Welcome to Jefferson Health

Patient Guide

Please keep this at your bedside

Jefferson
Health

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

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Visitor Information

Our hospital respects the patient's right to choose who may visit when receiving services within our organization. Visitation rights are not restricted, limited, or denied, based upon race, ethnicity, creed, color, ancestry, national origin, marital/familial status, religion, sex, gender identity, sexual orientation, or disability.

We encourage patient visitation, however, some areas may have more restrictive hours based on patient needs. Please check with the staff on your unit to determine the most appropriate visitation times.

A special note for family, support person, and friends

For the comfort of our patients, we ask that our visitors observe the following:

- Please limit the number of visitors at the bedside to two and please be considerate about the length of your visit.
- Whenever possible, ***ask the nursing staff if there are specific times when your presence would be beneficial*** to the patient's comfort and your peace of mind.
- ***Please do not adjust any siderails, cribrails, or equipment*** that may be in use without consulting the nurse.
- If your loved one is receiving patient-controlled analgesia for pain, ***please do not push the button to administer additional doses of medication***. Although you may mean well, this well-intentioned effort can result in serious medical problems for the patient.
- ***Wash your hands upon entry and exit*** of the hospital room.
- Visitors who are visibly ill (i.e., sneezing, coughing, etc.) should refrain from visiting.
- ***Please check with the nurse regarding dietary restrictions*** before offering any food or beverages to a patient.
- You may be asked to leave the room during a physician visit or treatment. This is to ***respect the privacy of our patients***.
- Assist us in creating a ***quiet, soothing and healing environment***.

About Your Stay

Valuables

The hospital is not responsible for lost or misplaced items. If you brought valuable items, such as jewelry, large sums of money, or credit cards, please send them home with a family member or friend or ask them to be placed in the hospital safe. To protect essential valuables, such as dentures, eyeglasses, hearing aids or contact lenses, store them in a protective case, labeled with your name.

Food and Nutrition - Meal Service

A member of our Food and Nutrition staff will coordinate your food service needs. You are invited to call room service at extension 3663 to place your meal orders between 6:30 am and 6:30 pm. If you need additional assistance, a host will be available to take your meal order at bedside. Please let us know if you have any special dietary needs due to religion, culture or preference.

Your diet is specially ordered by your doctor to meet your nutritional needs. Dietitians are available to provide education to patients/families so that patients can achieve their nutritional goals. Our dietitians can also provide resources to assist you in meeting your ongoing nutritional needs. If you have any questions regarding your diet, talk to your doctor, nurse or dietitian.

Telephone Service

How to use the hospital's phone system:

- If you are dialing a hospital extension, dial the four-digit extension only.
- If you are calling a local exchange, dial 9 + telephone number.
- For additional information or further assistance with using the phones, please dial 0.

Free Wi-Fi

Wi-Fi "hot spots" are now available for our patients and visitors at our three hospitals, the Sidney Kimmel Cancer Center - Washington Township and the Surgery Center. Wi-Fi is a convenient way to connect to the Internet using a wireless device (i.e., laptop computer, iPad or cell phone). Informational flyers are located throughout the hospitals and in patient rooms that provide detailed information on how to connect to the Internet via Wi-Fi.

Gift Shop

The hospital campuses, Washington Township and Cherry Hill have a Gift Shop located on the ground floor near the information desk.

ATM

You are encouraged to keep a limited amount of cash during your stay. If you need to withdraw cash, an ATM is located in the main lobby.

Frequently Called Numbers

When dialing inside the hospital, only dial the last four digits; outside of the hospital, dial the full number.

Hospital Main Numbers

- Cherry Hill – 856-488-6500
- Stratford – 856-346-6000
- Washington Township – 856-582-2500

One Call Does It All - 1111

(for Nursing, Food Service, Environmental Services, Social Work and Pastoral Care)

Billing Office

1-800-220-0280

Ethics Consultation

Call the Operator (0) and ask for the Ethics Call Line to leave a message

Guest Services

- Cherry Hill – 856-922-5101
- Stratford – 856-346-6002
- Washington Township – 856-582-3115

Food Service

Room service (between 6:30 a.m. and 6:30 p.m.) ext. 3663 or 856-309-6120

Gift Shop

- Cherry Hill – 856-922-5126
- Washington Township – 582-2611

Jefferson Medical Group
Primary & Specialty Care Physicians

844-542-2273

Safety Hotline

856-582-2899

Social Work/Case Management

856-346-7850, option 2

Your Safety & Health

Patient Safety

You are at the center of our healthcare team. Your participation by asking questions, understanding instructions, and openly communicating with us, enables us to meet your healthcare needs. It also ensures that we meet your expectations and adequately prepare you for discharge.

- Undergoing medical care can be stressful. It is important to have a trusted family member or friend serve as your "***support person***" to help you remember questions you may want to ask and/or answers to the questions that you asked.

- Wear the ***wrist identification bracelet*** that you received upon admission throughout your entire hospital stay. Make sure the information is correct. Please expect that our healthcare providers will be checking your identification bracelet often and asking you to state your name and date of birth so that your identity can be verified.

- ***Color wrist identification bands*** are used to identify specific patient risks. These bands include (but are not limited to) a red bracelet representing a food or medication allergy and a yellow bracelet indicating a risk for falling. These colors help staff quickly recognize patients who require special care to prevent harm.

- ***Do not adjust the medical equipment*** needed for your care, such as alarms. Call your healthcare provider for any concerns.

- ***Time-out Procedure*** – If you are undergoing any invasive procedure, your physician and other members of your healthcare team may ask you to participate in a specific process to ensure you receive the correct procedure. You will be asked to verify your name and date of birth, along with the correct procedure and operative site. Immediately prior to the start of every procedure, the entire procedural team must stop all activities and conduct a "time out." This "time out" confirms the correct patient, procedure, and site.

- ***Leaving Your Patient Care Area*** – For your safety, do not leave the patient care area on your own. If you find that you need something outside of your care area, notify your nurse.

To make reporting accessible to patients, visitors and other customers, and offer you a way to report concerns anonymously, you may also call the **Safety Hotline** at **856-582-2899**.

Fall Prevention

Patients and families are invited to partner with our staff in an effort to promote safe practices and prevent falls while in the hospital and when discharged home. Please take a minute to review the information below for basic safety tips to reduce the risk of falling.

While you are in the hospital:

- You are in an unfamiliar environment and not feeling well. Daily activities, including using the bathroom, may be more difficult to perform alone during your hospitalization. Remember, we are always here to lend a helping hand. Waiting for staff assistance can avoid the risk of dangerous falls and injuries.

- ***Keep your call bell within reach***. Ask for assistance when getting out of bed or going to the bathroom, especially if you have oxygen or an IV. There is a bathroom call light if you feel dizzy or need help. Never hesitate to call for assistance.

- ***If you wear glasses, be sure to have your glasses on before walking*** – even for a short distance.

- ***Do not lean on your over bed table or nightstand for support***. Both have wheels on the bottom and can be dangerous.

- ***Use your cane or walker as instructed***. If you are insecure about using the device, please wait for assistance.

- Side rails on your bed may be "up" to help you turn; do not attempt to climb over or around them. Always ask for help.

Patient Safe Handling

Our hospital promotes a culture of safety supporting the New Jersey Safe Patient Handling Act. Our ACT program – **Assisted Care Transfer** – ensures patients are moved safely and efficiently, using proper body mechanics and assistive equipment.

To keep you safe during your hospital stay, a variety of equipment may be used to assist in movement. Please speak to your healthcare provider if you have any questions concerning use of this equipment.

Medication Safety - What Not to Bring to the Hospital

Please do not bring in your medications from home (including vitamins, herbal remedies, over-the-counter medications, etc.) unless asked to do so by your doctor.

Medications brought in without your physician's approval should be sent home with a friend or family member. All medications are checked by our Pharmacy for drug interactions, dosing, and allergies before you can receive them. For safety reasons, medications should not be kept at bedside.

If you are uncertain about any medication ordered during your stay, please ask your doctor or nurse to review the reason it was ordered – dosage, frequency, potential interactions, etc.

Pain Management

Pain relief is your right as a patient. This includes the right to have your reports of pain acted upon, assessed and treated.

If you're in pain, get relief!

Treating your pain can help you feel stronger; be more comfortable; get well faster; and improve your treatment results. It is extremely important that you tell your doctor, nurse, or healthcare provider when you are experiencing pain and/or ask any questions you may have relating to your pain treatment plan.

Pain can cause:

- Tiredness
- Worry
- Depression
- Loneliness
- Anger
- Stress

Tell the doctor or nurse:

- All the places you have pain
- How long you have been having this pain
- What your pain feels like:
  - aching - pressure
  - burning - radiating
  - cramping - sharp
  - dull - stabbing
  - numbing - throbbing
- What makes the pain better
- What makes the pain worse
- What you are currently doing to relieve pain
- If your pain is not relieved

Pain can interfere with:

- Daily activities
- Sleeping
- Enjoying friends and family
- Interest in work & hobbies
- Eating
- Enjoying life

Choose the Face that Best Describes How You Feel



0 No Hurt | **2** Hurts a little | **4** Hurts a little more | **6** Hurts even more | **8** Hurts a whole lot | **10** Hurts the worst

Help your doctor and nurse assess your pain!

Pain is assessed on an individual basis because everyone's pain experience is different. When you have pain, your doctor or nurse will ask you to rate your pain level using a **pain scale** that help us understand your pain level and your response to pain treatments.

We use a 0 - 10 scale (0 = no pain; 10 = the worst pain imaginable). If you do not understand this scale, please tell us so that we may meet your needs by using another rating tool. **If you need us to read it to you or provide it to you in another language, please tell us**.

Ask them:

- What to expect regarding feeling pain and its management
- What pain relief options are available
- What medicine can relieve your pain
- About common side effects and what you should do if they occur

If you have any concerns about your pain or pain management, please ask your doctor or nurse.

Staying Healthy - Infection Prevention

Fight the spread of infection

Here are four easy things you can do to stop the spread of germs like the common cold and the flu:

1. **Wash your hands often, using soap and warm water.** Scrub well for at least 15 seconds. Always clean your hands before touching or eating food and after you use the bathroom, change a diaper, or after other activities where they can become dirty. Anti-bacterial alcohol-based hand sanitizer is also available.
2. **Ask your care team members if they have washed their hands before they treat you**. They should also wear clean gloves when taking laboratory specimens, giving medications, touching wounds or body fluids, and/or performing physical examinations. Hand hygiene should take place prior to the healthcare provider putting on their gloves and after removing their gloves.
3. **Cover your mouth and nose with a tissue**, or use the fold of your elbow instead of your hands. Throw away used tissues and then perform hand hygiene.
4. **Family and friends should wash their hands** with soap and water or an alcohol-based hand foam before and after visiting you. If you do not see them wash their hands, remind them!

Help prevent surgical site infections

- Avoid touching or having family or friends touch the surgical wound or dressing unless directed to do so.
- If you are directed by your doctor or nurse to clean and care for your wound, be sure to clean your hands before and after. If your hands are visibly soiled, use soap and water instead of hand sanitizer.
- Before you go home, be sure you know how to care for your wound. After arriving home, if you have symptoms of infection – such as redness, pain at the surgery site, drainage, or fever – call your doctor immediately.

Please note: ***Smoking can lead to infections, so we encourage you to quit if you are a smoker.*** If you need help in quitting, please talk to your nurse.

Help prevent catheter-associated urinary tract infections

Patients with a urinary catheter are at an increased risk for infection. We do all we can to remove a urinary catheter as soon as possible. Please be sure to let your nurse know if the urinary catheter comes out, or if you have pain, pressure, or the sudden urge to urinate.

What is a multi-drug resistant organism?

A multi-drug-resistant organism (MDRO) is a germ that is resistant to many antibiotics, meaning that certain drug treatments will not work. Hospital patients with a weakened immune system, frequent or prolonged hospitalizations, those who live in a long-term care facility, and/or have been taking different types of antibiotics, are at risk for acquiring these germs.

Examples of MDROs include:

Methicillin Resistant Staphlycoccus Aureus (MRSA)
This is a bacteria normally found on the skin and/or nose of healthy people. It is usually harmless on the skin or nose, but can occasionally get into the body through abrasions, cuts, and/or wounds. These infections may be mild, like a pimple or boil, or more serious – such as an infection of the bloodstream. It is resistant to a whole class of antibiotics.

Enterococcus is a bacteria commonly found in the stomach and bowels. Sometimes this develops resistance to a strong antibiotic, Vancomycin.

This is then called vancomycin enterococcus or VRE. When VRE gets into open wounds, skin sores, urine, and even blood, it can cause a serious infection.

These are two of the most common multi-drug-resistant organisms but there are several other organisms resistant to antibiotics.

Clostridium Difficile (C. diff)
This is a bacteria that causes diarrhea and colitis. This is not an MDRO, but is treated the same. C. diff may also be found in a small number of healthy persons. If it grows out of control in a person's GI tract, it can cause severe diarrhea, abdominal pain and dehydration. C. diff produces spores that are found in the diarrhea and can be spread by direct hand contact with toilets, bedrails, and an infected person. Handwashing with soap and water (not alcohol hand foam) is a key way to help prevent infection.

The most common way of spreading these germs from person to person is by contact with hands. A person can be either "colonized" or "infected" with an MDRO. Being "colonized" means a person has the bacteria present on their skin or in body openings, but has no signs of infection and thus does not need treatment. Being "infected" means a person has signs of an infection (swelling, drainage, fever). Antibiotics prescribed by your physician can treat patients who have an active infection.

If a patient has an MDRO and is in the hospital, additional practices are used to stop the spread of these germs:

- Patients with any antibiotic-resistant infections may be placed in an isolation room. This will require your healthcare team and visitors wear a gown and gloves when visiting. Do not be alarmed – these precautions help you and your family members remain safe.
- You ***must stay in an isolation room***. We ask that you only leave the room for certain tests, as directed by your healthcare team.
- Good hand cleaning is key! Everyone, including members of your care team, your family and your visitors, must ***wash their hands*** or use hand sanitizer when entering and leaving your room. If you have C.diff, the hand sanitizer is not effective: you MUST use anti-bacterial soap and water.
- Members of your healthcare team will wear a medical gown and gloves each time they enter your room.
- Healthy people are at low risk of getting infections when preventative practices are used. It is safe to have visitors. However, young children or those with weakened immunity, should not visit. A member of the healthcare team may request your visitors wear a gown and gloves for their protection, as well as for yours.

For more information on any infection control topics, contact the Centers for Disease Control and Prevention at **1-800-CDC-INFO** (1-800-232-4636) or **www.cdc.org**

Vaccines

Jefferson Health offers every patient an opportunity to receive the **flu and pneumonia vaccines** upon admission. All patients will be assessed by Nursing of their current immunization (vaccine) status. Immunizations are an important part of disease prevention, as well as a hospital accreditation requirement. Patients have an opportunity to request or decline these immunizations based on prior immunization status.

Are You a Smoker?

Have you tried to quit smoking without success? Do you have health problems related to your smoking? **Our hospital is a smoke-free facility**. We can help support your decision to stop smoking. Talk with any of our healthcare professionals (doctors, nurses, respiratory therapists), who will provide you with information to support your goal to stop smoking. Several treatment options are available:

1. ***NJ Quitline***, staffed by specially-trained healthcare professionals, uses individual and group therapy to help you achieve your goals. Call **1-866-NJ-STOPS**.

2. ***Mom's Quit Connection*** – a program for smoking cessation support for pregnant women or moms of children six years or younger. Moms can call the service at **888-545-5191**.

3. ***Additional aids*** (i.e., nicotine replacement gum, lozenges and patches) are available over the counter from local pharmacies to help you quit smoking. Nicotine replacement inhalers and nasal spray are available with a prescription.

Patient-Centered Bedside Report

To Our Patients:

At Jefferson Health, we conduct a Patient-Centered Bedside Report to keep you better informed about your plan of care, medications, tests and progress while you are here.

This involves our nurses doing bedside reporting, in your presence, at each shift change to ensure proper communication of all important information, and to introduce you to your new nurse. During report, your nurses will talk to you about your goals for the upcoming shift. This collaboration ensures we all work toward the same outcomes and understand each other's expectations.

In the event you have visitors in your room at the time of Patient-Centered Bedside Report – or anytime you feel uncomfortable about information being discussed – please let your nurse know, and other arrangements will be made at that time.

If you are sleeping at change of shift report, a nurse will check on you, but the verbal report will be done elsewhere to permit your continued rest, unless you have asked us to wake you up for report.

We are confident that this Patient-Centered Bedside Report will benefit you by keeping you better informed of your condition and progress. It also allows us to continue to maintain the high quality of care that you expect as a patient at Jefferson Health.

Wishing you well on your journey to good health!

Sincerely,



Diane Juliano, DNP, MBA, RN, NEA-BC, FACHE
Chief Nursing Officer
Jefferson Health – East Region

Be Your Own Advocate

S*peak up if you have questions or concerns, and if you don't understand, ask again. It may also be helpful for you to write down questions you have for physicians and other care providers and record their answers.*

P*ay attention to the care you are receiving.*

E*ducate yourself about your diagnosis, your medical tests and your treatment plan.*

A*sk a trusted family member or a friend to be your advocate.*

K*now what medications you take and why you take them.*

U*se a healthcare organization like Jefferson Health New Jersey that follows quality and safety standards set by The Joint Commission.*

P*articipate in all decisions about your treatment. Don't be afraid to ask questions.*



Patient & Guest Services

Patient Satisfaction

Our staff strives to always meet or exceed your expectations. We value your feedback. You may receive a survey either in the mail, in an email, or in a text message. We hope that you can provide us with positive information on your stay and tell us how we can continue to improve our care and services for you. If you do not receive a survey, but would like to share your experience with us, please contact our Guest Services Department at the phone numbers listed below.

We encourage you to report any patient safety or care concerns to any Jefferson Health associate so the hospital may respond accordingly. Patient care concerns may also be reported to one of our Guest Services Directors at any one of the following numbers:

Guest Services

Cherry Hill	856-922-5101
Stratford	856-346-6002
Washington Twp.	856-582-3115

One Call Does It All – Ext. 1111

Call this number for questions about Nursing, Food Service, Environmental Services, Social Work issues or any other needs you may have.

Ethics Consultation

What is an Ethics Consultation?

Ethics Consultation assists patients, family members, professionals and staff in making decisions related to healthcare issues.

Who can request help?

An Ethics Consultation may be requested free-of-charge by any patient, family member, healthcare spokesperson, nurse, doctor, or anyone else with concerns about a patient.

OUR PROMISE TO OUR PATIENTS

When You Are in Our Care, We Promise To:

Be fully present in our interactions with you.

Wash our hands & check your ID band for your safety.

Tell you our name & role, and what we are doing, in an easily understandable way.

Listen to you & respond to your needs in a timely manner.

Partner with you to plan your care.

Care for you with compassion & respect.

Check in on you hourly.

Safely control your pain.

Make sure you are cared for in a clean, safe, & healing environment.

When is an Ethics Consultation performed?

Most cases referred for an Ethics Consultation relate to end-of-life issues. In some situations, family members may have a difference of opinion concerning best treatment options. They need a safe place to discuss their differences. The consultation team helps the family understand:

- Advance directive language
- Resuscitation options
- Withdrawing and/or withholding of care.

How do you request a consultation?

Call the operator and ask for the campus-specific **Ethics Call Line**. Leave a message and a team member will return the call within one business day. The call line numbers are confidential and all information is treated with respect and dignity.

Pastoral Care/Spirituality (Clergy)

Visits by clergy of all faiths are available by calling extension 1111 and asking to speak with Pastoral Care. A non-denominational chapel is located within each hospital and is open 24-hours-a-day.

Help Manage Communication

Quality healthcare requires effective communication between you, family members, and our healthcare team. If you have a communication barrier (e.g., speak a foreign language, visual or hearing impairments, and/or have a medical condition or treatment that prevents you from understanding or speaking), let your healthcare team know and they will provide you with a variety of resources to help you communicate.

Respecting Your Personal Health Information

To protect your confidentiality, our staff will provide information only to individuals you designate. You were assigned a **confidentiality code** at the time of your admission. This code is only valid for your current hospital stay. Anyone requesting your information must provide the code number before staff will respond. It is recommended that you designate a primary spokesperson to keep your family informed of your progress and care status.

Questions and Concerns

You have the right to present questions and concerns to a designated hospital staff member and receive a response. The hospital must provide you contact information for the New Jersey Department of Health and Senior Services Unit that handles questions and complaints. You may directly contact the **NJ Department of Health Complaint Hotline** at **1-800-792-9770**.

Our hospitals voluntarily submit to **The Joint Commission** evaluations which ensure our compliance with national quality standards. Unannounced surveys by The Joint Commission are conducted every three years. You may also contact The Joint Commission:

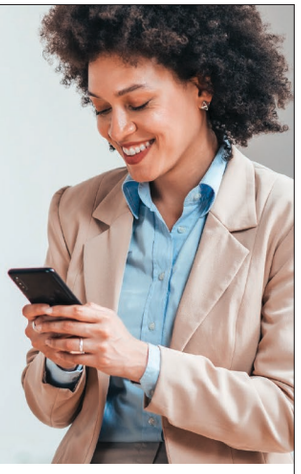
The Joint Commission
Division of Accreditation Operations
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Phone: 1-800-994-6610
Fax: 630-792-5636
Email: complaint@JointCommission.org

Medicare beneficiaries who have a complaint or grievance concerning quality of care, disagree with a coverage decision, or wish to appeal a premature discharge, may also call **Livanta Medicare Helpline** at **1-877-588-1123**. For TTY, call **1-855-887-6668**.

Requesting your medical records is as easy as 1-2-3!

Complete a request from yoursmart phone, tablet or computer – anytime from anywhere!



1 **Access Patient Request**
- Go to newjersey.jeffersonhealth.org/patients/patient-tools/medical-records-request
- Click on "Medical Records Request" button to access the patient request wizard.

2 **Complete Online Request**
You'll be guided through every step of the process.

3 **Review + Sign + Submit Request**
You're done!

Your records are delivered right to you – no need to go and pick them up!

Electronic delivery
You'll get an email with instructions for retrieving your records. To keep them secure, you'll need a PIN that is sent in a separate email.

Mail delivery
Records will be mailed to the address you entered in the request.

Questions?
Hospitals (888) 310-2346 • Clinics 1(800) JEFFNOW

Medical record services provided by CIOX™

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Who We Are

This Notice describes the privacy practices of Thomas Jefferson University (TJU), including the clinical operations referred to as Jefferson Health, which includes, but is not limited to, wholly owned and controlled entities that engage in covered transactions under HIPAA (Health Insurance Portability and Accountability): Thomas Jefferson University Hospitals, Inc. (TJUH, Inc.), Jefferson University Physicians (JUP), Abington Memorial Hospital, Abington Lansdale Hospital, Abington Health Physicians, Jefferson Health – Northeast System, Aria Health Physician Services, Aria Health Orthopedics, Kennedy University Hospital, Inc., Kennedy Medical Group Practice, P.C., Magee Memorial Hospital for Convalescents d/b/a Magee Rehabilitation Hospital, Albert Einstein Medical Center d/b/a Einstein Medical Center Philadelphia, Einstein Medical Center Elkins Park, Einstein Medical Center Montgomery, MossRehab, Einstein Center One, Willowcrest, Einstein Practice Plan, Inc. d/b/a Einstein Physicians, Einstein Community Healthcare Associates, Inc. d/b/a Einstein Physicians, and Fornance Physician Services d/b/a Einstein Physicians Montgomery, collectively referred to as "Jefferson Health". This list of facilities may change from time to time; you may obtain an updated list of facilities by calling 1-833-391-2547. Jefferson facilities include all patient care, research, laboratory and administrative space owned or leased by Jefferson and any location where Jefferson employees work to care for Jefferson Health patients. All employees, medical staff, students and other members of the Jefferson community ("we" or "us") follow the terms of this Notice. Jefferson is required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice.

II. How We May Use and Disclose Health Information – Treatment, Payment and Health Care Operations

Jefferson Health understands that information about you and your health is very personal. Therefore, we strive to protect your privacy. We are required by law to maintain the privacy of our patients' protected health information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We will only use and disclose your PHI as described in this Notice. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI we maintain. Any revised notice will be available upon request and on our website at **https://www.jeffersonhealth.org/privacy-practices.html**
Unless you expressly indicate to the contrary, you agree to receive such information from us and from the persons and entities with whom we share your PHI by automated means, which may include the use of an automatic telephone dialing system ("ATDS"), pre-recorded message, artificial voice and/or electronic mail ("email"), SMS (text messages) regarding treatment options, health-related information, disease-management programs, wellness programs or other community-based initiatives or activities in which we participate.

A. Treatment

We may use and disclose your PHI in connection with your treatment and/or other services provided to you—for example, to diagnose and treat you. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. We may also disclose PHI to other providers within Jefferson and outside of Jefferson Health (e.g., physicians, nurses, pharmacists and other health care facilities involved in your treatment)

B. Payment

We may use and disclose your PHI to obtain payment for services that we provide to you—for example, to request payment from your health insurer and to verify that your health insurer will pay for your health care services.

C. Health Care Operations

We may use and disclose your PHI for our health care operations. These include internal administration and planning, various activities that improve the quality and cost effectiveness of health care services, health care delivery review, regulatory compliance, staff performance evaluation, education and training of physicians and other health care providers, business planning and development, business management and general administrative activities. We use this information to continuously improve the quality of care for all patients we serve. For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may also use PHI to resolve patient problems and complaints. Additionally, we may share your PHI with other health care providers and payors for certain business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your protected health information.

D. Business Associates

We may contract with certain outside persons or organizations to perform certain services on our behalf, such as auditing, accreditation, legal services, etc. At times, it may be necessary for us to provide your information to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy of your information as required by law.

E. Other Health Care Providers

We may also disclose PHI to other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, for example, for emergency ambulance companies to request payment for services in bringing you to the hospital.

F. Health Information Exchanges

We participate in Health Information Exchanges ("HIEs") which, through secure connected networks with health care providers who participate in the HIEs, makes it possible for us to electronically share protected health information to coordinate patient care. We may electronically share your medical information through HIEs, among participating HIE members for the purposes of treatment, payment, health care operations, and other authorized purposes, to the extent permitted by law. Follow this link **https://www.jeffersonhealth.org/content/dam/health2021/documents/forms/npp-health-information-exchange-participating-list-082422.pdf** to see the HIEs we participate in. You have the right to "opt-out" or to decline participation in any HIE that we participate in. To opt out of an HIE you may use the Request for Restriction of Protected Health Information form found at: **https://www.jeffersonhealth.org/privacy-practices.html#hie**

III. Other Uses and Disclosures of Your PHI for Which Your Written Authorization is Not Required

A. Use or Disclosure for the In-Patient Directory

If you are admitted to a Jefferson Health hospital facility, we may include your name, room number, general health condition and religious affiliation in our hospital patient directory without obtaining your written authorization, unless you choose to object after reading this Notice. Information in the hospital directory (other than religious affiliation) may be disclosed to anyone who asks for you by name, either in person or by telephone. This information, including your religious affiliation, may also be disclosed to members of the clergy.

B. Disclosure to Relatives, Friends and Other Caregivers

We may disclose your PHI to a family member, other relative, friend, or any other person if we:
1) obtain your agreement;
2) provide you with the opportunity to object to the disclosure and you do not object; or,
3) reasonably assume that you do not object.

If we provide information to any individual(s) listed above, we will release only information that we believe is directly relevant to that person's involvement with your health care or payment related to your health care. We may also disclose your PHI in the event of an emergency and other situations permitted by law, or to notify (or assist in notifying) such persons of your location, general condition or death.

C. Fundraising Communications

We may contact you to request a donation to support important activities of Jefferson. We may disclose to our fundraising staff certain demographic information about you (e.g., your name, address, other contact information, age, gender, and date of birth), dates on which we provided health care to you, department of service information, your treating physician, outcome information, and your health insurance status. You may request to opt-out of receiving fundraising communications. Jefferson will not condition treatment or billing for those services on your choice of whether to receive fundraising communications.

D. Public Health Activities

We may disclose your PHI for the following public health activities:
1) reporting births or deaths;
2) preventing or controlling disease, injury or disability;
3) reporting child abuse and neglect to public health or other government authorities authorized by law to receive such reports;
4) reporting information about products and services under the jurisdiction of the United States Food and Drug Administration, such as reactions to medications and problems with products;
5) alerting a person who may have been exposed to an infectious disease or may be at risk of contracting or spreading a disease or condition;
6) To assist federal disaster relief efforts;
7) notifying people of recalls of products they may be using; and,
8) reporting information to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance.

E. Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

F. Health Oversight Activities

We may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of government health programs such as Medicare or Medicaid.

G. Legal Proceedings and Law Enforcement

We may disclose your PHI in response to a court order, subpoena or other lawful process.

H. Deceased Persons

We may disclose PHI of deceased individuals to a coroner, medical examiner or funeral director authorized by law to receive such information.

I. Organ and Tissue Donations

We may disclose your PHI to organizations that obtain organs or tissues for banking and / or transplantation.

J. Research

When conducting research, in most cases, we will ask for your written authorization before PHI is used. However, we may use or disclose your PHI without your specific authorization if Jefferson's Institutional Review Board ("IRB") has waived the authorization requirement. The IRB is a committee that oversees and approves research involving living humans.

K. Public Health and Safety

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the safety of a person or the public. For example, To report certain diseases and wounds, births and deaths, and suspected cases of abuse, neglect or domestic violence; To help identify, locate or report criminal suspects, crime victims, suspicious deaths or criminal conduct on the premises. To respond to a court order, subpoena or other judicial process; To assist federal disaster relief efforts; To enable product recalls, repairs or replacements; To respond to an audit, inspection, or investigation by a health-related government agency; To assist in federal intelligence, counterintelligence and national security issues; To facilitate organ and tissue donations; To assist coroners, medical examiners and funeral directors; To respond to a request from a jail or prison regarding an inmate's health or medical treatment; To respond to a request from your military command authority (if you are a member or veteran of the armed forces).

L. Specialized Government Functions

We may release your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances, such as for intelligence, counter-intelligence, or national security activities.

M. Workers' Compensation

We may disclose your PHI as authorized by state law relating to workers' compensation or other similar government programs.

N. Inmates

If you are or become an inmate of a correctional institution or you are in the custody of a law enforcement official, we may release your PHI to the institution or official if required to provide you with healthcare or to protect the health and safety of others.

O. As Required by Law

We may use and disclose your PHI when required to do so by any other laws not already referenced above.

IV. Uses and Disclosures Requiring Your Specific Written Authorization

For any purpose other than the ones described above, we may use or disclose your PHI only when you give Jefferson your specific written authorization. For instance, you will need to sign an authorization form before we send your PHI to a life insurance company. The following are non-exhaustive examples of other uses or disclosures for which your specific written authorization is required:

A. Marketing

We may contact you as part of our marketing activities, as permitted by law. We will obtain your written permission when the uses and disclosures of PHI are for marketing purposes or other activities where we receive remuneration in exchange for disclosing such PHI.
If you do not "opt-out" at the time you provide your PHI, you consent to Jefferson, its affiliates and business associates contacting you by automated means, which may include an ATDS. Your consent is not a condition of purchase. These messages may also include recurring text message promotions and special offers.

B. Sale of PHI

Should we wish to disclose your PHI in any manner that would constitute a sale of your PHI, we will obtain your written authorization to do so.

C. Highly Confidential Information

Federal and state laws provide special protections regarding highly confidential information about you. This includes, but is not limited to:
1. psychotherapy notes, which are NOT part of your legal medical record as they are not considered PHI;
2. documentation of mental health and developmental disabilities services;
3. information about drug and alcohol abuse, prevention, treatment, and referral when you are seeking care for such issues;
4. information relating to HIV/AIDS testing, diagnosis, or treatment and other sexually transmitted diseases; and,
5. information involving genetic testing and other genetic-related information. Any disclosure of these types of records will be made subject to these special protections. In addition, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

D. For Patients Receiving Reproductive Health Care Services in NJ

With regard to reproductive health care services, which includes all medical, surgical, counseling, or referral services related to the human reproductive system including, but not limited to, services related to pregnancy, contraception, or termination of a pregnancy, we will not share that information in any civil action or proceeding preliminary thereto (including an investigation for a state or federal agency) or in any probate, legislative, or administrative proceeding, without you or your legal representative's written consent, which you are permitted to withhold. We may still provide information related to your reproductive health care services without your consent in civil actions, investigations, or other proceedings:
1. If required by State law or Court rule;
2. To our attorneys, professional liability insurers or their agents, if a claim is filed against us or there is a reasonable belief of such a claim, in order to defend ourselves against such claim;
3. If requested by the Commissioner of Health, Human Services, or Banking and Insurance, or any professional licensing board in connection with an investigation of a complaint; or
4. If related to suspected child abuse, elder abuse, abuse of an incapacitated person, or abuse of an individual with a disability.
In all other situations, we will follow our general privacy practices regarding the disclosure of medical information related to reproductive health care services. For example, we may share your health information with other medical professionals who are treating you without your written consent.

V. Your Rights Regarding Your Protected Health Information

A. Right to Inspect and Copy Your Health Information

You may request to see and receive paper or electronic copies of your medical and billing records. To do so, please submit a written request to the appropriate Jefferson office or department. You will be charged for copies in accordance with established professional, applicable state and federal guidelines and laws.

If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may be inaccessible to you under the law (for example, records relating to abortion, contraception, and/or family planning services and mental health services) unless the patient him/herself authorizes Jefferson to give you access to this PHI. Additionally, under limited circumstances defined by law, we may deny you access to a portion of your records.

B. Right to Request Restrictions

You may request additional restrictions on Jefferson's use and disclosure of your PHI:
1) for treatment, payment and health care operations,
2) to individuals (such as family members, or other relatives, close friends or any other person identified by you) involved with your care or with payment related to your care,
3) to notify or assist in the notification of such individuals regarding your location in the hospital and your general condition, and
4) to your health plan (i.e., third party insurer or healthcare payor) when the PHI is the result of a healthcare item or service that has been fully paid out of pocket.
We are not required to agree to your request, and we may say "no" if it would affect your healthcare or if we reasonably believe the information is accurate as is in your record. If we agree to a restriction, we will state the agreed restrictions in writing and will abide by them, except in emergency situations when the disclosure is needed for purposes of treatment. If you wish to make a request to restrict the use of your PHI, please go to the Jefferson site below and complete the form as instructed:
https://www.jeffersonhealth.org/privacy-practices.html#hie

C. Right to Receive Confidential Communications

You may request, and we will accommodate, any reasonable written request from you to receive your PHI by alternative means of communication or at alternative locations. For example, you may instruct us not to contact you by telephone at home, or you may give us a mailing address other than your home for test results.

D. Right to Revoke Your Authorization

You may revoke your authorization, except to the extent that we have already used or disclosed your PHI. A revocation form is available upon request from The Privacy Office, as noted below. This form must be completed by you and returned to The Privacy Office.

E. Right to Correct Your Records

You have the right to request that we correct PHI maintained in your medical or billing records. To do so, submit a written request to:

Jefferson Health:
Health Information Management Department
111 South 11th Street
Gibbon Building, Suite 1950
Philadelphia, PA 19107
Phone: 215.955.6627
Email: HIM@jefferson.edu

Jefferson Einstein:
Jefferson Einstein Hospital
Attn: Health Information Management (HIM) Department
5501 Old York Road
Philadelphia, PA 19141
Phone: 215-837-9448

You may go to the Jefferson Health's HIM website **https://www.jeffersonhealth.org/your-health/patients-guests/medical-records** or Einstein HIM website at **https://einstein.edu/records** for the form or you may write your own request. The request may not be longer than one (1) page in length. We may say "no" to your request, but we will tell you why in writing within 60 days.

F. Right to Receive An Accounting of Disclosures

You may request a record of certain disclosures of your PHI. Your request may cover any disclosures made in the six years prior to the date of your request. Certain disclosures do not need to be included in this accounting, including those made for treatment, payment and operations purposes.

G. Right to Receive Notification

You have the right to receive written notification from Jefferson in the event of a breach of your unsecured PHI, i.e., if there is an unauthorized access, use, or disclosure of your PHI which meets certain criteria under the law.

H. For Further Information; Complaints

If you have a question or wish to file a complaint related to the privacy of your health care information, please call, email, or write to the Privacy Office using the contact information provided below.

Jefferson Health:
Jefferson Health
1101 Market Street, Suite 2400
Philadelphia, PA 19107
Attention: The Privacy Office
Telephone: 833-391-2547
Email: privacyoffice@jefferson.edu

Jefferson Einstein:
Chief Privacy Officer
Jefferson Einstein
5501 Old York Road, Gratz Building
Philadelphia, PA 19141
Telephone: 215-456-3517
Email: privacy-ehn@jefferson.edu

If you wish to remain anonymous, contact the Jefferson Alert Line via telephone at 1-833-ONE_CODE (833-663-2633).
Additionally, you may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services located at 200 Independent Avenue, S.W., Washington, D.C. 20201 or email: OCRComplaint@hhs.gov

VI. Effective Date and Duration of This Notice

A. Effective Date

This Notice is effective on April 14, 2003.

B. Date of Revision

This Notice was revised September 23, 2013, April 28, 2017, January 2019, and August 18, 2022.

C. Right to Change Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we will post the revised Notice in appropriate locations around Jefferson and on-line at Jefferson.edu/PatientPolicies: **https://www.jeffersonhealth.org/privacy-practices.html**. You also may also obtain any revised notice by contacting The Privacy Office.

VII. European Union – General Data Protection Regulations

If you are a resident of a European Union Member state, please refer to the link for the EU General Data Protection Regulations: **https://www.jeffersonhealth.org/privacy-practices/general-data-protection-regulation**

Hospital Patient Rights

In accordance with our commitment to quality care and patient satisfaction, Jefferson Health is pleased to provide the following information:

As a patient at Jefferson Health, you have the following rights:

Medical Care

- The right to receive the care and health services that the hospital is required by law to provide.
- The right to participate in the development and implementation of your treatment/care (inpatient, outpatient, pain management, and discharge) plan.
- The right to receive an understandable explanation from your physician of your complete medical condition, recommended treatment, expected results, risks involved, and reasonable medical alternatives. If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation must be given to your next of kin or guardian, unless prohibited in accordance with federal law.
- The right to give informed, written consent prior to the start of specified, non-emergency medical procedures or treatments. Your physician should explain to you—in words you understand—specific details about the recommended procedure or treatment, expected results, any risks involved, time required for recovery, and any reasonable medical alternatives. The right to be free from neglect and exploitation, as well as physical, verbal, and mental, and/or sexual abuse or harassment.
- The right of informed consent for donation of organs and tissues.
- If you are incapable of giving informed, written consent, consent shall be sought from the your next of kin or guardian or through an advance directive, to the extent authorized by law. If you do not give written consent, your physician shall enter an explanation in your medical record.
- The right to refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of this act.
- The right to be included in experimental research only if you give informed, written consent. You have the right to refuse to participate.
- The right to receive pain relief. The right to an appropriate assessment and management of your pain. You have a right to be educated about pain, pain relief measures, and to be included in setting goals for relieving identified pain.

Communication and Information

- The right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- The right to have a family member, physician, or representative of your choice notified upon your admission to the hospital.
- The right to be informed of the names and functions of all physicians and other healthcare professionals providing you with personal care.
- The right to know the reason for any proposed change in the professional staff responsible for your care.
- The right to receive and need for effective communication – language interpreting and translation services at no charge to you.
- The right to be informed of the names and functions of any outside healthcare and educational institutions involved in your treatment. You may refuse to allow their participation.
- The right to receive, upon request, the hospital's written policies and procedures regarding lifesaving methods and the use or withdrawal of life support mechanisms.
- The right, subject to your consent, to receive visitors who you designate; and the right to withdraw or deny such consent at any time. The hospital's rules regarding conduct of patients and visitors will be provided in writing upon request.
- The right to receive a summary of your patient rights that include the name and phone number of the hospital professional to whom you can ask questions or voice concerns about any possible violation of your rights.

Medical Records

- The right to have prompt access to the information in your medical record. If your physician feels that this access is detrimental to your health, your next of kin or guardian has a right to see your record, subject to limitations imposed by federal law.
- The right to obtain a copy of your medical record, at a reasonable fee, within 30 days after a written request to the hospital.

Cost of Hospital Care

- The right to receive a copy of the hospital payment rates. If you request an itemized bill, the hospital must provide one, and answer any questions you may have. You have a right to appeal any charges.
- The right to be informed by the hospital if part or all of your bill will not be covered by insurance. The hospital is required to help you obtain any public assistance and private healthcare benefits to which you may be entitled.

Discharge Planning

- The right to receive information and assistance from your attending physician and other healthcare providers if you need to arrange for continuing health care after your discharge from the hospital.
- The right to have sufficient time before discharge to arrange for continuing healthcare needs.
- The right to be informed by the hospital about any appeal process to which you are entitled by law if you disagree with the hospital's discharge plans.

Transfers

- The right to be transferred to another facility only when you or your guardian has made the request, or in instances where the transferring hospital is unable to provide you with the care you need.
- The right to receive an advanced explanation from a physician of the reasons for your transfer and possible alternatives.

Personal Needs

- The right to receive care in a safe and comfortable setting.
- The right to be treated with courtesy, consideration, and respect for your dignity and individuality.
- The right to have access to storage space in your room for private use. The hospital must also have a system to safeguard your personal property.
- The right to contract directly, at your expense, with a NJ licensed registered professional nurse to provide nursing care during your hospitalization. The hospital, upon request, shall provide a list of local nonprofit nursing agency registries to patients requesting private nursing care during their hospitalization.

Freedom from Abuse and Restraints

- The right to be free from neglect and exploitation, as well as physical, verbal, and mental, and/or sexual abuse or harassment.
- The right to freedom from restraints of any form, unless they are authorized by a physician for a limited period of time to protect the safety of you and others.

Privacy and Confidentiality

- The right to have both personal and physical privacy during medical treatment and personal hygiene functions, unless you need assistance.
- The right to be assured of confidentiality about your hospitalization. Your medical and financial records shall not be released to anyone outside the hospital without your approval, unless you are transferred to another facility that requires the information, or the release of such information is required or permitted by law.

Civil Rights

- To receive treatment and medical services without discrimination based on age, religion, creed, race, skin color, national origin, ancestry, ethnicity, culture, marital status, civil union status, domestic partnership status, sex, affectional or sexual orientation, gender identity or expression, handicap or disability, genetic information, atypical hereditary cellular or blood trait, military service, AIDS or HIV-related illnesses, diagnosis, ability to pay or source of payment.
- To retain and exercise your constitutional, civil, and legal rights.

Questions and Complaints

The right to present questions or grievances to a designated hospital staff member and to receive a response in a reasonable period of time. The hospital must provide you with contact information for the New Jersey Department of Health and Senior Services Unit that handles questions and complaints. You may directly contact the New Jersey Department of Health:

PO Box 360
Trenton, NJ 08625
1-800-792-9770

You may also contact The Joint Commission:

One Renaissance Blvd.
Oakbrook Terrace, IL 60181
1-800-994-6610

Medicare beneficiaries who have a complaint or grievance concerning quality of care, disagree with a coverage or decision, or wish to appeal a premature discharge, may also contact:

Health Quality Strategies, Inc.
557 Cranbury Rd., Suite 21
East Brunswick, NJ 08816
1-800-624-4557

If you have any questions or concerns regarding patients' rights, please contact our Guest Services experts at the campus closest to your point of care:

Jefferson Cherry Hill Hospital
856-922-5101

Jefferson Stratford Hospital
856-346-6002

Jefferson Washington Twp. Hospital
856-582-3115

MyJeffersonHealth

Easy Online Access to Your Care Plan, Care Team and More!

Jefferson Health believes that keeping you and your loved ones informed and engaged in your care helps so much with recovery. So, we have a great free service you can use 24/7 to track your progress during your hospital stay. We call it **MyJeffersonHealth Bedside** (formerly MyChart Bedside). It's a tool that provides you with safe and secure access to your medical record, treatment plan, test results and more while you're in the hospital.

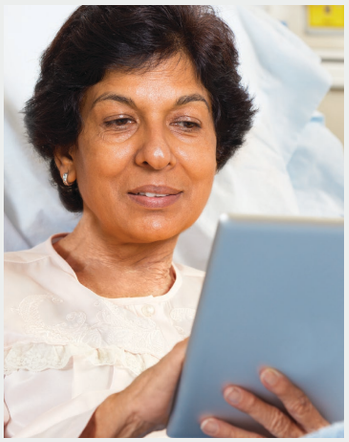
Think of **MyJeffersonHealth Bedside** as your personalized command center to track the progress of your care and become more informed about your health during your hospital stay.

Just ask your nurse or care team to connect you or a family member to a Jefferson **MyJeffersonHealth Bedside** iPad.

It's easy. Let's get you started!

QUICK START GUIDE

1. MyJeffersonHealth Bedside (formerly MyChart Bedside) can be accessed on your mobile device through the MyChart mobile app or by an iPad provided by your care team.
2. Turn on the Power button, located on the top of the iPad.
3. Log in.
4. Add a passcode you create for personal security.
5. Hold your iPad in either the portrait or landscape position to easily display your menu options.



From your home page, you're now ready to go! The charger port is located at the bottom of the iPad. If you have additional questions, find "Help" in the **MyJeffersonHealth Bedside** tablet menu, or ask your nursing support staff for assistance.

Frequently Asked Questions

1. Is there a fee to use the iPad?
No, the **MyJeffersonHealth Bedside** iPad is available for use free of charge while you are an admitted inpatient.

2. Can I add a passcode to secure my personal information?
Yes, you can add a passcode to your **MyJeffersonHealth Bedside** iPad when you start using it or anytime afterwards to secure your personal information. You may share it with your family or caregiver, if you'd like, so that they too can access your medical information.

3. Can I take the MyJeffersonHealth Bedside iPad home?
No, these iPads are the property of Jefferson Health and will not operate outside of our facilities.

4. Can I access applications other than MyJeffersonHealth Bedside?
You can access existing applications on the iPad, but you can't download other applications.

5. What happens if I accidentally break the MyJeffersonHealth Bedside iPad?
You will receive a replacement, if one is available.

6. Can I bring in my own iPad/tablet to the hospital?
Yes, and if you sign up for MyJeffersonHealth you can access MyJeffersonHealth Bedside on a mobile device.

7. Can I sign up for a MyJeffersonHealth account with the Bedside iPad?
Yes. Your MyJeffersonHealth account will enable you to have free, online access to your Jefferson Health medical record, 24/7 – even after you leave the hospital. Through asecure internet connection, you can use your MyJeffersonHealth account to manage your records, communicate with your doctors, request prescription refills and more. To sign up: **My.JeffersonHealth.org**

Financial Matters

At the time of your admission, the Healthcare Access Representative verified your insurance and notified you of any services your insurance may not cover. A Financial Counselor is available to help you make any necessary arrangements regarding payment of your hospital bill as well as answer any questions regarding your insurance coverage.

If you think you may be eligible for public assistance, the New Jersey Hospital Assistance Program, or NJ Family Care, the Financial Counselor will provide the information you need.

You will receive separate bills for services provided by doctors. This will include services from your doctors, any consulting doctors, your surgeon and anesthesiologist for surgical services, and for imaging studies that were interpreted by a radiologist. These fees are payable directly to the doctors issuing the bill.

The hospital will bill your insurance carrier directly if complete billing information has been provided by you. Should a patient liability balance be due, you will receive a statement advising you of the status of your account. Accepted forms of payment are cash, check, money order, VISA/MasterCard and Discover Card.

Please call the Financial Counselor at your campus or the central billing office at **1-800-220-0280** if you have any questions or concerns regarding your bill, if you anticipate difficulty paying your bill, or if you require assistance and/or charity care.

Social Work/Case Management

Our Social Work/Case Management Department provides assistance with discharge planning needs. They provide community resources, services and referrals to rehabilitation facilities, extended care facilities, assisted living facilities, adult medical day care centers and other community organizations. Call **856-346-7850** and press **option 2**.

Going Home

Your healthcare team will begin a discussion with you to plan your transition back to the community and your primary care provider. Prior to discharge, your doctor and nurse will provide detailed instructions for you to follow after discharge. Please speak up and ask if you have any questions regarding discharge instructions or medications during the discharge process.

If you need a primary or specialty care physician, call **844-542-2273** or visit **JeffersonHealth.org/mydoc**

Follow-Up Phone Calls

You may receive a telephone call from a registered nurse several days after your discharge. The nurse will address any questions or concerns you have about your discharge instructions.

Jefferson Health at Home by Bayada

Who is Eligible for Home Care?

Home care is appropriate for a person with a medical condition that their physician believes can be safely treated at home. As time spent in hospitals decreases, more patient than ever require health care services when they return home. Other patients can avoid hospitalization altogether by using home care services.

Services include:

- Skilled Nursing Care
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Medical Social Worker
- Registered Dietician
- Home Health Aides

Special Services include:

- IV/Antibiotic/Other Infusion Therapies
- Nutrition/Intravenous Fluids
- Rehabilitation

  Requirements
  - Patient must be Homebound
  - There must be a skilled need
  - There must be a physician's order

GIVING BACK

The Jefferson Health Foundation – New Jersey provides resources to support various projects, programs and services that meet the growing and changing needs of Jefferson Health New Jersey and the South Jersey community.

Giving is a direct way to thank your healthcare team for caring for you or a loved one. Small acts of generosity add up to make a tremendous difference in the patient experience at Jefferson Health.

To learn more, visit: **https://giving.jefferson.edu/giving-guide/hospitals/new-jersey.html**

The DAISY Award

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES

Jefferson Health Proudly Honors our Nurses with the DAISY Award

Nominate a Nurse Today!

The DAISY Foundation was established in 1999 by the family of J. Patrick Barnes. Patrick died at the age of 33, from complications of the auto immune disease Idiopathic Thrombocytopenia Purpura (ITP). During his eight week hospital stay, his family was impressed by the care and compassion his nurses provided, not only to him but to everyone in the family. They created the DAISY Award in Pat's memory to recognize those nurses who make a big difference in the lives of so many people.

Our DAISY Award honorees exemplify the Mission, Vision, and Values of Jefferson Health. They also demonstrate excellence through their clinical expertise and compassionate care. They are recognized as role models in our nursing community. We are proud to be a DAISY Award partner, and will recognize six of our nurses with this special honor each quarter.

Complete your nomination of one of our nurses:

Email **JNJDAISY@Jefferson.edu**
Scan the QR code at right
or visit **JeffersonHealth.org/NJDaisy**

Jefferson Health

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Question and Answer Section

What is an Advance Directive?
An Advance Directive is a way for an adult to state to healthcare providers what kind of care he or she permits or rejects in case he or she loses the ability to make choices about healthcare. If you have one, the law requires that the directions in it be followed.

Can anyone prepare an Advance Directive?
Any adult of sound mind (18 years of age and older) may make an Advance Directive.

What kinds of Advance Directives are there?
In New Jersey, an Advance Directive (also commonly called a "living will") may come in the form of an Instruction Directive, a Proxy Directive, or a combination of the two.

(1) An ***Instruction Directive*** describes the care you want to refuse or accept if you are unable to make decisions for yourself. You can identify care and choose to accept or refuse each kind (an example of this is a breathing machine). You can express your values about life: you might want life sustained no matter what, or you might say when you think your life would have no value to you so that you would want all life-saving care stopped.

(2) A ***Proxy Directive*** is also known as a Durable Power of Attorney for Healthcare. This document names one (or more) persons to speak for you when you have lost the ability to think well or make decisions. This healthcare representative could be a relative or friend. It cannot be your physician. It should be someone willing to make decisions for you about accepting, refusing, or withdrawing treatment if you cannot do so yourself. A good choice is a person willing to uphold your wishes. Thus, you should tell this person your values about life and treatment. If you name more than one person, state who is to make decisions first, and who second.

(3) A ***Combined Directive*** is when you complete a document which is both an instructional directive and proxy directive. You note care you will accept or refuse, you set goals, and you name someone to speak for you. The healthcare representative is supposed to uphold your wishes as stated in your Instruction Directive.

Which one should I use?
You must decide which one is best for you. Usually, the combined directive (# 3 above) is best and easiest for the family and physician. However, if you have no one to name as representative, you could choose the Instruction Directive only.

When should I create an Advance Directive?
It is better to create an Advance Directive when you are not in the middle of a healthcare crisis. Advance directives are helpful to have for any adult – young or old. Advance care planning helps to relieve your family of deciding what care you would want if you were unable to make a decision. The goal is for you to always take part in your care decisions even when you cannot actively participate.

Is an Advance Directive legal?
Yes. New Jersey law authorizes an individual to make an Advance Directive of any of the three types. They must be signed and witnessed. They are recognized in all 50 states. Advance Directives written in other states should be honored in accordance with our state law.

Must I hire an attorney to prepare an Advance Directive or Proxy Directive?
No. You may do so, but it is not necessary. Guest Services Representatives are available to assist you in writing your Advance Directive. They will help you complete and witness to ensure it is valid. Onsite notaries are available at each campus if you choose that option.

When is an Advance Directive legal?
It is important for the Advance Directive to be made properly. A New Jersey law lists what is required to make one. The document must be signed by the patient and dated, or made at the patient's direction, in the presence of one of the following:

- two adult witnesses (a designated proxy may not be a witness)
- a notary of the public (please inquire about notaries onsite)
- an attorney at law
- person authorized by law to administer oaths

The persons witnessing your signature confirms that you are of sound mind and free of duress and undue influence. When all necessary signatures are completed, the form is then legal if you should become incapable of making a decision by yourself. Your request must be followed by anyone involved in your care.

Must I consult with my doctor before preparing an Advance Directive?

No, but it is good if you do so that you know how your illness or injury is likely to affect you, and so your physician is aware of your preferences. You may want to know how care or devices will affect you. In addition, it is always better for you to communicate your wishes for care to your doctors.

Must I consult with family members or others (for example those who are my representative)?

There is no legal requirement to consult others, but it is only wise to do so. It is also good to discuss your wishes with those you name as your proxy.

What are some limitations of an Advance Directive?

Instruction Directives may only enforce the removal of life-sustaining treatment when you are permanently unconscious, terminally ill, or if the treatment is experimental, is likely to be not effective or will merely prolong the dying process. Life-sustaining care may also be withdrawn if the patient has a serious irreversible illness or the treatment is very burdensome. The document does not permit a doctor to take steps to terminate life, but rather permits withholding or withdrawal of care. For example, an Advance Directive allows an individual to stop a breathing machine and provide comfort only. Proxy Directives provide much more flexibility than Instructional Directives.

When should an Advance Directive be used?

An Advance Directive is used when you lack ability to make care decisions. Also, your physician and the hospital must have a copy of it and check the conditions you state must be met. It must also agree with the law. Another doctor must confirm the belief that you lack the ability to make decisions when that is questionable.

Where should I keep my Advance Directive?

The Advance Directive does you no good if healthcare providers do not have a copy. Since the Advance Directive comes into play when you have lost the ability to express yourself, it is important for others to know where it is. Our hospital will ask you for a copy in pre-admission testing, admissions, and during your initial intake by your nurse and physician. If it is not with you at admission, either ask to create a new one with Guest Services assistance, or ask that your verbal wishes are documented until the actual directive is obtained for the record.

Make sure you keep your original and give copies to your proxy, family members, doctor and close friends. It is also a good idea to carry a copy. If you are going to a hospital, bring it and give it to the people taking care of you there. You should provide a copy of the Advance Directive with each hospital visit.

Whom should I appoint as my healthcare representative or proxy?

You should choose someone who is aware of your desires and who you trust. You should discuss your Advance Directive with that person and make sure he/she has a copy. It is good to make sure the person you select is willing to take on the role and responsibility of honoring any wishes you have made in your Advance Directive.

Can I revoke (not use) my Advance Directive?

Only you may revoke your Advance Directive. It may be revoked at any time by notifying the healthcare representative, doctor, nurse, other healthcare professional, or other reliable witness. Such notice can be written, oral, or by any other act evidencing an intent to revoke the document. Also, you may make new versions and cancel old ones.

Am I required to create an Advance Directive?

No. The law gives you the option. No one can force you to create an Advance Directive. In fact, to be valid your document must be made when you are free of duress and undue influence.

If a person has financial power of attorney, do they also have medical power of attorney?

Not always. Naming someone as proxy for healthcare must be stated in the power of attorney document or the proxy directive.

If you need help with your Advance Directive, call Case Management.

Medical Definitions

The following medical definitions may assist you in creating your Advance Directive (Living Will):

Terminal Condition
Someone who has a terminal condition is near the end of a non-reversible fatal illness or condition.

Permanent Unconsciousness
A medical condition that is total and irreversible. Permanent unconsciousness means a person cannot interact with his or her surroundings or with others in any way. A person with this condition does not experience pleasure or pain. Sometimes, eyes open and move, and there may be yawning. But these are random events and do not indicate consciousness.

Cardiopulmonary Resuscitation (CPR)
CPR is a procedure used to try to restart the heart when it stops (cardiac arrest) by pushing hard on the patient's chest. Ventilation is used to force air into the lungs when breathing stops (respiratory arrest) by mouth-to-mouth breathing or pumping air using a rubber bag. In some cases, a tube may be inserted into the windpipe (intubation) to connect a breathing machine.

Mechanical Ventilation or Respiration
A machine called a respirator or ventilator forces air into the lungs if the lungs cannot work well enough. The machine uses a tube inserted into the patient's windpipe.

Chemotherapy
A drug treatment for cancer. There are two types. One attempts to cure cancer. The other may be used just to reduce discomfort from the disease.

Radiation Therapy (RT)
Radiation therapy involves the use of high levels of radiation to shrink or destroy a tumor.

Dialysis
Dialysis cleanses the blood when the kidneys cannot function adequately. There are two ways to perform dialysis. Hemodialysis requires the use of a machine that cleanses impurities directly from the bloodstream. The hemodialysis machine is connected to the blood vessels through a special catheter or tube. Peritoneal Dialysis uses a tube in the belly or abdomen in which fluids are used to draw off wastes. Either procedure must be completed on a regular schedule until the kidneys work well again.

Transfusion
This involves giving blood through a tube and needle into a patient's vein.

Artificially Provided Nutrition and Fluids
This involves providing nutrition to patients who are unable to swallow food and fluid. Nourishment is supplied through a tube either into a vein or into the digestive tract. Those that go into the body are one of two types. One is a tube that goes up the nose and into the stomach (naso-gastric tube). The other one goes through the skin and muscles into the digestive tract (gastrostomy or PEG tube); the hole is made in the area of the stomach. Those that go into a vein are only useful for a limited time.

Antibiotics
Medications used to fight infections, antibiotics can be administered by mouth, vein or by injection into a muscle or through a feeding tube.

Comfort and Supportive Care (Palliative Care)
Comfort care is any kind of treatment that increases a person's physical or emotional comfort. It includes adequate pain control and may also include oxygen, moistening of the lips, bathing, turning, touching or simply sitting with someone who is bedridden.

Hospice Care
Hospice is not an end to treatment. It is a shift to intensive palliative care that focuses on helping the patient to live his or her life to the fullest. In addition to managing pain, hospice provides extensive counseling and social service support to address the emotional and spiritual aspects of coping with a terminal illness.

FOR COMPLETING AN ADVANCE DIRECTIVE (also known as a living will)
Enclosed in your guide is a form that you may use to create your own Advance Directive – either an Instructional Directive, Durable Power of Attorney for Health Care (proxy) or both. You do not have to use the form that is enclosed, however, this version is the one provided for you by the hospital. For personal assistance with this process, please contact Guest Services. To assist you with completing the forms, follow the instructions below. It is important to remember that the signature section of the form on page 2 must be completed to make either of the documents (Option 1 or Option 2) legal.

Instructions for Page 1

OPTION I:
Creating an Instruction Directive

Fill in your name in the opening statement if completing Option 1: Instructional Advance Directive

Under each of the following headings:
A – TERMINAL CONDITIONS
B – PERMANENTLY UNCONSCIOUS
C – INCURABLE AND IRREVERSIBLE CONDITIONS THAT ARE NOT TERMINAL
D – EXPERIMENTAL AND/OR FUTILE TREATMENT

Check number 1 if you wish to direct the withholding (not giving) or discontinuation (stopping) of medical treatment
or
Check number 2 if you wish to direct continuation of life-sustaining treatment (continuing treatment).

Under the heading E – BRAIN DEATH
Check number 1 if you wish death to be declared if you are diagnosed as brain dead
or
Check number 2 if you oppose your death being declared based on brain death criteria because of religious restrictions.

Under the heading F – SPECIFIC PROCEDURES AND/OR TREATMENTS, you must choose whether you want or do not want the list of treatments if you are in any of the above medical conditions.

Under the heading G – ORGAN DONATION provides you with the choice of donating your organs or not. Please check the option you prefer.

Under the heading SPECIFIC INSTRUCTIONS, there is a boxed space that enables you to write any wishes, directions and instructions that you wish to add to the document. This space enables you to personalize the document to address your philosophy, value system, religious concerns and any other instructions. For example, if you wish to donate your whole body to science for research or give any specific instructions regarding organ donations, you may write those directions in the box labeled specific instructions.

Instructions for Page 2

OPTION II:
Creating the Durable Power of Attorney for Health Care (Proxy Directive)

- Fill in your name, telephone number, and address in the opening statement if completing Option II: Durable Power of Attorney for Health Care for the Appointment of a Healthcare Representative (Proxy Directive)
- Fill in the information requested on the form for your appointed primary health care representative and an alternate health care representative.
- The information required is your representative(s) full name, address, and telephone number.

Instructions for Making Your Advance Directive Legal

Signature and Witness Box
- The Advance Directive document (whether an Instructional, Power of Attorney for Health Care (proxy), or Combined Directive) is finalized by filling in the date, your address, and signing the form.
- In addition, two witnesses must sign and print their name and address. Your Healthcare Representative (proxy) may not be a witness for this document.
- Although the New Jersey statute does not require notarization, this form provides for this option, instead of obtaining two witnesses. Please inquire about onsite notaries.

Making Copies of Your Advance Directive
- When you have completed your Advance Directive, make several copies. Keep the original document in a safe and accessible location, and tell others where you have stored it.
- Have it readily available upon admission to a hospital or nursing facility.
- Give copies of your Advance Directive to the individuals you have chosen to be your Health Care Representative and Alternate. You may also give copies of your Advance Directive to your doctor, your family, clergy and to anyone who might be involved with your health care.

To make your Instructional Directive legal, please remember to complete the signature box at the bottom of page 2, and to have your directive witnessed OR notarized. Although the New Jersey statute does not require notarization, you may notarize the form rather than obtain two witnesses. Please inquire about onsite notaries.

Note: Document must be signed by you, and have 2 valid witnesses (or) be notarized.

OPTION I: Advance Directive (Living Will)

* I, _____
(print name) being of sound mind and an adult knowing my rights regarding medical care and treatment, do hereby execute this legally binding document expressing my wishes and directions to my family and health care providers of the treatment and care that I desire in the event that I am prevented by either physical or mental incapacity from making future medical decisions.

A – Terminal Condition

If I am diagnosed as having an incurable and irreversible illness, disease or condition and if my attending physician and at least one additional physician who has personally examined me determine that my condition is terminal:

1. ____ I direct that life-sustaining treatment, which would serve only to artificially prolong my dying, be withheld or ended. I also direct that I be given all medically appropriate treatment and care necessary to make me comfortable and to relieve pain.
2. ____ I direct that life-sustaining treatment be continued.

B – Permanently Unconscious

If there should come a time when I become permanently unconscious, and it is determined by my attending physician and at least one additional physician with appropriate expertise who has personally examined me, that I have totally and irreversibly lost consciousness and my ability to interact with other people and my surroundings:

1. ____ I direct that life-sustaining treatment be withheld or discontinued. I understand that I will not experience pain or discomfort in this condition, and I direct that I be given all medically appropriate treatment and care necessary to provide for my personal hygiene and dignity.
2. ____ I direct that life-sustaining treatment be continued.

C – Incurable and Irreversible Conditions that are not Terminal

If there comes a time when I am diagnosed as having an incurable and irreversible illness, disease or condition which may not be terminal, but causes me to experience severe and worsening physical or mental deterioration and from which I will never regain the ability to make decisions and express my wishes:

1. ____ I direct that life-sustaining measures be withheld or discontinued and that I be given all medically appropriate care necessary to make me comfortable and to relieve pain.
2. ____ I direct that life-sustaining treatment be continued.

D – Experimental and /or Futile Treatment

If I am receiving life-sustaining treatment that is experimental and not a proven therapy, or is likely to be ineffective or futile in prolonging life:

1. ____ I direct that such life-sustaining treatment be withheld or withdrawn. I also direct that I be given all medically appropriate care necessary to make me comfortable and to relieve pain.
2. ____ I direct that life-sustaining treatment be continued.

E – Brain Death

The State of New Jersey has enacted legislation that has determined that an individual may be declared legally brain dead when there has been an irreversible cessation of all functions of the entire brain, including the brain stem. (This is also known as whole brain death). However, should this definition interfere with personal religious beliefs of individuals, they may request that it not be applied.

1. ____ I wish death to be declared if I am brain dead.
2. ____ To declare my death on the basis of the whole brain death standard would violate my personal beliefs. I therefore wish my death to be declared only when my heartbeat and breathing has irreversibly stopped.

F– Specific Procedures and /or Treatments

If I experience any of the conditions described above, I feel especially strong about the following forms of treatment:

I want _____	I do not want _____	***Cardiopulmonary Resuscitation***
I want _____	I do not want _____	***Mechanical Respiration***
I want _____	I do not want _____	***Artificial Feeding***
I want _____	I do not want _____	***Antibiotics***
I want _____	I do not want _____	***Maximum Pain Relief***
I want _____	I do not want _____	***Kidney Dialysis***
I want _____	I do not want _____	***Surgery (such as Amputation)***
I want _____	I do not want _____	***Blood Transfusion***
I want _____	I do not want _____	***To Die at Home***

Please write any specific end-of-life instructions and treatment preferences in this box.

G – Organ Donation I want _____ I do not want _____ ***to donate my organs.***

PLEASE SIGN BACK OF FORM ON PAGE 2 TO LEGALIZE – SEE SIGNATURE BOX

SPECIFIC INSTRUCTIONS ** To be valid, this document must be signed by you (the patient) in the presence of two witnesses (your proxy cannot act as a witness). Notarizing is also an option, but not mandated.*

OPTION II: Durable Power of Attorney for Health Care for the Appointment of a Health Care Representative (Proxy Directive)

Note: Document must be signed by you, and have 2 valid witnesses (or) be notarized.

*I,_____
(print name) do hereby appoint:

Name _____

Telephone_____

Address_____

City_____

State _____ Zip _____

to be my healthcare representative to make any and all health care decisions for me, including decisions to accept or to refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition and decisions to provide, withhold or withdraw life-sustaining treatment if I am unable to make such decisions myself. I direct my healthcare representative to make decisions on my behalf in accordance with my wishes as stated in this document, or as otherwise known to him or her. In the event my wishes are not clear or if a situation arises that I did not anticipate, my healthcare representative is authorized to make decisions in my best interest.

If the previously named person is unable, unwilling, or unavailable to act as my healthcare representative, I appoint the following as my alternate healthcare representative:

Name _____

Telephone _____

Address_____

City_____

State _____ Zip _____

SIGNATURE BOX

YOUR SIGNATURE

I sign this document knowingly and after careful deliberation

this, the_____ day of_____, 20_____.

*Signature: _____

Address _____

City _____

State _____ Zip _____

WITNESSES

1. Witness Signature_____

Witness Name *(print)* _____

Address _____

City _____

State _____ Zip _____

2. Witness Signature _____

Witness Name *(print)* _____

Address _____

City _____

State _____ Zip _____

OR

NOTARIZATION

Sworn and Subscribed before me on the _____ day of

_____, 20 _____

_____

Notary Public – State of New Jersey

To make this document legal, complete the signature section and ensure the document is witnessed or notarized. Please inquire about onsite notaries.

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