

A Guide for Your **HOSPITAL STAY**



**Lakewood Ranch
Medical Center®**

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Welcome to Lakewood Ranch Medical Center

We realize you have options when it comes to healthcare, which is why we are honored that you have chosen Lakewood Ranch Medical Center.

It is a privilege to provide compassionate, high-quality healthcare to the people of Lakewood Ranch and surrounding areas. Our primary focus is to provide a safe, healing environment and an exceptional patient experience.

We are proud to have been recognized for our quality, patient safety and satisfaction accomplishments – and our goal is to be the best of the best.

If you have any questions or concerns during your stay, please let a staff member know. If you encounter an issue that a staff member is not able to resolve, please call the CEO Hotline at ext. 22900. Outside of the hospital, you may call 941-782-2900. Leave your name and room number with your message and we will promptly respond.

Additionally, hospital representatives will round on you during your stay, will ask for feedback and gain insight into your satisfaction with your care and make sure any concerns are addressed before your discharge.

On behalf of our physicians and staff, we wish you good health. Thank you for allowing us the privilege of serving you.

Sincerely,



Chief Executive Officer

Our Mission

Our mission is to provide healthcare services that patients recommend to family and friends, physicians prefer for their patients, purchasers select for their clients, employees are proud of and investors seek for long-term returns. We will realize this vision through our commitment to the following principles: service excellence, continuous improvement in measurable ways, employee development, ethical and fair treatment for all, teamwork, compassion and innovation in service delivery.

About Us

OUR ADDRESS

8330 Lakewood Ranch Blvd., Lakewood Ranch, FL 34202

Conveniently located near I-75 and University Parkway, Lakewood Ranch Medical Center is a 120-bed, acute care hospital that has proudly served the community since 2004.

The medical center and its freestanding emergency department, the ER at Fruitville, have earned national clinical excellence, quality and safety awards and distinctions. It consistently ranks at the top of its class when it comes to quality care and is accredited by The Joint Commission. It has received advanced certifications from The Joint Commission as an Acute Heart Attack Ready facility, a Primary Heart Attack Center and Primary Stroke Center. Additionally, it has achieved core certification in hip and knee replacement and sepsis.

With more than 750 physicians and allied health professionals on our staff, we offer a range of specialties and advanced technologies in inpatient and outpatient settings.

OUR SERVICES INCLUDE:

- 24/7 Emergency Department
(including a freestanding ER on Fruitville Road)
- Stroke and Cerebrovascular Center
- Orthopedic Spine and Joint Center
- Women's Services (maternity, gynecology)
- General and Robotic Surgery
- Cardiovascular Services (invasive and noninvasive)
- Gastroenterology
- Urology
- Sleep Medicine
- Wound Care
- Radiology Imaging
- Laboratory
- Physical Therapy



Our Commitment to Care

Our goal is to provide the best patient care. If at any time you have questions or concerns about the quality of care you or a family member is receiving or has received at our hospital, do not hesitate to speak with your nurse, the nursing director or supervisor. If you feel that your issue wasn't resolved, please contact the CEO Hotline. From inside the hospital, dial 22900; from home, dial 941-782-2900, or write:

Lakewood Ranch Medical Center

Attention: Andy Guz, CEO
8330 Lakewood Ranch Blvd.
Lakewood Ranch, FL 34202

If you have a complaint about a healthcare professional or facility and want to receive a complaint form, call the Consumer Services Unit at 888-419-3456 (press 2) or write to:

Agency for Healthcare Administration

Consumer Services Unit
PO Box 14000
Tallahassee, FL 32317

In addition, you have the right to file a complaint or concern with:

Office of Quality and Patient Safety

The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Website: jointcommission.org, click "Report a Safety Concern"

Performance data and pricing information regarding our facility can be found at floridahealthfinder.gov or through the link provided on the hospital's website, lwrmc.com.

Your Satisfaction

We encourage your feedback to improve care.

Your healthcare is our priority. This hospital takes part in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. HCAHPS is a standardized tool for measuring and reporting the patient's perspective of hospital care at all hospitals in the United States. HCAHPS makes survey results public so hospitals are aware of where changes are needed, and the results also enable healthcare consumers to review and compare hospitals before choosing a healthcare provider.

After you are released from the hospital, you may be selected to participate in the HCAHPS survey by email or mail. The survey asks multiple-choice questions about your hospital stay. Please take the time to participate in the HCAHPS survey. Your feedback is valuable!

You Are Part of the Team

Communicate and Participate – it's your health. Don't be afraid to ask your physicians and nurses questions. You are the center of your healthcare team, so ask questions, understand your treatment plan and medications, and communicate with your physician and nurses.

Care Compare is a government website that allows users to compare the quality of care provided by hospitals. The information about satisfaction provided on this website is based on HCAHPS survey results. medicare.gov/care-compare

The **Joint Commission** has created quality and safety standards for healthcare organizations. The Joint Commission reviews, accredits and certifies healthcare organizations that meet its high standards. Quality reports for all accredited organizations are available on its website. qualitycheck.org

During Your Stay

PHYSICIAN PROVIDERS

You may be seen by a variety of physicians, specialists, consultants and licensed practitioners while in the hospital. Hospitalists are physicians that specialize in treating hospitalized patients and may oversee your medical care while you're in the hospital. At times, video or telephone consultation/evaluation may be used as part of your treatment.

VISITOR GUIDELINES

- General visiting hours are from **9 a.m. until 9 p.m.**
- Visitors must be free of symptoms of infection or illness.
- LWRMC is a non-smoking facility.
- **Inpatient Nursing Units**
 - Visitors should enter through the main hospital entrance during visiting hours.
 - Each patient may have two visitors at a time. Visitors may be switched out throughout the day.
 - Minors, free from symptoms of infection or illness, may accompany adult visitors.
 - Keep in mind that younger children may be developmentally unable to remain with the patient for lengthy periods of time.
 - It is suggested to prepare the child for the hospital environment and the patient's illness as appropriate.
 - Visits may be limited based on the patient's condition or medical provider's orders.
 - If patient is in a double room, dependent on the roommate's physical or emotional condition, the length of visits may be limited by the medical team.
- **Intensive Care Unit (ICU)**
 - Follow general and inpatient visitor guidelines.
 - Quiet time is observed between 2 p.m. and 4 p.m. daily.
 - Supervised children under age 12 and free from symptoms of infection or illness may be allowed to visit based on the patient's condition. Please discuss with the nurse.
 - If additional visitation is needed for emotional and/or social support by a chosen support person, please speak to the nurse.
- **Emergency Room**
 - Two visitors may accompany the patient in the ER as the patient's condition warrants.
- **Women's Center**
 - Siblings, free from symptoms of infection or illness, may visit.
 - Quiet time for mothers and newborns is observed between 2 p.m. and 4 p.m. daily.
- **Nursery**
 - Parents may visit their infant in the nursery at any time. One visitor may accompany the parent during the nursery visit.
- Patients and families are encouraged to participate in the patient's care; however, please do not take or administer care, food or medication without speaking to the nurse. While in the hospital, patient care including nutrition is strictly guided by medical providers' orders. If bringing food or fluids in from the outside, please check with the nurse first.
- Visitors whose presence infringes on the rights of others and their safety or whose presence is medically or therapeutically contraindicated will not be allowed.

SERVICE ANIMALS

Service animals will be accommodated at LWRMC. According to the Americans with Disabilities Act (ADA), a service animal is defined as a dog that has been individually trained to provide assistance or perform tasks for the benefit of a person with a physical, sensory, psychiatric, intellectual, mental or other disability. The work or task a dog has been trained to provide must be directly related to the person's disability. Service animals are limited to dogs. Under the ADA, service animals must be harnessed, leashed or tethered unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In this case, the individual must maintain control of the dog through voice, signal or other controls. If the service animal is disruptive or a direct threat to the safety of others, the animal's ability to remain in the hospital will be evaluated. The care and behavior management (stewardship) of the service animal is the responsibility of the handler. Emotional support animals, comfort animals and therapy dogs are not service animals under Title II and Title III of the ADA and are not covered by the laws that protect and give rights to service animals. A physician's note that states a person has a disability and needs the animal for emotional support does not make an animal a "service animal." Emotional support dogs may be considered on a case-by-case basis.

LWRMC encourages family members, friends or other individuals to be present with the patient for emotional support during the course of the stay, unless the individual's presence infringes on others' rights or safety, or if it is medically or therapeutically contraindicated. When in-person visitation is not permitted, we encourage patients to use phone calls, video calls or other technology to communicate with loved ones.

PUBLIC RESTROOMS

Public restrooms are located throughout the hospital.

FIRE SAFETY

We periodically conduct fire drills. If you hear an alarm, stay where you are and refrain from using the elevators while the fire alarm is sounding. In the event of an actual emergency, hospital staff will notify you.

SMOKING

LWRMC is a tobacco-free campus. If the patient requires help to refrain from smoking during hospitalization, please notify a nurse or your physician.

ATM

For your convenience, an automated teller machine (ATM) is located in the ER lobby area of the hospital.

ENTERING AND EXITING THE HOSPITAL AFTER HOURS

From 9 p.m. to 7 a.m., hospital visitors are only able to enter and exit the hospital through the Emergency Room entrance. The only exception is for patients of and visitors to the Women's Center. Labor and Delivery patients and visitors may use the Women's Center entrance 24 hours a day, seven days a week.

PATIENTS WITH SPECIAL NEEDS

LWRMC provides the following special services at no charge to our hospitalized patients. To arrange for these services, ask at the time of admission or ask your nurse.

- **Closed-caption TV:** This special television displays captions of spoken dialogue.
- **Language services:** Full language services that include telephone and video calls as well as on-site interpreting may be arranged through your nurse. This service is available 24 hours a day to provide interpretation.
- **Special nurse call button:** The device is available for patients with limited use of their hands.

In addition, the following services are available:

- **Mobility aids:** Crutches, walkers and canes are property of the hospital's Physical Medicine Department. Mobility aids may be kept in your room during your hospitalization once it has been determined that you are safe to use them independently or if you are receiving physical therapy for functional mobility deficits. If you require a mobility aid after your discharge from the hospital, a case manager will help you get the appropriate equipment through a medical equipment supply company.
- **Post-hospitalization equipment in your home:** Case management will assist in making arrangements for medical equipment to be placed in your home upon discharge. You may reach Case Management by calling 941-782-2422.

WIRELESS INTERNET SERVICE (WI-FI)

A guest Wireless Network called "GuestAccess" is available at Lakewood Ranch Medical Center.

To connect using a laptop: Click on "Guest Access" and select "Connect automatically," and click "Connect." A web browser should launch automatically (if not, launch manually). When the disclaimer page loads, click "Accept."

To connect using an Apple IOS or an Android OS device:

Click "Guest Access." A web browser should launch automatically (if not, launch manually). When the disclaimer page loads, scroll to the bottom and click "Accept."

ELECTRICAL APPLIANCES

Hospital policy discourages patients from bringing electrical appliances, including but not limited to razors, radios, cellphones and other devices, into the hospital. Personal medical equipment, such as CPAP machines, must be checked prior to use. Ask your nurse for an electrical safety check. LWRMC is not responsible for lost or missing items.

LEADERSHIP ROUNDING

Hospital leaders visit patients during their stay to serve as a liaison between patients, families and visitors to address their questions, concerns, special needs or requests, complaints, compliments and suggestions. Leadership collaborates with associates and related healthcare providers to seek resolutions and identify opportunities for performance improvement.

TV

Televisions are provided in each patient room. Please be considerate of others by keeping the TV volume down and turning off your TV at bedtime.

PATIENT MEALS

The Food and Nutrition Service works closely with physicians and nursing staff to provide meals for our patients that are "just what the doctor ordered." Meals are the result of the physician's diet prescription, which factors in a patient's medical condition. The meals are prepared under the direction of our executive chef, to ensure quality and good taste. Patients are provided with menus featuring breakfast, lunch and dinner selections. To place an order, call 22346. Meals are delivered through the hospital's room service program.

MEDITATION ROOM

The meditation room is located on the first floor of the main building across from the conference center. It is available for use by patients and family members at all times. It is a quiet and peaceful place for prayer and reflection. Everyone is welcome.

REST AND RECOVERY

The staff at Lakewood Ranch Medical Center understands the importance of rest during your recovery. Though a certain amount of stimulation and interruptions are required to monitor and treat your medical condition, there are steps we can discuss with you to increase your opportunity to get sufficient rest.

We will work hard to:

- Keep the environment as quiet as possible.
- Decrease lighting during times of rest.
- Decrease interruptions.

Discuss with your nurse:

- Closing the door if it is safe to do so.
- IV alarms, if this is a repeated issue.
- Keeping alarms set at a low but safe level to be heard at the nurses station.
- Leg compression devices may be applied. They are an important measure to help prevent blood clots, but if you feel they are not allowing you to rest, please let the nurse know and you can discuss other options.
- Decrease interruptions at night. Discuss with your nurse combining tests and assessments together to allow larger blocks of uninterrupted rest.

Other tools:

- Ear plugs are available should you need them.
- Signage can be placed outside your door to notify visitors that you are resting.
- Discuss with your nurse whether a sleep aid has been ordered by your physician and if that would be right for you.
- Aromatherapy.

Please let us know if there is anything else that might help you rest.

We hope you rest well.

YOUR VALUABLES

If you have valuables, such as jewelry, computers, cell phones, prescription medications and cash, please give them to a relative or friend to take care of during your stay. Contact lenses, eyeglasses, hearing aids and dentures should be stored in a labeled container on your bedside stand when not in use. Please don't put them on your bed or food tray – they may be damaged or lost. LWRMC is not responsible for replacement of personal belongings.

MANAGING YOUR MEDICATIONS

As a patient or family member, you are part of your healthcare team. You share the responsibility for safe medication use. As much as you trust your care provider's knowledge and judgment, you owe it to yourself and your family to learn as much as you can about your medications and their uses.

Here are some things you can do to ensure safe medication use:

Make a medication list

A medication list is a record of all prescriptions, over-the-counter medicines, herbals, supplements, minerals, ointments and vitamins that you use. The list should include:

- Name of the medicine
- Strength
- Dose
- How often you take it
- Why you take it

It's also important to include a list of:

- **Allergies:** List medications and the allergic reaction you had when taking the medication.
- **Negative side effects:** List any medication to which you had negative side effects, especially any that your physician stopped because of side effects. Note what the side effects were.

Next steps:

- Update your medication list every time you start or stop taking a medicine.
- Provide an update to your healthcare provider at each visit.
- Give a copy of your list to a family member or close friend, and all physicians or healthcare professionals involved with your care.
- Instruct a family member or friend to take your medication list to the hospital if you are unable to do so.

Know your medication

When you arrived at the hospital, you may have been asked about your present medication list. Accurate documentation of your medication allows us to safely care for you while in the hospital.

You are the most important member of your healthcare team.

We encourage patients to understand and be knowledgeable about why their physicians have prescribed certain medication and its action, as well as dosing and potential side effects for the medications they are taking.

While in the hospital, we will:

Provide you with education about all new medications you receive, including:

- **Purpose:** Why the physician prescribed this medication
- **Action:** How the medication works
- **Dosing:** How to safely take this medication
- **Side effects:** How it might affect you

Please take a moment to discuss this information with a member of your healthcare team.

Questions about your medications:

1. _____

2. _____

3. _____

4. _____

5. _____

Please feel free to request specific education from one of our pharmacists. *Please note: Medications prescribed in the hospital may not be prescribed on discharge as they are specific to the hospital setting.*

In addition, a nurse will provide you with a list of medications to be continued upon discharge and will provide education related to these medications as listed above.

CAREAWARE CONNECT MOBILE DEVICES

You will see your care team using these mobile devices throughout your stay. This secure technology allows nurses to communicate quickly with you, each other, other disciplines involved with your care, and your physician. Some alerts and alarms are also integrated into the devices for a quicker response time. They may also be used for patient identification before giving medications.

REFERENCE QUESTIONS

Before surgery or procedure

- What will happen before the surgery/procedure?
- How long will it take?
- Where can my family wait for me?
- What effects (temporary or permanent) will the surgery have on me?
- What is the physician's experience in performing the procedure?
- What medicines will be prescribed (short term/long term)?
- How long will I have to rest at home after surgery?

After surgery or procedure

- When should I call my physician?
- How long should I stay in bed?
- How much activity can I do?
- What type of food should I eat?
- How soon can I drive?
- When can I go back to work?
- Can I have sex?
- When should I schedule a visit to the physician?
- What changes should I make in my lifestyle?

CAFETERIA

Café at the Ranch is located on the first floor of the hospital, just down the corridor from the main hospital entrance.

Café Hours

Monday – Friday	Weekends and Holidays
7 to 9:30 a.m.	7 to 9:30 a.m.
11 a.m. to 3 p.m.	11 a.m. to 2 p.m.
4 to 7 p.m.	

Stations open and close at various times in the Café.

COFFEE & GIFT SHOP

Specialty coffees and a variety of other drinks, as well as delicious snacks, are featured in the coffee shop located on the first floor.

SPEAK UP™ ABOUT YOUR CARE

Speak up...

- If you don't understand something or if something doesn't seem right.
- If you speak or read another language and would like an interpreter or translated materials.
- If you need medical forms explained.
- If you think you're being confused with another patient.
- If you don't recognize a medicine or think you're about to get the wrong medicine.
- If you are not getting your medicine or treatment when you should.
- About your allergies and reactions you've had to medicines.

Pay Attention...

- Check identification (ID) badges worn by physicians, nurses and other staff.
- Check the ID badge of anyone who asks to take your newborn baby.
- Don't be afraid to remind physicians and nurses to wash their hands.

Educate yourself...

- So you can make well-informed decisions about your care.
- Ask physicians and nurses about their training and experience treating your condition.
- Ask for written information about your condition.
- Find out how long treatment should last and how you should feel during treatment.
- Ask for instruction on how to use your medical equipment.

Advocates (family members and friends) can help...

- Give advice and support – but they should respect your decisions about the care you want.
- Ask questions and write down important information and instructions for you.
- Make sure you get the correct medicines and treatments.
- Go over the consent form so everyone understands it.
- Get instructions for follow-up care and find out who to call if your condition gets worse.

Know about your new medicine...

- Find out how it will help.
- Ask for information about it, including brand and generic names.
- Ask about side effects.
- Find out if it is safe to take with your other medicines and vitamins.
- Ask for a printed prescription if you can't read the handwriting.
- Read the label on the bag of IV fluid so you know what's in it and that it is for you.
- Ask how long it will take the IV to run out.

Use a quality healthcare organization that...

- Has experience taking care of people with your condition.
- Your physician believes can provide the best care for your condition.
- Is accredited, meaning it meets certain quality standards.
- Has a culture that values safety and quality and works every day to improve care.

Participate in all decisions about your care...

- Discuss each step of your care with your physician.
- Don't be afraid to get a second or third opinion.
- Share your up-to-date list of medicines and vitamins with physicians and nurses.
- Share copies of your medical records with your healthcare team.

The goal of Speak Up™ is to help patients and their advocates become active in their care.

Speak Up™ materials are intended for the public and have been put into an easy-to-read format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all healthcare organizations; their use does not indicate that an organization is accredited by The Joint Commission.

Rights & Responsibilities

You are entitled to prompt and reasonable response to your questions and requests.

You are entitled to receive care in a safe setting.

You are entitled to know what patient support services are available.

You are entitled to appropriate assessment and management of pain.

In order to promote support and well-being of our patients, Lakewood Ranch Medical Center recognizes your rights while you are receiving medical care. We trust you will respect Lakewood Ranch Medical Center's right to expect certain behavior of you while you are a patient at our facility. The following is a summary of your rights and responsibilities in accordance with the Florida Patient's Bill of Rights and Federal Regulations.



YOUR RIGHTS

You have the right to:

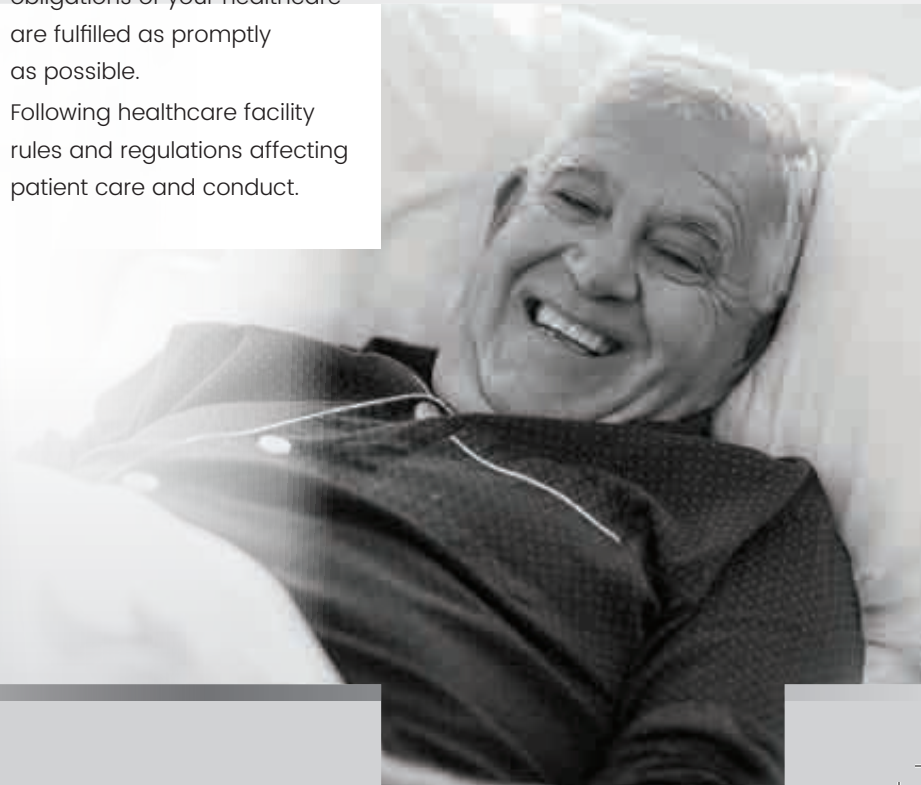
- Be treated with courtesy and respect, with appreciation of your individual dignity and with protection of your need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Know what patient support services are available if you do not speak English.
- Bring any person of your choosing to the patient-accessible areas of the healthcare facility or provider's office to accompany you while you are receiving inpatient or outpatient treatment or consulting with your healthcare provider, unless doing so would risk your safety or health or the safety or health of other patients or staff, or unless your request cannot be reasonably accommodated by the facility or provider.
- Know what rules and regulations apply to your conduct.
- Be given by the healthcare provider information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis.
- Appropriate assessment and management of pain
- Designate a support person, determine who may visit, and understand there may be limitations placed on visits in accordance with clinical considerations.
- Refuse any treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- Know, upon request and in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate.

- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of a reasonable clear and understandable itemized bill and, upon request, to have the charges explained.
- Impartial access to medical treatment or accommodations regardless of race, national origin, religion, handicap or source of payment.
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for the purpose of experimental research and to give your consent or refusal to participate in such experimental research.
- Express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of the healthcare provider or healthcare facility which served you and to the appropriate state licensing agency.

Your Responsibilities

YOU ARE RESPONSIBLE FOR:

- Providing to the healthcare provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- Reporting unexpected changes in your condition to the healthcare provider.
- Reporting to the healthcare provider whether you comprehend a contemplated course of action and what is expected of you.
- Following the treatment plan recommended by the healthcare provider.
- Keeping appointments and, when you are unable to do so for any reason, notifying the healthcare provider or healthcare facility.
- Your actions if you refuse treatment or do not follow the healthcare provider's instructions.
- Assuring that the financial obligations of your healthcare are fulfilled as promptly as possible.
- Following healthcare facility rules and regulations affecting patient care and conduct.



Patient Safety

The staff of Lakewood Ranch Medical Center will do all we can to ensure your safety. Here is how you can help. Provide detailed information about your health history, including your present complaints, past illnesses, prior hospitalizations, medications and any risks or concerns you perceive.

Always ask your physician or nurse to answer any questions you have about treatment and care. Participate in the decisions concerning your treatment plan, then follow them carefully. Talk with the hospital staff or your physician about your medications and the precautions you may need to take while on those medications. Finally, follow all hospital rules and regulations.

WHY DO CAREGIVERS WEAR FACE SHIELDS, MASKS, GOWNS AND GLOVES?

Face shields, masks, gowns, hair or head coverings and gloves or a combination of these may be worn by your caregiver at various times during your stay. In addition, visitors may be asked to wear some or all of this equipment. These measures are put in place to meet local, state and federal guidelines for controlling the spread of germs. This does not mean you or the patient in the next bed is contagious to others. Patients with contagious illnesses are often placed in special isolation rooms. If you would like more information, please contact your nurse or the Infection Prevention and Control Department.

PATIENT CONFUSION AND DISORIENTATION

Infections, side effects from medicine, poor eyesight, impaired hearing, lack of oxygen or simply being in an unfamiliar place can cause a patient to become confused while in the hospital. This disorientation can inhibit your ability to judge your surroundings, resulting in a fall or accident. At these times of confusion, the nurse may call a family member to come to the hospital and sit with you. If a family member is not available, the use of safety equipment, such as bed or chair alarms, may be necessary. The nursing staff will continue to check on you during this time to help with anything you may need.

MEDICATIONS FROM HOME

Lakewood Ranch Medical Center wants patients and their families to participate in the patient's care. However, please DO NOT take or administer care, food or medication without speaking to the physician or nurse. For your safety, hospital policy does not allow use of medications from home unless ordered by your physician. If medicine is required during your stay, your physician will prescribe it for you. If you brought medicine of your own, please send it home. If you are not able to send it home, please notify your nurse to have it secured.



LABORATORY TESTING

Early in the morning, a lab technician may wake you before breakfast to draw blood for lab tests ordered by your physician that require you to have fasted (no food, drinks or medication) for several hours. Timed blood tests are sometimes necessary to monitor medication levels and/or specific blood markers. If you have concerns about the frequency of blood draws, please share this with your nurse or physician.

Five things you can do to prevent infection:

1. Clean your hands.

- Use soap and warm water. Rub your hands well for at least 20 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- Or, if your hands do not look dirty, clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food.
- Clean your hands after using the bathroom, handle the trash, change a diaper, visit someone who is ill, or play with a pet.

2. Make sure healthcare providers clean their hands.

- Physicians, nurses and other healthcare providers come into contact with a lot of bacteria and viruses, so before they treat you, if you are unsure, you may ask them if they've cleaned their hands.
- Healthcare providers should wear clean gloves when they perform tasks, such as taking throat cultures, taking blood, touching wounds or body fluids, or examining your mouth or other areas. Don't be afraid to ask them to wear gloves.

3. Practice proper coughing and sneezing etiquette.

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more! To help stop the spread of germs:

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put your used tissue in a waste basket.
- If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Perform hand hygiene right away.

4. If you are sick, avoid close contact with others.

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go for medical treatment, call ahead and ask if there's anything you can do to avoid infecting people in the waiting room.

5. Get vaccinations to avoid disease and fight the spread of infection.

- Make sure your vaccinations are current – even for adults. Check with your physician about vaccinations you may need.
- Vaccinations are available to prevent these diseases:

– Chicken pox	– Diphtheria
– Flu (influenza)	– Hepatitis A and B
– Human papillomavirus (HPV)	– Measles
– Meningitis	– Mumps
– Pertussis (whooping cough)	– Shingles
– Pneumonia (Strep pneumonia)	– Tetanus
– Rubella (German measles)	
– COVID-19 (may prevent or reduce severity of COVID)	



Facts About Blood Products

Lakewood Ranch Medical Center receives blood products from the SunCoast Community Blood Bank (1760 Mound Street, Sarasota, FL 34236, 941-954-1600). All blood products are from unpaid volunteer donors. Statistically, unpaid donors are among the safest donors available. Blood and blood products can be essential to sustain health and life.

RISK OF INFECTION

There are risks involved when receiving blood products. However, blood donors are carefully screened, and all blood is tested for HIV (the AIDS virus), hepatitis and HTLV-1 (the virus which causes liver or nerve disease). There is less than a 1-in-1,000,000 chance of infection occurring from blood transfusion.

BLOOD ALTERNATIVES

You do have choices other than receiving blood from volunteer donors when timing allows. Your physician will help you determine your specific needs and options.

Autologous blood – You may be eligible to donate your own blood under the autologous blood procedure. If this option interests you, your physician can determine your need and if you are an acceptable candidate for autologous transfusion.

Blood from relatives – Family members or friends with your blood type may possibly donate blood for you to receive. A minimum of 72 hours is required to collect and process this blood. Please ask your physician for more information about receiving blood from relatives.

BLOOD TRANSFUSIONS

Consent for blood or blood products is on the surgical consent form, so if there is any possibility that you might require blood or blood products during an operative procedure there will be no delay in receiving them. Alternatives, options, risks and benefits will be discussed with you by your physician.

Talk to your physician if you have any questions. If you object to receiving blood or blood products, tell your nurse as well as your physician and he or she will have you sign the appropriate form so it is noted in your chart.

POSSIBLE ADVERSE PHYSICAL BLOOD

TRANSFUSION REACTIONS

Some patients may experience minor changes in their body's immune system after a blood transfusion, causing mild symptoms such as fever, chills or hives. These typically require little or no treatment. A small number of patients also may react to donated blood by developing antibodies. The transmission of disease and destruction of red blood cells occurs very rarely and seldom threatens life. If you have had a previous reaction to blood, be sure to notify your nurse or physician so that additional precautions can be taken.

Informed Healthcare Decisions

Lakewood Ranch Medical Center supports your right to be involved in your plan of care. We encourage you to obtain all the appropriate information you need to make informed decisions and actively participate in your care.

ACKNOWLEDGMENT OF INFORMED CONSENT

All invasive procedures and treatments should be explained to you by your physician or the physician performing the procedure in terms that you can understand. You then will be asked to sign a form indicating that this discussion has occurred and that you have a basic understanding of the following:

- The reasons why the procedure or treatment is needed
- The expected benefits
- What may occur if the procedure and/or treatment is not performed
- Other methods that may be used instead of the proposed procedure or treatment
- Possible problems or adverse effects that may occur during or after the procedure

Acknowledgment of Informed Consent for your procedure means that you consent to blood transfusion unless you state otherwise.

ANESTHESIA

For procedures requiring anesthesia, your options will be discussed with you by your physician and an anesthesiologist. Be sure to discuss any preferences or previous problems during anesthesia, including any family history of malignant hyperthermia or sleep apnea with the anesthesiologist. For procedures that do not require an anesthesiologist, you may be given a local medication and/or sedative medication ordered by the physician performing the procedure.

ADVANCE DIRECTIVES

A living will, healthcare proxy and durable power of attorney are the legal documents that allow you to give direction to medical personnel, family and friends concerning your future care when you cannot speak for yourself. You do not need a lawyer in order to complete advance directives.

You have the right to make decisions about your own medical treatment. These decisions become more difficult if, due to illness or a change in mental condition, you are unable to tell your physician and loved ones what kind of healthcare treatments you want. That is why it is important for you to make your wishes known in advance. Here is a brief description of each kind of directive:

LIVING WILL

A set of instructions documenting your wishes about life-sustaining medical care. It is used if you become terminally ill, incapacitated or unable to communicate or make decisions. A living will protects your rights to accept or refuse medical care and removes the burden for making decisions from your family, friends and medical professionals.

SURROGATE DESIGNATION

If you are too sick to make decisions, close family members or a close friend may decide with the physician and nurses what is best for you. This works most of the time. But sometimes everyone does not agree about what to do. One way to help ensure that your wishes will be honored is to name someone you trust who will make medical decisions for you. You may name this person who acts as your healthcare surrogate in a living will, in which case this person makes only those medical decisions related to serious illness that could cause death.

A surrogate also may make medical decisions for you when you are temporarily too sick to do so yourself. You may wish to put this in writing on a surrogate designation form available at the hospital. Remember, if you want this person also to make decisions about the use of machines and medical treatment when you are hopelessly ill, name the same person in your living will. It is advisable to name a replacement in case the person you have chosen to make decisions for you becomes unable or unwilling to do so.

DURABLE POWER OF ATTORNEY

For healthcare: A legal document that names your healthcare proxy. Once written, it should be signed, dated, witnessed, notarized (depending on your state), copied and put into your medical record.

For finances: You also may want to appoint someone to manage your financial affairs when you cannot. A durable power of attorney for finances is a separate legal document from the durable power of attorney for healthcare. You may choose the same person for both, or choose different people to represent you.

LEGAL BASIS FOR YOUR RIGHTS

The legal basis for these rights can be found in the Florida Statutes: Healthcare Surrogate Act, Chapter 745; Durable Power of Attorney, Section 709.08; Court-Appointed Guardianship, Chapter 744; and in the Florida Supreme Court decision on the constitutional right of privacy, Guardianship of Estelle Browning, 1990.

For more information about advance directives or to get forms, please speak with your nurse or case manager.

We must inquire about your advance directives each time you are admitted. In this way, you ensure that the hospital has your most current information. Please bring advance directives, living wills or healthcare surrogate forms with you to the hospital each visit.



Your Privacy & Information

Information about your health is private, and it should remain private. That is why this healthcare institution is required by federal and state law to protect and maintain the privacy of your health information. We call it protected health information (PHI).

The basis for federal privacy protection is the Health Insurance Portability and Accountability Act (HIPAA) and its regulations, known as the Privacy Rule and Security Rule, and other federal and state privacy laws.

NOTICE OF PRIVACY PRACTICES

This Notice describes the information privacy practices followed by our hospital employees, volunteers, and related personnel.

The practices described in this Notice also may be followed by healthcare providers who are members of our medical staff, if they have opted to abide by its contents. Many of our physicians follow the practices contained within this Notice. Other physicians have created their own Notice. Those members of the medical staff who opt not to abide by this Notice are required to give you a separate Notice that will explain their privacy practices.

Each participant who joins in this joint Notice of Privacy Practices serves as his or her own agent for all aspects of HIPAA compliance, other than the delivery of this joint Notice. For physician-specific issues or questions, please feel free to contact your physician directly.

Hospital employees, volunteers and related personnel, including those members of the medical staff who have opted to abide by its contents, must follow this Notice with respect to:

- How we use your PHI
- Disclosing your PHI to others
- Your privacy rights
- Our privacy duties
- Hospital contacts for more information or, if necessary, a complaint

Your personal physician may have different policies regarding the use and disclosure of PHI created in his or her office.

USING OR DISCLOSING PHI

For treatment: During the course of your treatment, we use and disclose your PHI. For example, if we test your blood in our laboratory, a technician will share the report with your physician. Or we will use your PHI to follow the physician's orders for an X-ray, surgical procedure or other types of treatment-related procedures.

For payment: After providing treatment, we will ask your insurer to pay us. Some of your PHI may be entered into our computers in order to send a claim to your insurer. This may include a description of your health problem, the treatment we provided and your membership number in an employer's health plan. Or your insurer may want to review your medical record to determine whether your care was necessary. Also, we may disclose to a collection agency some of your PHI for collecting a bill that you have not paid.

For healthcare operations: Your medical record and PHI could be used in periodic assessments by physicians about the hospital's quality of care. Or we might use the PHI from real patients in education sessions with medical students training in our hospital. Other uses of your PHI may include business planning for our hospital or the resolution of a complaint.

Special uses: Your relationship to us as a patient might require using or disclosing your PHI in order to:

- Remind you of an appointment for treatment
- Tell you about treatment alternatives and options
- Tell you about our other health benefits and services
- Ask you to contribute to our charitable activities, unless you tell us not to ask. You have a right to opt out of receiving such communications.

Your authorization may be required: In many cases, we may use or disclose your PHI, as summarized above, for treatment, payment or healthcare operations, or as required or permitted by law. In other cases, we must ask for your written authorization with specific instructions and limits on our use or disclosure of your PHI. This includes, for example, uses or disclosures of psychotherapy notes, uses or disclosures for marketing purposes, or for any disclosure which is a sale of your PHI. You may revoke your authorization if you change your mind later.

Certain uses and disclosures of your PHI required or permitted by law:

As a hospital or healthcare facility, we must abide by many laws and regulations that either require us or permit us to use or disclose your PHI.

Required or permitted uses and disclosures:

- If you do not verbally object, we may include information identifying you in a visitors directory of patients while you are an inpatient at our hospital. This information may include your name, general condition and religious affiliation, if any.
- With your permission, we may share some of your PHI with a family member or friend involved in your care.
- We may use your PHI in an emergency when you are not able to express yourself.
- We may use or disclose your PHI for research if we receive certain assurances that protect your privacy.

We also may use or disclose your PHI:

- When required by law, for example, when ordered by a court.
- For public health activities, including reporting a communicable disease or adverse drug reaction to the Food and Drug Administration.
- To report neglect, abuse or domestic violence.
- To government regulators or agents to determine compliance with applicable rules and regulations.
- In judicial or administrative proceedings, as in response to a valid subpoena.
- To a coroner for purposes of identifying a deceased person or determining cause of death, or to a funeral director for making funeral arrangements.
- For purposes of research when a research oversight committee, called an institutional review board, has determined that there is a minimal risk to the privacy of your PHI.
- For creating special types of health information that eliminate all legally required identifying information or information that would directly identify the subject of the information.
- In accordance with the legal requirements of a Workers' Compensation program.
- When properly requested by law enforcement officials, for instance in reporting gun shot wounds, reporting a suspicious death or for other legal requirements.
- If we reasonably believe that use or disclosure will avert a health hazard or to respond to a threat to public safety, including an imminent crime against another person.
- For national security purposes, including to the Secret Service, or if you are Armed Forces personnel and it is deemed necessary by appropriate military command authorities.
- In connection with certain types of organ donor programs.
- For surveys, including patient satisfaction surveys.

YOUR PRIVACY RIGHTS AND HOW TO EXERCISE THEM

Under the federally requirement privacy program, patients have specific rights, including a right to request limited use or disclosure (i.e., the right to request that we do not use or disclose your PHI in a particular way).

We must abide by your request to restrict disclosures to your health plan (insurer) if:

- The disclosure is for the purpose of carrying out payment or healthcare operations and is not required by law; and
- The PHI pertains solely to a healthcare item or services that you, or someone else other than the health plan (insurer), has paid us for in full. In other situations, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement.

Your right to confidential communication: You have the right to receive confidential communications of PHI from the hospital at a location that you provide. Your request must be in writing, provide us with the other address and explain if the request will interfere with your method of payment.

Your right to revoke your authorization: You may revoke, in writing, the authorization you granted us for use or disclosure of your PHI. However, if we have relied on your consent or authorization, we may use or disclose your PHI up to the time you revoke your consent.

Your right to inspect and copy: You have the right to inspect and copy your PHI (or to an electronic copy if the PHI is in an electronic medical record), if requested in writing. We may refuse to give you access to your PHI if we think it may cause you harm, but we must explain why and provide you with someone to contact for a review of our refusal.

Your right to amend your PHI: If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained for us. We may refuse to make the amendment and you have a right to disagree in writing. If we still disagree, we may prepare a counterstatement.

Your statement and our counterstatement must be made part of our record about you.

Your right to know who else sees your PHI: You have the right to request an accounting of certain disclosures we have made of your PHI over the past six years, but not before April 14, 2003. We are not required to account for all disclosures, including those made to you, authorized by you or those involving treatment, payment and healthcare operations as described above. There is no charge for an annual accounting, but there may be charges for additional accountings. We will inform you if there is a charge and you have the right to withdraw your request or pay to proceed.

Your right to be notified of a breach: You have the right to be notified following a breach of unsecured PHI.

Your right to obtain a paper copy of this Notice: You have the right to obtain a paper copy of this Notice upon request, even if you have agreed to receive the Notice electronically.

What if I have a complaint?

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with us or the secretary.

- To file a complaint with us, please contact our Risk Management Department at 941-782-2111 or call the UHS Compliance Hotline at 800-852-3449. Your complaint should provide specific details to help us in investigating a potential problem.
- To file a complaint with the Secretary of Health and Human Services, write to 200 Independence Ave. SE, Washington, DC, 20201 or email OCRComplaint@hhs.gov.

Contact for additional information: If you have questions about this Notice or need additional information, you can contact our Risk Management Department at 941-782-2111 (or the UHS Compliance Hotline at 800-852-3449).

OUR PRIVACY OBLIGATIONS AND HOW WE FULFILL THEM

Federal health information privacy rules require us to give you notice of our legal duties and privacy practices with respect to PHI, and to notify you following a breach of unsecured PHI. This document is our notice. We will abide by the privacy practices set forth in this Notice. We are required to abide by the terms of the Notice currently in effect. However, we reserve the right to change this Notice and our privacy practices when permitted or as required by law. If we change our Notice of Privacy Practices, we will provide you with a copy to take with you upon request, and we will post the new Notice.

YOUR PRIVACY & INFORMATION

Compliance with certain laws: When we use or disclose your PHI as described in this Notice, or when you exercise certain rights set forth in this Notice, we may apply state laws about the confidentiality of health information in place of federal privacy regulations. We do this when these state laws provide you with greater rights or protection for your PHI. For example, some state laws dealing with mental health records may require your express consent before your PHI could be disclosed in response to a subpoena. Another state law prohibits us from disclosing a copy of your record to you until you have been discharged from our hospital. When state laws are not in conflict or if these laws do not offer you better rights or more protection, we will continue to protect your privacy by applying the federal regulations.

Effective Date: This notice takes effect on September 23, 2013.

YOUR INFORMATION

If you believe your health information was used or shared in a way that is not allowed under the privacy law, or if you weren't able to exercise your rights, you can file a complaint with your provider or health insurer. You also may file a complaint with the U.S. government. Go online to apps.ahca.myflorida.com/hcfc/ for more information.

A separate law provides additional privacy protections to patients of alcohol and drug treatment programs. For more information, go to samhsa.gov.

COPIES OF MEDICAL RECORDS

Our Health Information Department, located on the first floor of the hospital at the Admitting and Outpatient Services Desk, is open for your convenience Monday through Friday, from 8:30 a.m. to 4:30 p.m. Information regarding your medical record may be obtained by calling 941-782-2310. Patients must request copies of their medical records in person or refer to page 55 to access your records online.



Pain Management

Pain is a universal phenomenon, affecting millions of people worldwide. It is the most common symptom that drives people to seek medical assistance. Many patients in the hospital complain of acute or chronic pain.

We believe effective pain management is a fundamental human right. We will do everything we can to adequately assess your pain and treat it effectively and safely. We have a multidisciplinary team of physicians, nurses, pharmacists and therapists who are skilled in managing pain.

You are the expert about how you are feeling. Be sure to tell your physician or nurse when you have pain. To help describe your pain, be sure to report:

- When the pain began
- Where you feel pain
- How the pain feels – sharp, dull, throbbing, burning, tingling
- If the pain is constant, or if it comes and goes
- What, if anything, makes the pain feel better
- What, if anything, makes the pain feel worse
- How much, if any, pain your medicine is taking away
- If your medicine helps with the pain and how many hours of relief you get



Keep in mind:

- Pain is personal. The amount or type of pain you feel may not be the same as others feel – even with the same illness, injury or surgery.
- Typically, not all pain can be eliminated. Know that your healthcare team will discuss goals with you.
- You should expect a very tolerable level of comfort. Many educational materials are available to help inform you of possible alternative pain management techniques, including non-medication treatments such as repositioning, music or aromatherapy.
- Talk to the physicians and nurses about the medicines you take at home. Your nurses and physicians will assess your pain and will reassess after each intervention.

Caution will be taken in prescribing and administering pain medications because pain medicines can have side effects, may interact with other medications or lead to addiction. You will be educated about any side effects that may occur with any pain management measures.

Discharge

SEVEN THINGS TO KNOW BEFORE YOU WALK OUT THE HOSPITAL DOOR

When it's time to be discharged from the hospital, your physician will authorize a hospital discharge. This doesn't necessarily mean that you are completely well – it only means that you no longer need hospital services. If you disagree, you or your caregiver can appeal the decision (see "If You Disagree").

On the other hand, you may be pleased to learn that your physician has approved your discharge. But before you can leave the hospital, there are several things that you or your caregiver must attend to.

The first step is to know who will be involved in your discharge process. In most cases, this starts with the hospital's case manager, who may be a nurse, administrator or have some other title. You and your caregiver should meet this person relatively early in your hospital stay if additional assistance will be needed after discharge. If not, find out who this person is and be sure to meet with him or her well before your expected discharge date.

If You Disagree

You or your support person can appeal your physician's discharge decision. If you are a Medicare patient, be sure you are given "An Important Message from Medicare" from the hospital's case manager. This details your rights to remain in the hospital for care and provides information on who to contact to appeal a discharge decision.

Make sure you have the following information before you leave the hospital.

1. **Discharge** – This is an overview of why you were in the hospital, which healthcare professionals saw you, what procedures were done and what medications were prescribed.
2. **Medications list** – This is a listing of what medications you are taking, why, in what dosage and who prescribed them. Having a list prepared by the hospital is a good way to double-check the information you should already have.
3. **Rx** – A prescription for any medications you need may be submitted electronically directly to your pharmacy. Be sure to fill your prescriptions promptly so you don't run out of needed medications.
4. **Follow-up care instructions** – Make sure you have paperwork that tells you:
 - What, if any, dietary restrictions you need to follow and for how long
 - What kinds of activities you can and can't do, and for how long
 - How to properly care for any injury or incisions you may have
 - What follow-up tests you may need, and when you need to schedule them
 - What medicines you must take, why and for how long
 - When you need to see your physician
 - Any other home-care instructions for your caregiver, such as how to get you in and out of bed, how to use and monitor any equipment and what signs and symptoms to watch out for
 - Telephone numbers to call if you or your caregiver has any questions pertaining to your after-hospital care.

5. **Other services** – When you leave the hospital, you may need to spend time in a rehabilitation facility, skilled nursing facility or other institution. Or you may need to schedule tests at an imaging center, have treatments at a cancer center or have in-home therapy. Be sure to speak with your nurse, physician or case manager to get all the details you need before you leave.
6. **Community resources** – You and your caregiver may feel unprepared for what will happen after your discharge. Your case manager can provide you with information about local resources, such as agencies that can provide services like transportation, equipment, home care and respite care.
7. **Personal belongings** – Please be sure to take all personal belongings with you upon discharge from the hospital. If you've had items secured in the safe, please request these items prior to discharge.

Terms Related to Post-Discharge Care

HOME HEALTHCARE

Healthcare provided by medical professionals in a patient's home to maintain or restore health. It includes a range of skilled and non-skilled services, including part-time nursing care, therapy and assistance with daily activities and homemaker services, such as cleaning and meal preparation. Medicare defines home healthcare as intermittent, physician-ordered medical services or treatment.

DURABLE MEDICAL EQUIPMENT (DME)

Medical equipment that is ordered by a physician for use in a patient's home. Examples are walkers, crutches, wheelchairs and hospital beds. DME may be paid for under Medicare Part B and some equipment may need special authorization. Please ask a case manager for more information.

INDEPENDENT LIVING

Communities for senior adults who are independent and have few medical problems. Residents live in private apartments. Meals, housekeeping, maintenance, social outings and events are provided.

ASSISTED LIVING

An apartment in a long-term care facility for elderly or disabled people who can no longer live on their own but who don't need a high level of care. Assisted living facilities provide assistance with medications, meals in a cafeteria or restaurant-like setting and housekeeping services. Nursing staff is on-site. Most facilities have social activities and provide transportation to physician's appointments, shopping, etc.



SKILLED NURSING FACILITY

A residential facility for people with chronic illness or disability, particularly elderly people who need assistance for most or all of their daily living activities, such as bathing, dressing and toileting. Skilled nursing facilities provide 24-hour skilled care and are called convalescent homes or long-term care facilities. Many nursing homes also provide short-term rehabilitative stays for patients recovering from an injury or illness. Some facilities also have a separate unit for residents with Alzheimer's disease or memory loss.

HOSPICE HOUSE

A licensed or certified program that provides care for people who are terminally ill and their families. Hospice House provides care at home, in a hospice or other freestanding facility, or within a hospital. Also referred to as palliative care, hospice care emphasizes the management of pain and discomfort and addresses the physical, spiritual, emotional, psychological, financial and legal needs of the patient and his or her family.

RESPITE CARE

Provides a temporary break for caregivers. Sometimes, patients spend time in programs such as adult daycare or in weeklong or monthlong stays in a care facility.

Preparing for Discharge**GOING HOME**

When your physician feels you are ready to leave the hospital, he or she will authorize a hospital discharge. Please speak with your nurse about our discharge procedures.

Prior to discharge, you may be visited by a financial counselor to discuss your insurance status and financial responsibilities. It is our policy to collect deductibles, co-pays and/or estimated coinsurance amounts at this time. For questions regarding your hospital bill or to apply for financial assistance, call the financial counselor at 941-782-2167. Here are a few tips to make the discharge process run smoothly:

- Be sure you and/or your caregiver has spoken with a case manager if needs are anticipated after discharge and that you understand what services you may need after leaving the hospital. (See "Discharge" on page 45 for more advice.)
- Verify your discharge date and time with your nurse or physician in order for you to make arrangements for transportation in advance. We ask that you leave your hospital room as soon as possible after you have been discharged and have received discharge instructions from your nurse, as other patients may be awaiting admission. We recommend that a support person be present for your discharge instructions when possible and to drive you home. Your driver can accompany you to the main entrance and pull the car up to the circular drive to pick you up. Vehicles cannot be left unattended. Please note that if you have received anesthesia within the previous 24 hours, you will need to make transportation arrangements as you will not be able to drive home.
- Make sure you or your caregiver have all necessary paperwork for billing, referrals, prescriptions, etc.

WHEN YOU ARE DISCHARGED

Your physician determines when you are ready to be discharged. Your physician and nurse will give you discharge instructions and answer any questions you have about managing your treatment and medications once you are home. If you are confused or unsure about what you need to do, what medications you must take or if you must restrict your diet or activities, don't be afraid to ask and take notes. Be sure you understand any instructions you have been given before you leave the hospital.

Preparing for Discharge Letter from the Chief Nursing Officer

I want to thank you for entrusting us with your health during your recent hospitalization.

Because we continue to care about your health even after you leave our hospital, we may check in with you up to two times after your discharge. If you had an overnight stay, you will receive a brief automated follow-up call from our hospital within 24-48 hours.

This call is to ensure your transition home was safe and to learn if you have any questions regarding your care. This call may appear on your caller ID as coming from CONNECT or from Lakewood Ranch Medical Center. If your responses to the automated call indicate you have questions or concerns, you will be called back by a member of our nursing team as soon as possible.

Three to five days after your discharge, you may receive a survey via mail or email regarding your stay at our facility. Your responses to this survey allow us to improve our services and make certain your stay was the best possible.

Your responses to both surveys are important, and we appreciate you taking the time to complete each of them.

Sincerely,

Judy Young, Chief Nursing Officer

Billing

What a Hospital Bill covers: The hospital bill covers the cost of your room, meals, 24-hour nursing care, laboratory work, tests, medication, therapy and the services of hospital employees. **You will receive a separate bill from your physicians for their professional services.** If you have questions about these separate bills, please call the number printed on each statement.

The hospital is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. You should remember that your policy is a contract between you and your insurance company, and you have the final responsibility for payment of your hospital bill.

IF THE INSURANCE COMPANY DOESN'T PAY

As a courtesy to you, the hospital bills your insurance carrier. Unless your insurance carrier is an HMO, you, the patient or guarantor, still are ultimately responsible for payment of your bill. This includes any and all amounts your insurance does not pay within 60 days of the date Lakewood Ranch Medical Center submits your claim. If your insurance does not pay any or all of the hospital bill, you are responsible for contacting your insurance company to learn the reason.

MAKING PAYMENTS

Balances for co-payments and deductibles are due at the time services are provided. Any balance left after the hospital receives your insurer's payment is due in full when you receive your bill unless you make other arrangements.

Payment can be made by mail or in person at the Financial Counselor's Office, which is located on the first floor of the hospital. We accept cash, checks, MasterCard, Visa, American Express and Discover credit cards.

If you have questions about the hospital bill you receive, or have difficulty paying your balance, our Business Office will be happy to assist you. Call toll-free 866-772-4492 Monday through Friday, 8:30 a.m. to 5 p.m. Payments also can be made online at lwrmc.com.

Your payment can be mailed to:

Lakewood Ranch Medical Center
PO Box 31001-0827
Pasadena, CA 91101

INDIRECT SERVICES

Hospital charges cover direct and indirect services. Indirect services that are not specifically listed on your bill include general nursing care, housekeeping and linen services, meals and nourishment, business and management services, engineering, social services and safety and security. Hospital charges are reviewed and revised annually. Hospital charges also are reviewed by the Agency for Healthcare Administration for the state of Florida.

BILLING

Once your account is billed to your insurance carrier, a summary bill of services will be mailed to you. You will receive periodic statements telling you the status of your account. Please read the statements carefully. Do not submit payment unless you are specifically directed to do so.

PRE-AUTHORIZATION

Many insurance carriers require pre-authorization of services be obtained prior to the services being provided to you. Lakewood Ranch Medical Center will assist you, the patient, with this process when possible. However, it is the insured's responsibility to contact the appropriate pre-certification and authorization entity to expedite payment and prevent any possible denial of payments due to noncompliance of these procedures. Your employer's Human Resources offices should be able to assist you with any such requirements since these vary for each patient based upon the insurer's employer requirements.

CORRESPONDENCE

Correspondence regarding your account can be mailed to:
UHS of Delaware – Atlantic Region CBO
8831 Park Central Dr. Suite 102
Richmond, VA 23117

Correspondence can be emailed to: cs.atlcbo@uhsinc.com

COORDINATION OF BENEFITS (COB)

Coordination of Benefits, referred to as COB, is a term used by insurance companies when you are covered under two or more insurance policies. This usually happens when spouses or partners are listed on each other's insurance policies, when both parents carry their children on their individual policies or when there is eligibility under two federal programs. This also can occur when you are involved in a motor vehicle accident and have medical insurance and automobile insurance.

Most insurance companies have COB provisions that determine who is the primary payer when medical expenses are incurred. This prevents duplicate payments. COB priority must be identified at admission in order to comply with insurance guidelines. Your insurance may request a completed COB before paying a claim, and every attempt will be made to notify you if this occurs. The hospital cannot provide this information to your insurance company. You must resolve this issue with your insurance carrier in order for the claim to be paid.

MEDICARE

This hospital is an approved Medicare provider. All services billed to Medicare follow federal guidelines and procedures. Medicare has a COB clause. At the time of service, you will be asked to answer questions to help determine the primary insurance carrier paying for your visit. This is referred to as an MSP Questionnaire and is required by federal law. Your assistance in providing accurate information will allow us to bill the correct insurance company.

Medicare deductibles and coinsurance are covered by your secondary insurance if you have it. If you do not have secondary insurance, you will be asked to pay these amounts or establish a payment plan. If you are unable to pay these amounts, we will help you determine if you qualify for a state-funded program.

SELF-PAY PATIENTS

Our Patient Financial Services department will send statements for payment of self-pay accounts. You will receive two to three billing statements and two to three telephone calls over a 90-day period to obtain a payment or to make payment arrangements. If payment arrangements are not established and no payment is made during the 90-day period, the account will be placed with a collection agency.

If you need an itemized statement or have questions about your billing statement, please contact our Customer Service Department at 866-772-4492.

MEDICAID

We will need a copy of your Medicaid card for the current month. Medicaid has payment limitations on a number of services and items. Medicaid does not pay for the cost of a private room unless medically necessary.

COMMERCIAL INSURANCE

As a service to our customers, we will forward a claim to your commercial insurance carrier based on the information you provide at the time of registration. It is very important for you to provide all related information, such as policy number, group number and the correct mailing address for your insurance company.

UNINSURED

The services of qualified financial counselors are available to all patients to help with billing, insurance and Medicare questions. Financial counselors also can help you apply for outside sources of payment through a variety of local, state and federal programs. Call 941-782-2167.

HEALTH RECORDS ONLINE

Get online access to your medical records 24 hours a day, seven days a week. Health Records Online is a secure, online service from Lakewood Ranch Medical Center that lets you view select medical records online, from the comfort and convenience of your home or office.

To enroll, provide your email address at hospital registration and an invitation to enroll will be sent to you, or enroll in the portal at any time after registration by navigating to east.uhspatientportal.com/self-enroll/.

When enrolling, enter your Medical Record Number (MRN) found on your hospital wristband or on documentation provided at discharge. If you don't know your MRN, contact hospital Registration or the Health Information Management Department to send you an invitation to enroll.

There is no fee for the Health Records Online service.

More detailed information about Health Records Online can be found on the hospital's website, lwrmc.com.



For the Caregiver

YOUR ROLE AS A PATIENT ADVOCATE

While your loved one is in the hospital, who will speak up for him or her? You can, by being the patient's advocate – the person who will help the patient work with physicians, nurses and hospital staff. To help your loved one make the best decisions about his or her care and treatment, follow the advice in the caregiver list.

While you are making sure your loved one's needs are being met, don't neglect your own. Caregiving is a stressful and time-consuming job. You may neglect your diet, your normal exercise routine and your sleep needs. You may find that you have little or no time to spend with friends, to relax or to just be by yourself for a while. But downtime is important. Don't be reluctant to ask for help in caring for your loved one. Take advantage of friends' offers to help and look into adult daycare programs, if needed. Find out more about how you can ease the stress of caregiving at caregiver.org.

CAREGIVER CHECKLIST

- Patient condition**
Know what condition your loved one is being treated for.
- Patients rights**
Know your patient's rights and responsibilities.
- Advance directives**
Know whether or not your loved one has an advance directive and, if so, what it specifies.
- Ask questions**
If your loved one is too ill or reluctant to ask questions, make note of his or her concerns and any you may have, and don't be afraid to speak up.
- Help track medications**
Your loved one may be prescribed medications while in the hospital and may be seen by several physicians. Keep track of it all with a wallet-sized notebook.
- Look ahead**
Will your loved one need home care or care at another facility?
Ask to speak with a case manager to find out what your options are.

Observation Status

It is important for patients to know if they are classified as “inpatient” or “observation” status while in the hospital. This is particularly important for Medicare patients.

“Observation” status is when a patient needs treatment or monitoring before the physician can decide about inpatient admission or discharge. This usually happens after a patient goes to the ER. It also can happen if the patient has complications after outpatient surgery or other procedures. The patient is given a room in the hospital while under observation.

While under observation status, will Medicare cover all of payments the same as it would with inpatient status?

No, Medicare will cover your expenses under your Part B benefits. Your outpatient co-pay will apply. Medicare also will not pay for routine drugs/medications, which are considered self-administered drugs. Self-administered drugs are generally those that are taken routinely. This means you may be financially responsible for any medications you may take for chronic illnesses, such as high cholesterol, high blood pressure, diabetes, COPD and asthma.

What is the difference in billing between observation and inpatient status?

Observation is billed under Outpatient Services (under Medicare, this would be under Part B), while full inpatient admission is billed under inpatient services (under Medicare, this would be under Part A).

What types of medical problems would make observation appropriate?

Problems that can usually be treated within 24 to 48 hours, or conditions for which the cause has not yet been determined, would be appropriate for observation.

What are some examples of these medical problems?

Some examples include vomiting, weakness, headache, stomach pain, nausea, some breathing problems, fever and some types of chest pain.

How long can a patient remain in observation?

Different insurance companies have different amounts of time that are covered under observation.

What if my physician decides that my condition requires acute inpatient admission?

Your physician must write an order to convert your observation status to an inpatient admission. This decision must be in agreement with the established guidelines used by the hospital and insurance providers.

What happens if my condition does not require acute inpatient care?

If it is decided that your care can be performed in a less acute setting (not a hospital), you will be released, possibly with home healthcare, if necessary.

Can I be placed under observation after undergoing an outpatient surgical procedure?

The intent of outpatient surgery is that you have your surgery and go home the same day. However, if you experience a postoperative complication, your physician may decide to keep you in the hospital for further monitoring.



If you have questions, please call your case manager at 941-782-2422.

Note: _____

Are You a Hospital Inpatient or Outpatient?

IF YOU HAVE MEDICARE – ASK!

Did you know that even if you stay in a hospital overnight, you still might be considered an outpatient? Your status (inpatient or outpatient) affects how much you pay for hospital services and also may affect whether Medicare will cover care you get in a skilled nursing facility (SNF) following your hospital stay.

You're an inpatient starting when you're formally admitted to a hospital with a physician's order. The day before you're discharged is your last inpatient day.

You're an outpatient if you're getting emergency department services, observation services, outpatient surgery, lab tests, X-rays or any other hospital services, and the physician hasn't written an order to admit you to a hospital as an inpatient. In these cases, you're an outpatient even if you spend the night at the hospital.

*Note: Observation services are hospital outpatient services given to help the physician decide if the patient needs to be admitted as an inpatient or can be discharged. Observation services may be provided in the emergency department or in any bed located anywhere in the hospital. **The decision for inpatient hospital admission is a complex medical decision based on your physician's judgment and your need for medically necessary hospital care. An inpatient admission is generally appropriate when you're expected to need two or more midnights of medically necessary hospital care, but your physician must order such admission.***

WHAT DO I PAY AS AN INPATIENT?

Medicare Part A (hospital insurance) covers inpatient hospital services. Generally, this means you pay a one-time deductible for all of your hospital services for the first 60 days you're in a hospital.

Medicare B (medical insurance) covers most of your physician services when you're an inpatient. You pay 20 percent of the Medicare-approved amount for physician services after paying the Part B deductible.

WHAT DO I PAY AS AN OUTPATIENT?

Part B covers outpatient hospital services. Generally, this means you pay a co-payment for each individual outpatient hospital service. This amount may vary by service.

Part B also covers most of your physician services when you're a hospital outpatient. You pay 20 percent of the Medicare approved amount after you pay the Part B deductible.

Generally, prescription and over-the-counter drugs you get while in an outpatient status, sometimes called "self-administered drugs," aren't covered by Part B. For safety reasons, Lakewood Ranch Medical Center does not allow patients to bring prescription or other drugs from home. If you have Medicare prescription drug coverage (Part D), these drugs may be covered under certain circumstances. You'll need to pay out of pocket for these drugs and submit a claim to your drug plan for a potential refund. Call your drug plan for more information.

HOW WOULD MY HOSPITAL STATUS AFFECT THE WAY MEDICARE COVERS MY CARE IN A SKILLED NURSING FACILITY (SNF)?

Medicare will only cover care you get in a SNF if you first have a "qualifying inpatient hospital stay."

A qualifying inpatient hospital stay means you've been a hospital inpatient (you were formally admitted to the hospital after your physician writes an inpatient admission order) for at least three days in a row (counting the day you were admitted as an inpatient, but not counting the day of your discharge).

If you don't have a three-day inpatient hospital stay and you need care after your discharge from a hospital, ask if you can get care in other settings (like home healthcare) or if any other programs (like Medicaid or Veterans benefits) can cover your SNF care. Always ask your physician or case manager if Medicare will cover your SNF stay.

HOW WOULD HOSPITAL OBSERVATION SERVICES AFFECT MY SNF COVERAGE?

Your physician may order “observation services” to help decide whether you need to be admitted to a hospital as an inpatient or can be discharged. During the time you’re getting observation services in a hospital, you’re considered an outpatient. This means you can’t count this time toward the three-day inpatient hospital stay needed for Medicare to cover your SNF stay.

For more information about how Medicare covers care in a SNF, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view the booklet “Medicare Coverage of Skilled Nursing Facility Care.”

Remember: Any days you spend in a hospital as an outpatient (before you’re formally admitted as an inpatient based on the physician’s order) aren’t counted as inpatient days. An inpatient stay begins on the day you’re formally admitted to a hospital with a physician’s order. That’s your first inpatient day. The day of discharge doesn’t count as an inpatient day.

WHAT KINDS OF CONDITIONS USUALLY REQUIRE OBSERVATION CARE?

Observation services are typically ordered for conditions that can be treated in 48 hours or less, or when the cause for your symptoms has not yet been determined. Some examples are nausea, vomiting, weakness, stomach pain, headache, kidney stones, fever, some breathing problems and some types of chest pain.

HOW LONG CAN A PATIENT REMAIN IN OBSERVATION?

Typically, a decision is made within 48 hours.

WHAT IF MY PHYSICIAN DECIDES THAT MY CONDITION REQUIRES ACUTE INPATIENT ADMISSION?

Your physician must write an order to convert your observation status to an inpatient admission. This decision must agree with the guidelines established by Medicare for medically necessary hospital care, and there must be an expectation that acute hospital care will be required beyond two or more midnights.

CAN I BE PLACED UNDER OBSERVATION AFTER UNDERGOING AN OUTPATIENT SURGICAL PROCEDURE?

Medicare allows for four to six hours as a recovery period for an outpatient procedure. The intent of outpatient surgery is that you have your surgery and go home the same day. However, if you experience a postoperative complication, your physician may decide to keep you in the hospital under observation for further monitoring that may extend overnight.

WHAT IF I DESIRE TO SPEND THE NIGHT AFTER MY OUTPATIENT SURGERY? WILL MEDICARE COVER THIS?

No. Medicare will only pay if there is a medical condition that warrants postoperative monitoring. If you were to stay over for patient/family convenience, it would be subject to bed availability, and you would be fully responsible for payment.

Resources

STAFF DEFINITIONS

Physicians – Your primary care physician, specialist physician or a hospitalist will supervise your care while you are in the hospital.

Hospitalists – A hospitalist's focus is to take care of patients when they are in the hospital. Hospitalists work in close consultation with the patient's primary care physician and specialists. They manage a patient's entire hospital experience, from admission until discharge.

Licensed Practitioners – Licensed practitioners, such as advance practice registered nurses (APRNs) and physician assistants (PAs), work with physicians in providing your care. They may participate in daily rounds and perform procedures, and most are credentialed to enter information, notes and orders into your medical record.

Nurses – In each nursing unit, a registered nurse is responsible for supervising patient care and directing the nursing and support staff of the unit. Registered nurses may be assisted by licensed practical nurse (LPNs), nursing assistants and nurse technicians. Nursing staff is available around the clock.

Dietitians – A registered dietitian will review your medical record and work with your healthcare team to develop a nutrition care plan for you. Registered dietitians are also available to educate you while you are in the hospital about any diets you may need to follow after you are discharged.

Rehabilitation Therapists – Physical therapists and technicians, occupational therapists, speech pathologists and audiologists will work with you, your family and your medical team to help meet goals of recovery. Therapy may range from brief consultation to long-term intervention, based on the extent of your injuries or illness.

Technicians and Technologists – Skilled health professionals perform and assist with laboratory tests and other procedures, including but not limited to X-rays, mammograms, respiratory treatments, ultrasound, CT scans, MRIs, cardiac catheterization and radiation therapy, all of which help in diagnosing and treating illness or injury.

Case Managers – They will review your medical record and discuss your discharge planning. They are also available to assist you with arrangement for home care, admission to a long-term care facility or rehabilitation care. Case managers also offer emotional support, counseling and guidance to help patients and their families deal with financial, social and emotional problems related to illness or hospitalization.

Pharmacists – While you are in the hospital, all of your medications are reviewed by our hospital pharmacists. They can answer any questions you have regarding your medications.

Volunteers – Volunteers give thousands of hours each year to our hospital to enhance the care of our patients and their families. They provide support throughout the hospital, including staffing the information desk, delivering mail and flowers, and escorting patients.

CAREGIVER RESOURCES

ad.gov – Caregiver resources from the Administration for Community Living

caregiving.com – Online support groups and articles on caregiving

Eldercare Locator (eldercare.acl.gov or 800-677-1116) – Help with locating aging services throughout the U.S.

800-Medicare – Official U.S. government resource for people with Medicare

National Alliance for Caregiving (caregiving.org) – Support for family caregivers and the professionals who serve them

Caregiver Action Network (caregiveraction.org or 855-227-3640) – Support for caregivers of chronically ill, aged or disabled loved ones

Notes: _____





Lakewood Ranch Medical Center®



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Physicians are on the medical staff of Lakewood Ranch Medical Center, but, with limited exceptions, are independent practitioners who are not employees or agents of Lakewood Ranch Medical Center. The hospital shall not be liable for actions or treatments provided by physicians. For language assistance, disability accommodations and the nondiscrimination notice, visit our website. 231633250-1647887 8/23