treatment you are receiving from a particular physician. However, the physician you select is free to accept, or not accept, the transfer of your care to him/her and you must have the benefit of complete information and explanation concerning the risks, benefits and alternatives to transferring your care to another physician.

3. To transfer to another facility when medically appropriate or upon your request. However, the receiving facility must first accept the transfer, and you must also have the benefit of complete information and explanation concerning the risks, benefits, and alternatives to such transfer.

4. To receive visitors and to deny visitors.

### ***Consent or Refusal***

1. To receive an adequate explanation of your health problems, the proposed treatment, and the risks and benefits of treatment, so that you may give voluntary and well informed consent. You also have the right to have your questions answered and long term financial implications of treatment choices explained, in so far as they are known, except in emergency situations.

2. To designate an agent to make health care decisions for you in the event you can no longer make or communicate such decisions

(Health Care Proxy) or to have a legally appointed guardian make or communicate decisions on your behalf.

3. To refuse to serve as a research subject, and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic. A patient who accepts participation has the right to have the proposed studies fully explained prior to consent. A patient who declines participation is nonetheless entitled to the most effective care that SHC can provide.

### ***Information***

1. To obtain from physicians and other direct care givers, relevant and current information that you can reasonably be expected to understand. When it is not medically possible to provide you with such information, the information should be made available to an appropriate person on your behalf.

2. To obtain from a person designated by SHC, a copy of any rules and regulations of SHC that apply to your conduct as a patient.

3. To review and obtain, upon request, a copy of your medical record for a reasonable fee and within a reasonable time frame. To have such information explained or interpreted as necessary, except when restricted by law. To request amendment to health information and obtain information on disclosures of your health information in accordance with law and regulation.

4. To be informed of SHC policies and practices that relate to patient care, treatment or responsibilities.

5. To be informed of available resources for resolving disputes, grievances and conflicts, such as the Director of Quality and Compliance.

6. To receive from a person designated by SHC, upon request, any available information that the facility has relative to financial

assistance, payments and free care.

7. To receive upon request, a copy of an itemized bill or statement of charges submitted to a third party payor.

8. To notification, upon request, of your eligibility for reimbursement by any third party payor for the cost of your care.

9. To obtain, upon request, an explanation as to the relationship, if any, between SHC and any other health care institution, facility or educational institution as long as said relationship relates to care or treatment.

10. To receive competent interpreter services and other aids to communication when seeking healthcare at the SHC.

### ***Privacy & Confidentiality***

1. To privacy during medical treatment or other rendering of care within the capacity of SHC.

2. To confidentiality of all medical, financial, and other information related to your care. You may refuse release of medical records to any individual outside the SHC except in the case of patient transfer to a healthcare facility or as required by law or third party payment contract and regulatory or accrediting agencies.

3. To transfer to another room, upon availability, if another patient or visitors in your room are unreasonably disturbing you.

### ***Safety***

1. To expect reasonable safety insofar as the SHC practices and environment are concerned.

2. To be free from any form of restraints that are medically unnecessary or are used as a means of coercion, discipline, convenience, or retaliation by staff. A restraint can only be used if needed to improve your well being or to protect others from harm and only if less restrictive interventions have been determined to be ineffective. This right does not apply

to patients who are prisoners of local, state or federal law enforcement agencies or correctional facilities.

3. To be free from all forms of abuse or harassment.

### ***Patient Responsibilities***

As a patient, you have these Responsibilities:

1. To provide, to the best of your knowledge, accurate and complete information about present symptoms, past illness including pain and response to treatment, hospitalization, medications, and other matters relating to your health.

2. To report unexpected changes in your condition to those responsible for your care.

3. To state whether or not you clearly understand the proposed plan of care and what is expected of you.

4. To follow the treatment plan recommended by the practitioner primarily responsible for your care.

5. To be responsible for your actions if you refuse treatment or do not follow your practitioner's instructions.

6. To assure that the financial obligations of your health care are fulfilled as promptly as possible.

7. To follow SHC rules and regulations affecting patient care and conduct, including the No Smoking Policy which is in place throughout SHC.

8. To be considerate of the rights of other patients and SHC personnel by assisting in the control of noise and the number of your visitors.

9. To respect the property of others and of the SHC.

Patient Responsibilities are designed to promote your safety and the safety of others. Failure to abide by these guidelines may result

in administrative action up to and including discharge from the hospital.

### ***Notice of Nondiscrimination***

In accordance with state and federal laws and regulations, Spaulding Hospital for Continuing Medical Care Cambridge does not discriminate on the basis of ethnicity, color, religion, disability, gender, sexual orientation, economic status or age in admission or access, to treatment or decisions regarding advance directives (health care proxy) or employment in its programs and activities.

The above rights encompass all the provisions of the Massachusetts General Laws Chapter III.

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## ***NOTICE OF PRIVACY PRACTICES***

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please view it carefully.

This notice describes our hospital's practice and that of:

- any healthcare professional authorized to enter information into your hospital chart
- all departments and units of the hospital
- any member of a volunteer group we allow to help you while you are in the hospital
- all employees, staff and other hospital personnel

### **Our Pledge Regarding Medical Information:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care

and comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by the hospital personnel or your personal doctor or other practitioners involved in your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

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

We are required by law to:

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

### **How We May Use and Disclose Medical Information About You**

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

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, healthcare students, clergy, or others who are involved



in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital or others we or your physician uses to provide services that are part of your care.

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

- **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what

services are not needed, and whether certain treatments are effective. We may also disclose information to doctors, nurses, technicians, healthcare students, and other hospital personnel for review and learning purposes.

- **Appointment Reminder.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

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

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

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### ***RECORD RETENTION AND DESTRUCTION POLICY***

Hospitals and clinics licensed by the Department of Public Health must maintain records for at least twenty (20) years after the discharge or final treatment therein of the patient to whom, it is related.

AUTHORITY: 105 CMR 130.370(F) or 105 CMR 140.302

Spaulding Hospital Cambridge adheres to the above statutory requirement. Spaulding Hospital Cambridge has chosen to destroy records in excess of twenty (20) years from the date of discharge or final treatment.

However, as patients are readmitted, old records are brought forward and included

with the most recent admission or treatment as separate volumes. Old records in this case will be destroyed when the most current record reaches the 20 year point.

If you would like a copy of your medical record, please contact the Medical Records Department at 617-952-6930.

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### ***CONFLICT RESOLUTION***

If you have a quality of care or safety concern that has not been resolved to your satisfaction, we encourage you to bring it to the attention of the appropriate management personnel. Complaints may be filed in writing to the Spaulding Hospital for Continuing Medical Care Cambridge Director of Quality & Compliance Officer or may be submitted orally, in person, or via the telephone at (617) 758-5538. If you prefer, forms are available in the office of the CEO. Consistent with Spaulding Hospital for Continuing Medical Care Cambridge's policy, all complaints will be treated confidentially and will be investigated. We will keep you informed throughout the process. It is the hospital's goal to resolve your complaint quickly. We know that being hospitalized can be a difficult experience, and it is our hope to make your stay as comfortable as possible.

If you feel your issues have not been resolved, whether or not you have contacted us, you may direct complaints to:

Department of Public Health  
Telephone: 1-800-462-5540  
Mail: Complaint Unit  
Massachusetts Department of Public Health  
Division of Health Care Quality  
Complaint Department  
99 Chauncy Street, 2nd Floor  
Boston, MA 02111

Joint Commission

**[complaint@jointcommission.org](mailto:complaint@jointcommission.org)**

Telephone: 1-800-994-6610

Office of Quality Monitoring

Joint Commission on Accreditation of  
Healthcare Organizations

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Massachusetts Board of Registration in  
Medicine

860 Harrison Avenue

Boston, MA 02118

617-654-9800

Massachusetts Peer Review Org.

235 Wyman Street

Waltham, MA 02111

800-462-5540

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### ***YOUR BILL AND INSURANCE COVERAGE***

Insurance companies, health maintenance organizations (HMOs), Medicare and Medicaid all require hospitals to provide a review process to assess a patient's need for continued medical care in a hospital. At Spaulding, your doctor is responsible for determining whether you need continued hospitalization. Your case manager reviews your care and progress and will let you know if any difficulty arises. If you have questions, please speak with your case manager.

In addition, a review process does exist for making sure that we are following federal and insurance company guidelines. This process is called utilization review. Insurance companies conduct their own utilization review. Your case manager provides them with current information on your progress and your ongoing need for medical care and rehabilitation in a hospital.

If the utilization review process determines that you no longer need hospital-level of care, you, your family, and your physician will receive notification. The notification will include the date that your coverage ends. If you and your physician believe that hospital-level care is necessary, you or the hospital can appeal the decision. Your case manager will speak with you about the appeal process.

### Hospital Charges

In general, third parties cover and pay for most patients' bills; however, insurance policies, including Medicare, Medicaid, Blue Cross/Blue Shield, and HMO plans are agreements between you and your insurer or HMO. The hospital is not a party to these agreements, and cannot state whether or not an insurer will pay for care provided at Spaulding.

In some instances, insurance contracts do not cover the whole stay, part of the stay, or some forms of treatment. Some contracts include deductibles and exclusions. Sometimes an insurance company decides not to pay part of a bill after the care has been provided and the patient has been discharged.

The hospital will cooperate fully in expediting your claims, but you are ultimately responsible for your account. Direct questions about your account to Spaulding's Business Services personnel and not to other hospital employees. Business Services personnel can tell you what insurance companies generally pay for, but no hospital staff members can guarantee payment by an insurer.

If you anticipate difficulty concerning the financing of your hospitalization, or have questions regarding a bill after your hospitalization, consult the patient accounts department at (617) 643-5834.

### *If You Have Medicare*

While you're a Medicare hospital patient, you have the right to:

- Receive all hospital care necessary for the proper diagnosis and treatment of your illness or injury.

- Be fully informed about decisions affecting your Medicare coverage and payments for your hospital stay, and for any post-hospital services.

- Be able to appeal the hospital's decision to discharge you.

When you are admitted to Spaulding, you will be given an Important Message from Medicare.

This Important Message explains that you have the right to appeal a discharge decision and how to request an appeal.

If you disagree with the decision that you are ready to be discharged, you have the right to request an appeal from Livanta. You must call Livanta no later than midnight of your planned discharge date.

Talk to your case manager and doctor about your hospital stay. If you have questions about your medical treatment ask your doctor. If you have questions about your continued hospital stay, your discharge, or your need for post-hospital care, ask your doctor and case manager.

## ***NOTES:***









SPAULDING HOSPITAL™  
FOR CONTINUING MEDICAL CARE

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CAMBRIDGE

1575 Cambridge Street  
Cambridge, MA 02138

617.876.4344

[www.spauldingnetwork.org](http://www.spauldingnetwork.org)

The logo consists of the word "PARTNERS" in a serif font with a thin white arc above it, and the word "HEALTHCARE" in a smaller sans-serif font below it. A vertical line is to the right of the text.

PARTNERS™  
HEALTHCARE

FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL  
AND MASSACHUSETTS GENERAL HOSPITAL

**Find  
your  
strength.**