

Dear patient,

The mission of Owensboro Health is to heal the sick and to improve the health of the communities we serve. We are committed to providing the highest quality safe care with excellent service. It is the dedication and experience of our staff and physicians that make Owensboro Health Regional Hospital a regional center of excellence.

Our patients, as well as their friends and families, are important to us. Our core commitments of *integrity, respect, teamwork, innovation, service* and *excellence* drive our team to make your visit as safe and comfortable as possible. Our job isn't just to help our patients get well physically, but also to make sure our patients feel that we took excellent care of them.

That's why we are asking you to help us improve your care. You will be receiving a patient satisfaction survey by phone or email from a third-party healthcare research firm, Professional Research Consultants (PRC). Your identity will be kept confidential and the feedback you provide will help us improve our services and care, as well as to recognize physicians and staff for a job well done.

If you have comments, questions, suggestions or concerns, we want to hear them. To reach our patient relations specialists, you can call 270-417-4350 or 270-417-4351. You can also share your comments or suggestions with our practice manager or one of our staff at any time.

Thank you for allowing Owensboro Health to proudly serve you and your loved ones since 1898.

Sincerely,



Owensboro Health Regional Hospital is committed to serving all our patients equally, without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, regardless of ability to pay.



Greg R. Strahan, MHA
President and CEO

What to expect during your hospital stay:

- Your care team includes nurses, doctors, therapists, certified nursing assistants, pharmacists, phlebotomists (lab), radiology staff, and social workers, in addition to many others. Whether at the bedside or behind the scenes, they are working to ensure you receive EXCELLENT CARE.
- A catering associate will visit your room to review the menu and take your meal order. If you desire any food item in between our usual meal delivery time or are dissatisfied with your meal, please let your nurse/nurse assistant know. (If you are on medically necessary dietary restrictions, we will work to accommodate your needs in any way possible.)
- Your home medication is important to us but your physician will want to review them before he orders any for hospital use. Many medications can have side effects or interactions that may worsen your condition or mask symptoms, so make sure to discuss your medications with a doctor or nurse before taking them.
- Your nurses and nursing assistants will provide handoff to each other at your bedside at shift changes. We want to ensure you are updated on the plan of care and encourage you to help set daily goals. Don't be afraid to be engaged and ask questions. We're happy to help you stay informed on and understand your care.
- Nurses and nursing assistants will round on you about every hour during the day and every two hours at night to ensure your needs are met.
- We have quiet time from 10 p.m. - 6 a.m. Ask your nurse or nursing assistant if you would like ear plugs or ear buds to help mute the normal noises that happen in the hospital patient care areas.
- Each room has a "care board" that helps us communicate your plan of care. The board includes your expectations for excellent care, your goal for the day, your care team, communication about your medication – including your pain needs – and your anticipated discharge date. It also provides space for us to communicate with other members of your care team, including those who will assist you after discharge.
- A social worker/case manager helps with discharge plans and works with your insurance company to help you find appropriate resources for your discharge if needed.
- You may have other medical tests so the doctor can determine the best treatment to help you get better.
- Your doctor may consult other specialty physicians to assist in your care. Although these specialty physicians are active in your care, your primary doctor is responsible for your discharge regardless if a consulting physician signs off.
- Pet visitation may be arranged. Please speak to the nurse manager or charge nurse to learn more.
- Your physician may arrange for you to receive care from a doctor called a hospitalist. A hospitalist is a physician specializing in the needs and care of patients in the hospital.

Your rights as a patient

Owensboro Health recognizes the importance of our patients' rights and responsibilities, and sees these as integral aspects of the care process. By communicating rights and responsibilities to our patients, we hope to encourage patients to be more informed and involved in their care. Patients who understand and accept their responsibilities become partners in their care, which can have great benefits and positive effects on their care, healing process and overall experience. Mutual respect, communication and collaboration between patients and staff are all important contributors to the safety and quality of care, treatment and services.

Patient Relations specialists

We encourage your comments on the care you receive as a patient and the hospitality you experience as a family member or visitor. Should you have a suggestion, comment or question while you are here please call a Patient Relations Specialist. The patient relations specialists can be of assistance by answering questions or by directing your inquires to the appropriate person.

In accordance with the Patient Rights policy, all staff should:

1. Maintain respect that supports communication and collaboration in a manner that contributes to the patient's safety and the quality of care, treatment, and services provided.
2. Protect and promote patient rights and patient responsibilities.
3. Inform the patient of their rights and responsibilities, or when appropriate, inform the patient's representative. This includes disclosing information in advance of delivering or discontinuing patient care whenever possible and in accordance with this policy. See form: "Your Rights As A Patient, ADMT 51".
4. Display and provide a written copy of the Patient Rights and Patient Responsibilities as a portion of the general information supplied to each patient.
5. Provide visitation guidelines to patients and their loved ones according to hospital policy.
6. Treat the patient in a respectful manner that supports their dignity.
7. Respect the patient's rights to and need for effective communication.
 - a. Provide information in a manner tailored to the patient's age, language, and ability to understand.
 - b. Provide language interpreting, and translation services, including the patient's preferred language for discussing healthcare.
 - c. Provide information to patients who have vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.
8. Respect the patient's cultural and personal values, beliefs, and preferences.
9. Respect the patient's right to privacy.
 - a. This includes the patient's personal privacy and dignity.
 - b. This also includes the privacy and confidentiality of their personal records, telephone conversations, and written communications, including the right to send and receive mail promptly.
10. Respect the patient's right to pain management and the right to participate in the development and implementation of their pain management plan.
11. Accommodate the patient's right to religious and other spiritual services.
12. Allow the patient to access, request amendment to, and obtain information on disclosures of their health information, in accordance with laws and regulations.
13. Allow a support individual of the patient's choice for emotional support during the course of stay, unless the individual's presence infringes on others' rights, safety or is medically or therapeutically not advised.
14. Provide impartial access to treatment and accommodations that are available or medically indicated, regardless of age, race, creed, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, national origin, health status, or sources of payment for care.

15. Respect the patient's right to participate in decisions about their care, treatment, and services.
 - a. Involve the patient in making decisions about their care, treatment, and services.
 - b. Allow the patient to participate in the development and implementation of their inpatient, outpatient treatment/care plan.
 - c. Allow the patient to participate in the development and implementation of their discharge plan.
 - d. Acknowledge the patient's right to create, or review and revise their advance directives.
 - e. When the patient is unable to make decisions about their care, treatment and services, the hospital will involve a surrogate decision-maker in making these decisions, in accordance with laws and regulations.
16. Respect the patient's right:
 - a. To refuse care, treatment, and services, in accordance with laws and regulations.
 - b. To receive written information on the right to refuse care, treatment, and services as provided within the patient's authorization record of consent.
 - c. To give or withhold informed consent according to health system policy.
 - d. To give or withhold informed consent for the health system to produce, or use recordings, films, or other images of the patient for purposes other than their care.
 - e. To make an informed decision whether or not to participate in research, investigative, or clinical trials.
17. Provide an environment that preserves patient dignity and contributes to a positive self-image.
 - a. Allow patients to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service.
18. Inform the patient of the name of the physician or other provider who has primary responsibility, and/or who will be providing care, treatment, or services.
19. Notify, according to the patient's choice, the family member or patient's representative, as well as the patient's provider of patient's admission to the hospital.
20. Protect the patient from neglect, exploitation, and verbal, mental, physical, and sexual abuse.
21. Address patient complaints promptly and according to health system policy to satisfy the needs and concerns of patients and their loved ones.
22. Provide the patient with safe treatment, care, and services, within a secure environment.
23. Ensure the patient's right to be free from restraints or seclusion (in any form) imposed as a means of coercion, discipline, convenience or retaliation by staff.
24. Honor the patient's right to access protective and advocacy services.

Patient responsibilities:

1. Encourage the patient to participate in a collaborative partnership that creates mutual respect and contributes to safe, quality care, treatment, and services.
 - a. This includes the patient's responsibility in maintaining civil language and conduct during interactions with staff and licensed independent providers.
2. Encourage the patient to provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to their health, which supports the delivery of care, treatment and services.
3. Encourage the patient to report unexpected changes in their symptoms or condition, as well as perceived risks in the care.
4. Encourage the patient to ask questions and acknowledge when they do not understand any aspect of their medical condition or care.
5. Explain the importance for patients to be responsible and follow instructions, policies, rules, and regulations that are in place to support quality care and a safe environment for all individuals.
 - a. This may include following the instructions of nurses and other staff members as they carry out the coordinated plan of care, implement the responsible provider's orders and enforce the applicable

hospital rules and regulations. Ensure the patient understands that they must accept the consequences if they refuse.

6. Explain the importance for patients to be responsible for keeping appointments and, when unable to do so for any reason, for notifying the responsible provider or the hospital.

Advance directives

Living Will:

State law permits any adult (18 or over) who has the ability to make and communicate their consent to or withdrawal of consent for any medical procedure or treatment to do so in Advance Directive, sometimes called a “living will”. This is a written document addressing your wishes and appointing a healthcare surrogate decision-maker in the event you are unable to make decisions for yourself. This document is legal and binding when dated, signed, and either witnessed by two people or notarized. **The document will only be enacted when you are unable to make decisions for yourself.** For further information concerning advance directives or to obtain a packet to complete one, please contact patient relations at 270-417-4350 or 417-4351 or Case Management at 270-417-4600.

- Your advance directive is not effective and will not be followed if you are pregnant, except under certain limited circumstances.
- You are responsible for telling your physician and the hospital that you have an advance directive. At the time of admission to the hospital as an inpatient, you will be asked if you have an advance directive. You will be asked to provide a copy so that it may be placed in your medical record.
- You may revoke your advance directive at any time by another written document, by destroying your directive or by a verbal statement in the presence of two adults, one of whom must be a healthcare provider. Your revocation is effective as soon as your physician or the hospital is notified.

Durable Power of Attorney:

Under state law, you may designate someone to whom durable power may be given to make healthcare decisions for you. Contact your personal attorney if you wish to complete a Durable Power of Attorney form. It must be written, witnessed and notarized.

Notice of nondiscrimination and accessibility

Owensboro Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Owensboro Health, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Owensboro Health, Inc.:

- Provides free assistance and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, based on an individual’s needs
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact a staff member or supervisor.

If you believe that Owensboro Health, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Office of Risk Management:

Office of Risk Management
 Owensboro Health
 1201 Pleasant Valley Rd.
 Owensboro, KY 42303
 Phone: 270-691-7887; TTY: 270-688-3719; Fax: 270-417-4809
 Email: RiskManagement@owensborohealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Patient Relations specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Interpretation Services Available

English Translation: Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

Arabic

العربية

أشّر إلى لغتك. وسيتم الاتصال بمتّرجم فوري. كما سيتم إحضار المترجم الفوري مجاناً.

Mandarin

普通话

请指认您的语言，以便为您提供免费的口译服务。

Bosnian

Bosanski

Pokažite svoj jezik. Prevodilac će biti pozvan.
 Prevodilac je obezbijeden bez troškova za vas.

Nepali

नेपाली

आफ्नो भाषातर्फ ओल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ। तपाईंको कुनै खर्च बिना, एकजना दोभाषे उपलब्ध गराइनेछ।

Burmese

မြန်မာ

သင့်ဘာသာစကားကိုညွှန်ပြပါ။ စကားပြန်ခေါ်ပေးပါမယ်။ သင့်အတွက်စကားပြန်အခမဲ့ပေးပါမယ်။

Oromo

Oromo

Gara afaan keetti eeri. Turjumaanni ni waamama.
 Turjumaanni beesee takka malee siif qophaawa.

French

Français

Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.

Pennsylvanian Dutch

Pennsylvanisch Deutsch

Zeig uff dei Schprouch. En Iwwersetzer waerd uffgerufe. Der Iwwersetzer iss fer dich mitaus Koscht.

German

Deutsch

Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird angefordert. Der Dolmetscher ist für Sie kostenlos.

Russian

Русский

Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

Hakha-Chin

Hakha-Chin

Na holhmi holh a umnak zawn kha sawh law holh lettu an in auh piak lai. Holh lettu caah phaisa liam na hau lo.

Somali

Af-Soomaali

Farta ku fiiqluqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.

Medication safety

- Some medications look different depending on the manufacturer or the medication dosage. If you are given a pill that looks different, don't be afraid to speak up and ask about it! Ask your nurse or doctor what the pill is and why you are taking it. Pay attention to every pill you take.
- Make sure all of your doctors know all the medications you are taking. This includes prescription and over-the-counter medications and dietary supplements such as vitamins and herbs. This helps avoid drug interactions, adverse side effects and ensures your medications work correctly.
- Bar code medication dispensing is used. Owensboro Health Regional Hospital ensures your safety by following strict medication dispensing guidelines.
- Each medication your nurse gives you will be individually labeled so you can identify the medication you are given.
- Make sure your nurse asks for your name and date of birth each time they administer your medications.
- To ensure you do not have reactions to any medications, make sure your doctor, nurse and pharmacist know about any allergies and adverse reactions you have had to medications. Ask for information about your medication in terms you can understand both when your medicines are prescribed and when you receive them.
- Upon discharge, you will be given a list of medications you will continue at home. Give a copy to your doctor at your next appointment. You will also need to give a copy to your pharmacist when you have your prescriptions filled. Our pharmacy can also fill your first month's prescription, which you can receive and pay for in your room before you are discharged. We will also send the prescriptions to a pharmacy of your choosing, so that you may continue filling them after the first month.
- Discard all old medication lists and update your records with any changes. Tell your physician and pharmacist if there are changes in the medications you take.

Preventing the spread of infection

To prevent germs from spreading, our health care workers may do one or more of the following:

- Wear a mask, gloves, gown, or other personal protective equipment (some infections require the use of a respirator or air filter)
- Wash hands or use hand sanitizer, before and after patient contact
- It is okay for you and your family to ask your healthcare provider if they have washed their hands before they touch you
- Patients are bathed daily with chlorhexidine gluconate (Hibiclens)

Hibiclens is both a soap and an antiseptic that kills germs on contact and can continue killing germs for up to 24 hours. It has a cumulative effect, so the protection against germs increases with repeated use. Bathing with Hibiclens every day is important. The Centers for Disease Control and Prevention estimates that on a typical day, about one out of every 25 hospital patients has at least one healthcare-associated infection. Bacteria, viruses and fungi can live on your skin or on surfaces in your environment. Studies show that your chance of getting an infection is reduced when the number of germs on your skin is lower. Hibiclens delivers immediate and long-lasting protection against many of the germs that can cause these infections. Reducing the chance of getting an infection is important because infections lead to serious illnesses, longer hospital stays and increased costs.

You can use Hibiclens after you leave the hospital. It can be found at major retailers and drugstores. If you are unsure how to bathe or shower with Hibiclens, a staff member can assist and teach you.

The best way to prevent getting or spreading germs that cause infection is by keeping your hands clean. Wash your hands with soap and water or use an alcohol-based hand sanitizer (the FDA recommends a sanitizer that has at least 60% alcohol concentration (Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291447/>)) after using the bathroom, before and after eating and after coughing or sneezing. Always remember to cough or sneeze into your elbow, as this limits the possible spread of illness.

It's also important to wash your hands before and after touching or changing a dressing or bandage, and after touching any object or surface that may be contaminated. Discourage family and others from visiting if they are sick (cold, fever, vomiting, diarrhea or they believe they have some type of infection). Remind and encourage family and others to follow any instructions that may be posted on the door of your room. This may include wearing a gown, mask and/or gloves. Remind your family, visitors and healthcare workers to wash their hands if they forget.

Tips for good handwashing

- Use warm water and plenty of soap - work up a good lather, as friction and soap help dislodge germs from skin
- Clean the whole hand, especially under your nails and between your fingers
- Wash for at least 15 seconds, long enough to sing "Happy Birthday" to yourself twice.
- Rinse, letting the water run down your fingers, not up your wrists
- Dry your hands well
- Use a paper towel to turn off the faucet and open the door

How to use hand sanitizers

Hand sanitizers are easy to use and kill most germs, but should not be used as a substitute for washing visibly soiled hands. When using sanitizers, rub your hands together briskly, cleaning the backs of your hands, the palms, between your fingers and up the wrists. Rub until the cleaner is gone and your hands are completely dry.

Keep your body clean

It's important to keep your body clean by taking a shower or bath daily. Shampoo your hair every time you bathe. Clean your genitals, armpits and skin folds every day.

Care for your mouth

Brush your teeth after each meal by using a soft toothbrush and fluoride toothpaste. Brush the front, back and top of each tooth. Floss at least once a day.

Care for your nails

If you have diabetes or poor circulation (vascular disease), check with your doctor about proper nail care. Keep your nails trimmed, filed and clean underneath them daily. Cut toenails straight across. Trim them to just about the tip of the toe, but don't cut the corners. If you are unable to care for your own nails, ask others for help.

Other hygiene hints

- See your doctor if you have any medical problems with your scalp, mouth, skin, hands or feet.
- Keep your feet clean and dry. Wear clean socks as often as possible.
- Use moisturizing lotion to keep your skin soft and prevent cracking and peeling, as this guards against infection.
- Women should always wipe from front to back when using the toilet.

Preventing falls in the hospital

When you are first admitted to the hospital you may be asked how well you can move around. Answer this question honestly. If you have a high risk of falling, our staff will take extra steps to help keep you safe. Always ask for help when you need it. Here are some tips to keep you safe in the hospital:

- Don't get up on your own, even to use the bathroom. Call a nurse or assistant to help.
- Keep items you use often, like tissues, water and remote control, within reach.
- With the nurse present, practice using the remote for call light, bed position and room lighting.
- Sit up slowly and with help; report any dizziness.
- Don't try to move IV poles or other equipment on your own.
- Use your walking aid as instructed by the staff.
- Be sure to use handrails in bathrooms and in hallways, if available.
- Do not use any furniture with wheels to steady yourself.

Our staff will help

- We will encourage you to stay active, but remember not to get up without help.
- Sometimes we may use a gait belt to keep you safe as you move around. It allows another person to support you as you walk together.
- Our staff will monitor your vital signs and watch for signs of dizziness. If it is determined that you are at risk of falling, an alarm device will be attached to your bed. This alarm will sound if you get up without assistance. This alerts caregivers that you may need help.

Reminders for family and friends of our patients

- When someone is ill or in the hospital, falling is more likely. You can help your loved one reduce the risk.
- Keep personal items in the same place. Stick with a routine.
- Learn about the guidelines our staff has in place to prevent falls. **Follow them.**
- Get guidance on using safety equipment and moving your loved one.
- When directing your loved one, keep it simple. Go one step at a time.
- Notify staff about any mental or physical changes you notice in your loved one.

Pain management

Pain control is an essential part of your care and it is important for doctors and nurses to involve you and your family in the control of your pain. During your care, providers and nurses will often ask if you are having pain. Don't try to be brave. Let us know! We will want to know where and when it hurts and also ask you to describe and rate the pain as mild, moderate or severe. Tell us if you can't sleep, move around or do other things because of pain. The more we know about your pain, the better we can help you manage it.

Our compassionate staff is committed to working with you to safely manage your pain.

Our staff will:

- Assess your pain
- Set a functional pain goal. What is your pain preventing you from doing? A functional pain goal is one that helps you find a manageable pain intensity that allows you to walk, rest, and do necessary activities.
- Use the care board in your room to help communicate pain management
- Intentionally round on you to address your needs and respond in a timely manner.

There are several types of pain

- Chronic pain is any pain that last more than three months
- Acute pain starts suddenly and warns of illness or injury
- Surgical pain is a result of a surgical procedure
- Cancer pain can be a result of the disease or from treatment.

Reasons to control pain

- Improved healing
- Improved functional abilities such as deep breathing , walking, talking and repositioning
- Improved quality of life
- Improved sleep and rest
- More involvement in activities of daily living such as bathing, toileting, changing clothes and brushing teeth.
- Improved appetite and ability to eat
- Improved ability to focus on important tasks

Setting your pain goals

Controlling pain versus being pain free – It is important to understand, that while efforts will be made to control pain, it may not be possible to be pain free. Pain control is a level of pain that is tolerable and allows the ability to participate in activities for recovery such as walking, turning in bed, bathing, deep breathing, and coughing.

Evaluating Your Pain

Staff will ask you to rate your pain as mild, moderate or severe and use a pain rating scale to help establish your pain goal.

- Mild (1-3) Does not interfere with most activities such as talking, walking, turning or deep breathing.
- Moderate (4-6) Interferes with many activities.
- Severe (7-10) Intolerable pain and unable to think clearly.

Pain Control Methods

There are other non-medication treatment options that often help relieve pain or enhance the effectiveness of medications.

- Deep breathing
- Splinting
- Relaxation methods
- Physical therapy
- Prayer meditation
- Imagery
- Distraction
- Art
- Aromatherapy
- Heat, cold, massage, exercise
- Pet therapy
- Friends and family
- Positioning

Prescription Opioids

Prescription opioids are used to help relieve moderate to severe pain. These medications are a very important part of treatment, but they come with serious risks. It is important to talk with your healthcare provider to ensure that you are receiving a safe and effective treatment. A recent study showed that as many as one in five people receiving prescription opioids long term will struggle with addiction.

Some examples of opioids include OxyContin® (Oxycodone), Percocet® (Oxycodone/APAP), Norco® (Hydrocodone/APAP), Demerol® (Meperidine) and Morphine. Non-opioid examples include: Tylenol® (Acetaminophen), Hot and cold compresses, Aleve® (Naproxen) and Advil® (Ibuprofen).

Some side effects of opioid use are constipation, nausea, vomiting, dry mouth, depression, respiratory depression, drowsiness, confusion/delirium, falls and physical dependence. Risks for side effects and

dependence are greater with age 65 years and older, mental health conditions, sleep apnea, history of misuse or addiction, age 25 years and younger, family history of addiction, chronic pain and pregnancy (CDC). Avoid the following unless advised to do so by your healthcare provider: alcohol, other prescription opioids, benzodiazepines (such as Xanax® or Valium®), hypnotics (such as Ambien® or Lunesta®) and muscle relaxants (such as Soma® or Flexeril®).

©www.cdc.gov/drugoverdose

For more information visit www.cdc.gov/drug-overdose/patients/materials

Medication storage and disposal

Old and unused medications that are not properly stored or disposed of can pose a serious threat to those around you. Proper storage includes keeping the medication in a cool dry place, making sure your medications stay in its original container, and finally, storing out of reach of children and pets. There are three proper ways to dispose of old and unused prescription drugs. Local pharmacy – visit your local pharmacy to see if they participate in a medication take back program; Take back location near you – visit odcp.ky.gov/pages/prescription-drug-disposal-locations to locate a prescription drug disposal local near you; and self disposal – call the FDA’s toll-free number at 855-543-3784 to see if your medication is appropriate to mix with either cat litter or old coffee grounds, place in a sealed container and throw away.

Medical Response Teams (MRT)

If you feel you are getting sicker or something just doesn’t feel right, tell your nurse or physician right away. You may ask them to call the Medical Response Team (MRT). The MRT can work to stabilize your condition and keep you safe. **Families members and loved ones should notify the nurse or physician about any mental or physical changes you notice in your loved one right away!**

Speak Up!

Owensboro Health Regional Hospital encourages our patients and their families to report concerns about safety. Please tell your caregivers if you have any concerns or worries about your care and safety.

Speak up if you have questions or concerns. You have a right to know.

Pay attention to getting the right care, right treatments and right medication from the right people. We encourage you to ask questions if we bring you medication or are taking you for a test, especially if the medication or test is one you weren’t expecting.

Educate yourself about your condition. Learn about your tests and treatment plan.

Ask a trusted family member or friend to be your advocate.

Know your medications and why you take them. Medication errors are the most common healthcare mistake.

Use common sense. If something doesn't make sense, ask. If you need more information before making a decision, get the information first. Use your family, friends and other important people in your life to discuss the situation and choices.

Participate in all decisions about your treatment. You are the core of your healthcare team!

What if you still have concerns?

Patients and families may communicate concerns regarding patient safety issues which occur before, during and after care is received. We encourage you to discuss concerns with your nurse, a supervisor, unit manager, director or another care provider in the area where your care was received. The Patient Relations Specialist may be reached at 270-417-4350 or 417-4351 to discuss patient safety concerns.

The Owensboro Health Regional Hospital Patient Safety Hotline is also available and can be accessed by calling 1-800-500-0333.

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Concerns About Patient Safety or Quality of Care:

Patients should communicate concerns first to staff caring for them. If staff is not able to resolve the issues, patients should ask to speak with the manager of the area in which they are receiving care. If you would like to discuss an issue that you believe requires our attention, please contact the Patient Relations Specialist at 270-417-4350 or 417-4351. The Patient Safety Hotline may be accessed by calling 800-500-0333.

Patients who feel that any issues were not resolved to their satisfaction may file a formal written grievance with the Patient Relations Specialist. Patients may also file a complaint with:

The Joint Commission
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
800-994-6610
www.jointcommission.org

Cabinet For Health Services
Office of Inspector General
2400 Russellville Road
P.O. Box 2200
Hopkinsville, KY 42241
270-889-6052, Ext. 1201

In addition, if you are a Medicare patient, you have the right to file an appeal with the Peer Review Organization. Owensboro Health Regional Hospital is accredited by The Joint Commission. Accreditation means that Owensboro Health Regional Hospital has demonstrated compliance with organizational, patient care and safety standards.

MyChart



Activate Your MyChart Account to pre-register and check in for your upcoming appointment

As a patient at Owensboro Health, you have access to **MyChart**, a secure online portal that allows you to more conveniently participate in your healthcare. **MyChart** allows you to use your home computer or a mobile device to check-in, pre-register, and answer history questions prior to your upcoming appointment. This can save valuable time, allowing us to focus more on your current health concerns and questions.

With **MyChart**, you have access to all the following capabilities:

- Check-in, pre-register and complete history questionnaires online for upcoming Owensboro Health appointments
- Access your medical records (and records of others, if you are legally authorized to do so)
- Manage your appointments
 - Schedule an appointment with your Owensboro Health primary care provider
 - Request an appointment with an Owensboro Health specialist
 - View your past and upcoming medical appointments at Owensboro Health locations
- View your lab and test results
- Contact your Owensboro Health provider with questions or concerns
- Request a prescription refill from your Owensboro Health provider

MyChart may be securely accessed through your web browser or via a mobile app on a smartphone or tablet (available on iOS and Android app stores).

Bill payment:

For your convenience, hospital charges not covered by your insurance such as deductible, co-pay and coinsurance can now be paid at the time of pre-registration/registration. We accept cash, personal check,

credit/debit cards and flex spending cards. The Cashier's offices are located near the information desk on the first floor of the hospital and at the Business Center at 2511 Frederica St. Business hours are Monday through Friday from 8 a.m. to 4:30 p.m. If you prefer to make payment or discuss your bill over the phone, please call us at 270-685-7500. Secure online bill pay is also available at www.OwensboroHealth.org. Please note that you may receive a separate bill from your providers or any consulting providers.

Financial assistance:

If you anticipate difficulty in paying your hospital bill or do not have insurance coverage, please contact our patient financial advocates at 270-685-7501. Our patient financial advocates are located near the information desk on the first floor of the hospital and at the Business Center at 2511 Frederica St. and are available to assist you Monday through Friday from 8 a.m. to 4:30 p.m. You may also visit us online at www.OwensboroHealth.org for additional information.

FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTIONS

1. Complete the financial assistance application.
2. Include all monthly income and expenses in the spaces provided.
 - If you have no income, you will need to provide an explanation for how you meet your daily living expenses. *If you have questions or need assistance completing this application, please call 270-685-7501 or visit the Business Office, located at 2511 Frederica St. in Owensboro, Monday through Friday, 8 a.m. to 4:30 p.m. You can also email us at financialassistance@owensborohealth.org.
3. Provide proof of income, including:
 - a) Last two pay stubs AND most recent filed W-2;
 - b) Most recent tax returns;
 - c) Attestation letter;
 - d) Benefit awards letters or 1099 forms showing Social Security, Disability, Worker's Compensation, or Veteran's Administration benefits;
 - e) Copies of benefit award letters or 1099 forms showing unemployment, retirement*, or pension benefits;
 - f) Proof of assets, which include, but not limited to checking, savings, investments, holdings, and retirement accounts for last three months;
 - g) Verification of self-employment status and income received:
 - (1) Receipts from clients,
 - (2) Signed Federal income taxes from the most recent filing year which include the appropriate schedule showing income from self-employment, S-corp, or other such entity.
4. Sign the financial assistance application.

Mail the completed application and documents to:

Owensboro Health

PO Box 20007

Owensboro, KY 42304

Attn: Patient Financial Advocate

Once we have received all of the information and documentation requested, we will make and notify you by mail of your eligibility for participation in the Financial Assistance Program within 30 days.



Responsible Party Name: _____ Date of Birth: _____ SSN: _____
 Address: _____ Phone: _____
 _____ Marital Status per Federal Tax Return: _____
 Spouse Name: _____ Spouse Date of Birth: _____ Spouse SSN: _____
 Primary Insurance: _____ ID #: _____ Insured Person: _____
 Secondary Insurance: _____ ID #: _____ Insured Person: _____

Household (Dependent) Member's Name	Relationship	SSN	Age

(Use back of page for additional Household Member's) Number of people in the household (including patient) _____

EMPLOYMENT:

Employer _____ Length of Employment or Hire Date: _____
 Spouse Employer _____ Spouse Length of Employment or Hire Date: _____

GROSS INCOME:

	Monthly (\$)
Responsible party or patient's gross wages from paychecks/W2s.....	_____
Spouse's and any children's gross wages from paychecks/W2s.....	_____
Alimony:.....	_____
Social Security:.....	_____
SSI/Disability/K-Tap:.....	_____
Unemployment:.....	_____
Pension:.....	_____
Food Stamps:.....	_____
Other Income (e.g., Investment, Workers' Comp.): Yes/No (circle one) If yes, list: _____	_____
TOTAL MONTHLY INCOME:	\$ _____

EXPENSES:

Rent/Mortgage:.....	\$ _____
Food and Supplies:.....	_____
Utilities:.....	_____
Telephone:.....	_____
Childcare:.....	_____
Insurance Premiums (auto, health, dental, life, home, etc.):.....	_____
Prescribed Medications:.....	_____
Other Expenses? Yes/No (circle one) If yes, list: _____	_____
TOTAL MONTHLY EXPENSES:	\$ _____

RESOURCES:

Checking and Savings Accounts:.....	\$ _____
Stocks and Bond Values:.....	\$ _____
Real Estate other than primary residence: Value _____ Balance Owed _____	
Other resources? Yes/No (circle one) If yes, list: _____	_____
TOTAL RESOURCES:	\$ _____

I certify that the information provided by me in this application is correct and true to the best of my knowledge and belief. I understand that if I give false information or withhold information in applying for assistance, my application may be denied and Owensboro Health may pursue collection of any outstanding balance due. In that instance, I may also be subject to prosecution for fraud. I agree to notify Owensboro Health of any changes to the information provided in this form including address, telephone number, and income.

(RESPONSIBLE PARTY SIGNATURE) **(DATE)**

(SPOUSE SIGNATURE) **(DATE)**

OFFICE USE ONLY Discount % Approved _____ Date Submitted _____ FC Signature _____ Approval Signature _____ Date Approved _____
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PLAIN LANGUAGE SUMMARY

Owensboro Health offers financial assistance to patients with no health insurance, or those who have out-of-pocket responsibilities that they cannot afford even after insurance has paid for a portion of their care. Patients must submit an application for financial assistance and all required supporting documentation, demonstrating financial need and must otherwise comply with the requirements of the health system's Financial Assistance Policy.

The Financial Assistance Program application, policy, and Plain Language Summary may be found on the health system's website. Alternatively, printed copies of the health system's Financial Assistance Policy, the Plain Language Summary, or the application form can be obtained for free by visiting or calling the health system's Patient Financial Services. You may contact the Patient Financial Services office to discuss any questions you might have. This Plain Language Summary will be made available in both English and Spanish. If additional documents are needed, we will contact you by phone or mail to let you know what else is required.

If you are uninsured, you will generally qualify for free emergency and other medically necessary care under Owensboro Health's Financial Assistance Program if (1) you have an annual household income equal to or less than 225% of the Federal Poverty Level, (2) you lack any other assets to pay for your charges and (3) you are requested to do so by Owensboro Health, you apply for Medicaid or other state or Federal programs, and fully cooperate in the application and determination process.

If you are uninsured or have a balance remaining after insurance, you will generally qualify for discounted Emergency and other Medically Necessary Care under Owensboro Health's Financial Assistance Program (1) if you have household income of up to 375% of the Federal Poverty Level, (2) lack any other assets to pay for the amounts for which you become personally responsible for paying, and (3) if requested to do so by Owensboro Health, apply for Medicaid or other state or Federal programs and fully cooperate in the application and determination process.

If Owensboro Health determines that you are eligible for financial assistance, you will not be personally responsible for paying more than the amount we generally bill patients having insurance coverage for the same care. In addition, you will never be required to make advance payments or other payment arrangements to receive emergency services. However, you may be required in most situations to make a substantial advance deposit or agree to other payment arrangements before receiving non-emergency services.

Free copies of this summary, the Financial Assistance Policy, the Billing and Collections Policy, and the Financial Assistance Program application, including Spanish translations, are available on Owensboro Health's website at <http://www.owensborohealth.org/patient-visitor/about-your-stay/billing/financial-assistance/>. Copies are also available at Owensboro Health Regional Hospital in the Admitting areas located near the main entrances or patient financial advocate area. This information is also available by mail by contacting Owensboro Health customer service at 270-685-7500.

Owensboro Health's Patient Financial Advocate staff is available to answer questions and provide information about the Financial Assistance Program and assistance with the application process. Our patient financial advocate staff is located throughout our clinics, hospitals, and the Business Center (located at 2511 Frederica St., Owensboro, KY 42301). They can also be reached by phone at 270-685-7500 or by email at financialassistance@owensborohealth.org.