



Outpatient Guest Handbook





WELCOME

Medina Regional Hospital strives to create a healing and compassionate environment by providing the finest healthcare and customer service to our patients and their families. Our care teams are carefully coordinated to address the clinical needs of patients receiving services at our facilities. With that in mind, please note that physician professional services are distinct from the Medina Regional Hospital facility services, and in most cases, will be billed separately from MRH's charges. As such, a separate physician service co-payment may be due that is unrelated to the hospital co-payment, deductible, and/or co-insurance. Common instances/services where this occurs include:

- Physician providing surgical services or obstetrical services
- Radiologist services in evaluating the imaging department exams
- Pathologist services in evaluating tissue sample and/or cultures taken in the course of the services provided at our facility
- Emergency Department Physician services in diagnosing and treating emergency patients

A separate billing statement may be sent to you from these providers when they are involved in the services provided at Medina Regional Hospital. If you have any questions about your financial responsibility, please contact your insurance company.

Medina Regional Hospital staff is available to assist you in understanding your hospital insurance benefits. We attempt to verify your insurance benefits prior to medical services being completed. Estimates of your financial responsibility are based on the accuracy of this information. The insurance benefit information provided by your insurance plan is based on the latest information they have available. Please remember that your insurance plan benefits are a contract between you and your insurance company. It is in your best interest to know and understand your benefits prior to obtaining any medical services.

We understand that billing and payment for health care services can be confusing and complicated. Knowing your insurance policy is vital to receiving the maximum benefits



possible. If your insurance plan requires the medical services to be pre-certified or pre-authorized, Medina Regional Hospital will attempt to obtain such approval from the insurance plan and/or the ordering physician office. Failure to meet your insurance requirements may result in partial or complete claim denial and/or a higher co-payment or deductible. We request that you pay any insurance co-payments, deductible, and/or co-insurance at the time of registration.

In the event you do not have insurance coverage, or cannot pay the patient responsibility portion of your bill, our financial counselors are trained to assist you in meeting your financial obligations. We accept all major credit cards. Financial counselors can also assist you in applying for charitable or public assistance programs for which you may be eligible. This service is provided to you at no cost. However, your cooperation is essential to successfully qualify for these programs. You are still financially responsible for the medical services until you are qualified for one of the programs. Please contact our Financial Assistance Program Coordinator at 830-426-7717 with any questions prior to your visit.

We welcome and thank you for choosing Medina Regional Hospital for your current hospital needs.



Expressing Concerns About Your Care

- 1 You have the right to express a concern or complaint concerning the hospital, your care, or a hospital employee without your care being adversely affected. If we do not meet your expectations in any way, please let us know. If there is a problem, we want to correct it. Voicing your concern will not affect the care you receive. To express a concern, contact your nurse or a Department Director. You may also contact administration. However, most issues can usually be resolved at the unit level.

- 2 Your concerns are important to us, and we will attempt to resolve them as quickly as possible. In the event that we cannot address your concerns to your satisfaction, you may file a grievance with administration.
 - Chief Nursing Officer: (830) 426-7828
 - Chief Executive Officer: (830) 426-7881

- 3 Once a grievance has been presented, it will be investigated and you will generally receive a response within 7 days, depending on the nature and complexity of the grievance. If additional investigation is necessary, the final response will be given within 21 days.

- 4 You also have the right to contact the state licensure agency and report your concerns to them regardless of whether you have first used the hospital's process to address your concerns.

Complaints/Grievances can be reported to:

Texas Department of State Health Services
Patient Quality Care Unit
Health Facility Compliance Dr.
P.O. Box 149347/MC1979
Austin, TX 78714-9347
Complaint Hot Line at 1-888-973-0022
Fax: 512-834-6653

End Stage Renal Disease Network of Texas INC
14114 Dallas Parkway Suite 60
Dallas, TX 78240-4381
Telephone Number at 972-503-3215



Patient Bill of Rights

1] Access to Care

Individuals shall be afforded impartial access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, religion, age, national origin, disability, sources of payment for care or the presence or lack of an Advanced Directive.

2] Respect and Dignity

Patients and their families have the right to considerate respectful care at all times and under all circumstances, with recognition of personal dignity and respect for their personal values and beliefs. The environment should contribute to a positive self image.

3] Privacy and Confidentiality

Patients and their families have the right (with the patient's permission), within the law, to personal and informational privacy, including the rights:

- To refuse to talk with or see anyone not officially connected with the hospital, including visitors, or persons officially connected with the hospital but not directly involved in their care.
- To wear appropriate personal clothing and religious or other symbolic items, as long as

they do not interfere with diagnostic procedures or treatment.

- To be free of all forms of abuse, harassment and exploitation.

4] Consideration

Patients and their families have the right to consideration of the psychosocial, spiritual and cultural variables that influence the perceptions of illness, recovery, death and the grieving process.

5] Safety/Security

Patients and their families have the right to expect reasonable safety precautions to be taken by the hospital and in providing a secure environment.

6] Pain Management

The patient can expect:

- a. Information about pain and pain relief measures;
- b. A concerned staff committed to pain prevention and management;
- c. Health professionals who respond quickly to reports of pain;
- d. Reports of pain to be relieved



Patient Bill of Rights (continued)

7] Information

The patient has the right to obtain, from the practitioner responsible for coordinating his/her care, complete and current information concerning the patient's diagnosis (to the degree known), treatment and any known prognosis. This information should be communicated in terms the patient and his/her family can reasonably be expected to understand. The patient has the right to receive adequate information about the person(s) responsible for the delivery of his/her care, treatment and services.

The patient has the right of access to the information contained in the patient's record, within the limits of the law and hospital policy.

The patient shall be provided information about professional or business relationships with another health care provider or institution that might suggest a conflict of interest.

Information shall be made available regarding the hospital's relationship to education institutions involved in patient care.

8] Communication

Patients and their families have the right of access to people outside the hospital by means of visitors and

by verbal and written communication. Any restriction on communication will be determined with patient and/or family input. The hospital will provide effective communication for each person served, including the hearing or speech impaired, limited English proficiency and interpreter services.

9] Consent

Patients and their families (with the patient's permission) have the right to reasonable informed participation in decisions involving the patient's health care. To the degree possible, this should be based on a clear, concise explanation of their condition and of all proposed technical procedures.

Patients shall not be subjected to any procedure without their voluntary, competent and understanding consent or the consent of their legally authorized representative.

The patient and family have the right to know who is responsible for ordering and performing the procedures or treatment and the right to be given the risks and benefits of them.

The patient and family shall be informed if the hospital proposes to engage in or perform human experimentation or other research/



Patient Bill of Rights (continued)

educational projects affecting the patient's care or treatment. Patients have the right to refuse to participate in any such activity and will only participate if informed consent is given.

Consent is obtained for recording or filming made for purposes other than the identification, diagnosis or treatment of the patients.

10] Consultation

Patients and their families, at their own request and expense, have the right to consult with a specialist of their choice. However, for in-house consultation, the physician must have privileges at the facility where the patient is being treated.

11] Refusal of Treatment

Patients and their families may refuse treatment and services to the extent permitted by law. When refusal of treatment by the patient or his/her legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the physician and patient and/or family may be terminated upon reasonable notice.

12] Transfer and Continuity of Care

A patient may not be transferred to another facility or organization unless they or the family has received a complete explanation of the need for the transfer and of the alternatives to such a transfer, provided that the other facility or organization has the capacity to treat and accept the patient. The patient and his/her family have the right to be informed by the practitioner responsible for the patient's care, or their delegate, of any continuing health care requirements following discharge from the hospital. The patient has the right to know the risks of transfer.

13] Hospital Charges

Regardless of the source of payment for care, the patient and family have the right to request and receive an itemized bill and details explaining the total bill for services rendered in the hospital. The patient or family have the right to timely notice prior to termination of eligibility for reimbursement by any third-party payer for the cost of care. The patient or family have the right, upon request, to receive from Admitting any information the hospital has regarding financial assistance and health programs sponsored by the State of Texas.



Patient Bill of Rights (continued)

14] Dispute Resolution

Patients and their families have a right to express a concern or complaint concerning the hospital, their care, or a hospital employee without their care being affected. A complaint or grievance may be reported by the patient and/or family by contacting a Supervisor or Administrator directly.

15] Ethical Concerns

The patient and his/her family have the right to access the Hospital Ethics Committee when conflicts about patient treatment arise. Patients and/or family, caregivers or physicians may contact the department director or hospital administrator operator anytime they have ethical concerns regarding treatment decisions.

16] Care Decisions and Advance Directives

Care sometimes requires that people other than (or in addition to) the patient be involved in decisions about the patient's care. This is especially true when the patient does not have the mental or physical capacity to make care decisions, or when the patient is a child under the age of 18. When the patient cannot

make decisions regarding their care, a surrogate decision maker will be identified in accordance with the law. The patient has the right to exclude or include any or all family members from participating in his/her care. The patient has the right to execute an Advance Directive. The hospital also addresses the wishes of the patient relating to end-of-life decisions.

17] Charity Care

As part of our mission to serve the health needs of the community, the Medina Healthcare System will provide charity care to patients without financial means to pay for hospital services in accordance with our eligibility requirements. Please contact the Admitting office to obtain information about our charity policy, eligibility requirements and an application.

18] Access to Protective Services

The hospital supports the patient's right to access Social Services (Guardianship, advocacy services, conservatorship and Child or Adult Protective Services). The hospital has resources to help patients and families determine a patient's need for special services.



Patient Bill of Rights (continued)

19] Unanticipated Outcomes

Patients and, when appropriate, their families are informed about the outcome of care, including unanticipated outcomes.

healthcare system. An effective advocate is someone the patient trusts who is willing to act on his/her behalf and someone who can work well with other members of the patient's healthcare team.

20] Restraints

The patient has the right to be free from restraint of any kind that is not medically necessary.

The Patient Advocate may be a member of the patient's family, such as a spouse, a child, another family member, or it may be a close friend.

21] Nondiscrimination

The Medina Healthcare System does not discriminate on the basis of race, color, national origin, disability or age in admission or access to treatment or employment in its programs and activities. The Director of Human Resources has been designated to coordinate efforts to comply with section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability. We have adopted a procedure to address grievances pursuant to section 504. This procedure is available in the Human Resources office.

22] Patient Advocate

Patients have the right to have a Patient Advocate with them to look out for their best interests and help navigate the



Patient Responsibilities

1] Providing Information

Patients have the responsibility 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. Patients and their families are responsible for reporting perceived risks in their care and unexpected changes in their condition. Patients and their families help the hospital improve its understanding of the patient's environment by providing feedback about service needs and expectations. Patients and their families are responsible for reporting whether they clearly comprehend the course of action to be taken and what is expected of them. This also includes any spiritual, religious or cultural values as well as lifestyle choices that affect treatment.

2] Asking Questions

Patients are responsible for understanding their illness and treatment. If the patient does not understand, we expect questions to be asked. When education classes, reading material or video programs are offered, the patient is encouraged to learn what information is necessary to make choices about health care.

3] Managing Pain

The patient has the responsibility to:

- a. Ask the doctor or nurse what to expect regarding pain and pain management;
- b. Discuss pain relief options with the doctors and nurses;
- c. Work with the doctor and nurse to develop a pain management plan;
- d. Ask for pain relief when pain first begins;
- e. Help the doctor and nurse assess his/her pain;
- f. Tell the doctor or nurse if pain is not relieved, and;
- g. Tell the doctor or nurse about any worries he/she has about taking pain medication.

4] Following Instructions

A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care. The patient and family are responsible for keeping appointments and, when unable to do so for any reason, for notifying the responsible practitioner or the hospital. Patients are encouraged to



Patient Responsibilities (continued)

express any concerns they have about the ability to follow the proposed treatment plan.

5] Accepting Consequences

Not Following Instructions:

The patient is responsible for the consequences if treatment is refused, the recommended course of treatment is not followed, or other treatments are used.

6] Fulfilling Financial Obligations

Patients and their families are responsible for assuring that the financial obligations of the patient's health care are fulfilled as promptly as possible.

7] Hospital Rules and Regulations

Patients and their families are responsible for following hospital rules and regulations affecting patient care and conduct.

8] Respect and Consideration

The patient and family are responsible for being considerate of the rights of other patients and hospital personnel, for assisting in the control of noise and the number of visitors and for complying with non-smoking hospital regulations.

The patient and family are responsible for being respectful of the property of other persons and of the hospital.

We are concerned that you may be using tobacco, and it is our job as healthcare providers to advise you to quit. If you are a smoker we are advising you to quit. If you have previously quit, please remain a non-smoker. If one of your family members smokes, please help them to quit since passive smoking is as harmful as smoking directly. If you need help, contact the American Cancer Society at 1-877-937-7848.

9] Advance Directives

If the patient has executed an advance directive, the patient and his/her family are responsible for providing a copy of the document(s) for the hospital record. Advance directives in Texas include the following:

- Directive to Physicians and Family or Surrogate
- Medical Power of Attorney
- Declaration for Mental Health Treatment
- Out-of-Hospital Do Not Resuscitate Order



Patient Responsibilities (continued)

Please refer to the Critical Choices Handbook, in the back of this booklet, to help them understand the importance of advance directives and give them an opportunity to execute these directives.

Hospital Responsibilities

1. In order to honor the right of every patient, the hospital will provide written information to all inpatients on admission regarding their rights and responsibilities.
2. Patient Rights and Responsibilities will be posted in the hospital.
3. Employees will be in-serviced regarding the hospital's philosophy and the policy on Patient Rights and Responsibilities during their new employee orientation.

Admitting Responsibilities

1. During the admitting process, each patient admitted to the hospital will be provided with information on critical choices. Information is included in this handbook for your convenience.



Notice of Privacy Practices HIPPA

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel, agents of the facility, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

Our Responsibilities:

We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information. We will abide by the terms of this notice.

Uses and Disclosures:

How we may use and disclose Health Information about you.

The following categories describe examples of the way we use and disclose health information:

For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this facility.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

Fundraising: We may contact you to raise funds for the facility; however, you have the right to elect not to receive such communications.

We may also use and disclose health information:

- ◆ To remind you that you have an appointment for medical care;
- ◆ To assess your satisfaction with our services;
- ◆ To tell you about possible treatment alternatives;
- ◆ To tell you about health-related benefits or services;
- ◆ For population based activities relating to improving health or reducing health care costs;
- ◆ For conducting training programs or reviewing competence of health care professionals; and
- ◆ To a Medicaid eligibility database and the Children's Health Insurance Program eligibility database, as applicable

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.



Notice of Privacy Practices HIPPA (continued)

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

Directory: We may include certain limited information about you in the facility directory while you are a patient at the facility. The information may include your name, location in the facility, your general condition (e.g., good, fair) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory please request the Opt Out Form from the admission staff or Facility Privacy Official.

Individuals Involved in Your Care or Payment for Your Care and/or Notification

Purposes: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

Research: The use of health information is important to develop new knowledge and improve medical care. We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You may also be contacted to participate in a research study.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities our facility is participating in.

Organized Health Care Arrangement: This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

Affiliated Covered Entity: Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the Facility Privacy Official for further information on the specific sites included in this affiliated covered entity.

Health Information Exchange/Regional Health Information Organization:

Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.

As required by law. We may disclose information when required to do so by law.



Notice of Privacy Practices HIPPA (continued)

As permitted by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- ◆ Food and Drug Administration
- ◆ Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- ◆ Correctional Institutions
- ◆ Workers Compensation Agents
- ◆ Organ and Tissue Donation Organizations
- ◆ Military Command Authorities
- ◆ Health Oversight Agencies
- ◆ Funeral Directors and Coroners
- ◆ National Security and Intelligence Agencies
- ◆ Protective Services for the President and Others
- ◆ A person or persons able to prevent or lessen a serious threat to health or safety

Law Enforcement: We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

For Judicial or Administrative Proceedings: We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

Authorization Required: We must obtain your written authorization in order to use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes, or to sell your protected health information.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

◆ **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

◆ **Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Any request for an amendment must be sent in writing to the Facility Privacy Official.

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

◆ **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

◆ **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right



Notice of Privacy Practices HIPPA (continued)

to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the Facility Privacy Official.

We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and 2) your information pertains solely to health care services for which you have paid in full. For other requests, we are not required to agree. If we do agree, we will

◆ **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

◆ **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

If the facility has a website you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and include the effective date. In addition, each time you register at or are admitted to the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outlined in the facility's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing.



Notice of Privacy Practices HIPPA (continued)

at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Facility Privacy Official by dialing the main facility number.



Critical Choices

There may come a time when you or a member of your family becomes seriously injured or critically ill. In the midst of your shock and grief you may be asked to make difficult decisions about the intensity of medical care to be administered or about whether to withdraw “life sustaining” treatment and change the goal of treatment from cure to comfort.

Because it is harder to make these decisions when you are under stress, it is important for you to know about the types of treatment and life sustaining procedures available. You can decide what kind of treatment you want before you and your family are called upon to make these decisions. Such decisions are usually made with the following things in mind:

- The patient’s wishes, especially in a “Directive to Physicians and Family and Surrogate” or “Medical Power of Attorney”.
- The patient’s medical history and current condition.
- The benefits of treatment to the patient.
- The amount of harm or amount of suffering for the patient involved in treatment.
- The probability of success or futility of treatment.
- The possibility of eventual discharge from the hospital in a condition that reflects the quality of life that is important to the patient/family.

Cardiopulmonary Resuscitation (CPR)

This involves the emergency use of medications and electrical and mechanical treatments in an effort to restore heartbeat, blood pressure and breathing if the heart and/or lungs stop working.



Critical Choices (continued)

How Do We Decide?

Most medical treatment given in the hospital is aimed at a cure—making the patient better or well enough to be discharged to another facility or home. But for some patients, particularly those with an incurable or irreversible illness, it may be appropriate to change the goal of treatment from cure to comfort and to change from using life prolonging procedures to those which will prevent suffering and preserve dignity.

Two Questions Often Asked in This Situation Are:

“What would the patient tell you to do if the patient could talk to you right now?” and “What is the most loving thing to do?”

How Do We Make Our Wishes Known?

Texas law allows you to make an Advance Directive concerning your medical care. That is, you make your wishes concerning medical treatment known before you actually need such care. There are several types of Advance Directives: The “Directive to Physicians and Family or Surrogate”, the “Medical Power of Attorney”, and the “Out-of-Hospital Do-Not-Resuscitate Order”. Forms for most of these are provided for your convenience at the end of this booklet. “Out-of-Hospital Do-Not-Resuscitate Order” form may be obtained through your health care facility. **You do not have to issue an Advance Directive.** In fact, a physician, health facility, health care provider, insurer or health care service plan cannot require that you issue an Advance Directive as a condition for obtaining insurance for health care services or for receiving health care services.



MEDINA

HEALTHCARE
SYSTEM

Managed by

