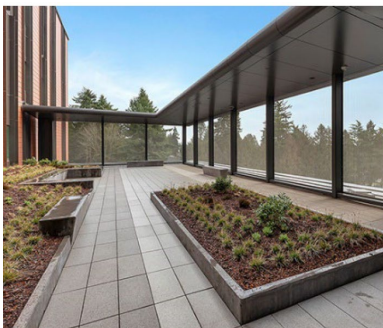


The Frank Chopp Center for Behavioral Health and Learning Handbook

For patients at UW Medical Center Northwest Campus

Welcome to the Frank Chopp Center for Behavioral Health and Learning at UW Medical Center's Northwest Campus. We are proud to partner with you in your care. We hope to make this an open, honest, and healing experience for you. We created this handbook so you can understand our structure, our expectations, what you can expect from us, and safety rules.



The Frank Chopp Center for Behavioral Health and Learning

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Welcome Letter

Welcome to the Frank Chopp Center for Behavioral Health and Learning at UW Medical Center's Northwest Campus. We are proud to partner with you in your care. We hope to make this an open, honest, safe, and healing experience.

To make the most of your stay, we encourage you to take an active role in your care. Ask questions, share your thoughts, and work together with your treatment team. You have the power to shape your experience and to create a healing space for yourself and the people around you.

This handbook explains important information, safety rules, and guidelines for being a patient. Please follow the guidelines that are posted on your unit, outlined in this handbook, and shared by your team.

Our Goals During Your Stay

1. Provide safe, evidence-based care to our patients and their families to work toward mental, emotional, and behavioral stability.
2. Provide a healing environment to help you reach your highest level of independence and well-being.
3. Determine what supports may be helpful when you leave the hospital.

Important Information for New Patients

What to Expect:

- We will make a list of your belongings and store them in a locked location to keep them safe. You will get them back when you leave the hospital.
- We have a daily schedule for you to follow.
- If you are a risk to your safety or the safety of others, staff may intervene with necessary safety measures.
- We will check on you throughout the day for your safety.
- The doors to the unit are always locked. There are opportunities to go outside with staff approval.

You don't have to read this handbook alone. Asking for someone to read it with you can be helpful.

Our Rules:

- Do not go into other patients' rooms and do not interfere with the treatment of other patients.
- Treat everyone with respect. Do not engage in sexual behavior, use inappropriate language, or cause harm to others.
- Items that can cause injury are not allowed.
- Do not share personal items with other patients or take personal items from others.
- Cell phones are not allowed. There are phone hours when you can make calls. When you first arrive, you will have time to write down phone numbers you may need from your personal device.
- Visiting hours and policies are in place for safety. All patients and visitors must follow these policies. The staff will limit visitors if there is a safety risk.
- Respect the confidentiality of other patients by not repeating information about them to others.

First Steps:

1. Choose a primary contact person who can support you.
2. Staff may contact them with updates on your care and to set up any needed resources.
3. Fill out paperwork and complete assessments to allow your team to best help you.
4. Read your patient rights. The patient rights are in this packet and are posted on the unit. If you have any questions, please ask.
5. Go to groups, follow the recommendations of your care team, and behave in a way that supports your health.

My Contacts

Take an active role in your care by asking questions and learning who is on your care team. Please note that your care team may change from week to week.

My Doctors' (Psychiatrists') Names: _____

My Social Workers' Names: _____

My Psychologists' Names: _____

Other Staff:

Important Phone Numbers from My Cell Phone:

*If you have
questions, write
them down.*

*This handbook is
yours. Feel free to
write questions,
thoughts, or other
information in the
margins.*

Admission

We will give you a lot of information when you arrive. We do not expect you to remember all the details, but staff may remind you of the rules and information during your stay.

When you arrive, you will sign papers and answer many questions. All patients go through this process. It is for your protection and for the protection of the hospital. You can request a copy of any paperwork that you sign.

Some of the papers you will sign include:

- Confidentiality Acknowledgment
- Your Patient Rights
- Consent to Verbal Release of Information

As you learn about this process:

- Take things one step at a time.
- Name 1 person, such as a trusted family member or friend, to be your primary contact. The care team may talk with them when they have questions or concerns, or when you are not available or do not want to talk.
- Keep track of and organize all the information you receive during your stay. Use a system that works for you. If you need it, ask for supplies like a folder and notebook.

We will ask you the same questions many times from when you are admitted until the time you go home.

Be patient with this part of the process. Keep the basic information somewhere where you can find it easily.

Assessment Phase

The *assessment phase* is the first stage of your care. This is when you and staff get to know each other. We will ask you about your goals and what you want to accomplish to support your mental health. The assessment phase starts when you come to the hospital and continues until discharge. Assessment helps determine what treatments will work best for you. We will assign you to a psychiatrist, and you will meet with several staff.

Possible Assessments, Tests, or Screenings:

- Travel screening, infection screening, allergies, medical history, etc.
- Suicide risk
- Fall risk
- Substance use
- Nutrition preferences
- Advance directive
- Activities of daily living
- Assessment to determine your mental status
- Blood draw
- Possibly more, depending on your symptoms (for example, head imaging)

Our Expectations for You

- **Be honest and open with staff.** Your treatment plan is based on what you choose to share with us. Tell your team about your symptoms, relevant medical history, and response to medicines. Tell your doctor or nurse if you notice any changes in your health.
- **Be patient with your care.** Many people expect to feel better on their first day of admission. Although we wish that were the case, it is very uncommon. Some people experience more stress when they first arrive because they are in a new environment, and their medicines may be changed. It takes time to adjust to change.
- **Be patient with yourself.** Just like you cannot rush a broken bone to heal faster, you also cannot rush your mental health.
- **Ask your care team questions.** This will help you understand your diagnosis, treatment, and expectations. Actively participate in decisions about your care.
- **Do your best to participate each day.** Activities and mealtimes are important parts of your recovery.
- **Be respectful of other patients and your care team.** Follow group expectations, posted rules and guidelines, and privacy policies.

Voluntary Versus Involuntary Patients

You are here either voluntarily or involuntarily. Involuntary hospitalization is often called an “ITA (Involuntary Treatment Act) hold.” Your status will influence your hospitalization process. If you are a voluntary patient, you may skip over the ITA sections in this handbook.

Involuntary Patients (ITA)

If you are being admitted involuntarily, it means that you are here by court order. The court order for an ITA hold may be due to a behavioral health disorder that indicates a person is a danger to self, a danger to others, a danger to others’ property, and/or gravely disabled AND that person is unable to engage in less restrictive treatment options. In Washington state, the county-appointed Designated Crisis Responders (DCRs) make the initial ITA decision after a referral is made to the department.

You have specific patient rights. Please read them. There will be more information throughout this handbook about what to expect if you are involuntarily admitted.

Breathe

*If you are feeling
overwhelmed, take a
few deep breaths.*

About the Frank Chopp Center for Behavioral Health and Learning

This is a psychiatric hospital that is a part of UW Medical Center. We support each patient’s unique emotional and physical needs. We consider your experience with social stressors, loss, medicines, and life changes to create a custom treatment plan for you.

Communal Spaces

- **Hallways:** Nurses are stationed in the hallways and are available if you need help or have questions. Please ask if you need supplies, blankets, etc.
- **Group rooms:** Therapy groups take place in the group therapy rooms. You must follow group expectations set by the therapists to create a healing environment. If you cannot follow expectations, then we will ask you to leave the group.

You can find more information about groups posted on the unit and near the entry to the group areas. More information is in the “Treatment” section of this handbook (see page 13).

- **Outdoor terrace and porches:** There is an outdoor recreation space called the Terrace. There are smaller porches on each unit which patients can use with staff supervision. There is a schedule for each floor to use outdoor spaces. Your care team may adjust your access to the outdoor areas. If you have questions, please ask staff.

Your Room

Your room assignment is based on availability and your specific needs. Please respect others’ privacy and do not enter other patients’ rooms. This is for your safety and their privacy.

- **Storage space:** You have a locked closet in your room. Staff have the key to the closet so other patients cannot access your personal belongings. Staff can open the closet when you need something from it. If any of your belongings are missing, tell the staff. If you have a roommate, please do not share unlocked cubbies. Sharing cubbies increases the risk of losing items or property theft.
- **Bathroom:** There is a call button next to the toilet and shower in case you need help. If you or your care team are concerned that you may be at risk of falling, we will assist you when you use the bathroom. Your care team will help provide the support and equipment you need.
- **Cleaning:** We are here to help you with linens, towels, and toiletries as needed. Please use your daily living skills to make your bed and tidy your room. Our housekeeping staff will remove trash and clean bathrooms and floors every day.

Meals and Food

- We provide three meals a day and snacks at scheduled times. Meals and snacks are served and eaten in the dining area.
- We can provide special diets for health or religious reasons. Help with meal setup is available if needed. If you have any questions, please ask to talk with a dietitian.
- Outside food is not allowed.

If you have special dietary needs, please let us know. We are here to help!

Hygiene

Maintaining good hygiene is important for your health and well-being. We ask that you shower often and wear clean clothes. We provide towels and bed linens, and personal care items are available as needed.

Clothing

- **Clothes:** Please start your day wearing your own clothes. Choose clothes that are not too tight or revealing and do not wear clothing with pictures of or words about alcohol or drugs. Clothes must also meet safety expectations; for example, belts and shoelaces are not allowed. The hospital has “scrubs” you can wear if you do not have your own clothing, or if you or staff decide your clothing is not suitable for the hospital.
- **Laundry:** Washers and dryers are available on the unit to wash your clothes. If you want to wash your clothes, please tell the staff and they will help you. Write your name on your clothing to avoid accidental loss.

The dirty linen hampers that collect hospital linens are meant only for hospital linens, not personal items. Personal clothing that is put in the hospital’s dirty linen hampers will not be returned.

Cell Phones

- Personal cell phones are not allowed. This rule protects the privacy of patients, limits stress, and reduces the risk of your phone being damaged or lost. There are landline phones on the unit for you to use for calls.

Visitors

- **Visiting hours** are posted on the unit.
- **Family and friends** are invited to visit during visiting hours. Visits are limited to 2 people at a time, aged 18 or older. For safety reasons, visits must be in public areas and not in patient rooms.
- **Safety:** Patients and visitors must follow the rules to support everyone’s safety and well-being. Your care team may restrict visitation if necessary. Belongings brought by visitors must be checked and approved by the staff at the front desk on the unit.
- **Your confidentiality:** We keep details about your hospital stay private unless you give consent (permission) for us to share information with a specific visitor. If you want to limit visitors, please ask the staff.

Communication

- **Mail** is processed every day when the U.S. Postal Service is open. We can provide envelopes, paper, and stamps if you want to send mail. For safety reasons, staff can inspect any package you receive. If there is a reason to suspect prohibited items, you will be asked to open the mail in the staff’s presence.
- **Telephone** hours are posted on the unit. Do not make phone calls during group activities or sleeping hours. If you need a phone number that is stored on your personal device, please ask the staff. Telephones are available for making local calls. Dial “9” for an outside line, followed by a “1” and then the area code. Calls are limited to 15 minutes. If you need to make a long-distance call, ask your care team.

Smoking

Our campus is smoke-free. Smoking is not allowed anywhere in the hospital or on the grounds. Smoking-related items like cigarettes, e-cigarettes, vapes, cigars, chewing tobacco, lighters, and matches will be collected at admission. These will be stored and returned when you leave the hospital.

Your doctor can prescribe nicotine patches to help manage cravings. Patients who are given smoking materials from visitors will have their visiting privileges limited. If you want to quit smoking, please ask your nurse or psychiatrist for support.

Privacy and Safety Policies

Privacy

HIPAA (Health Insurance Portability and Accountability Act) protects your privacy. Shared spaces such as the dining room have video surveillance for your safety.

Rules to protect privacy:

1. Do not go into other patients' rooms.
2. Do not share confidential information about other patients.
3. You do not have to share your personal information with others if you do not want to.

Prohibited Items

Prohibited items are not allowed at any time. These items are prohibited to:

1. Protect people from harm.
2. Prevent misplaced or stolen items.
3. Prevent disruption to the therapeutic environment.

Your belongings will be stored in a locked location and returned to you when you leave.

Prohibited items may include but are not limited to:

- Shoelaces, belts, cords, scarves, bags with long handles, and similar objects
- Personal grooming items (razors, chemicals, metal files, curling irons)
- Breakable objects (glass bottles, mirrors)
- Metal items (cans, staplers, metal spiral notebooks, paper clips)
- Toxic substances (alcohol, alcohol-based products, batteries)
- Valuable belongings (wallets, cash, checkbooks, credit cards)
- Personal medicines: See the "Medications" section on page 18.
- Publications with racist, sexist, or other unacceptable content
- Plastic bags, balloons, etc.

If you have questions about your belongings, ask your nurse. Please do not share personal belongings or money with other patients.

Restricted Items

Restricted items are items that could harm someone or disrupt the healing environment. Staff will store these items for you and supervise when you need to use them. If your care team decides that additional restrictions are needed, they will include this information in your treatment plan.

Restricted items may include but are not limited to:

- Aerosols
- Alcohol-based mouthwash
- Earphones/headsets
- Electronics with batteries or cords
- Mirrors
- Crafting supplies
- Walking devices: walker, crutches, wheelchair

If you wonder why certain rules exist, the answer is usually safety. You and other patients need a safe and healing environment.

Please have patience and respect for the rules, even if you do not understand why they are necessary.

Doors

This is a locked unit. This means that patients use the doors to the unit only during admissions, diagnostic tests, urgent medical needs, and discharges.

Rounding

One of our goals is to provide a safe environment. We observe every patient closely and we will check on your safety every 15 minutes. This is called “rounding.”

If you are in the bathroom and do not verbally respond, then staff may enter to check on you.

Unsafe Behaviors

- Verbal and physical aggression toward yourself or other patients is not allowed. Staff will intervene if they see you or others engage in unsafe behavior. Public safety officers are available, and we will call them if needed. If you feel unsafe, please tell staff.
- Restraints and/or seclusion may be used when a patient’s actions put them, a staff member, or others in immediate danger, and less restrictive methods have not been effective. They are not used as a punishment. They are used as a tool for your own safety. Family members may be notified if this event occurs, and the necessity of the restraints is re-evaluated frequently.
- Cameras: There are cameras located in the hallways but not in bedrooms. Your privacy is important and the footage from cameras will not be shared outside of the hospital. The cameras are there for your safety, and for the safety of other patients and the staff.

Your Care Team

You

You are the person with the biggest impact on your health, and staff are here to help you. We want you to:

- Take an active role in your care and treatment plan.
- Ask questions about your care and treatment.
- Tell us about your concerns, needs, and preferences.
- Accept responsibility for learning how to meet your healthcare needs.
- Learn about your medicines. Know their names, why you take them, what they do, and your dose.
- Do as much as you can for yourself. Get ready for discharge by being as independent as you can.

Medical Staff

- **Psychiatrist:** A psychiatrist is a medical doctor who specializes in the diagnosis and treatment of mental health conditions. You will see your psychiatrist each day while you're in the hospital. Your psychiatrist will make recommendations for medicines and treatments that will work best for you. They will work with the rest of your care team to decide when it is safe for you to leave the hospital.
- **Psychologist:** A psychologist specializes in the diagnosis and treatment of mental health conditions. Psychologists do not prescribe medications. Your psychologist can help you identify what led to your hospitalization and work to address these issues in individual and group therapy. Psychologists talk about strategies to cope with voices, overcome trauma, address substance use goals, and more. Your psychologist can also help you develop a discharge plan for when you leave the hospital.
- **Other Medical Providers:** You may see other medical providers while you are staying in the hospital. They can help monitor and make suggestions for your medical conditions. Some of these doctors focus on general patient care, while others focus on specific medical fields (for example, a neurologist is a brain specialist).
- **Resident/Fellow:** Residents and fellows are medical doctors who are training in a specific medical field, such as psychiatry.

Nursing Staff

- **Charge Nurse:** The charge nurse is the person all nurses report to.
- **Registered Nurse (RN):** There are RNs on the unit 24 hours a day. Their role includes giving medicines, monitoring vitals, recording changes in behavior and mood, and supporting you in daily activities. They also communicate with the rest of your care team about your care. Please ask your nurse if you have questions.

You will have different nurses throughout your stay. A chart posted on your floor lists each patient's nurse. This chart can help you find out who your nurse is. Ask a staff member if you need help finding this.

*Whenever you
need something or
need to ask a
question, start by
asking your nurse.*

- **Certified Nurse's Assistant (CNA):** CNAs support the nurses with their responsibilities. CNAs focus on helping you with your activities of daily living (ADLs), such as eating, dressing, bathing, and grooming. Like nurses, you will have different CNAs throughout your stay here.

On-unit Therapy Staff

- **Occupational Therapist (OT):** OTs help you with activities (also called occupations) that are important to you. These activities may include ADLs (activities of daily living), building strength and skill, cognitive rehabilitation, and mindfulness practices. They will also help you learn about and understand mental health and well-being. You may have occupational therapy individually or in a group setting.
- **Recreation Therapist (RT):** RTs use structured activities (such as art, music, games, and sports) to help you manage mental health conditions. These can reduce anxiety and help you build healthy coping skills. Recreation Therapy may be offered individually, in a group, or as part of the community.

Allied Health Professionals

- **Social Workers:** Social workers help you and your family create a safe plan for discharge. This includes reviewing options for placement after you leave the hospital, such as returning to where you were staying before hospitalization or, in some cases, finding new housing. Social workers also help coordinate follow-up appointments related to your stay in the hospital. Social workers will partner with you and your family and may also involve other people or agencies such as Placement Coordinators or Home and Community Services.
- **Spiritual Care:** Spiritual Care Providers offer spiritual and emotional support to patients and their families. For a Spiritual Care consult, ask your psychiatrist.
- **Dietitian:** Dietitians are experts on diet and nutrition. They make recommendations for your diet to support your health and medical needs. You can ask to meet with a dietitian if you have specific dietary needs.
- **Pharmacists:** Prepare and dispense medications. Pharmacists also provide medication information/education to nurses, physicians and patients.
- **Peer Advocate:** A Peer Advocate is a member of your treatment team who brings the perspective of lived experience with recovery. Peer Advocates work alongside you to provide support, listen to your concerns, and help ensure your voice is heard in treatment planning. They collaborate closely with the interdisciplinary team to help align your recovery goals with your care plan. Peer Advocates can check in with you during your admission to discuss your recovery and stay in touch with you to support your well-being after you are discharged from the hospital.

Support Staff

- **Patient Service Specialist:** These staff greet visitors, help with communication between floors, and coordinate with hospital staff to support the unit. This is the person your family, caregiver, or Power of Attorney (POA) may work with when visiting the unit.
- **Environmental Services:** These staff help keep our facility clean. If you need supplies or help, please ask your nurse, not environmental services staff.
- **Public Safety Officers:** Staff may call public safety officers when there is a safety risk. They are trained in safe de-escalation techniques and are here to keep the unit safe for all patients and staff.

ITA Team

- **ITA Coordinator:** Coordinates court dates, filing dates and other legal requirements for the hospital.
- **ITA Evaluator:** Does petition and evaluation for additional involuntary treatment when needed. Testifies in ITA court on behalf of hospital.

Daily Treatment

Schedule

We have a daily schedule for you to follow. The schedule includes time for group therapy, self-care and hygiene, taking medicine, talking with your doctor, leisure, exercise, and more. Following your schedule will help you get the most benefit from your hospital stay. The schedule for your floor is posted in several locations on the unit. If you want a copy of the schedule, please ask the staff.

Group and Individual Therapy

We offer groups, activities, and educational sessions to support your well-being. These sessions help you with skills like focus, socializing, communication, strength, coordination, relaxation, understanding community resources, using positive coping methods, emotional balance, mindfulness, and more. Practicing your skills in group sessions will increase your confidence and ability when you leave the hospital.

*You are expected to attend groups
as much as you can.*

*Group attendance is an important
part of your treatment plan.*

One-on-one therapy may be an option for you if your care team decides it would be helpful for you. We encourage you to be an active member in your care and to say what you need and want from therapy.

There are group sessions multiple times a day. You can find the group schedule posted on the unit. Please follow and respect the group guidelines that are posted in the activity rooms.

Common Areas

There are several shared spaces where patients learn skills to help them to live in the community. These common areas are designed to support healing. We expect you to follow the rules that are posted in these areas.

Expectations in common areas:

1. Respect each other. Respect personal space, privacy, infection control procedures, and each other.
2. Do not use derogatory language.
3. Be patient with other patients and staff.
4. Promote healing discussions.

If you cannot follow expectations in common areas, you can exit the group or we will ask you to leave.

Personal Boundaries

Personal boundaries allow for separation between you and others. It is important to maintain healthy boundaries with staff and other patients. Relationships can be complicated because both you and those around you need help. This can put people in a vulnerable situation.

You will spend a lot of time with other staff and patients and you may learn a lot about each other. However, it is important to maintain good boundaries to make sure everyone feels comfortable. You may want to help other patients, but please avoid this. Other patients need to learn how to do things on their own or ask staff for help when needed.

How to maintain good boundaries:

- Understand your role and expectations.
- Use an assertive (strong) voice. Be honest about how you are feeling.
- Do not be completely passive (“Your way, or not at all.”) or completely aggressive (“My way, or not at all.”).
- Understand that maintaining your boundaries is not an insult to others, and others maintaining their boundaries is not an insult to you.
- If you need help with understanding boundaries or your expectations as a patient, please ask staff.

Feel free to advocate for yourself! Please let the staff know when you need anything.

Medications

While you are here, your care team will manage your medications. If your psychiatrist prescribes medicine, your nurse will bring it to you during “medication pass.” You may request as-needed or “PRN” medicines by asking your nurse. While you may take some of the same medications that you do at home, there may be changes, based on your condition. Your care team may recommend or order medicines for emergencies or as part of your ongoing treatment. Please ask your doctor if you have questions about these medications.

For safety, the nurse will verify your identity and scan the barcode on medications every time they give them to you. If you brought any medications from home, please give them to your nurse.

It is very important that you:

- Understand why you are taking each medication.
- Ask questions about names, doses, and side effects of your medications.
- Communicate with your psychiatrist and nurse.

We will work to make sure you can get your prescribed medications after you leave the hospital. Tell your social worker if you are concerned about this.

Other treatments

Your doctors may recommend other treatments for you, including ECT (electroconvulsive therapy). If your doctor recommends treatments, they will talk with you about the possible risks and benefits.

Support and Advocacy

How to Advocate for Yourself

You can advocate for your mental health by communicating your needs, asking for support, and taking steps to prioritize your well-being.

Steps you can take:

1. **Know yourself:** Understand your needs, triggers, and coping strategies.
2. **Learn about your condition:** Knowledge will help you talk with your care team and make informed decisions about your care.
3. **Communicate clearly:** Be open and honest about your feelings, concerns, and needs.
4. **Set boundaries:** Set and communicate clear boundaries to protect your mental health. This means knowing when to say no, limiting stress, and taking time for self-care when you need it.
5. **Seek support:** Reach out to friends, family, or professionals for support. Ask questions and share your thoughts.
6. **Be persistent:** Advocate for yourself. If you feel your needs are not being met, speak up and explore other options for care.

Guardianship

Some patients may be going through a guardianship process. Guardianship establishes a legal, court-appointed connection between a capable adult (the guardian) and an individual who is unable to manage their own affairs (the ward). This can be a difficult process. If you are struggling with this process or have questions, please talk with your psychiatrist or therapist.

Designated Power of Attorney

A power of attorney is a legal document where you appoint a person to help make decisions on your behalf. You can choose who you want as your designated power of attorney, or DPOA. This can be revoked (stopped) at any time, while a guardianship cannot.

ITA/Involuntary Patients

If you are in involuntary care, it is completely normal to have questions about advocacy and legal support. During an ITA hold, you will be assigned an attorney, and you will receive their name and contact details. You can call them during phone hours, and they may also call you to give you important updates.

The court will schedule dates for hearings to determine if you need to stay in the hospital. You can ask about your hearing at any time. For more details, talk to your treatment team, including your social worker.

The involuntary treatment process is outlined under WA state behavioral health laws (RCW 71.05 and RCW 71.34). You have involuntary patient rights (WAC 246-341-0600 RCW 71.05.217 and WAC 246-341-0420 RCW 71.34.160). These laws are posted on the unit, and you can request a copy at any time.

Making Healthcare Decisions

Advance Directives

A mental health advance directive is a legal written document that describes what you want to happen if your mental health problems become so severe that you need help from others. This might be when your judgment is impaired and/or you cannot communicate effectively. This document tells others what treatment you want or do not want. It can also name a person that you have chosen to make decisions on your behalf.

If you would like to learn more about mental health advance directives, talk with your social worker. There are resources available to begin the process during your hospitalization. There are different types of advance directives, including:

- Healthcare Directive (also known as a Living Will)
- Mental Health Advance Directive
- Physician Order for Life-Sustaining Treatment (POLST)
- Durable Power of Attorney for Healthcare

Detailed information about advance directives and forms are available upon request in the Admitting Department and from your healthcare team.

CPR and DNAR

Cardiopulmonary resuscitation (CPR) and *do not attempt resuscitation* (DNAR) are two terms that are very important to understand.

While sudden stopping of the heart can cause unexpected death, it can also be the natural end and painless release from chronic, painful illness. CPR is the series of measures performed to prevent death when a sudden collapse occurs because the heart stops.

It is medical center policy to perform CPR on all patients whose heart stops suddenly, unless a doctor writes a DNAR order or a Physician Order for Life-Sustaining Treatment (POLST).

We encourage you and your family to talk with your doctor about your wishes regarding performing CPR. It is very important to know your wishes when you are admitted. You may request to have a DNAR or POLST order, or your doctor may write an order when, in their medical judgment, initiating CPR would clearly be futile.

Organ Donation

Donating organs, skin and other tissues helps sick people who need them. If you want to be an organ donor, please tell your doctor and your family. During organ donation, the body is treated with respect and dignity, and funerals do not need to be delayed.

All costs related to organ or tissue donation are covered by the agency in charge of the organ donation procedure. The family does not pay this cost.

Your healthcare team can answer questions and provide more information upon request.

Financial Support

Financial Support Contact

If you have questions or concerns about the cost of your care during your stay, please talk with your social worker. UW Medical Center also has a financial services team that is available to talk with you. Their phone number is 206.744.3084.

There are free and low-cost resources in your community for people with disabilities. Your therapists or social worker can help you learn about resources you can use after discharge.

Voluntary Patient Payment

If you are a voluntary patient, our social work team will get approval from your insurance before your treatment begins. They will tell you in advance if your insurance does not approve continuing care on our unit.

If your insurance disagrees with the amount of time recommended by your doctor, the social work team and medical staff will speak up for you.

However, there is a chance that your insurance might decline further authorization. If this happens, you can choose to pay for more time on the unit yourself. We recommend that you contact your insurance directly to understand the costs of your stay. Staff do not have precise information about specific expenses.

If you are uninsured, Medicaid may be an option. A social worker or financial advocate can help with backdating coverage. Voluntary uninsured patients who do not qualify for Medicaid will be considered self-pay.

ITA Payment

ITA patients are covered by the state if they do not have insurance. ITA patients with insurance will have their insurance billed first.

Discharge

Our goal is to discharge you as soon as you:

- are psychiatrically stable, **and**
- have a safe discharge plan.

Being psychiatrically stable is your ability to control and regulate your thoughts, behaviors, and emotions according to social and cultural norms and medical standards. Your psychiatrist will determine if you have met this goal.

Safe Discharge Plan

Your care team will work with you on creating a safety plan for after you are out of the hospital. This may include strategies to help manage challenging emotions or suicidal thoughts, and a plan for who to contact during a crisis or emergency.

Having a safe discharge plan includes having a location for you to go to. This can include a shelter if needed. You can help the discharge process by taking an active role in making a safe plan.

It's important to follow up with the outpatient care resources we will provide for you. Our goal is to help you stay healthy!

Voluntary/Involuntary Patients

If you are a **voluntary patient**, you will talk with your psychiatrist when you would like to leave.

If you are an **involuntary (ITA) patient**, your treatment team will give you as much information about your discharge as they can.

Preparing for Discharge

- Leaving the hospital can be a stressful time. Be patient with yourself and with those who are helping you. Remember to thank them for their help.
- Organize the information and resources that you have gathered while you were at the hospital. This information is a helpful reference tool.
- Know that you will likely need extra support after discharge. It is easier to think about helpful resources now, rather than waiting until later. Reach out to friends, family, or agencies for help. Your social worker will work with you to determine your post-discharge needs, which could include home health services, follow-up therapies, transportation, and more.

Care After Discharge

Outpatient Treatment

Your treatment plan after discharge will be based on your level of independence. Your psychiatrist and therapy team will determine how to best support you. Before you leave the hospital, your team will make sure you have follow-up appointments scheduled with primary care or psychiatric care. They will also make sure you have transportation to the appointment(s). If you have any other appointments or medical needs after you leave the hospital, establish a plan with your social worker.

Keep handouts that you receive from your groups – these will be a helpful resource when you leave the hospital!

Medications

Managing medications after discharge can be difficult at first because your medications are managed for you while you are on the unit. For many patients, medications support psychiatric stability. Medication management is very important for your success after you leave the hospital. Your doctor will make sure that your prescriptions are sent to the pharmacy that you choose.

To make a medication management plan, decide if you are going to manage your medications or if someone else will help you. If someone else is going to help you, then work together to create a plan. If you are managing your medications alone, work with a staff member to make a plan. Some medications and mental health disorders can lead to decreased memory, so it is even more important to prepare for this before you leave.

Resolving Concerns

If you want to request your medical records, share feedback or complaints, or resolve financial or legal concerns, use the contact information on page 21.

Preventative Care: Staying Healthy

Prioritizing your health takes effort. Use the information you learned from your nurses, psychiatrists, social workers, and therapy sessions to maintain your mental health. Remember to use good habits even when you are feeling unwell.

To support your mental health, we encourage you to:

1. **Create a routine:** Follow a daily schedule that includes sleep, meals, and activities. A consistent routine can help you feel stable.
2. **Sleep well:** Try to get 7–9 hours of sleep each night. A well-rested mind is better able to handle stress.
3. **Exercise regularly:** Try to exercise for at least 150 minutes (2½ hours) each week.
4. **Eat well:** Nutritious foods can help your mood and energy. Eat a healthy and balanced diet. Drinking plenty of water will help your mood and mental function.
5. **Be social:** Build and maintain positive relationships. Make time for friends and family.
6. **Set realistic goals:** Break down your tasks into smaller, manageable goals. Celebrate all your achievements, no matter how small. Avoid overwhelming yourself with unrealistic expectations.
7. **Manage stress:** Practice stress-management techniques such as deep breathing, meditation, and mindfulness. Find activities that help you relax.
8. **Ask for help:** If you notice persistent changes in your mood or behavior, reach out to your care team or a mental health professional. Working on problems early helps to prevent more significant issues.
9. **Set boundaries:** Learn to say no. Recognize when you need to say no to more commitments. It is okay to prioritize your mental health.
10. **Educate yourself:** Learn about your medical conditions. Understand what things help your mental health and what can make it worse. Knowing about your health empowers you to advocate for yourself.

Important Contact Information

Important Phone Numbers

Hospital front desk: 877.694.4677

Neuromodulation Center for *ECT/TMS: 206.668.5320

**ECT: electroconvulsive therapy, TMS: transcranial magnetic stimulation*

Emergency Services: 911

Suicide Hotline: 988

Hospital Address

University of Washington Medical Center Northwest
1550 N 115th St.
Seattle, WA 98133-9733

Financial Counseling

Phone: 206.744.3084

Monday–Friday, 8:00 a.m.–4:30 p.m.

Attorney and/or Record Retrieval Company Billing Requests

UW Medicine Patient

Email: passroi@uw.edu

Accounts & Support Services

Fax: 206.598.0842

Medical Records Request

Phone: 206.744.9000

Fax: 206.744.9997

Email: uwmedroi@uw.edu

Patient Billing

For questions about your bill or payment arrangements, you can reach Patient Accounts and Support Services at 206.520.0400 or 1.855.520.0400 between the hours of 8 a.m. and 5 p.m., Mon–Fri.

For more detailed information about our billing practices, visit uwmedicine.org/billing.

Do you have a compliment or a complaint?

Patients, their families, or representatives have the right to file grievances (complaints).

We thoroughly investigate and respond to all complaints. Assistance in resolving the issue is available if necessary. Filing a complaint will not affect a patient's current treatment or future access to care. We welcome and encourage all forms of feedback.

- **You can contact Patient Relations:**
 - **Phone:** 206.598.8382 (business hours)
 - **Phone:** 206.520.9294 (on call)
 - **Email:** UWMCares@uw.edu

You also have the right to contact the **Washington State Department of Health** and **The Joint Commission**. Medicaid patients have the right to contact **Acentra Health**.

- **Washington State Department of Health**
PO Box 47857, Olympia, WA 98504-7857
Telephone: 1.800.633.6828 (toll-free)
- **The Joint Commission**
1 Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 1.800.994.6610 (toll-free), fax: 1.630.792.5636
- **Acentra Health**
5201 W. Kennedy Blvd., suite 900
Tampa, FL 33609
Telephone: 888.305.6759 (toll-free), fax: 844.878.7921

Accessing Medical Records

A record of your visit is made each time you visit a hospital, physician or other healthcare provider. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment.

If you would like to request a copy of your medical records for your own use or for any other purpose, see ***Request your medical records*** at uwmedicine.org/patient-resources/access-medical-records-images.

Privacy Concerns and Complaints

UW Medicine Compliance representatives are available to assist you and your family, if you are concerned that your privacy rights have been violated or disagree with a decision we made about access to your records.

The Joint Notice of Privacy Practices is available at: uwmedicine.org/about/policies-and-notice.

You can reach the UW Medicine Compliance Office at 206.616.5248, toll-free at 1.866.964.7744, or by emailing comply@uw.edu.

My Goals for My Hospital Stay

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.