

**HOLY CROSS HOSPITAL**

# Admissions



*“Holy Cross Hospital – Taking Care of the Community –  
One Patient at a Time.”*



1397 Weimer Road  
Taos, New Mexico  
87571

(575) 758-8883

(800) 755-6236

(575) 555-0133 fax

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



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1397 Weimer Road

Taos, New Mexico 87571

Phone: (575) 758-8883

Dear Patient:

Enclosed you will find a complete patient information packet. Please take time to read this information. Should you need any assistance during your stay regarding this information or if you have any questions of a financial matter, please contact our office between 8:00 am and 5:00 pm by calling **(575) 751-5727**.

As a patient in Holy Cross Hospital, I would like you to know that I am very interested in the care you receive. Holy Cross Hospital is continually trying to improve our services and your feedback is important to me.

I am extending an invitation for you to call me with any issues you may have with your hospital nursing care at **(575) 751-5712**.

Sincerely,

*Anna Abeyta*

**Anna Abeyta, RN, Chief Nursing Officer**

## **HOLY CROSS HOSPITAL PATIENT TELEPHONE INFORMATION**

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*To place a local or 800 #:* Touch 9. Wait for dial tone, then dial as normal.

*To place a toll call follow these instructions:*

- ◆ Holy Cross Hospital uses U.S. Long Distance for its toll calls. If you wish to use U.S. Long Distance, press 9, 0, area code and the phone number. You can either make the call collect or charge to a calling card or credit card. No long distance calls can be placed to your room or account.
- ◆ To use AT&T, call 1-800-CALL AT&T and follow the recorded directions.
- ◆ To use other long distance carriers, call the 1-800 # provided by your carrier and follow instructions provided by your carrier.

**Your Room # is** \_\_\_\_\_.

**Your Phone Number is (575) 737-** \_\_\_\_\_.

## **CAFETERIA, COFFEE BAR AND GIFT SHOP INFORMATION**

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The **CAFETERIA** is located at the end of the main corridor.

**Breakfast, daily:** 7:30 am to 9:00 am

**Lunch, daily:** 11:30 am to 1:30 pm

**Dinner, daily:** 5:00 pm to 6:00 pm

The **ENCHANTED CUP** is located in the Main Lobby Area.

**Hours:** Monday through Friday from 7:00 am to 7:00 pm and Saturday from 8:00 am to 5:00 pm. The Enchanted Cup is closed on Sunday.

The **GIFT SHOP** is located in the Main Lobby Area across from the Enchanted Cup. **Hours:** Monday through Friday from 9:00 am to 4:00 pm and Saturday from 10:00 am to 2:00 pm. The Gift Shop is closed on Sunday.

## **“HOSPITALISTS” AT HOLY CROSS HOSPITAL**

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Recently, Holy Cross Hospital has expanded its “Hospitalists” program to provide medical care to our patients. Hospitalists are physicians that practice within the hospital setting. They generally do not have private practices, so they concentrate their practice in taking care of patients who are hospitalized. You may expect to see a few different Hospitalists during your stay. The Hospitalists communicate with each other so that each Hospitalist will know about your illness and plan of care. The Hospitalist also communicates with your primary physician about your Hospital stay, so that your primary physician will know why you were in the Hospital and what occurred during your stay.

## **WE CARE ABOUT YOUR SAFETY**

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- ◆ **Speak UP!** Don’t be afraid to ask questions if you have doubts or concerns about your treatment plan.
- ◆ Keep a written record of your medications and know what medications you are taking while in the hospital.
- ◆ Remind friends, family and health care providers to wash and sanitize their hands before coming into contact with you. We encourage everyone to use alcohol gel which is located in each patient room.
- ◆ Before going for a procedure or operation, make sure you know all about it and that it is the correct one for you.
- ◆ Understand your discharge instructions and medications before you leave. **Do not hesitate to tell us if you do not understand.** We will explain the instructions and medications with you until you do feel comfortable and completely understand.

*If you have safety concerns, we want to hear from you!*

**Report them to your nurse or the Nursing Shift Manager. You may also e-mail us at [patientsafety@taoshospital.org](mailto:patientsafety@taoshospital.org), or call (575) 751-5763 (extension 5763 from within the Hospital).**

## **A GUIDE FOR PATIENTS AND FAMILY MEMBERS**

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- ◆ The Nursing Service is directed by a licensed, registered nurse, 24-hours-a-day. A nurse will be assigned to each patient to manage the patient's plan of care during hospitalization. Each patient and nurse will be involved in the planning and implementation of the patient's care.
- ◆ If you have money or valuables, such as a billfold, watch, jewelry, etc., please ask your family to take them home. The Hospital will not be responsible for lost valuables or money unless they are placed in the Hospital safe.
- ◆ It is your (and your family's) responsibility to keep up with your personal belongings such as dentures, eyeglasses, contact lenses, hairpieces and prosthesis'. The Hospital will not assume responsibility for any personal belongings left in a patient room at the time of discharge.
- ◆ Show your nurse all medications you may have with you. Please send them home with a family member or they will be sent to the Pharmacy for safekeeping until you are discharged. This policy is to protect you from drug interactions.
- ◆ **Call for assistance to get out of bed**, unless the doctor states that you may do so without assistance. You should wear a robe and slippers when you are out of bed.
- ◆ You are encouraged to be considerate of other patients in the use of the television, radio and telephone. Our rooms are semi-private, so be a good neighbor if you have a room mate.
- ◆ Please be careful not to leave with Hospital linens, towels, gowns or supplies when you leave the Hospital. Otherwise, you will be charged for these items at discharge.
- ◆ The use of side rails may be necessary during your stay in the Hospital. This is a safety precaution and their use is in your best interest. Do not lower the side rails on your own.

- ◆ Patients are encouraged to recognize the 11:00 am target discharge time. If your physician discharges you in the morning, please make arrangements to be picked up by 11:00 am. If the physician discharges you later in the day, please make arrangements to be picked up at that specified time.
- ◆ While you are a patient, please do not visit other patients, other than your room mate.
- ◆ **NO SMOKING IS ALLOWED IN THE HOSPITAL OR ON HOSPITAL PROPERTY.** This is a regulation of the Taos Fire Department and Holy Cross Hospital policy.
- ◆ **NO ALCOHOLIC BEVERAGES OR ILLEGAL SUBSTANCES ARE ALLOWED IN OR ON HOSPITAL PROPERTY AT ANY TIME.**
- ◆ It is the Hospital's policy that no incense burners or candles will be used in the Hospital.
- ◆ We discourage bringing any personal electrical equipment in to the Hospital such as electric clocks, heating pads, radios, etc. Any electrical equipment brought in **must** be checked by the Engineering Department to assure safety.

**The Following Visitation Regulations Must Be Observed:**

- ◆ Visiting hours begin at 9:00 am and are over at 8:00 pm. Any person remaining in the unit will politely be asked to leave.
- ◆ Inform your family and friends of Hospital visiting hours. It is important for *your* well-being that visiting hours be observed. No more than two visitors per patient are allowed at any one time. We want to ensure you get adequate rest.
- ◆ Do not allow your visitors to sit or lie on your bed or other beds in the room. Clothing and personal effects may carry harmful bacteria to you, the patient.
- ◆ Ask your visitors to use our public restrooms which are located in the Main Lobby and Waiting Areas.

## **POLICIES AND PROCEDURES**

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### **PATIENT RIGHTS AND RESPONSIBILITIES**

Holy Cross Hospital assumes the responsibility to assure the basic rights and responsibilities of patients while providing health care.

#### **Notice of Patient Rights and Grievance Process**

Holy Cross Hospital will inform each patient (or their representative) of the patient's rights in advance of furnishing or discontinuing care. Grievances may be filed with the Patient Safety and Risk Management Director (or your designee) and the Patient Concerns and Issues Policy will be followed.

### **PATIENT RIGHTS**

#### **As a Patient, You Have These Rights:**

- ◆ The right to refuse treatment.
- ◆ The right to pain management.
- ◆ The right to safety, privacy and confidentiality.
- ◆ The right to be in communication with your caregivers.
- ◆ The right to make informed decisions.
- ◆ The right to participate in all aspects of your health care.
- ◆ The right to an Advance Directive.
- ◆ The right to impartial access to care.
- ◆ Knowledge of your rights and responsibilities in receiving care.
- ◆ The right to file a grievance through the Hospital's grievance process.
- ◆ The right to be free of physical and/or chemical restraints. Restraints will be used only when necessary and not used as a coercion, discipline, convenience or retaliation.

**Exercise of Rights**

*Patients have the right to participate in the development and implementation of their plan of care. As a patient, you have the right to:*

- ◆ Be informed of your health status.
- ◆ Be involved in care planning and treatment.
- ◆ Request or refuse treatment.
- ◆ Formulate an Advance Directive.
- ◆ Have practitioners and staff provide care that is consistent with these directives.
- ◆ Have a family member (or appointed representative) and your family physician promptly notified upon admission to the Hospital.

**Privacy and Safety**

*As a patient, you have the right to:*

- ◆ Personal privacy.
- ◆ Receive care in a safe setting.
- ◆ Be free from all forms of abuse or harassment.
- ◆ Not suffer any adverse consequences for filing a complaint.

**Confidentiality of Patient Records**

*As a patient, you have the right to:*

- ◆ Confidentiality of your medical records.
- ◆ Access the information contained in your medical records.
- ◆ Access medical record information within a reasonable time frame.

**Communication**

*As a patient, you have the right* of access to people outside the Hospital by means of visitors and by verbal and written communication. You have the right to specify visitation and telephone contact. If you do not speak or understand Spanish or English, you may have access to an interpreter. Translators for Native Americans speaking Tiwa and other languages can be arranged.

**Transfer and Continuity of Care**

*As a patient,* you may not be transferred to another facility or organization unless: a complete explanation of the need for the transfer is given to you; alternatives to the transfer are explained and; the transfer is acceptable to the other facility. You have the right, following discharge from the Hospital, to be informed of any continuing health care requirements from the practitioner or chosen delegate responsible for your health care.

**Hospital Charges/Billing**

*As a patient,* regardless of the payment source for the health care performed, you have the right to request and receive an itemized and detailed explanation of the total bill for services rendered in the Hospital. You also have the right to request clarification of your Hospital charges and/or billing procedures.

**Hospital Rules and Regulations**

*As a patient,* you should be informed of Hospital rules and regulations applicable to your conduct. You are entitled to information about the Hospital's mechanism for initiation, review and resolution of your complaints.

**PATIENT RESPONSIBILITIES****As a Patient, You Have These Responsibilities:****Provision of Information**

*As a patient, you have the responsibility* to provide, to the best of your knowledge, accurate and complete information about past and present complaints concerning your health. You have the responsibility to report unexpected changes in your condition to your practitioner or delegate. You are responsible for reporting whether you clearly comprehend your planned course of action and what is expected of you.

**Compliance With Instruction**

*As a patient, you are responsible* for following the treatment plan recommended by your practitioner or delegate primarily responsible for your care.

**Refusal of Treatment**

*As a patient, you are responsible* for your own actions if you refuse treatment or do not follow your practitioner's or delegate's instructions.

***As a patient, you have the responsibility to:***

- ◆ Provide accurate information about your present illness and medical history.
- ◆ Seek clarification, when necessary, to understand your health problems and plan of care.
- ◆ Follow through on your agreed plan of care in and out of the Hospital.
- ◆ Follow rules and regulations of the Hospital for your own safety.
- ◆ Consider and observe the rights of others.
- ◆ Assure that the financial obligations of your health care services are fulfilled and the complete and accurate billing information is submitted to the Hospital.
- ◆ Assist with insurance processing and claim-filing information in a timely manner.

**A Special Note to Children:**

Children do have rights in the Hospital. With the help of you and your parents, the Hospital staff will see that these rights are respected. If you have any questions on these rights, ask your Mom or Dad.

*Let them know:*

- ◆ If anyone is mean to you.
- ◆ If you are not given privacy.
- ◆ If the care given to you is not explained to you.
- ◆ If you are not helping to make decisions regarding your care.

A detailed listing of a Patient's Rights and Responsibilities is included in this brochure. You or a family member may discuss these Rights and Responsibilities with any of our clinical staff. If you do not get the answers you need or need additional follow-up, please call Administration at **(575) 751-5766 (or extension 5766) from your Hospital room phone.**

Patient Name:  
Patient ID Number  
Physician:

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
OMB Approval No. 0938-0692

## AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

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### AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.

Be involved in any decisions about your hospital stay, and know who will pay for it.

- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here: New Mexico Medical Review Association 800-663-6351

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### YOUR MEDICARE DISCHARGE RIGHTS

**Planning For Your Discharge:** During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

#### If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.
  - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call Case Management Dept @ 751-5806, or House Shift Manager at 751-5832.

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Please sign and date here to show you received this notice and understand your rights.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Follow Up Signature of Patient or Representative

\_\_\_\_\_  
Date

## STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - Here is the contact information for the QIO:  
**New Mexico Medical Review Association – 800-663-6351**
  - You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - Ask the hospital if you need help contacting the QIO.
  - The name of this hospital is Holy Cross Hospital. Provider #320013
- **STEP 2:** You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3:** The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4:** The QIO will review your medical records and other important information about your case.
- **STEP 5:** The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

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### IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - If you have Original Medicare: Call the QIO listed above.
  - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

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### Additional Information:

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### **If You Have a Grievance**

The Hospital views concerns, issues and complaints expressed by patients, visitors and other customers as valuable data in identifying opportunities and priorities for improvement and planning.

Please rest assured that any complaint you make will not adversely affect your current or future health care.

If you have a complaint, speak to your Nurse or the Department Director. If your complaint cannot be remedied immediately, an official written complaint can be submitted if you wish. The written complaint will be sent to the Director of Patient Safety and Risk Management for review. The issue will then be addressed by the appropriate person who will attempt to explain or resolve the problem to your satisfaction.

*If this procedure does not suffice or the seriousness of the grievance demands immediate attention, the formal grievance process will be followed:*

The issue will be handled by the CEO, CNO, CFO or the Risk Manager, who comprise the Grievance Committee. You or your representative will be notified verbally and in writing within seventy-two (72) business hours of what is happening with the issue. Continued reports will be given to you every seventy-two (72) business hours.

If you still are not satisfied, you may contact the **Health Department's Incident Management Hotline at 800-752-8649.**

*Address:*

**Department of Health and Human Services  
20409 South Pacheco,  
Room 413,  
Santa Fe, NM 87505.**

## **YOUR ADVANCE DIRECTIVE**

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**Advance Directive** means a written document signed by the patient that states the patient's wishes, desires and decisions regarding medical treatment and includes, but is not limited to: a Living Will, Durable Power of Attorney, Christian Affirmation of Faith, a document purporting a Living Will or Durable Power of Attorney not properly executed or other similar document.

**Medical Treatment Decisions** means decisions of what treatments, including but not limited to: IV hydration, IV nutrition, ventilators or other artificial means of respiration, any resuscitation procedures, the administering of antibiotics, stimulants or other drugs, that shall, or shall not, be used on the patient.

During your admission process you will be asked if you have an Advance Directive. If you have an Advance Directive, please provide us with a copy for your Hospital medical records. If you do not, you may ask your Nurse or call Case Management at **(575) 751-5808** for the document.

### **MAKING MEDICAL CHOICES:**

#### **Your Right to Decide**

Holy Cross Hospital wants you to participate as fully as possible in making your own medical decisions. This hand-out has been prepared in compliance with the Federal Patient Self-Determination Act of 1990 and explains New Mexico Law that is related to the Act.

*Many people today are concerned about such questions as:*

- ◆ Can I accept or refuse medical treatment on the basis of my own values, preferences or beliefs?
- ◆ Who will make medical choices for me when I am not able to do so for myself?
- ◆ Will the wishes for my medical care at the end of my life be honored?

**WHAT DOES NEW MEXICO LAW SAY ABOUT MY CHOICES?**

- ◆ *As a competent adult*, you have the right to direct your health care.
- ◆ *As a competent adult*, you have the right to consent to the use or discontinuation of medical treatment.
- ◆ *As a competent adult*, you may sign a New Mexico Durable Power-of-Attorney for Health Care Decisions form in which you appoint someone else to make health care decisions for you if you are unable to do so.
- ◆ *As a competent adult*, you may prepare a New Mexico Living Will and Declaration under the Right to Die Act form which instructs your health care providers not to provide maintenance medical treatment in the event you are unable to speak for yourself and are either terminally ill or in an irreversible coma.
- ◆ If you have not left prior instructions and are not able to speak for yourself, your health care providers and family will do what they think you would wish for them to do.

Holy Cross Hospital believes that your medical care should reflect your wishes as much as possible. We encourage you to discuss these choices with your family, friends, clergy and physician.

## **HOLY CROSS HOSPITAL'S POLICY ON LIVING WILLS, THE RIGHT TO DIE ACT and DURABLE LIVING POWER-OF-ATTORNEY**

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- All competent adult patients and emancipated minors have the right to self-determination in making medical treatment decisions.
- All competent adult and emancipated minor patients shall be provided with written information about state statutes and case law concerning an Advance Directive upon admission or as soon as practicable after admission to Holy Cross Hospital. These documents shall set forth an individual's rights under state law (both statutory and as recognized by state courts) to make decisions concerning medical care; including the right to accept or refuse medical or surgical treatment and the right to formulate an Advance Directive.
- An entry is to be made in each competent patient's file as to whether or not the patient has completed an Advance Directive.
- Holy Cross Hospital shall educate its staff and community about Advance Directives.
- Patient educational materials shall be distributed to patients as soon as practicable.
- Holy Cross Hospital and its staff physicians shall honor, respect and comply with a patient's express wishes and medical treatment decisions as set forth in the Living Will, Durable Power-of-Attorney or other Advance Directive.

- If a staff physician cannot honor, respect or comply with the patient's wishes or medical treatment decisions, the physician shall inform the patient of this. At the patient's request, we will find another physician who can and will treat the patient (with the patient's consent) and who will honor, respect and comply with the patient's Advance Directive. The original staff physician will then withdraw as the patient's physician.
- No conditions for giving care or otherwise discriminating against a patient because the patient has or doesn't have an Advance Directive shall be allowed.
- Patients are presumed to be competent. It will be documented when a patient is clearly incompetent or incapacitated from making medical treatment decisions. In that event, reasonable efforts should be made to contact members of the patient's family to determine if the patient has completed an Advance Directive.

**PATIENT ACKNOWLEDGEMENT**

Thank you for coming to Holy Cross Hospital for your health care needs.

*To assure the highest quality in communication, this hand-out has provided you with the following information for your records:*

1. **Your Safety at Holy Cross Hospital**
2. **Patient Rights and Responsibilities**
3. **An Important Message From Medicare About Your Rights**
4. **If You Have a Grievance**
5. **Making Medical Choices: Your Advance Directive**
6. **New Mexico Law Regarding Your Medical Choices**
7. **Holy Cross Hospital’s Policy on Living Wills, The Right to Die Act and Durable Power-of-Attorney**

*I have received copies for my records and all of my questions have been answered to my satisfaction.*

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**Patient’s or Legal Representative’s Signature**

**Date**

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**Relationship to Patient**

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**Hospital Registration/Nurse Representative Providing Answers to My Questions**

**Date**

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**Print Name**





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