

Patient Information Guide

Marshfield Medical Center-Neillsville





SALLY ZILLMAN, M.S.N., R.N.
Chief Administrative Officer
Marshfield Medical Center-Neillsville
Marshfield Clinic Health System

Dear patient,

Thank you for choosing Marshfield Medical Center-Neillsville and entrusting us with your health care needs.

At Marshfield Medical Center-Neillsville, we strive to provide you with high quality care in a friendly, safe and caring environment. We are dedicated to anticipating and fulfilling your needs, as well as those of your family and visitors.

Should you need additional information or have questions not answered in this guide, please contact your nurse for assistance.

We wish you a speedy recovery and the best of health.

Sincerely,

Sally Zillman



Welcome to our hospital

This patient information guide will provide you with the information you need during your stay and inform you and your guests of the many services and resources Marshfield Medical Center-Neillsville offers.

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OUR MISSION

we enrich lives

...to create healthy communities through accessible, affordable, compassionate health care.

OUR VISION

we will innovate

...and define the future of health care for generations
and will be the consumer's first choice for health care.

OUR VALUES

PATIENT-CENTERED: We listen, serve and put the needs of the patient first.

TRUST: We earn trust through honesty, integrity, respect and compassion.

TEAMWORK: We work together, respecting each other and our professional roles.

EXCELLENCE: Through research, education and best practice, we deliver exceptional quality.

AFFORDABILITY: We are accountable as we manage resources and deliver value-based care.

When You Arrive

Admission

All information we request from you at registration is necessary for your patient records and for processing insurance forms.

Please bring your insurance card and photo identification when you are admitted. Your photo ID will be reviewed and scanned to ensure your medical identity remains protected. New patients without insurance information will be admitted as “self-pay.” When insurance information is received and confirmed, our records will be updated. Payment at discharge is encouraged.

Forms may include consent for treatment, which will need to be signed by a parent or guardian for a minor, at every visit.

Your care team

Your care team provides you with the care and information you need during your stay. Our first concern is your well-being: physical, spiritual, psychological and social.

Your health care team may include:

- Physicians
- Advanced practice providers such as physician assistants and nurse practitioners
- Nurses
- Certified nursing assistants
- Dietitians
- Imaging technicians or staff
- Lab technicians or staff
- Pharmacists
- Respiratory therapists
- Case managers
- Physical therapists
- Occupational therapists

Your care team will work together throughout your stay to assess your needs and provide you with the care and information you need before your discharge.

Personal belongings

You won't need many personal belongings during your hospital stay. We recommend you send home with your family and friends items such as cash, credit cards, jewelry, camera and items of sentimental value.

We cannot be responsible for valuables kept in your room. If you cannot send valuables home, contact your nurse and they can assist with securing them.

Medications

Your own medications

For the safety of our patients, we highly discourage you from using your own medications. This is because our hospital is required to positively identify all medications and verify they have been stored properly.

If you brought medications to the hospital, staff will review the containers and labels to help identify medications you currently are taking. Staff will then ask you to send the medications home with a family member or friend, place in the safe in your room, or will send the medications to the hospital pharmacy for safekeeping until discharge.

Medications at the bedside

Medications will not normally be allowed at the bedside. This prevents accidental overdose or use of these drugs by other patients or visitors, and allows nurses to observe all doses taken.

Any new medications ordered while in the hospital will be supplied by our pharmacy and billed at the hospital rate. Some insurers, including Medicare, may not cover the cost of many medications when you are an outpatient or observation patient.

If you have been administered a medication or have received a prescription for a medication that will impair your judgment, do not drink alcohol, drive a vehicle or operate dangerous machinery for at least 12 hours after leaving the hospital.



Your Hospital Stay

Meal service

You will receive meals that are prescribed for you by your doctor. Meals are served at 7:30 a.m., 11:30 a.m. and 5 p.m. Guest trays also are available.

Our cafeteria, Common Ground, is located on the lower level and offers “grab and go” items 24 hours/7 days a week, and is open daily for hot meal service from noon-1:30 p.m., Monday through Friday.

Contacting a nurse

Patients and family members can get immediate assistance by using the remote control located at each bed. Remote control buttons are clearly marked to provide you with an easy way to make your request.

Telephones

All rooms are equipped with a telephone. To make a local call, dial 9, wait for dial tone, then dial the desired phone number.

Flowers, gifts and mail

As allowed, flowers, gifts and mail will be delivered to your room. Mail arriving after you leave the hospital will be forwarded to your home.



Managing pain

We are committed to pain management and support the following patient rights and responsibilities.

You can expect your care team to provide:

- Individualized pain management.
- Pain evaluation and treatment, even if you are unable to communicate on your behalf.
- Information about pain and how to communicate about your pain. It is important to report your pain to your care team in a timely manner.
- Education regarding effective ongoing pain management.
- Prompt response and communication from staff to prevent and manage pain.
- Opportunity to be involved in your pain management treatment plan.

Understand your responsibility:

- Help your care team evaluate your pain.
- Ask your care team what to expect for pain management treatment.
- Work with your care team to develop a pain management plan.
- Discuss pain relief options with your care team.

Tell your care team:

- When pain first begins and changes that may occur with your pain.
- What aggravates or makes your pain feel worse.
- What helps your pain feel better.
- What your goals are for managing your pain and your progress to reach those goals.
- Any concerns you have about pain medication or other treatment options.

Patient Safety

Everyone has a role in making health care safe.

Our physicians, advanced practice providers, nurses and staff are working to make your health care safe.

You can make your care safe by being an active, involved and informed member of your care team. Health experts give this advice on how you can help make health care a good experience:

- Speak up if you have questions or concerns. Health care words are hard to understand. Make sure you understand your medical condition, what you need to do and why it is important. It's your body and you have a right to know.
- Expect your care team members to introduce themselves. Look for their identification (ID) badge. Ask for an ID if you don't know who the person is.
- Make sure your nurse or care team checks your wristband and asks your name before providing care or treatment.
- Pay attention to the care you get. Tell your nurse or care team if you think you are about to get the wrong medicine or treatment.
- Educate yourself about your health condition. Ask for and look at written information about your illness and the tests or treatments planned.
- Read all medical forms and make sure you understand them before you sign. If you don't understand a form, ask your physician, advanced practice provider, or nurse to explain each form.
- Ask a trusted family member or friend to be your advocate (advisor/supporter). They can ask questions you may not think about when you are stressed. Your advocate also can help remember answers or speak up for you when you cannot speak up for yourself.
- Please ask for help if you don't understand because you speak another language.
- Know the medications you take and why you take them. If you do not recognize a medication, verify it is for you.
- Participate in all decisions about your care and treatment. You are the center of the care team.



Read all medical forms and make sure you understand them before you sign.



Proper handwashing is one of the most important actions you and your care team can take to help prevent infection.

Patient Safety

Things you can do to prevent falls

Some patients may be at risk for falling.

Your illness, noise, light and tests may make it hard to rest. When you are tired, you may be more likely to fall.

If you are at risk, your care team will take extra steps to keep you safe. To prevent a fall, you and your family can help:

- Keep your phone and call light in easy reach. Put water, tissue and anything you may need close by.
- Call for help when you need to get up or go to the bathroom.
- Wear glasses or hearing aids if you have them.
- Wear slippers or shoes with heel support and non-skid bottoms.
- Take your time to get up and move slowly. Let your nurse or nursing assistant know if you feel dizzy, weak or light-headed.
- Walk close to a wall and use the handrail in the bathroom or hallway.
- Use assistive devices like a walker or cane when getting up.

Help prevent infections

Washing your hands is one of the most important steps we can take to avoid getting sick and spreading germs to others.

Use soap and water:

- Wet your hands with clean running water and apply soap.
- Rub hands together for 20 seconds and scrub all surfaces.
- Rinse hands well under running water.
- Dry your hands using a towel.
- If possible, use a towel to turn off the faucet.

Use an alcohol hand sanitizer:

- Apply the product to one hand.
- Rub hands together until dry.

When should you wash your hands?

- Before touching or eating food.
- After going to the bathroom or touching urine, stool or body fluids.
- After blowing your nose, coughing or sneezing.

- Before and after touching a wound.

You should see your care team clean their hands before and after they care for you. They may wash their hands at the sink or use a sanitizer. Don't be afraid to ask your care team if they have cleaned their hands.

Cover your cough

- Please cover your mouth and nose with a tissue when you cough or sneeze.
- Put your used tissue in the waste basket and clean your hands.
- If you do not have a tissue, cough or sneeze into your upper sleeve, not your hands.

Special precautions

In the hospital, special precautions are used to stop the spread of harmful germs from person-to-person. A sign on your door will let your health care team and visitors know what precautions to take before entering your room. They may wear a mask, gown and gloves.

Visitors who are sick or have a fever, cough, runny nose or are sneezing should not visit you in the hospital until they are well.

Preventing Surgical Site Infections

A surgical site infection refers to an infection in the area where the surgery/procedure occurred. Most patients who undergo surgery/procedure do not develop an infection after surgery/procedure, but sometimes an infection can occur.



Common signs and symptoms of a surgical site infection

- Increased redness, pain or tenderness noted around the surgical area
- Drainage of cloudy fluid from the incision site
- Odor from the incision site
- Fever

Treating a surgical site infection

Most surgical site infections can be treated with antibiotics. The antibiotic you receive will depend on the type of bacteria (germ) that is causing the infection. On rare occasions, patients who develop a surgical site infection may need to have another surgery/procedure to treat the infection.

To prevent surgical site infections, physicians, advanced practice providers, nurses and other health care providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns and gloves during surgery to keep the surgery area clean.
- Cleanse your body and site of surgery with a special product to reduce the number of germs on your body.
- For certain surgical procedures they may give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts, and the antibiotics should be stopped within 24 hours after surgery.


You can help prevent surgical site infection

Before your surgery:

- Tell your physician or advanced practice provider if you are not feeling well the day of surgery/procedure and if you have a fever, skin rash or infection. Your surgery/procedure may be cancelled. If you have an infection at the time of surgery/procedure those germs can find their way into your surgical site.
- Tell your physician or advanced practice provider about any health problems such as allergies, diabetes or other health concerns that could affect your surgery/procedure and treatment.
- Maintain a healthy weight and normal blood sugar to lower your risk.
- Quit smoking. Patients who do not smoke or those who give up smoking at least 30 days before surgery/procedure lower their risk for surgical-related complications.
- Do not shave near the area where you will have surgery/procedure. Shaving with a razor can irritate your skin and make it easier for an infection to develop.
- Take a shower or bath the night before and morning of your surgery/procedure. Wash with an antiseptic soap (chlorhexidine is most effective). Pay particular attention to the area of your body that will be operated on.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.



You can help prevent surgical site infection by following these steps before your surgery, at the time of your surgery and during your recovery.

After your surgery:

- Make sure your care team cleans their hands with soap and water or an alcohol-based hand rub before your exam.
- Avoid touching your wound. Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands ask them to do so.
- Have a trusted friend or family member listen with you when the physician, advanced practice provider or nurse talks to you about your after surgery care.
- Make sure you understand how to take any medicines that your physician or advanced practice provider has prescribed for you.
- Make sure you understand how to take care of your surgical incision at home.
- Report signs and symptoms of an infection to your physician or advanced practice provider.
- Be sure to ask if you don't understand something or have questions regarding your care.

Preventing Catheter-Associated Bloodstream Infections

(also known as “central line-associated bloodstream infections”)

A “central line” or “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Treating catheter-related blood-stream infections

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

To prevent catheter-associated bloodstream infections, physicians, advanced practice providers and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a large sterile sheet.
- Clean the patient’s skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves and mask and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Care teams also clean their hands and wear gloves and mask when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

You can help prevent catheter-associated bloodstream infection

- Ask your physicians, advanced practice providers and nurses to explain why you need the catheter and how long you will have it.
- Ask your physicians, advanced practice providers and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all physicians, advanced practice providers and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
- If the bandage comes off or becomes wet or dirty, tell your nurse, advanced practice provider or physician immediately.

- Inform your nurse, advanced practice provider or physician if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.
- Your physician, advanced practice provider and nurse will disinfect access ports before accessing your line. This is called “scrub the hub.”

After you leave the hospital

- Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your physicians, advanced practice providers and nurses will explain everything you need to know about taking care of your catheter.
- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your health care provider immediately if any occur.

Preventing Catheter-Associated Urinary Tract Infections

A urinary catheter is a tube that is placed in a patient's bladder to drain urine. The catheter is placed to measure urine output, for select surgical procedures, and when a patient must be immobilized due to trauma. A catheter-associated urinary tract infection is an infection associated with a urinary catheter. If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or kidney. There are many things that care teams and patients can do to prevent these infections.

To prevent catheter-associated urinary tract infections, physicians, advanced practice providers and nurses will take these steps.

For catheter insertion:

- Catheters are put in only when necessary and removed as soon as possible.
- Only properly trained staff insert catheters using sterile technique.
- The skin around the area where the catheter is to be inserted is cleaned.

For catheter care:

- Care teams clean their hands by using soap and water or alcohol-based hand rub before and after touching the catheter.
- Avoid disconnecting the catheter and drain tube.
- Secure catheter to the leg to prevent pulling on the tube.
- Avoid twisting or kinking the tube.
- Keep the bag lower than the bladder to prevent back flowing to the bladder.
- Keep the bag off the floor.
- Empty the bag regularly using the clean technique.
- Your care team will clean the area around the catheter daily.

You can help prevent a catheter-associated infection while in the hospital by:

- Keeping your hands clean before and after doing catheter care.
- Always keeping the bag below the level of bladder.
- Avoiding pulling or tugging at the tube.
- Avoiding twisting or kinking the tube.
- Asking your care team daily if the catheter is still necessary.
- Letting your care team know if you have signs or symptoms of a urinary tract infection.

Urinary tract infection symptoms may include:

- Burning or pain in the lower abdomen.
- Fever.
- Bloody urine.
- Burning during urination or an increase in the frequency of urination.

Treating catheter-based urinary tract infections

Most can be treated with catheter removal/change or with antibiotics.

When you go home from the hospital

- If going home with a catheter, your physician or advanced practice provider should explain how to take care of the catheter.
- If you develop symptoms of a urinary tract infection, you should contact your physician or advanced practice provider immediately.

Possible HIV Testing for Exposure Follow-up

On rare occasions your doctor or a care team member is accidentally exposed to your blood or other body fluids. All industry standards are followed to prevent such exposures, but occasionally exposures occur.

If your doctor or a member of your care team is significantly exposed to your blood or other body fluids, your blood will be tested for the presence of human immunodeficiency virus (HIV) or an antibody to HIV. HIV is the virus that causes acquired immunodeficiency syndrome (AIDS).

Even though blood exposure events are rare, we want you to know about this possible reason to need HIV testing. To provide the best care for your doctor and care team in the rare event of exposure, HIV testing must be done as soon as possible. We also need to follow certain Wisconsin regulations for HIV testing.

Performing HIV testing for possible exposure includes drawing blood from you, unless we have a blood sample for you already available in our lab.

HIV testing only will be done in the unlikely event that your doctor or member of your care team is accidentally exposed to your blood or other body fluids. You are entitled to decline testing and this will not affect the care we provide. If you choose to decline testing, you must inform us prior to your surgical procedure.

If prior to your surgical procedure you have questions, please contact us and we will be happy to provide oral or written information and explanations. This information could include, but is not limited to topics such as HIV testing, test results, requirements for reporting test results, HIV infection and treatment options, or services provided by AIDS service organizations and other community-based organizations.

In the event your blood is tested and in compliance with Wisconsin Law:

- 1.** Test results will be disclosed to you.
- 2.** Test results will be disclosed to your doctor and/or members of your care team who were exposed and each individual's personal health care provider.
- 3.** Your test results will not be disclosed without your written permission except as allowed by Wisconsin Statutes section 252.15 as stated on the next page.
- 4.** Neither you nor your insurance company will be billed.

Disclosure of HIV Test Results

HIV test results may be disclosed to the following:

- Any health care provider who provides care to the patient, including emergency care, and his/her employees or agents who provide patient care, handle or process specimens of body fluids or tissues, or individuals who prepare or store patient health care records.
- A blood bank, blood center or plasma center that does HIV testing, for: (a) determining the medical acceptability of the test subject's blood or plasma; (b) notifying the test subject of the test results; or (c) investigating HIV infections in blood or plasma.
- A health care provider who procures, processes, distributes or uses a human body part donated under the Wisconsin Anatomical Gift Act, for the purpose of assuring medical acceptability of the gift.
- The state epidemiologist or his or her designee, for the purpose of providing epidemiologic surveillance or investigation or control of communicable disease.
- To a person who performs or assists in performing an autopsy, or to a funeral director or other person who prepares the body of a decedent for burial or other disposition.
- Health care facility staff committees or accreditation or health care services review organizations for the purposes of conducting program monitoring and evaluation and health care services reviews.
- Individuals designated under a lawful order of a court of record.
- A person who conducts research, for the purpose of research, if the researcher: (a) is affiliated with a health care provider; (b) has obtained permission to perform the research from an institutional review board; and (c) provides written assurance to the person disclosing the test results that the use of the information requested is only for the purpose under which it is provided to the researcher, that the information will not be released to a person not connected with the study, and that the final research product will not reveal information that may identify the test subject unless the researcher has first received informed consent for the disclosure from the test subject.*
**(Optional for private pay patients who may request in writing that disclosure not be made.)*
- A person, including a good samaritan, who renders emergency care during the course of which the emergency caregiver is significantly exposed to the emergency or accident victim, if a physician, based on information provided to the physician, determines and certifies in writing that the emergency caregiver has been significantly exposed and if the certification accompanies the request for disclosure.
- A coroner, medical examiner or an assistant to a coroner or medical examiner, if one or more of the following conditions exist:
 - The possible HIV-infected status is relevant to the cause of death of a person whose death is under direct investigation by the coroner, medical examiner or assistant.
 - The coroner, medical examiner or assistant is significantly exposed to a person whose death is under direct investigation by the coroner, medical examiner or assistant, if a physician, based on information provided to the physician, determines and certifies in writing that the coroner, medical examiner or assistant has been significantly exposed and if the certification accompanies the request for disclosure.
- A sheriff, jailer or keeper of a prison, jail or house of correction or a person designated with custodial authority by the sheriff, jailer or keeper, when disclosure is necessary for the purpose of assigning a private cell to a prisoner who has a positive test result.
- If the test results are positive, and the patient is deceased, an attending physician may release the test results to an individual with whom the patient had sexual contact or has shared intravenous drug use paraphernalia.
- Anyone who provides consent for the testing under Sec. 252.15(2)(a) 4.b, Wis. Stats., as long as the patient is adjudicated incompetent under Ch. 880, Wis. Stats., is under 14 years of age or is unable to communicate due to medical condition.
- An alleged victim or victim of a sexual assault under Wisconsin law, a health care professional who provides care to the alleged victim or victim, and, if the alleged victim or victim is a minor, to the parent or guardian.
- An affected person, as defined under Section 252.15(2)(a)7, Wis. Stats.
- An agency directed by a court to prepare a court report or a permanency plan regarding the child if the test was administered to a child for whom placement in a foster home, group home or child caring is recommended under Section 48.33(4) Wis. Stats., and, by that agency, to the child's foster parent or the operator of the group home child caring institution in which the child is placed if the child's parent or guardian consented to testing and disclosure.

Patient Rights

You are assured confidential treatment of your personal and medical records and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records are made available to patients. This right does not apply to complaint investigations and inspections by the Department of Health where required by third-party contracts or otherwise provided by law.

Notice of privacy rights

Marshfield Medical Center–Neillsville is committed to protecting the privacy of our patients. We strongly support both state and federal regulations that protect your privacy and afford you certain privacy rights. Marshfield Medical Center–Neillsville has developed a “Notice of Privacy Practices,” which provides information on your privacy rights and privacy practices. This notice will be provided to you as a new patient and is available to you upon request.

Such measures will never be used for coercion, discipline, convenience or retaliation by staff.



Patient's bill of rights

At Marshfield Medical Center–Neillsville, we listen to and act on the needs of all those we serve. We support the following patient rights to make sure you get the best possible care and information about your care, as permitted by law:

- You will have reasonable access to care.
- You will not be denied appropriate hospital care because of race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, disability or source of payment.
- You will receive care in a safe setting.
- You will be free from all forms of abuse, neglect, humiliation or harassment.
- You will be free of restraint or seclusion in any form, unless medically necessary. Such measures will never be used for coercion, discipline, convenience or retaliation by staff.
- You will receive considerate care that respects your personal values and beliefs.
- You will have your personal dignity and privacy respected.
- With your consent, your doctor will be notified of your hospital admission, discharge, and/or transfer, as necessary. If you choose, a family member or friend will also be notified.
- You may choose to have visitors or no visitors during your stay.
- Your pain will be assessed and managed appropriately.
- We will get consent from you or your legally authorized representative before any treatment is given, except in emergencies.
- You may review your medical records and have the information explained.
- All aspects of your care will be kept confidential, such as your medical records, computerized medical information and any arrangements you make to pay bills and charges.
- You may consent or decline to take part in research affecting your care.
- We will follow your advance directives such as a living will or durable power of attorney for health care. If you do not have advance directives, we will make them available to you.
- You are entitled to know who has overall responsibility for your care.
- You will be told of realistic care alternatives.
- You will be well-informed about your illness, possible treatment and likely outcome, except in emergencies when you may not be able to make decisions for yourself or the need for treatment is urgent.
- You will take part in decisions about your care and any ethical issues that may arise, except in emergencies.
- You will participate in making and carrying out your plan of care, except in emergencies.
- You or your family has the ability to request additional assistance when you have a concern about your condition.
- You can leave the hospital at any time no matter your condition, even if it's against your physician's advice.
- You will not be moved to another facility without a full explanation for the move, or without plans for continuing care and acceptance by the receiving institution, except in emergencies.
- You may ask for a different room.
- You will be permitted to examine your hospital bill and receive an explanation of the bill, regardless of source of payment, and to receive, upon request, information relating to financial assistance available through the hospital.

Support Services

Hearing-impaired services

Telecommunications devices are available to help hearing-impaired patients or patients who want to communicate with a hearing-impaired relative or friend. Arrangements can be made to have a sign language interpreter available to assist the hearing-impaired patient.

Interpreters

If you do not speak English, interpreter services are available at no charge. Contact your nurse for more information.

Case management

Case management/social workers are available at no charge to refer you to community resources and help arrange for services you and your family may need including:

- Assistance with advance directives.
- Discharge planning to nursing homes, rehab facilities or alternative living arrangements.
- Financial assistance as appropriate.
- Home-delivered meals.
- Home health care.
- Insurance authorization assistance.
- Linkage to resources for abuse and neglect or safety concerns.
- Medical equipment.
- Support groups.
- Rehabilitation programs.
- Therapy.

Ask your nurse about speaking with a case manager.

Patient Satisfaction

Resources

Our top priority is to provide you with high quality and safe health care. You have the right to voice any questions, concerns or complaints regarding your care. You also have the right to express grievances without coercion, discrimination or reprisal and to receive prompt resolution. Your resources to share concerns and resolve issues include:

- Your provider.
- Registered nurses caring for you.
- Unit manager.

Or, you may write or call:

Patient Experience Liaison

1000 N Oak Avenue
Marshfield, WI 54449-5777
1-800-782-8581, ext. 7-5300

For Laboratory concerns, you may call our patient experience liaison at **715-221-6300**.

You also may contact these agencies about issues concerning patient safety and quality of care that the hospital has not addressed to your satisfaction:

The Joint Commission

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
1-800-994-6610
Email: complaint@jointcommission.org
www.jointcommission.org

Livanta LLC (for Medicare beneficiaries)

BFCC-QIO Program
10820 Guilford Road, Suite 202
Annapolis Junction, MD 20701-1262
1-888-524-9900 or 1-888-985-8775 (TTY)

Wisconsin Division of Quality Assurance

PO Box 2969
Madison, WI 53701-2060
608-266-8481
Fax: 608-267-0352
www.dhs.wisconsin.gov

For Laboratory concerns contact:

Center for Medicare & Medicaid Services (CMS) Central Office

Division of Laboratory Services (CLIA)
7500 Security Boulevard, Mail Stop S2-12-25
Baltimore, MD 21244-1850
1-877-267-2323, ext. 63531

Patient satisfaction survey

Most patients will receive a patient satisfaction survey at their home mailing address following discharge. You can help us to improve our patient services by completing this survey. Your feedback is important and allows us to improve the quality of our services.

Patient Responsibilities

For the best health care results possible, you and your care team must work together. Just as you have rights as a patient, you also have these responsibilities:

- Be direct and honest about information and give accurate and complete medical history.
- Follow your physician's and advanced practice provider's advice.
- Tell your physician, advanced practice provider or nurse if you cannot follow your instructions or do not understand your care.
- Follow safety instructions.
- Be considerate and respectful toward your physicians, advanced practice providers, care team and other patients.
- Give your health care team a copy of your written advance directive, if you have one.

- Meet your financial obligations to the hospital.
- Tell us if you are not satisfied with your care.

Ask questions

We encourage you to ask questions about your health, treatment and medication. We want you to understand and be involved in your care. Ask your nurse, advanced practice provider, physician or pharmacist these important questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

If you have questions or concerns at any time, please ask a member of your health care team.

Disruptive Behavior

Marshfield Clinic Health System is a healing environment. Aggressive behavior by patients, family members and visitors will not be tolerated.

Examples of aggressive behavior include:

- Physical assault
- Verbal harassment
- Abusive language
- Sexual language directed at others
- Threats

There is a zero tolerance for all forms of aggression. Incidents may result in removal from the Health System and prosecution.

Hospital Services

Rapid Response Team

This hospital has a Rapid Response Team (RRT) available 24 hours a day. A health care provider may call the RRT any time a patient's condition is suddenly worsening. A nurse with critical care background will respond to assist the patient's nurse in getting additional treatment.

The RRT brings additional expertise to the patient's bedside and together with the patient's nurse assesses the situation, communicates with the physician, starts treatment and will transfer the patient to a higher level of care, if necessary.

If you believe a family member has a sudden change in his or her condition, notify nursing staff immediately.

Advance care planning

Advance care planning is important for all adults age 18 years old and older. Without a conversation and a document (advance directive) giving authority for someone to make medical decisions on your

behalf, your loved ones will be left not knowing your wishes and may not be able to legally make health care decisions on your behalf. We have experienced advance care planning facilitators who can assist you with this process. While in the hospital, please reach out to Social Services for assistance. Once discharged, you can contact Advance Care Planning at 715-221-7132 for additional information or to schedule a free appointment.

Organ donation

Donation of organs, tissues or eyes is a gift that can save lives and help return people to normal, productive lifestyles. For information on organ, tissue or eye donation, please contact your nurse or social worker.

Spiritual opportunities

We provide for the emotional and spiritual dimensions of your health and wellness. We recognize that each person's spirit also needs care when significant life changing events such as birth, illness,

surgery, rehabilitation or death occur. The Spiritual Reflections room is located at the entrance of the hospital unit.

Medical records

If you, or a person you authorize, submit a Release of Information Consent to our hospital, you or your authorizer may:

- Inspect your health records with reasonable notice during regular business hours.
- Receive a copy of your health care records with payment of a charge.

A Release of Information Consent may be obtained at <https://www.marshfieldclinic.org/patient-resources#patientforms> or by calling toll free 1-800-782-8551, ext. 9-3676, option 3. A Release of information Consent must be completed before release of your medical information.

my Marshfield Clinic

You can get your most recent lab results, list of medications and more, when you sign-up for my Marshfield Clinic. Your account also will provide access to your visits to Marshfield Clinic Health System.



Refill a prescription



Request an appointment



Pay your bill



Secure message with your health care team.

View your hospital care summary, which you can download and transmit. If you are interested in connecting your hospital electronic health record with a third party application of your choice, please call our 24/7 Helpline at 1-877-349-9449.

Two easy ways to sign up:

- At your next appointment, ask your health care team to help you sign up. Staff will provide you with a Personal Identification Number or PIN, needed to activate your account.
- Visit ishine.marshfieldclinic.org and click on the new user/registration button. A letter with your PIN will be mailed to you.

Support Services

Hearing-impaired services

Telecommunications devices are available to help hearing-impaired patients or patients who want to communicate with a hearing-impaired relative or friend. Arrangements can be made to have a sign language interpreter available to assist the hearing-impaired patient.

Interpreters

If you do not speak English, interpreter services are available at no charge. Contact your nurse for more information.

Case management

Case management/social workers are available at no charge to refer you to community resources and help arrange for services you and your family may need including:

- Assistance with advance directives.
- Discharge planning to nursing homes, rehab facilities or alternative living arrangements.
- Financial assistance as appropriate.
- Home-delivered meals.
- Home health care.
- Insurance authorization assistance.
- Linkage to resources for abuse and neglect or safety concerns.
- Medical equipment.
- Support groups.
- Rehabilitation programs.
- Therapy.

Ask your nurse about speaking with a case manager.

Leaving the Hospital

Planning for discharge

Discharge planning begins on the day you are admitted and focuses on you and your family's continuing care needs after you leave the hospital. When your physician or advanced practice provider determines you no longer need specialized inpatient hospital services, they will write discharge instructions and orders. Your nurse will review the instructions with you to make sure you understand your continuing care needs and our staff will assist you to your vehicle or with making arrangements for a ride home.

Ask questions and talk about any concerns you have with your physician, advanced practice provider and/or members of your care team. Short stays are typical and most patients complete their recovery at home or another care facility.

Our goal is to help you plan ahead for a safe discharge and to discharge you within two hours of your physician's or advanced practice provider's order or when you have met any discharge criteria identified. We want you to be able to plan your day, get settled at home, and have all the resources available that you need (pharmacy, equipment sources, etc.).

As your discharge nears, we will make plans with you to coordinate your discharge. It is important to know who will take you home and to make plans for a timely departure. When your physician or advanced practice provider writes your discharge order and follow-up plan, we want to be ready to put your discharge plan into action.

Arranging for after hospital care

If you expect to need home health care, skilled nursing care or a rehabilitation stay, our case managers and social workers can help arrange these services. Home health care is care provided by nurses, therapists and nursing assistants in your own home. Your case manager will check to see if these services are covered by your insurance. The frequency and length of your home care visits are based on your needs and your insurance coverage. To talk with your case manager, just ask your nurse to contact them.

Day of discharge

Your nurse will keep you informed and updated on the progress of your discharge and if there are any "discharge criteria" to accomplish prior to going home, such as tolerating ordered diet or ability to ambulate independently. We will try to make your discharge as efficient and timely as possible. Please have your ride home arranged to pick you up soon after your physician or advanced practice provider gives you "the green light" to go home.

Discharge instructions

Your nurse will go over all your discharge instructions and will provide you with a written copy. Your signature will be required.

We want your hospital experience to be positive from admission to discharge. Let us know how we can meet your needs. Ask questions. Be an active participant in your care. We want you to feel ready when it comes time to leave the hospital and to understand the instructions for your care and recovery, whether this occurs at home or at another facility. Your physician, advanced practice provider and other members of your care team are dedicated to providing you with highly skilled and personalized care to assist you in your return to optimal health.

✓ Pre-discharge Patient "To Do" Checklist:

- Establish a tentative discharge time with your nurse and arrange for your ride home.
- If you will need a signed return-to-work form, please let your physician or advanced practice provider know prior to the day of discharge.
- Request prescriptions you will need for new or previously-prescribed medications.
- Ask questions about diagnoses, medications, activity at home, limitations or restrictions, diet changes or dressing changes.
- Request any equipment needs such as a walker, wheelchair, dressing supplies or home oxygen.

Financial Information

Patient billing information

During your visit or upon admission, a financial representative will speak with you regarding your insurance coverage and financial responsibility. You will need to make arrangements for your financial responsibility during your admission registration. This may include requesting deposits for deductibles, copayments, coinsurance and non-covered services. Payment at discharge is encouraged.

After your discharge from the hospital, we will submit claims to your insurance company automatically. After your insurance company has processed the claim and paid its portion, you will be responsible for the remaining balance. On your statement, the patient amount due is payable upon receipt of the bill. Your statements will be updated periodically as insurance payments are received.

Patient billing assistance

Our patient account representatives are here to help and can assist you with understanding and managing your Marshfield Clinic Health System bills. Call the Customer Service number on your billing statement, write or email. If you send written correspondence, please include the account number shown on your billing statement.

We encourage you to contact Customer Service to discuss your payment or financial assistance options before a balance becomes past due. Unpaid balances may be subject to placement with collection agencies.

If you have questions about your billing statement, call Customer Service at 1-888-258-9775.



Family and Visitor Information

Visiting hours and regulations

This hospital has an open visiting policy for family members. Family is defined as anyone the patient regards as family. However, patient care and adequate rest for patients is important. To enhance the quality of care, some units have specific visiting hours established. Check at the nurses' station on each unit for visiting hours.

General guidelines for visitors include:

- Visitors may not smoke anywhere in the hospital or use electronic cigarettes or smokeless tobacco.
- Visitors must dress appropriately and wear shirts and shoes.
- Visitors should be considerate of all patients.
- People with colds, sore throats or any contagious diseases should not visit patients.
- Visitors are asked that hand hygiene, using either alcohol-based hand sanitizer or soap and water be done before entering a patient's room and when leaving.
- Visitors should speak quietly and avoid unnecessary noise. Birthing Center and Intensive Care Unit have quiet hours from 2-4 p.m.
- Visitors may be asked to leave the room during tests, treatments or when the physician, advanced practice provider or nurse needs to see the patient.
- Visitors should check with the nurse before bringing gifts of food or drink to patients.

Waiting areas

Waiting areas for visitors are located near the front entrance by the hallway to the hospital unit on the right side.

Wireless internet service

Patients, family members and guests are welcome to use their personal laptops and mobile devices to connect to the hospital's wireless internet access, a service available in most areas of the hospital.

Latex balloons

In order to protect our patients, families and employees sensitive to latex, we do not allow latex (rubber) balloons in our facility. Mylar (foil) balloons are acceptable.

Flowers and plants

Flowers and plants are permitted in all hospital units except the oncology area. Silk flower arrangements are acceptable.

Smoke-free

Smoking, using electronic cigarettes or smokeless tobacco products, is not allowed on the campus. We are committed to promoting health and wellness for our patients, visitors and staff.

Cellphones

Cellphone use is allowed on the medical campus. However, we ask patients and visitors to be considerate when using them.

Weapons

Weapons and firearms are prohibited from all locations of Marshfield Clinic Health System.



Family and Visitor Information

Lost and found

Articles found on hospital premises or left in patient rooms are held in Registration.

Beverages and snacks

Our cafeteria, Common Ground, is located on the lower level and offers “grab and go” items 24 hours/7 days a week, and is open daily for hot meal service from noon-1:30 p.m., Monday through Friday.

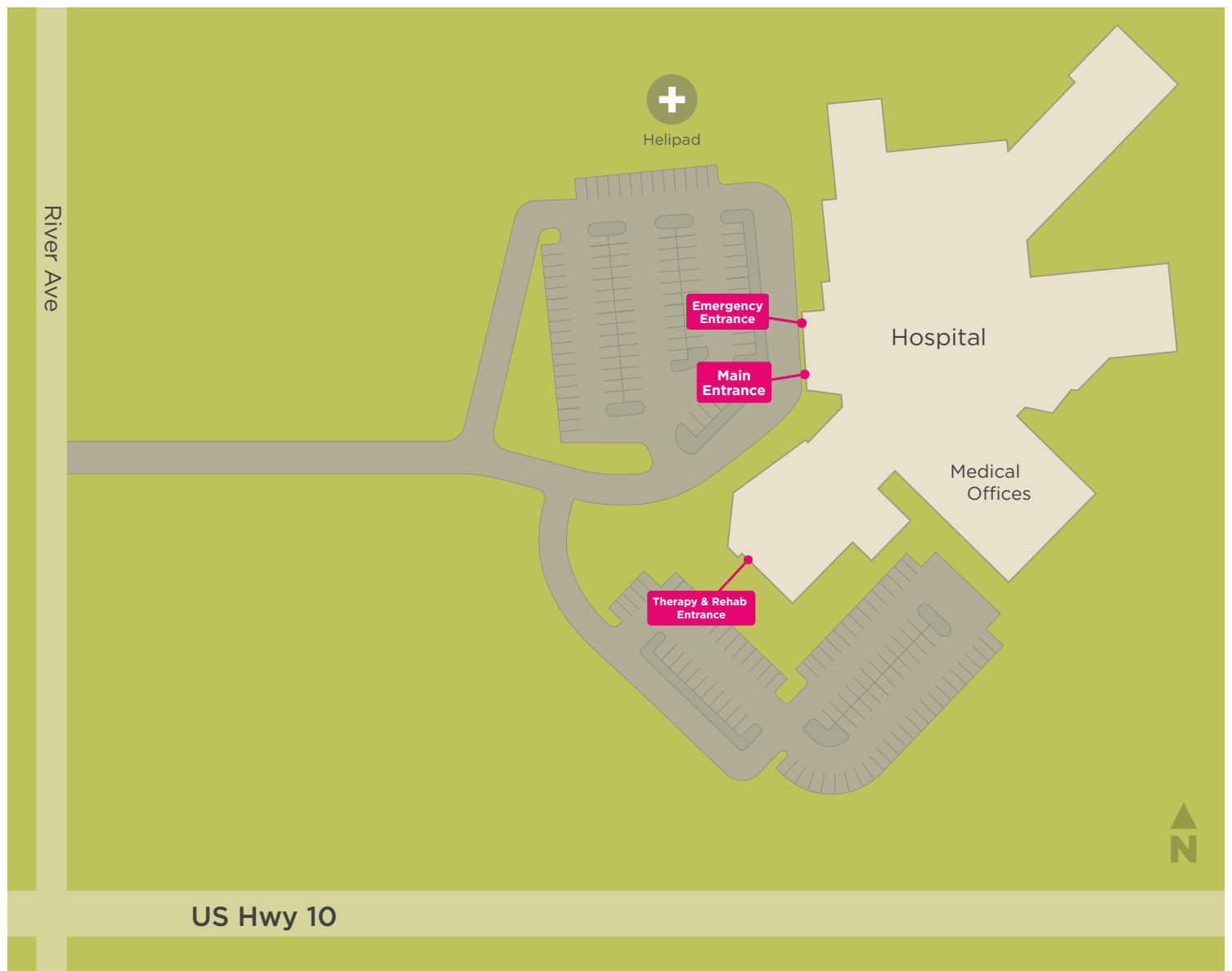
Vending machines for snacks and beverages are located near the cafeteria and in the emergency department waiting area.

Area visitor guides

City of Neillsville visitor guides are available at the Information Desk located near the main entrance for your convenience.

Parking

Patient and visitor parking is available 24 hours a day, seven days a week.





Marshfield Medical Center-Neillsville
715-743-3101

marshfieldclinic.org

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