

I acknowledge that I have been provided with a copy of the Greeley County Health Services Acute Care Admit folder which includes but not limited to the following information:

Letter from GCHS Healthcare TEAM	
Your Road to Recovery	
Acute Inpatient Level of Care	
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<ul style="list-style-type: none"> • Physician Fees 	<ul style="list-style-type: none"> • Visiting Hours
<ul style="list-style-type: none"> • Patients Responsibility 	<ul style="list-style-type: none"> • Medications
<ul style="list-style-type: none"> • Care Planning Process/Discharge Information/Care Transitions 	<ul style="list-style-type: none"> • Receiving Mail while in hospital
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Patient Rights	
Patient Grievance/ Compliment/Area to improve on Form	

___ / ___ / ___ _____
Date **Signature of Patient**

___ / ___ / ___ _____ _____
Date **Signature of Personal Representative** **Relationship**

___ / ___ / ___ _____
Date **Signature of Hospital Staff**

___ / ___ / ___ _____
Date **Signature of Staff per Phone/Verbal Consent**

Signature of Staff per Phone/Verbal Consent

Patient	Hospital Number	Provider



Dear Valued Patient and Loved Ones:

We would like to personally welcome you to Greeley County Health Services and to immediately thank you for entrusting us with your care. We see this trust as the most important relationship we have in our community. All of our team here at Greeley County Health Services work together to provide you with the very best care.

As caregivers we seek to provide you comfort, education, information and the necessary treatments you need. We also seek to include you in the decisions surrounding your care, privacy and respect that you deserve. Please let us know if there is anything we can do for you or your loved ones that would make you more comfortable or ease any concerns you may have.

We are blessed to have a talented and caring group of physicians and mid-level providers who have the medical knowledge and compassion to help direct your stay. Our nursing team is second to none in their ability to make you feel like you are their top priority – because you are. Our technology is leading edge and our touch is a bit softer. Our goal is to combine these elements to help and to heal.

If you have any questions or concerns, please do not hesitate to ask. We are here to continue to earn your trust, close to home, here in Tribune. Again, thank you for choosing us to care for you.

Sincerely,

Your GCHS healthcare TEAM

Your Road to Recovery

Red Flags – Danger signs to watch for

Education – Patient & Family

Common side effects

Opportunities for Questions & Answers

Visits – Scheduling your follow up care

Expectations – How can we meet them?

Resuming your normal activities

YOU ARE ON THE WAY!

Acute Inpatient Level of Care

Medicare Acute Inpatient:

- Medicare requires that your physician and the hospital determine the correct billing status for your hospital stay based on established clinical guidelines that consider the severity of your illness and the services your doctor has ordered.

Based on these guidelines, your physician has determined that your billing status for this hospital stay is Acute Inpatient level of care.

- Your expected length of stay in the hospital is 2 or more midnights of medically necessary inpatient hospital care to treat your illness or injury.
- GCHS formally admits you into the hospital on acute care.
- Your physician will decide your actual length of stay based on your progress.
- You have an Acute Inpatient billing status. This stay will be billed under Medicare Part A.
- Medicare A, hospital insurance, covers hospital services, including semi-private rooms, meals, general nursing, drugs as part of your inpatient treatment, and other hospital services and supplies. This includes the care you get in Critical Access Hospitals.
- You may be liable for some charges on your bill if they are not covered under Medicare Part A.
- Your time in acute care does count toward the three midnight inpatient stay requirement for admission to a Swing Bed.
- If your condition changes and a longer hospital stay is needed, your doctor can convert your stay to Swing Bed status as long as you meet the clinical guide lines.

Medicare Service Information:

Medicare regulations are constantly changing. For up to date information and more details on Medicare coverage you can do any of the following:

- Call 1-800-633-4227
- TTY users should call 1-877-486-2048
- Read your "Medicare & You" handbook
- Visit www.medicare.gov/publications to view the "Medicare & You" handbook
- Visit www.medicare.gov/publications to get the fact sheet "How Medicare Covers Self-Administered Drugs Given in Hospital Outpatient Settings."

BCBS/Commercial Insurance/Kansas Medicaid/Other insurance:

- Upon admission to acute level of care, GCHS will need a copy of your insurance card.
- Each insurance company is different.
- Your insurance will be contacted and provided with requested clinical information.
- Most insurance companies require preauthorization for acute inpatient level of care.
- Most insurance companies require concurrent clinical review information to be faxed, called or entered into their electronic systems. Based upon your medical condition and treatment, the insurance company will approve length of stay.

Insurance/Financial Information:

- Upon admission to the hospital, GCHS will need a copy of your insurance card.
- Each insurance company is different.
- Most insurance companies do not require preauthorization for observation level of care.

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- It is important for the patient to be aware that an insurance policy is a contract between you and the insurance company. GCHS is not a party to that agreement.
- GCHS and your insurance company(ies) have the right to discuss your insurance benefits.
- GCHS may help the patient, family or personal representative to complete forms needed to receive benefits from your insurance. Any amount paid directly to GCHS on your behalf will be credited to your account.
- At the completion of your hospital stay your insurance will be filed for you.
- You are ultimately responsible for your account.
- A statement of your account will be sent to you. If you have any questions regarding the hospital statement, please call the GCHS billing office at 620-376-4035. GCHS will work closely with you, family member or responsible party in meeting your financial obligations. The business office is located at 514 Broadway, Tribune, Kansas 67879

Physician Fees:

- During your hospitalization, more than one physician may be making hospital rounds and providing your in-patient care.
- Medicare directives required that each physician who sees the patient must individually bill the patient and submit the claim from his or her services to the patient.
- In the past, all care was billed by the admitting physician only.
- Therefore, it is possible that you may receive a statement from another physician and the admitting physician for care provided while you were hospitalized.
- Please be assured that the total days of billing by a physicians will not exceed what you would have been billed by a single physician before this Medicare regulation went into effect.

Patients Responsibility:

- Patients are responsible to notify family, friends and relatives of their admission to the hospital.
- We respect all patient rights and confidentiality.
- Confidentiality is both a right and a responsibility.
- Please be aware that what you tell another patient, visitor or family member is not legally confidential.
- We encourage you to recognize your responsibility to choose what you discuss with others.
- To better ensure confidentiality of our patients, the area within the nurse's station is designated for staff only.

Care Planning Process/Discharge Information/Care Transitions:

- The patient, family and/or responsible party are encouraged to be involved in the care and discharge planning/care transition process.
- Discharge and Care planning process starts during the admission process.
- As discharge needs are identified, they will be addressed.
- The physician, staff and patient will work together to determine when you are ready to be discharged.
- A nurse will review your physician discharge instructions/care transitions with you.

Patient Grievance/Compliment/Area to improve on:

- It is the desire of GCHS to have prompt resolution of patient grievances and concerns.
- If you have a concern about your care and/or treatment, we encourage you to speak with any GCHS staff, Nursing staff, Director of Nursing, Physician and/or Risk Manager.
- You may direct your concern or grievance verbally or in writing.

- GCHS has an established process for prompt, consistent resolution of complaints, concerns and/or grievances.
- The patient or representative may initiate the grievance process without fear of discrimination, restraint, or interference.
- GCHS is committed to ensuring that the highest quality of care is provided to all who utilize our services and seek out care here.
- The Risk manager and/or GCHS staff will visit with you in a private confidential setting about the concern.
- A Complement/Concern/Area to Improve on form is included in this Admit Folder.
- Patients, family or friends are welcome to complete the Grievance/Compliment/Area to improve on form noting the area of concern.
- The completed form needs to be given to any GCHS staff, Risk Manager, Administrator and/or Chief of Medical Staff to access the Risk Management Process.
- All concerns are taken seriously and an investigation will be completed.
- The Risk Management process provides opportunity to review process and make any needed changes.
- GCHS welcomes opportunity to improve our patient care and experience.
- The Risk Management process is a confidential PEER review. The Risk Management goal is to improve our process so the concern never happens to another patient again.

Compliments:

- The Compliment/Concern/Area to improve on form is the same.
- GCHS would love to hear about your health care team's performance.
- Please return the form to any GCHS staff, manager or the Risk Manager.
- It is the desire of GCHS to recognize our team members.

Compliments/Concern/Area to Improve On Form:

- Patient and/or personal representative may call the Greeley County Health Services, Risk Manager by phone at 620-376-4221 extension 114.
- Also, the form can be mailed to the Greeley County Hospital & LTC, 506 3rd Street, Tribune, Kansas 67879.
- The completed form may be given to any GCHS staff, provider, manager and/or Risk Manager.

Personal Items:

- If the patient desires specific personal supplies such as toothpaste, toothbrush, denture supplies, combs, deodorants, powders, shaving supplies, lotions, cosmetics, kleenex, and other items the patient/family must provide them.
- GCHS has personal supplies available for use if needed.
- All medications brought to the hospital will either be sent home or secured in the medication room.

Valuables:

- It is best to send valuables (cash, jewelry) home with your family/friends.
- Patients are welcome to place valuables in a yellow envelope that will be sealed and placed in the lock-up. Please remember to request the valuables at time of discharge.
- GCHS is not responsible for loss, damage or theft of valuables or personal items.
- Any money or personal item may be kept by the patient at their bedside but it becomes their responsibility.

Dietary:

- The patient completes a menu daily to request meals.
- **Meals Times:** Breakfast: 7:15 A.M.
Lunch: 11:15 A.M.
Supper: 5:15 P.M.
- If you are served food that you cannot eat or do not like, let the nursing staff know right away. The nursing staff will notify dietary and provide other food options such as fresh fruit, soup and sandwiches which are available anytime upon your request.
- **Guest Meals:** Guests, family or friends of hospital patients may purchase meals and eat with the patient in their room or dining room.

Visiting Hours:

- The Hospital's visitation hours are 8:00 AM to 9:00 PM.
- We recognize the importance of visitation and social contact to the emotional and psychosocial well-being of a patient.
- GCHS will make reasonable attempts to accommodate special requests if a significant person in the patient's life cannot arrange visitations during these hours due to factors such as work.
- We will honor the patient's requests to the best of our ability to immediate access to family and other relatives regardless of the hour of the day.
- If the patient is able, visitation may occur in patient room, quiet room, lobby or the dining room.
- There is also a gazebo area in between the LTC and hospital that may be used when weather permits.
- Visitation may be restricted at the discretion of the nursing staff, physician, patient and/or family members.
- Children under 12 years old must be accompanied by a responsible adult.

Medications:

- All patients' medications will be billed to Medicare, Medicaid and/or other insurance companies including the supplemental. The unpaid amount will be the patient's responsibility.
- The physician will order what medications you will be given during your hospitalization.
- The nursing staff will be responsible for administering your medications.
- Upon discharge, you will receive a discharge sheet that will include what medications to take when discharged.
- Occasionally, you could be on a medication that GCHS does not keep in stock. GCHS would need to use your own home medications if not available in GCHS pharmacy. Own medications will be marked on your chart and will not be charged. Once the medications become available, the nursing staff will stop using the home medication.

Receiving Mail while in hospital:

Mailing Address:

Greeley County Hospital & LTC

Your name

506 3rd Street

Tribune, Kansas 67879

Receiving Phone calls while in hospital:

- The Greeley County Health Services number is 620-376-4221.
- Patients can receive phone calls directly into their hospital room by informing their friends and family of the following steps.
 - Locate the extension number on the phone in the patient room.
 - Call the hospital phone number
 - When the recorder comes on, enter the extension number and #.
 - The phone will ring in the patient room.
- Patients are welcome to use their cell phones or other electronic devices as needed

Advanced Directives:

- As a patient you are not required to have an advanced directive to receive care.
- If you have an advanced directive, GCHS will follow your personal request.
- If you would like to create an advanced directive, our Social Service Designee will be available to assist you.
- There is no charge in creating an advanced directive. The form will be notarized. The patient will be given the original. The advanced directive will be scanned into the electronic medical record.

Organ Donation and Procurement Information:

- Midwest Transplant Network (MTN) is the organ donation and procurement organization that works with GCHS.
- The MTN has a rich history of partnering with area hospital to bring the gift of life to those in need.
- If you have a question about our services, please call 913-262-1668 or go to the following web site.
<http://www.mwtn.org/sites>

Notice of Privacy Practices:

- GCHS Notice of Privacy Practice is hanging in the hallway glass cabinet just as you are entering the hospital. A copy of the Notice of Privacy Practices is available upon request.

Patient Rights:

Greeley County Health Services supports the rights of all patients across the lifespan including geriatric, adult, adolescent, pediatric and infant populations. These rights may be exercised through the patient individually or through their surrogate decision-maker/legal representative.

You have the right to....

1. Be informed of your patient rights in writing and in advance of receiving or discontinuing care when possible.
2. Be called by your proper name and to be in an environment that maintains dignity and adds to a positive self-image.
3. Have impartial access to care and visitation.
 - No one is denied access to treatment or visitation because of disability, national origin, culture, age, color, race, religion, gender identity, or sexual orientation.
 - No one is denied examination or treatment of an emergency medical condition because of their source of payment.
4. Give informed consent for all treatment and procedures and receive an explanation in layman terms of:
 - Recommended treatment or procedure.

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- Risk and benefits of the treatment or procedure.
 - Likelihood of success, serious side effects, and risks including death.
 - Alternatives and consequences if treatment is declined.
 - Explanation of the recovery period.
 - Whether physicians or qualified medical providers other than the operating physician will be performing important parts of the surgery or administering the anesthesia.
5. Participate in all areas of your care plan, treatment, care decisions, and discharge plan. You can expect to be told in a timely manner of your discharge, transfer to another facility or transfer to another level of care. Before your discharge, you can expect to receive information about follow up or transition of care plans.
 6. The patient has the right to exclude any or all family members/friends from participating in their care decisions.
 7. Have appropriate assessment and management of your pain.
 8. Be informed of your health status and prognosis.
 9. Be treated with respect and dignity.
 10. Personal privacy, comfort and security to the extent possible during your stay.
 11. Be free from restraints or seclusion imposed as a means of coercion, discipline, convenience or retaliation by staff.
 12. Confidentiality of all communication and clinical records related to your care and stay in the hospital unless disclosure is permitted by law.
 13. Have the right to send and/or receive visitors, mail, telephone calls or other forms of communication. Any restrictions to access will be discussed with you, and you will be involved in the decision when possible.
 14. Have the right to choose a “visitor” who may visit you. Your visitors may include but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend and your right to withdraw or deny such choice at any time. You also have the right to an identified “support person” who can make visitation decisions should you become incapacitated.
 15. Have someone remain with you for emotional support during your hospital stay, unless your visitor’s presence compromises your or others’ rights, safety or health.
 16. Have access to interpreter services at no cost to you or your companion when you do not speak or understand the language, as well as communication aides, at no cost, for the deaf, blind, speech impaired, etc., as appropriate.
 17. Have access to pastoral/spiritual care.
 18. Receive care in a safe setting.
 19. Be free from all forms of abuse, neglect, exploitation, harassment and mistreatment.
 20. Have access to protective services such as guardianship, advocacy services, and child/adult protective services.
 21. Request medically necessary and appropriate care and treatment.
 22. Refuse any drug, test procedure, or treatment and be informed of the medical consequences of such a decision.
 23. Leave the hospital against medical advice. The doctor, hospital and staff are not responsible for any consequences that may occur.
 24. Consent to or refuse to participate in teaching programs, research, experimental programs, and/or clinical trials.
 25. Receive information about Advance Directives. Set up or provide Advance Directives and have them followed. Designate a surrogate decision-maker or legal representative as permitted by law and as needed.

26. Participate in decision-making regarding ethical issues, personal values or beliefs.
27. Have a family member or representative of your choice and you physician promptly notified of your admission to the hospital.
28. Know the names of your doctors, nurses, and all health care team members directing and/or providing your care.
29. Have access to view or get a copy of your clinical records within a reasonable timeframe.
30. Add information to your medical record by contacting the Health Information Medical Record Department.
31. To request a list of people to whom your personal health information was disclosed.
32. Be examined, treated, and if necessary, transferred to another facility if you have an emergency medical condition or are in labor, regardless of your ability to pay.
33. Request and receive, prior to the initiation of non-emergent care or treatment, the charges or estimate of charges for routine, usual and customary services and any co-payment, deductible or non-covered charges, as well as the facility's general billing procedure including receipt and explanation of an itemized bill. This right is honored regardless of the source(s) of payment.
34. Be informed of the hospital's complaint and grievance procedure and whom to contact to file a concern, complaint or grievance.
35. Patients have the right to receive a complete copy of the hospital's Notice of Privacy Practices.

Patient Responsibilities:

You have the responsibility to....

1. Ask questions and promptly voice concerns.
2. Give full and accurate information as it relates to you and your health including medications.
3. Report changes in your condition or symptoms, including pain, and request assistance of a member of the health care team.
4. Participate in the planning of your care, including discharge planning.
5. Follow your recommended treatment plan. If you believe you cannot follow through with your treatment plan, you are responsible for telling you doctor. You are responsible for outcomes if you do not follow the care, treatment, and plan.
6. Be considerate of other patients and staff.
7. Leave valuables at home and bring only necessary items.
8. Follow facility rules and regulations.
9. Respect property that belongs to the facility or others.
10. Understand and honor financial obligations related to your care and hospital stay. This includes understanding your own insurance coverage.

