



Patient & Visitor *Guide*

**1901 Clinch Avenue
Knoxville, TN 37916
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fsregional.com**

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PHONE NUMBERS TO KNOW

Area/Department:	Extension:
Admitting12372
Cafeteria Menu13166
Financial Counselor/Cashier Office11112
Gift Shop11377
Housekeeping11321
Hospital Administration.11101
Pastoral Care11234
Patient Information11225
Patient Representative11611
Social Services.11209

Note: Add 54 in front of the department extensions listed above when calling from outside the hospital.

Business Office 374-3000

Forms Provided in Back of Guide

- Advance Care Plan
- Appointment of Health Care Agent
- Star Cards for Employees & Physicians

The staff of Fort Sanders Regional Medical Center has created this Patient & Visitor Guide to answer questions you may have during your hospital stay. We offer you a warm welcome. We are proud of our medical center and are honored to be entrusted with caring for you and your loved ones. We hope your experience here will be excellent. You are not just our patient and guest, you are our only focus. If there is anything we can do to make your stay with us more comfortable, please don't hesitate to ask your caregiver or any employee. Our goal is to provide excellent care.

Sincerely,

The Staff of Fort Sanders Regional Medical Center

*“We serve the community by improving the quality of life through better health.”
-Covenant Health Mission Statement*

ACCREDITATION AND AFFILIATIONS

The Joint Commission

Fort Sanders Regional Medical Center is accredited by The Joint Commission. Our accreditation by The Joint Commission represents a tradition of excellence in healthcare and continued dedication to providing you with quality care.

Fort Sanders Regional Medical Center is a member of Covenant Health. Covenant Health is an integrated healthcare delivery system headquartered in Knoxville, Tennessee. Its services include acute care hospitals, outpatient facilities, specialized care in areas such as cancer and rehabilitation, behavioral health organizations, physician clinics, home care and a school of nursing. Covenant Health includes approximately 1,500 licensed beds, approximately 8,000 employees and about 1,700 affiliated physicians.

Fort Sanders Regional Medical Center is a member of the International Hospital Federation, the American Hospital Association, the Southeastern Hospital Conference, the Tennessee Hospital Association, the Knoxville Area Hospital Council, the American Association of Blood Banks and VHA (a national collaboration of not-for-profit health care organizations). It is licensed by the Tennessee Department of Public Health.

ADMISSION

Your admission to Fort Sanders Regional Medical Center has been arranged by your physician. Your room assignment has been determined by the type of medical care you require, your doctor's orders and the availability of rooms. At times during your stay, it may become necessary for you to transfer to another floor or room in order to receive the specialized care and attention you need.

Patient Services Registration Hours of Operation:

Monday - Friday, 5:30pm - 7:00pm

All after-hours admissions will be processed by the Emergency Department Registration staff.

ADVANCE CARE PLAN

An Advance Care Plan (previously known as Advance Directive) is a document that tells your doctor how you want to be treated if you are terminally ill or permanently unconscious. You should discuss with your family and doctors what you want to do in such cases and be sure to bring a copy of your Advance Care Plan upon each admission to the hospital.

- ▷ **Advance Care Plan** - a form designated to document your wishes regarding life-prolonging interventions such as cardiopulmonary resuscitation (CPR), kidney dialysis or breathing machines. You can use this form to tell your doctor you just want to be pain free and comfortable at the end of life. You may also add other special instructions or limitations on your form.
- ▷ **Appointment of Health Care Agent Form** – another type of advance directive that allows you to name a person to make health care decisions for you if you are unable to make them for yourself.

Fort Sanders Regional Medical Center, as a healthcare provider, is obligated to provide you information regarding your rights to make decisions concerning healthcare, including the right to accept or refuse medical or surgical treatment, even if that treatment is life sustaining. The hospital will provide the necessary forms and a notary if you wish to prepare an Advance Care Plan. Forms should either be witnessed by two competent adults or notarized. If witnessed, neither witness should be the person appointed as the healthcare agent, and one of the witnesses should be someone not related to you or entitled to any part of your estate. Forms are located in the back of this Patient Guide or you may contact the following departments: Social Services – Extension 11209; Patient Representative – Extension 11611; Pastoral Services – Extension 11234; Nursing Supervisor – Extension 0.

ATM

Automated Teller Machines (ATM) are located on the hospital's lobby level.

CALL LIGHT

If you need help for any reason, push the nurse-call button and our nursing staff will make every effort to respond as quickly as possible.

When you are on medication, particularly sedatives, do not get out of bed without help. Please do not lower the side rails on your bed; they have been provided for your protection. Call for assistance if you need them lowered for any reason.

If you are up and feel faint, call out or signal for help. We want to assist you to ensure your safety.

CASE MANAGERS

Case managers are registered nurses who pull together all members of the healthcare team: pharmacists, dietitians, staff nurses, social workers, physicians, etc. around your needs. They can enhance communication, problem solve with you about family or discharge issues, help remove barriers to care, reduce delays in service, and assist in making sure that you receive the necessary education about your health related needs. The case manager will be a link with your insurance company by relaying pertinent clinical information to ensure that you receive the appropriate care you need, in the appropriate setting. To find out the name and telephone number of your case manager, ask your nurse.

CELLULAR PHONES

Cellular phones can interfere with certain types of medical equipment. For our patients' safety, the hospital requires all cellular phones to be turned off before entering areas identified as "no cell phones".

DISABILITIES, TRANSLATORS

The following services are available on request:

- ▷ Closed caption devices for television
- ▷ TDD (telephone telecommunication devices for the deaf)
- ▷ Amplified handsets for telephones
- ▷ Interpreters for the deaf
- ▷ Interpretive services for non-English speaking patients
- ▷ DT Interpreting is available for non-hearing and non-English speaking patients.

DISCHARGE/CHECK-OUT PROCEDURE

Your physician determines when you are to be discharged. When discharge orders have been given to the nursing staff the necessary steps for your departure begin. We strive to complete all patient discharges by 2 p.m. To help insure a smooth and speedy discharge:

- ▷ Ask your doctor or nurse for a list of things you should and should not do during your recuperation.
- ▷ Obtain your diet and medication instructions.
- ▷ Arrange to have a family member or friend take your flowers and gifts home the day before you are discharged.
- ▷ Have a friend or family member come at least one hour before discharge to help you prepare to leave.
- ▷ Check all drawers and closets for personal belongings.
- ▷ Ask your nurse for any medication brought from home that we have stored for you.

- ▷ Ask your nurse to retrieve valuables you may have placed in the hospital safe.
- ▷ Ask your nurse about follow-up appointments with your doctor.

EXITS FOR PATIENT PICKUP AT DISCHARGE:

Your nurse or transporter will direct your family member(s) to the exit you will be utilizing.

There are two areas designated for discharged patients to be picked up for their ride home. The 20th Street discharge area is located on the west side of the hospital and may be reached by taking an elevator to the basement level. The 20th Street exit should be used by all patients being discharged except Patricia Neal Rehab Center patients. Patricia Neal patients should use the parking garage attached to the hospital, located on Laurel Avenue.

EDUCATION FOR YOU & YOUR FAMILY

An important goal of our hospital is to enhance patient progress and promote a healthy lifestyle. Our health professionals help you and your family gain the knowledge and skills needed to care for yourself when you return home.

We have several educational videos available to you on the hospital television system. You will find a list of them in your room. There are also numerous brochures and handouts available about each patient area. Please ask your nurse for any additional information you may need.

INFECTION CONTROL GUIDELINES FOR PREVENTING THE SPREAD OF GERMS

- ▷ We encourage you to become involved with your care.
- ▷ Be aware that hand washing is the best way to prevent the spread of germs. Wash hands with soap and water for at least 15 seconds or use waterless hand sanitizer.
- ▷ Practice good personal cleanliness.
- ▷ Let your nurse know if your bedding or gown is soiled.
- ▷ Feel free to remind staff member to wash their hand, use hand sanitizer, and wear gloves before examining you or giving you your medicine.
- ▷ Ask friends and relatives who have colds, respiratory symptoms or other contagious illnesses not to visit you or anyone in the hospital.
- ▷ Get vaccinated, if it is recommended. Flu and pneumonia vaccines can help prevent illnesses, particularly in young children, the elderly and high-risk patients.

ISOLATION

During your stay, you may be placed into isolation. Your friends and family will be asked to follow these rules:

- ▷ Before entering your room, visitors must check-in at the nurse's station. The staff will provide them with protective gloves, gowns, and masks. These must be worn by your friends or family.
- ▷ Read the Isolation sign posted outside your room and follow the instructions.
- ▷ Visitors must wash their hands with soap and water or use the waterless hand sanitizer before they enter or leave your room.
- ▷ No more than two visitors at a time.
- ▷ If a visitor is feeling ill, they should not visit.
- ▷ Visitors should bring as few things as possible into your room.

EMPLOYEE APPRECIATION

Our staff wants to make your stay as pleasant and caring as possible. Caring for people is what we do. If you have a desire to show your appreciation for a staff member or employee group who have helped make your stay with us extra special, we have several options you can choose from to help that employee receive the recognition he/she deserves.

FORT SANDERS SHINING STAR

Shining Star cards are a way of recognizing Fort Sanders Regional employees who provide excellent care during your visit to the hospital. The cards are available throughout the hospital, on request and in the back of this Visitor Guide.

The Shining Star card is an excellent tool for recognition because it is reviewed by the employee's supervisor, the Human Resources department, the Vice President, and a special Shining Star committee. All employees receiving a Shining Star card are recognized in our employee newsletter, and a copy of the card is placed in the employee's personnel file. Employees who receive Shining Stars are rewarded with a gift item and are nominated for the Fort Sanders Star of the Month award.

LETTER TO OUR ADMINISTRATOR

Another simple way to show your appreciation is by writing a letter to our administrator. It is a practice at Fort Sanders Regional for letters of this nature to be passed from leader to leader for review and printed in our employee newsletter for all employees to appreciate. You can mail your letter of appreciation to – Fort Sanders Regional Medical Center, 1901 Clinch Ave., Knoxville, TN 37916.

CHAPLAIN'S FUND

You may choose to show your appreciation by making a donation to our Chaplain's Fund in honor of the employee(s) who provided you with extra special care. The Chaplain's Fund provides services and assistance to employees and patients who are in need throughout the year. For more information, contact Pastoral Services at extension 11234.

ENVIRONMENTAL SERVICES

The employees of our environmental services department plan and perform the many tasks required to keep the hospital clean, pleasant and cheerful. Patient rooms are cleaned daily. If you have any concerns with the condition of your room, please let your nursing staff know.

ETHICS COMMITTEE

As part of our mission to provide the highest quality of personalized patient care, Fort Sanders Regional Medical Center has established an Ethics Committee. Composed of representatives from our medical and nursing staffs, as well as representatives from the local clergy and hospice, social services and the community, the Ethics Committee explores and addresses ethical issues that may arise.

Examples of ethical issues in a healthcare setting might include decisions involving the withholding of life support mechanisms or the perception that a physician or other caregiver did not provide appropriate care or did not use appropriate conduct.

As a patient, spouse or significant other of a patient, it is your right to bring an ethical concern to the attention of the Ethics Committee. This may be done by contacting the hospital Operator, the Administrative Supervisor, or the Patient Representative.

FINANCIAL SERVICES

INSURANCE

Fort Sanders Regional Medical Center serves the community by improving the quality of life through better health. It is our philosophy that no one shall be denied medically necessary services based upon an inability to pay for those services. But, if you are like most patients, you have come to the hospital with insurance coverage. It is to your benefit to provide all current and correct insurance coverage that you have at the time of your admission, including Medicare supplements, your spouse's policy, individual policies and other liability insurance. This ensures that your claim is processed accurately and in a timely manner. Any deductible or co-pay amount is due from you at the time the services are provided to you. The amount the insurance company will pay is determined by the company, not the hospital. Each visit you

make will generate a new account number which will help you follow specific accounts through the billing process. The statements you receive will indicate charges for those specific accounts.

HOSPITAL CHARGES

If you are admitted to the hospital, the charge for your room depends on the type of accommodations provided. The charge includes the cost of your room and meals, the supplies and equipment contained within your room, housekeeping services, the services of other support personnel and 24 hour nursing care. Other charges that may be incurred are ancillary charges and professional charges.

- ▷ Ancillary charges are charges for services that may include laboratory tests, supplies, medications, physical therapy, x-rays, operating room charges and others. Ancillary charges will appear on your hospital bill.
- ▷ Professional charges are the charges for your attending and/or consulting physicians and are billed separately. Consulting may include radiologists, pathologists, anesthesiologists, emergency physicians and any other consultants that your attending physician deems necessary. These professional charges are NOT considered part of the hospital bill.

BILLING PROCEDURES

We are committed to providing you with a better understanding of our billing process. Our Patient Accounting Department is staffed with personnel to assist you with specific concerns you may have at any point during our billing cycle.

The process begins when our Medical Records Department assigns the appropriate medical codes for billing your visit. Your bill is based on the medical record documentation. When the bill is processed, a Summary Statement is produced and mailed to your home. This statement summarizes charges for services you received and advises you of the applicable insurance claims that we will file on your behalf. If you are covered by more than one insurance company, a claim will be processed with all companies. Each applicable insurance company, based upon information provided at the time of your visit, will be listed on the top right side of your summary statement. If you have additional insurance not previously provided at the time of your visit, or if we do not have the correct insurance companies listed, **please contact the Knoxville Business Office immediately at 374-3000.**

In approximately 60 days you should receive a Detail Statement of your account. It is important to understand that the statements you receive are to advise you of the status of your claim. When an insurance payment is received, your corresponding out-of-pocket expense, such as any outstanding coinsurance or deductible will be indicated on the statement as the patient's responsibility. Upon receiving final payment from your insurance company, another statement will be produced indicating that all

insurance benefits have been paid. If your account is paid in full by your applicable insurance plans, you will receive an informational statement informing you that your account is paid in full. *NOTE: Even though the hospital files an insurance claim on your behalf, your assistance in resolving unpaid insurance claims is most appreciated. If your insurance company is not responding, please take the time to call and inquire about the status of your claim.

Once the insurance benefits have been paid, full payment for the balance remaining is expected within 30 days. The remaining balance is your responsibility. **If you are unable to pay the remaining balance in full, please contact Knoxville Business Office Services at (865)374-3000 immediately to establish payment arrangements.** We offer a variety of payment options, including American Express, Discover, MasterCard and Visa as well as cash and checks. If payment is not received within 30 days or payment arrangements have not been made, you will receive a final notice letter explaining that the account will be referred to collection.

Applications for patients seeking financial assistance for medically necessary services are available during the registration process or by contacting our Financial Counselors at 541-2397. Financial Counselors are available Monday through Friday 8:00 a.m. to 4:30 p.m. If you have questions concerning our billing procedure or if you would like a copy of your bill, please call one of the numbers indicated below and we are happy to assist you.

Office & Phone Line Hours:
Monday through Friday
8:00 a.m. to 4:30 p.m.
(865) 374-3000 or (800) 230-1130

FOOD

PATIENT MEAL SERVICE

Good nutrition is essential to your recovery and well-being. Our Nutrition department wants to give you excellent service. Your Nutrition Associate will visit you each day and discuss nutritional needs and menu choices for each meal. Their goal is for you to be able to select the foods you like according to your prescribed diet. Meals are delivered to patient floors according to the following schedules:

- Breakfast: 7:00 a.m. - 9:00 a.m.**
- Lunch: 11:00 a.m. - 1:00 p.m.**
- Dinner: 4:00 p.m. - 6:00 p.m.**

A member of your nursing team will deliver your tray shortly after it arrives on the floor. Should you have any questions regarding your prescribed diet, a dietitian or nutrition associate can be reached by notifying your nurse or by calling extension 11169 or 11170. Guest trays may be purchased from the cafeteria cashiers.

CAFETERIA MEAL SERVICE (All Spice Cafe)

The All Spice Café is located on the basement level. The All Spice Café offers seven different venues from hot and cold specialty menu items, soup/salad bar, fresh grill items, and scratch made desserts.

CAFÉ HOURS OF OPERATION:

Monday - Friday:

Breakfast. 6:30 a.m. - 10:00 a.m.

Lunch/ Dinner 11:00 a.m. - 7:30 p.m.

Midnight 12:00 a.m. - 2:00 a.m.

Saturday & Sunday:

Breakfast. 6:30 a.m. - 10:00 a.m.

Lunch 11:00 a.m. - 2:00 p.m.

Dinner 4:00 p.m. - 7:30 p.m.

Vending machines are located throughout the hospital. Expanded vending areas are located on the lobby level, Emergency Department waiting area and Surgery waiting lounge.

FORT SANDERS FOUNDATION

Under the leadership of its volunteer Board of Directors, Fort Sanders Foundation solicits charitable contributions to support the programs and services of Fort Sanders Regional Medical Center and Covenant Health. Philanthropic efforts guided by the Foundation have resulted in the establishment of the Patricia Neal Rehabilitation Center, the Fellowship Center and the Thompson Cancer Survival Center, as well as funding equipment needs and indigent patient care throughout the hospital. Honorary and memorial gifts are a particularly beneficial way to pay tribute to a staff member, friend or loved one while furthering the caring mission of Fort Sanders.

If you would like to know more about how your charitable gifts make a difference at Fort Sanders Regional Medical Center, please call the Foundation at 531-5210.

GIFT SHOP

The Gift Shop is located on the lobby level of the hospital. Our “boutique” offers a wide selection of personal hygiene items, newspapers, magazines, greeting cards, flowers, and candy. We also have home and fashion accessories, as well as a variety of collectible gift items and a large newborn department. Breast pumps are available for rental in the Gift Shop as a courtesy to our patients. Please contact our friendly staff at 541-1377. All profits from the Gift Shop benefit our patients through the purchase of medical equipment for the hospital.

Gift shop hours:

Monday - Friday . . . 8:00 a.m. - 7:00 p.m.

Saturday 9:00 a.m. - 4:00 p.m.

Sunday 1:00 p.m. - 5:00 p.m.

GRIEVANCE PROCESS

If you have a complaint or concern about your care, the first step is to discuss it with your physician, nurse or patient representative. Most complaints can be resolved to your satisfaction by discussing them with the appropriate hospital personnel. However, if the concern cannot be resolved to your satisfaction, you have the right to file a grievance and have it reviewed by the hospital Grievance Committee.

To initiate the grievance process, request to speak with the patient representative (dial 11611). You may file your grievance verbally or in writing. The patient representative will have a form you can use if you want to write out your complaint. The Grievance Committee will meet, review your concern, and provide you with a written response.

You also have a right to submit a grievance with the State. If you wish to do this, contact the Tennessee Department of Health at 1-877-287-0010.

GUIDELINES FOR NEW PARENTS

For the safety of your baby:

- ▷ All Women's Services staff wear a photo badge with a pink rocking horse. Only give your baby to a staff member with the proper identification badge. If you do not see this badge, use your call light to notify your nurse immediately.
- ▷ Never leave your baby unattended.
- ▷ Try to know your nurses by name. Do not consider yourself a nuisance if you want to check out anything that seems unusual.
- ▷ A baby should not be carried out of your room in a nurse's or physician's arms. Anyone who attempts to carry the baby should be reported at once.
- ▷ State law requires that a baby be discharged from the hospital in a car seat. Please bring your car seat to the hospital before you are discharged.

HIPAA

(Health Insurance Portability and Accountability Act)

Based on the new privacy regulations effective April 14, 2003, it is the policy of Fort Sanders Regional Medical Center that any requests for the condition of the patient be handled by clinical staff on the appropriate unit. Upon admission patients will be asked by the registration staff to select a four digit Patient Identification Number (PIN). The PIN should be given by the patient to all family and friends to whom they desire their medical information be disclosed. If family and friends attempt to obtain information about your medical care but are unable to provide the PIN, only the general condition of the patient will be disclosed.

HEALTHCARE TEAM

YOUR PHYSICIAN

Your physician understands your healthcare needs and will coordinate your medical care throughout your stay in the hospital. Tests, medications, diets, and treatments are prescribed by him/her. Other healthcare professions work closely with your physician to carry out the details of your treatment plan.

YOUR NURSE

The nursing staff at Fort Sanders Regional reflects our commitment to excellence in healthcare. They are experienced professionals who work in partnership with your physician and other members of the healthcare team. They are a vital link in your comprehensive medical care. A nurse is available to you 24 hours a day. Whenever you need assistance, please press your call button. Keep in mind that your nurse may be with another patient or reviewing your records. Rest assured that a nurse will respond as quickly as possible.

OTHER MEDICAL SUPPORT SERVICES

Other healthcare professionals will be involved in various aspects of your care. Some of these services include radiology, laboratory, EKG, physical therapy, respiratory therapy, pharmacy and many others.

COVENANT HOME CARE AND HOSPICE

Covenant HomeCare provides home care services to help patients maintain their independence and stay at home, as well as support and care for terminally ill patients. Services are available 24 hours a day, seven days a week, with branch offices in Knoxville, Oak Ridge, and Morristown. For more information about Covenant HomeCare and Hospice, call (865) 374-0600.

Home care and hospice services are provided based on orders received from the patient's physician. The hospital discharge planners or home care coordinators can assist in arranging the services ordered by the physician prior to hospital discharge.

INFUSION SERVICES

Many types of infusion therapy can be delivered in the patient's home. Clinical pharmacists and nurse consultants trained in home infusion therapy work with the physician to develop a plan of care for the patient. Services are available 24 hours a day, seven days a week.

The Ambulatory Infusion Center (located on 3 West) provides infusion services

on an outpatient basis. Clinical pharmacists and certified infusion nurses supervise all infusion therapies and work with the patient's physician to ensure the desired therapeutic goals are met. Services are available Monday through Friday from 7:30 a.m. to 8:00 p.m. Infusion therapy services are provided based on orders received from the patient's physician.

The hospital discharge planners or home care coordinators can assist in arranging the services ordered by the physician prior to hospital discharge.

Fort Sanders Ambulatory Infusion Center: 541-1234

HOSPITALITY CART

A hospitality cart is brought to the patient floors each weekday morning by volunteers. Patients and guests may purchase toiletries, newspaper, magazines, notions and snacks.

HOSPITALITY HOUSE

The Fellowship Center is a lodging and care center located near the hospital. It is a complex of one-bedroom apartments for outpatients and caregivers who live more than 30 miles away. You can call the Fellowship Center at 541-1725 for more information.

HOTELS/LODGING

If you plan to stay in a hotel, please let the hotel staff know that you have a family member who is a patient at our hospital. Sometimes hotels will offer a discounted rate for the families of our patients. Ask the hotel staff to contact our Consumer Relations/Patient Representative (weekdays) at (865) 541-1611. After hours or on weekends, call the hospital Operator at (865) 541-1111 and request a nursing supervisor for assistance and a verification letter.

MAIL & FLOWERS

Mail and flowers are delivered to patient rooms by hospital volunteers each weekday. Postage stamps may be purchased in the gift shop.

NEWSPAPERS

Newspapers are for sale at the following locations:

- ▷ Lobby
- ▷ Gift shop
- ▷ Hospitality cart
- ▷ Green elevator lobby on basement level

ORGAN/TISSUE DONATION

If you choose to become an organ donor, sign an organ donor card in the presence of two witnesses. In the event of your death, your healthcare providers will know your decisions. Before you become an organ donor, be sure to discuss the decision with your family.

PARKING

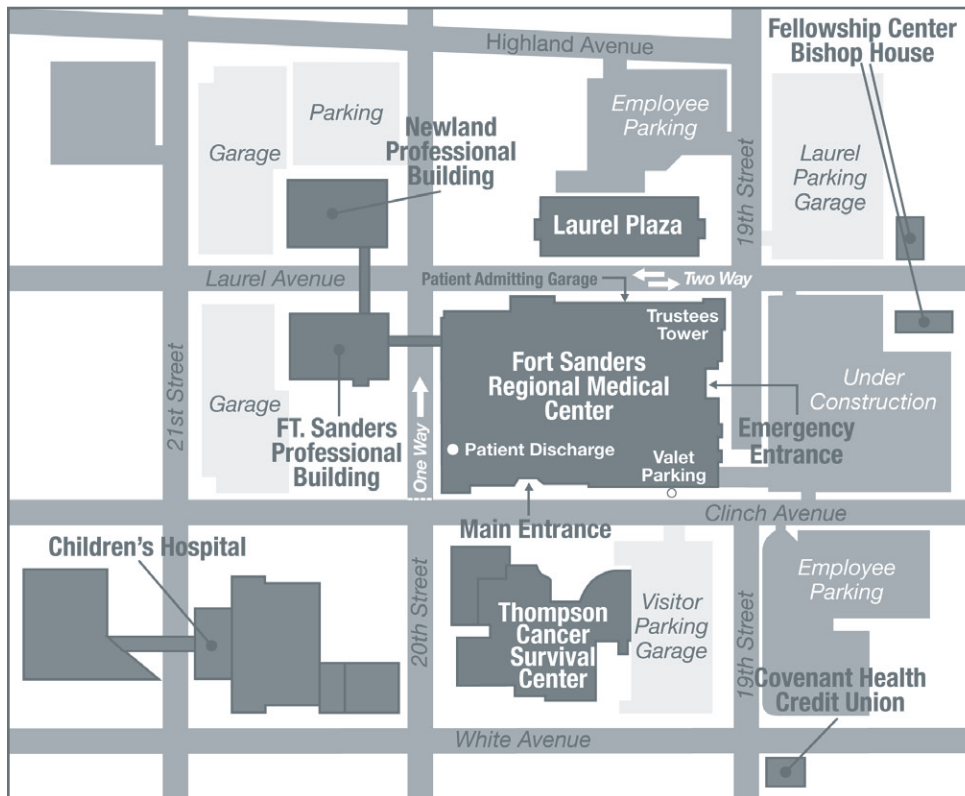
Visitor parking is available in several commercial lots & garages adjacent to the hospital. For the safety of our visitors, an escort to your car is available by calling Security at extension 11309.

Valet Parking is available at the Clinch Avenue hospital entrance.

\$5.00 General Public

\$2.00 Covenant Health Passport members

Valet handicapped parking is free with a valid placard or license plate.



PATIENT'S RIGHTS AND RESPONSIBILITIES

Fort Sanders Regional Medical Center wants you to have the best possible care. We want you to know what your rights are as a patient, as well as what your obligations are to yourself, your physician and the hospital. We encourage you or those who represent you to talk openly to those involved with your care.

You have the right:

- To have considerate, respectful care.
- To receive care in a safe setting, free from all forms of abuse or harassment, including physical or mental abuse.
- To expect your personal privacy to be respected to the fullest extent consistent with the care prescribed for you.
- To hear from your primary physician, in a language that you understand, your health status including diagnosis and prognosis, the treatment prescribed, and any follow-up care instructions.
- To know the name and professional status of the persons responsible for your care.
- To participate in the development and implementation of, and any revisions to, your plan of care, including discharge and pain management plans.
- To appropriate assessment and management of pain.
- To make informed decisions regarding your care. This includes the right to receive the information, explanations, consequences, and options needed to make an informed decision.
- To request or refuse treatment, including the right to refuse experimental treatment and drugs.
- To question and expect an answer to any concern related to therapies or services provided.
- To self-determination, including the right to create an Advanced Care Plan (such as an Appointment of Health Care Agent or Medical Power of Attorney and to have hospital staff and practitioners, who provide care in the hospital comply with these directives.
- To have a family member or representative of your choice and your personal physician notified promptly of your admission to the hospital.
- To expect all communications with staff and records pertaining to your care, including the source of payment for treatment, to be kept confidential.
- To access information contained in your records within a reasonable time unless such access would therapeutically disadvantage you.
- To examine your hospital bill and to receive an explanation of it.
- To be free from restraint or seclusion of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff.
- To safe implementation of restraint or seclusion by trained staff, only if necessary to ensure your immediate physical safety or that of another person.
- To express a complaint or concern about your care with your physician, nursing manager, or supervisor. Any staff member can help you start this process. Most complaints have obvious causes that can be resolved to your satisfaction by discussing this with appropriate hospital personnel or your physician.

- To file a grievance with the hospital and to have our grievance reviewed and resolved by the Grievance Committee in a timely manner (usually within seven (7) days). (For additional information or to file a grievance contact the Patient Representative at extension 11611.)
- To file a grievance with the Tennessee Department of Health regardless of whether you have first used the hospital's grievance process. The department may be contacted by calling (877) 287-0010 or by writing to: Tennessee Department of Health, Bureau of Health Licensure and Regulation, Division of Healthcare Facilities, 227 French Landing, Suite 501, Heritage Place, Metro Center, Nashville, TN 37243.
- To services without unlawful discrimination.
- To have ethical concerns about your treatment and care appropriately addressed.
- If you are a Medicare beneficiary, to receive a notice of discharge and non-coverage rights and to file complaints related to quality of care, coverage, or premature discharge with the appropriate Utilization and Quality Control Quality Improvement Organization. The hospital will assist you with referring such complaints.

You, in turn, have the responsibility:

- To provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- To report perceived risks in your care and unexpected changes in your condition.
- To ask questions when you do not understand your care, treatment, service, or what you are supposed to do.
- To cooperate and to follow the treatment plan recommended for you by your physician, nurses or allied health personnel, as well as to express concerns about your ability to follow the proposed are plan or course of treatment.
- To assume the consequences if you refuse treatment or do not follow your practitioners' instructions.
- To accept the financial obligation associated with your care.
- To know and follow hospital rules and regulations.
- To be considerate of the rights of other patients and hospital personnel, and to assist in the control of noise, smoking and the number of visitors you receive.
- To advise your nurse, physician and/or Patient Representative of any dissatisfaction you may have regarding your care.

These Patient's Rights and Responsibilities are based on policies established by Fort Sanders Regional Medical Center.

PATIENT CONCERNS:

- ▷ Fort Sanders Regional Medical Center is a Joint Commission accredited facility. Anyone who has concerns about the safety or quality of care at an accredited organization may share those concerns with The Joint Commission Office of Quality Monitoring by phone **1-800-994-6610** or by sending an email to complaint@jointcomission.org.

- ▷ Fort Sanders Regional has a Rapid Response Team (RRT) available 24 hours a day, 7 days a week to provide rapid assistance when a patient's condition appears to be worsening. An Intensive Care Unit (ICU) nurse and other healthcare providers will respond to assist the patient's nurse in obtaining additional extra treatment for your loved one.

A healthcare provider, family member, or visitor may alert the Rapid Response Team in the event of an emergency by calling the Operator ("0") and providing your name, the patient's name, room number, and a brief description of the emergency.

We want you to have an excellent experience at Fort Sanders Regional Medical Center and welcome your concerns and comments. Please feel free to share any issues with your physician, the nursing supervisor, and/or our Patient Representative.

Contact Information:

Patient Representative (865) 541-1611

State of Tennessee (toll free) 1-877-287-0010

PARTICIPATE IN ALL DECISIONS ABOUT YOUR TREATMENT

- ▷ If you have questions or concerns, and if you don't understand, ask again.
- ▷ Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professional.
- ▷ Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.
- ▷ Ask a trusted family member or friend to be your advocate.
- ▷ Know the medications you take and why you take them.
- ▷ Please talk to your nurse or call the Patient Representative at extension 11611 if you have any concerns about your care.

PATIENT REPRESENTATIVE/CONSUMER RELATIONS

Our Customer Relations Department is your resource for:

- ▷ Advance Care Plans/Appointment of Health Care Agent
- ▷ Complaints and grievance process
- ▷ Compliments for staff
- ▷ Ethics consultations
- ▷ Hotel and lodging
- ▷ Lost and found
- ▷ Monthly parking permits for patients and families
- ▷ Notary Public (for health care related documents)
- ▷ Translators for non-English speaking and deaf or hearing impaired patient and families.

Contact the Patient Representative at extension **11611, Monday-Friday, 7:30a.m. - 4:00p.m.** After hours calls can be sent to Administrative Supervisor by dialing "0" if you are inside the hospital or call 541-1111.

PATIENT SATISFACTION SURVEY

Following your discharge from Fort Sanders Regional Medical Center, you may be contacted by Professional Research Consultants. This firm randomly surveys patients about the quality of the care they received. If you prefer not to be contacted, please inform our **Quality Improvement Office by calling 531-5449.**

PASTORAL CARE SERVICES

Being hospitalized for any reason can be a time of anxiety and distress for patients and their loved ones. Chaplains and their volunteer group of Steven Ministers are available to help you with your spiritual needs and to assist your family. They may be reached by asking the hospital operator to contact the hospital chaplain or the on-call chaplain anytime.

The chapel is located on the lobby level near the Clinch Avenue entrance. The chapel is a quiet place for those of all faiths to meditate and pray, and is open 24 hours a day.

A member of the chaplains' office will be happy to notify your pastor, priest, rabbi or spiritual advisor of your hospital stay at your request.

PHYSICIAN REFERRAL AND HEALTH INFORMATION

Trained counselors are available from 8:00 a.m. – 5:00 p.m., Monday through Friday, to provide you with a referral to a physician who is close and convenient and who accepts your insurance. The staff can also provide you with general health information, information about community classes and support groups, and information about the many services available at Fort Sanders Regional Medical Center.

Call 673-FORT (3678) for assistance.

SAFETY

Fort Sanders Regional is concerned with your safety. To make sure your stay is a safe one, please follow these rules:

- ▷ Signal for your nurse and ask for help when you are attempting some action or movement that may result in an accidental fall or strain.
- ▷ Wear nonskid slippers when you walk around the hospital.
- ▷ Comply with instructions about getting out of bed with assistance.
- ▷ Follow the no smoking policy.
- ▷ For patients and visitor safety, please use handrails on all stairs, ramps, or sloping sidewalks when provided.
- ▷ If you hear the fire alarm, please stay where you are until the fire alarm is cleared or a staff member gives further instructions.

SECURITY

As are all hospitals, Fort Sanders Regional is a public place. Please take precautions to safeguard your valuables while you are here. The hospital cannot be held responsible for the loss of money or other valuables kept in your room.

Please do not bring valuables with you to the hospital. If possible, send them home with a family member or please let your nurse know if you have valuables that need to be secured before or immediately upon going to your room. Your nursing staff can arrange to have valuables checked for you. Eyeglasses, contact lenses, hearing aides and dentures should be kept in protective containers when not in use. Please do not wrap in tissue, paper towels or pieces of hospital linen.

For the safety of our guests, visitors remaining after visiting hours must obtain a visitor's badge from the nursing unit or security office. Between the hours of 8:30p.m. and 5:00a.m., all visitors should enter the hospital through the entrance near the emergency department, located on 19th street.

The security office is located on the first floor of the East Wing, adjacent to the emergency department entrance and can be reached by calling extension 11309.

Your safety is our highest priority. Please report any suspicious persons or activities to our Security Department immediately by dialing 11309 from a hospital phone, or 541-1309 on an outside line.

SMOKING

Fort Sanders Regional Medical Center is dedicated to providing a clean, safe environment for our patients. In an effort to promote health and wellness, we offer a smoke-free interior environment. Patients are only permitted to smoke in the Trustees Tower garage smoking hut. Visitors may smoke in the same area and other designated areas. To preserve the health and safety of our patients, visitors, and employees, smoking is not permitted around any entrance to the hospital.

Tennessee law requires that hospital entrances and air intake vents be maintained as smoke free. Please obey the "No Smoking" signs. A guide to use is 20-25 feet away from an entrance or air intake.

The hospital will furnish nicotine patches free of charge to those patients needing assistance with nicotine withdrawal.

SOCIAL SERVICES

Worried about being in the hospital...separated from home and job? Do you have questions about your stay? Insurance? Follow-up care? These are all legitimate worries for someone in the hospital. Social Services has a social worker assigned to each floor to assist with discharge planning, referrals to community resources, counseling and referrals for TennCare.

You may ask your doctor, nurse or case manager to make a referral to Social Services or you may call directly by dialing extension 11209.

SUPPORT GROUPS

- ▷ Stroke Survivor
- ▷ HIV
- ▷ Cardiac Rehabilitation Outpatient Program
- ▷ Alzheimer's Support Group
- ▷ American Cancer Society - 584-1668
- ▷ Crohns/Colitis Support Group - 541-1156
- ▷ Families of Critically Ill Patients
- ▷ Grief Support
- ▷ Healing Hearts (parents dealing with a fetal loss) - 541-1609
- ▷ Knoxville Area Brain Injury Support Group - 541-1499
- ▷ Mended Hearts (heart attack victims)
- ▷ Spinal Cord Injury Support Group - 541-1301

Ask your nurse for more information on these and other support groups.

FORT SANDERS WI-FI / INTERNET ACCESS

Fort Sander Regional offers free high-speed wireless internet access for patients and visitors. With a wireless card, you can browse the web and send e-mail from anywhere in the hospital.

SSID: fsrguest

User Name: fsrguest

Password: b4s16a25

Web streaming is not accessible through this network. A filter prevents access to some internet sites and attachments.

Disclaimers:

1. Fort Sanders is not responsible for any computer viruses obtained through the network.
2. Fort Sanders is not responsible for providing technical support associated with the network.

TELEPHONES (In-room)

▷ **Local Calls**

Dial "9" followed by the seven-digit number.

There is no charge for any local calls within our service area.

▷ **Long Distance Call**

Calling card: Dial 9 + 1+ 800 + 7 digits and follow card instructions.

▷ **Operator Assisted Long Distance Calls**

Dial "9+0+0".

Operator rates will apply. Calls cannot be charged to room extensions nor can you accept collect calls in your room.

▷ **Reach the Hospital Operator**

For any questions, dial “O” for operator assistance.

▷ **Dial Patient Rooms**

To call patient rooms from outside the hospital, dial 5413, plus the room number. If at any time you do not wish to be disturbed by incoming phone calls, your phone can be placed in a “Do-Not-Disturb” mode.

Dial 884 and follow the instructions.

Dial the time you wish to end the “Do-Not-Disturb” mode.

Punch “2” for A.M. or “7” for P.M.

You will hear a confirmation that the Do-Not-Disturb Service is activated.

To deactivate the service, dial 884 and follow the instructions.

Dial “2” to change the time or “3” to deactivate the service.

For telephone problems and repairs, please call the Help Desk at 374-4900.

Please note: Calls cannot be made to patient rooms between 10:00p.m. - 6:00a.m.

TELEVISION

Fort Sanders Regional provides local cable television programming. You will be able to watch most of the channels you may already be familiar with at home, and more!

If you experience any difficulty with your television, please inform your nurse so they may notify our in-house television staff.

VISITING HOURS

Fort Sanders Regional Medical Center’s primary concern is for the welfare and speedy recovery of our patients. To this end, we ask that guests exercise special courtesy and sensitivity in scheduling visits. General visiting hours are from 8:30 a.m. – 8:30 p.m. Some patients and special care areas, however, do have restricted visiting hours. We thank you for your cooperation in observing this schedule and any other visiting restrictions posted in the interest of individual patients.

VISITING HOURS IN SPECIAL CARE AREAS

Patients in critical care are very ill and have an increased need for rest so they can heal and recuperate. Visiting hours in special care areas vary. Please check with the receptionist in the Critical Care lounge or your nurse for the current visitation schedule.

9:15am – 10:00am

1:00pm – 2:00pm

4:30pm – 5:00pm

9:00pm – 10:00pm

Cardiovascular Stepdown Unit (CCU) - 2nd Floor, East Wing

Cardiovascular ICU (ICW) - 2nd Floor, West Wing

Neuro Intensive Care Unit (NICU) - 2nd Floor, West Wing

8:30am – 8:30pm

Intermediate Care Unit (IMC) - 2nd Floor, West Wing

Please limit visitors to two at a time. No overnight stay in the patient's room.

The Critical Care Lounge is located on the 2nd floor. During the day, we try not to restrict the number of family members per patient. However, if it becomes overcrowded we may ask everyone to decrease their visitors to two per patient. Please understand that we are trying to be fair to everyone if this occurs. Two visitors per patient may stay overnight in the lounge. Overnight passes may be obtained from the lounge receptionist or the nurses station. Blankets, sheets, pillows and a place to shower are available for those sleeping overnight. After visiting hours, Security Officers will be checking visitor's passes periodically during the evening.

Phones are available for receiving calls in the lounge from outside the hospital. The phone numbers are: 541-2431 and 541-2432

VOLUNTEERS

Fort Sanders Regional is fortunate to have a family of volunteers possessing a wide range of talents and experience. Whether they are greeting visitors, escorting patients, comforting a family in time of need or helping in the gift shop, our volunteers are known for their devotion to others. Volunteers supplement the work of our professional staff to better meet your needs.

In 2005 the Fort Sanders Regional Auxiliary celebrated its 50th anniversary and received the coveted "Community Service Award of Excellence" from the Tennessee Hospital Association. For more information on this award-winning group of volunteers, please dial extension 11249.

ADVANCE CARE PLAN

Instructions: Competent adults and emancipated minors may give advance instructions using this form or any form of their own choosing. To be legally binding, the Advance Care Plan must be signed and either witnessed or notarized.

I, _____, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

Agent: I want the following person to make health care decisions for me:

Name: _____ Phone #: _____ Relation: _____
Address: _____

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate:

Name: _____ Phone #: _____ Relation: _____
Address: _____

Quality of Life:

I want my doctors to help me maintain an acceptable quality of life including adequate pain management. A quality of life that is unacceptable to me means when I have any of the following conditions (**you can check as many of these items as you want**):

- Permanent Unconscious Condition:** I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
- Permanent Confusion:** I become unable to remember, understand or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
- Dependent in all Activities of Daily Living:** I am no longer able to talk clearly or move by myself. I depend on others for feeding, bathing, dressing and walking. Rehabilitation or any other restorative treatment will not help.
- End-Stage Illnesses:** I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that does not respond anymore to treatment; chronic and/or damaged heart and lungs, where oxygen needed most of the time and activities are limited due to the feeling of suffocation.

Treatment:

If my quality of life becomes unacceptable to me and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. **Checking "yes" means I WANT the treatment. Checking "no" means I DO NOT want the treatment.**

<input type="checkbox"/>	<input type="checkbox"/>	CPR (Cardiopulmonary Resuscitation): To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
<input type="checkbox"/>	<input type="checkbox"/>	Life Support / Other Artificial Support: Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys and other organs to continue to work.
<input type="checkbox"/>	<input type="checkbox"/>	Treatment of New Conditions: Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
<input type="checkbox"/>	<input type="checkbox"/>	Tube feeding/IV fluids: Use of tubes to deliver food and water to patient's stomach or use of IV fluids into a vein which would include artificially delivered nutrition and hydration.

Other instructions, such as burial arrangements, hospice care, etc. _____

(Attach additional pages if necessary)

Organ donation (optional): Upon my death, I wish to make the following anatomical gift (please mark one):

Any organ/tissue My entire body Only the following organs/tissues: _____

SIGNATURE

Your signature should either be witnessed by two competent adults or notarized. If witnessed, neither witness should be the person you appointed as your agent, and at least one of the witnesses should be someone who is not related to you or entitled to any part of your estate.

Signature: _____ DATE: _____
(Patient)

Witnesses:

1. I am a competent adult who is not named as the agent. I witnessed the patient's signature on this form.	_____ Signature of witness number 1
2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.	_____ Signature of witness number 2

This document may be notarized instead of witnessed:

STATE OF TENNESSEE
COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the "patient". The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Signature of Notary Public

WHAT TO DO WITH THIS ADVANCE DIRECTIVE

- Provide a copy to your physician(s)
- Keep a copy in your personal files where it is accessible to others
- Tell your closest relatives and friends what is in the document
- Provide a copy to the person(s) you named as your health care agent

APPOINTMENT OF HEALTH CARE AGENT
(Tennessee)

I, _____, give my agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place.

Agent:

Alternate:

Name

Name

Address

Address

City State Zip Code

City State Zip Code

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Home Phone Number

Patient's name (please print or type) Date

Signature of patient (must be at least 18 or emancipated minor)

To be legally valid, either block A or block B must be properly completed and signed.

.....
Block A Witnesses (2 witnesses required)

1. I am a competent adult who is not named above.

I witnessed the patient's signature on this form.

Signature of witness number 1

2. I am a competent adult who is not named above. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

Signature of witness number 2

.....
Block B Notarization

STATE OF TENNESSEE

COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Signature of Notary Public

Physician Stars of Fort Sanders

In recognition for going above and beyond the call of duty, I would like to recognize the following physician for demonstrating the values of Fort Sanders and Covenant Health.

Name: _____

Value Exhibited:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Caring | <input type="checkbox"/> Service |
| <input type="checkbox"/> Quality | <input type="checkbox"/> Developing People |
| <input type="checkbox"/> Integrity | <input type="checkbox"/> Using Resources Wisely |

The physician handled the situation described below in a manner that reflects the values of Fort Sanders Regional Medical Center and deserves the highest level of praise:

**FORT SANDERS
REGIONAL
MEDICAL CENTER**

Use back of card if necessary

Submitted by:

Name: _____

- | | | |
|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Physician | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Visitor | |

A copy of this card will be sent to the physician to recognize his or her **superior** performance.

Received in HR (date): _____

Copy to CAO (date): _____

Copy to Medical Staff (date): _____

Original to Physician (date): _____

*You
Make the
Difference*



Shining Stars of Fort Sanders

In recognition for going above and beyond the call of duty, I would like to recognize the following employee for demonstrating the values of Fort Sanders and Covenant Health.

Name: _____

Department: _____

Value Exhibited:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Caring | <input type="checkbox"/> Service |
| <input type="checkbox"/> Quality | <input type="checkbox"/> Developing People |
| <input type="checkbox"/> Integrity | <input type="checkbox"/> Using Resources Wisely |

The employee handled the situation described below in a manner that reflects the values of our organization and deserves the **highest** level of praise:

Use back of card if necessary

Submitted by:

Name: _____

- | | | |
|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Physician | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Visitor | |

The Notice of Praise form is to be placed in the employee's personnel file in official recognition of this **superior** performance.

Received in HR (date): _____

Copy sent to Supervisor (date): _____

Copy sent to Vice President (date): _____

Copy sent to Employee (date): _____

*You
Make the
Difference*



