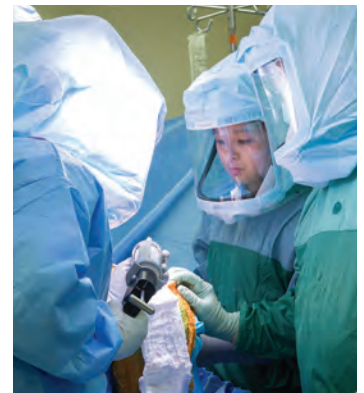


For Your Hospital Stay

Patient Admit Packet

UWMC - Northwest campus



*University of Washington Medical Center
Improves Health by Providing
Exceptional Patient and Family Centered Care
In an Environment of Education and Innovation*

UW Medicine

UNIVERSITY OF WASHINGTON
MEDICAL CENTER



Know Your Medicines

During your hospital stay, always ask 4 questions about each of your medicines:

- 1. What is the name of the medicine?**
- 2. What is my dose?**

3. Why do I need to take it?

4. What are the possible side effects?

You can ask your doctor, nurse, or pharmacist these questions at any time.

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A Higher Degree of Healthcare

Thank you for choosing University of Washington Medical Center (UWMC) for your medical care. We want to make your stay with us a safe and positive experience.

We created this packet to help you know what to expect during your hospital stay. UWMC's Inpatient Patient and Family Advisory Council has reviewed and approved its contents. If you have any questions, please ask a UWMC staff member.



We offer the highest quality medical care at UWMC. Each member of your care team is committed to making a positive contribution to your health.

UWMC has two campuses: UWMC - Montlake and UWMC - Northwest. Besides caring for our patients, we also provide training to current and future doctors, nurses, and other healthcare providers. Many of these providers will contribute to your care while you are in the hospital. Their knowledge, skill, and perspective adds to the quality and safety of your care.

Your attending doctor will keep you up to date about your progress and needs. Please see page 12 to learn more about the members of your care team.

UWMC is committed to providing equitable care that respects diversity and inclusion. We always work to improve the care experience at the hospital. If you have any questions or concerns, please talk with your Charge Nurse. You may also call Patient Relations at 206.598.8382.

After you leave the hospital, you may receive a survey by mail. Please use this survey to tell us about the care you received during your stay. We want to know your comments and suggestions.

We look forward to caring for you.



Santiago Neme,
MD, Medical
Director



Cindy Hecker,
Executive Director



Cindy Sayre, PhD,
RN, Chief Nursing
Officer



Geoff Austin, Chief
Operating Officer

At UWMC, Patients Are First

You, the patient, are our first priority.

We are committed to patient and family centered care. We want to meet your needs and provide you with excellent care at all times.

Providing Excellent Care

Besides providing for your healthcare needs, we want to ensure your safety and comfort during your hospital stay.

To do this, our goals are to:

- Introduce ourselves to you so that you know all members of your care team
- Listen and respond to your needs and questions
- Partner with you to plan your care
- Keep you informed about your progress and any updates in your care plan
- Work with you to manage your discomfort
- Create a healing environment and reduce noise
- Wash or gel our hands before we come into contact with you
- Check your identification (ID) band before we give you medicines or treatments

What You Can Expect

Rounding

Expect one of your nurses or a patient care technician (PCT) to visit you often. This is called *rounding*. Our goal is to round:

- Every hour during the day
- Every 2 hours at night



During rounding, our goals are to:

- Check on you and your well-being
- Monitor your comfort and pain
- Help you to the bathroom
- Make sure you can reach the things you need
- Help you change your position in bed to prevent pressure injuries

Nursing Care

- If you need to use your call light between rounds, you can expect a prompt response from a member of your care team.
- During shift changes, your nurses will talk with each other and may also talk with you at your bedside.
- A nurse leader may visit you to make sure we are always providing excellent care.
- If at any time during your stay you have questions or concerns, please ask us. We are here and have the time for you.

My Discharge Checklist

We want to make sure you receive the best possible care during your stay with us.

Please use this page to track your progress while you are in the hospital. This will help your discharge go smoothly. Share this checklist with a family member or your caregiver.

My name: _____	My doctor's name: _____
My expected discharge day, date, and time (from my doctor): _____	
	DAY DATE TIME
<input type="checkbox"/> I need discharge medicines. I will get them at:	<input type="checkbox"/> Northwest Prescriptions <input type="checkbox"/> An outside pharmacy
<input type="checkbox"/> I do not need any new medicines.	
<input type="checkbox"/> I have received and signed the important message from Medicare about my discharge rights.	

Check each item when done:

At Least 2 Days Before Discharge

I talked with my doctor about:

- Where I will go when I'm discharged (home, skilled nursing facility, or elsewhere).
- If I'm going to another care facility, how long I can expect to stay there.
- How I will get where I'm going. Do I need to arrange a ride? (UWMC social workers can help.)
- What kind of care support I should start thinking about (such as friends, family, hired caregivers, home health service, supplies, and equipment).
- If I need follow-up visits with my primary care provider, a specialist, or both.

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Day Before Discharge

I talked with my doctor about:

- Any tests or procedures I will need before I leave the hospital.

I talked with my nurse or social worker about:

- Is my discharge location ready for me?
- Is my transportation arranged?
- Are my caregivers ready for me? Do they know what my discharge plans are?
- _____
- _____

Discharge Day

I talked with my care team about:

- My discharge medicines and how to take them, if needed.
- How I use my new medical equipment and devices, if needed.
- What signs and symptoms I should watch for, and when I should call my doctor or nurse.
- The best phone numbers to use to reach my doctor or nurse, and what times of day I can call.
- _____
- _____

Keeping You Safe in the Hospital

We are committed to keeping you safe.

Please carefully read this page. Ask us if you have any questions.

Preventing Falls

Falls can cause serious and even fatal injuries.

No matter what your age, your risk for falling increases if you:

- Are recovering after surgery
- Have weakness in your legs or arms that makes it hard for you to move or walk
- Feel dizzy when you stand up, walk, bend over, or try to reach for something
- Have pain and are taking pain medicines
- Need to get to the bathroom quickly
- Have tubes, drains, poles, and equipment that can get tangled
- Are not sleeping well, or sleep during the day and are awake at night
- Are feeling confused or forgetful
- Do not use your call light because you do not want to bother staff or are embarrassed to ask for help

We will work with you to develop a plan to keep you safe. As part of this plan, we may:

- Help you to the bathroom every 2 to 3 hours during the day and when we wake you at night. We may also stay with you while you use the bathroom to make sure you are safe.
- Use a cloth belt around your abdomen or chest for us to hold onto to help steady your balance when you walk.
- Set an alarm that will ring if you start to get out of your bed or chair to remind you to stay in place. We will hear the alarm and come quickly to help you.

- Put a soft mat down by your bed to keep you from being hurt if you do fall.
- Ask you to work with a physical therapist or occupational therapist to help improve your balance and safety awareness.

Please help us keep you safe by using your call light. We are never too busy to help you!

Opioid Safety

We use opioid medicines to treat moderate to severe pain. Morphine, hydromorphone, and oxycodone are some types of opioids.

Opioids have side effects. They can make you:

- Sleepy
- Sick to your stomach (nauseated)
- Itchy
- Constipated
- Have trouble thinking clearly

Tell staff if you feel too sleepy or are having any trouble breathing. Opioids can slow your breathing enough to be dangerous.

For your safety and comfort, after you have a dose of opioid medicine:

- We will check on you often.
- We will do our best to manage any side effects.
- We may wake you up from time to time.
- We may help you with walking to prevent falls.

If you go home with a prescription for opioids, be sure to talk with your doctor about *tapering* (reducing) your dose over time.

Always store your medicines safely out of reach of children and pets.

Helping Manage or Lessen Your Pain

We cannot get rid of all pain. But, we can help lessen your pain so that you can:

- Cough and breathe deeply
- Turn in bed (with or without help)
- Use the bathroom, brush your teeth, comb

your hair, and do other activities of daily living, either by yourself or with help

- Walk from your bed to a chair or the hallway (with or without help)

Please use one of these pain scales to describe your pain to your nurse:







You can choose a **NUMBER** that best describes your pain:

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst Pain

Or, choose a **WORD** that best describes your pain:

No Pain	Mild	Moderate	Severe
---------	------	----------	--------

Or, choose a **FACE** that best describes how you feel:

					
0 No Hurt	1 Hurts Little Bit	2 Hurts Little More	3 Hurts Even More	4 Hurts Whole Lot	5 Hurts Worst

What is patient-controlled analgesia (PCA)?

The word *analgesia* means “relief from pain.” The PCA is a machine that allows you, the patient, to manage your own pain.

When you feel pain or discomfort, you push a button to give yourself a dose of pain medicine.

Is PCA safe?

PCA is safe, as long as you, the patient, are the **ONLY** one who pushes the PCA button. Too much pain medicine can make you very sleepy and slow your breathing enough to be life-threatening. This is why it is so important that **ONLY** you push the PCA

button. Family members and other loved ones should never push the PCA button.

To keep you safe while you are on any pain medicine, we will wake you from time to time to check your vital signs and breathing. This will include waking you up during the night.

Remember:

- You, the patient, are in charge of your PCA machine.
- **ONLY YOU** should push the PCA button when you feel pain.

Lowering Health Risks

While you are in the hospital, we will do our best to help protect you from risks to your health.

Preventing Infections

We follow guidelines from the Centers for Disease Control (CDC) to keep you safe from infection. If you have any concerns, please talk with your doctor or nurse.

To help prevent the spread of infection:

- Your healthcare team will wash or sanitize their hands before they enter your room and as they leave.
- Feel free to ask your doctor, healthcare workers, and visitors if they have washed or sanitized their hands.
- We ask visitors who are sick or have a fever, cough, sneezing, or a runny nose NOT to visit until they are well.
- Some care areas may ask visitors to leave if they are sick.
- If a patient has an infection such as methicillin-resistant *Staphylococcus aureus* (MRSA) or *Clostridium difficile* (C. diff), we take special precautions to keep the infection from spreading to others. Staff will wear a gown, gloves, and a mask when caring for these patients. We will give you and your family more information if this affects you.

Preventing Pressure Injuries

Pressure injuries are skin sores that can happen when you stay in one position too long. These injuries are also called bedsores. It is important to prevent pressure injuries because they increase the risk for infection.

Most times, pressure injuries occur over bony places in the body, such as the heels, tailbone, elbows, and the back of the head.

Each shift, your nurse or PCT will carefully check your skin. Doing this tells us what we need to do to prevent damage to your skin.

To help prevent pressure injuries during your hospital stay, our goals are to:

- Make sure you get good nutrition and the right amount of fluids.
- Help turn you to ease pressure on your skin while you are in bed.
- Use a pillow to adjust your position
- Apply a special dressing or creams to protect your skin, as needed.

Preventing Blood Clots

Blood clots can happen to anyone who is not physically active. When leg muscles are not used, blood can collect in the leg veins and cause a blood clot. This is called *deep vein thrombosis* (DVT).

To help prevent blood clots:

- You may have inflatable leg wraps placed on your legs (see “Sequential compression devices” on page 16).
- We will encourage you to walk.
- You may receive a medicine to lessen your risk for blood clots.

Remember to stay as active as you can after you leave the hospital, too.

Continued on page 8

If You Smoke

UWMC campuses are smoke- and tobacco-free facilities. We are committed to a safe, healthy environment for our patients and staff.

If you smoke, vape, or use tobacco and would like to quit, please ask your nurse for more information about:

- Nicotine patches to use during your hospital stay
- UWMC handout: “Resources to Quit Smoking, Vaping, or Using Other Tobacco Products”



For Your Visitors

Here are some important things your visitors need to know:

- Visitors must wear a hospital ID badge between 8:30 p.m. and 5:30 a.m. Visitors can get their badge at the Information Desk in the lobby. The lobby is on the 1st floor for UWMC - Northwest and on the 3rd floor (main level) of UWMC - Montlake.
- **ONLY PATIENTS** should push their PCA button to control their pain medicine (see page 6).
- All visitors should wash or gel their hands when they enter and leave the patient’s room.
- Visitors who are sneezing or who have a cough, runny nose, or fever should wait to visit until they are well (see page 7).
- The hospital has “Quiet Hours” from 10 p.m. to 6 a.m. (see page 11). Please help us keep noise at low levels.

Financial Counseling

UWMC’s financial counselors can help you and your family:

- Understand your hospital bills and how to pay for your hospital stay
- Work with insurance companies and government programs
- Find answers to your questions about financial aid

To talk with a financial counselor, please call 206.744.3084.

Services at UWMC - Northwest

While you are a patient at UWMC - Northwest, you and your family and visitors have access to many hospital services.

Food for Visitors

Cafeteria

The hospital cafeteria, the Checkers Café, is on the west side of the hospital, to the left of the main entrance. It is open weekdays from 6:30 a.m. to 7:30 p.m., and from 8:30 a.m. to 2:30 p.m. on weekends and holidays.

On weekdays:

- Breakfast is served 6:30 a.m. to 9:30 a.m.
- Lunch is served 11 a.m. to 2 p.m.
- The Grill is open 11 a.m. to 7:30 p.m.
- Dinner is served 4:30 p.m. to 7:30 p.m.

On weekends and holidays:

- Breakfast is served 8:30 a.m. to 10:30 a.m.
- Lunch is served 11 a.m. to 2:30 p.m.

Light Meals, Snacks, and Espresso

For hot and cold espresso and light meals and snacks, there is a Starbucks in the lobby on the 1st floor of the hospital. It is open weekdays from 6 a.m. to 1:30 a.m., and from 6 a.m. to 7:30 p.m. on weekends.

Vending machines near the Checkers Café have food and cold drinks that you can buy 24 hours a day.

Guest Food Trays

Patients can buy guest food trays for their visitors, to be delivered to their room. If you want to buy a guest tray, please tell your nurse or meal attendant at least 1 hour before meal services. Ask your nurse about meal service times on your unit.



Gift Shop

The Gift Shop is on the 1st floor of the hospital. It carries home items, jewelry, women's accessories, baby and children's items, books, cards, gifts, assorted snacks, and cold drinks. The Gift Shop is open weekdays from 9 a.m. to 6 p.m. It is closed on weekends and holidays.

Meals for Patients

During your stay, the Food and Nutrition Department will take care of all your dietary needs. Our staff will prepare and serve you 3 meals a day. You can also ask for a variety of snacks. If you have any special dietary needs, our clinical dietitians can help customize your menu.

Some patients may also be able to order meals through our Room Service program. If your doctor says it is OK for you to eat from this menu, you can order Room Service meals from 7 a.m. to 8 p.m. Our goal is to deliver your order within 1 hour. A Room Service menu is in your room. To learn more about this program, please ask your nurse.

Medical Records

You can ask for a printed copy of your medical record. These records are not kept at UWMC - Northwest. **It may take up to 15 days to receive your record.** To request your medical record:

- Ask your nurse for a Release of Information form.
- After you fill out the form, send it to Enterprise Records and Health Information in one of these ways:

Mail to: 325 Ninth Ave.
Box 359738
Seattle, WA 98104

Fax to: 206.744.9997

Email to: uwmedroi@uw.edu

Notary Services

If you need notary services, please ask your nurse. Notaries work in different areas of the hospital, but they may be able to come to your bedside.

Parking

Parking is provided for a fee on the main hospital campus and at the UW Medicine Northwest Outpatient Medical Center. Please see the posted signs for rates and hours, or ask for a parking brochure at a main entry gate.

Social Work and Care Coordination

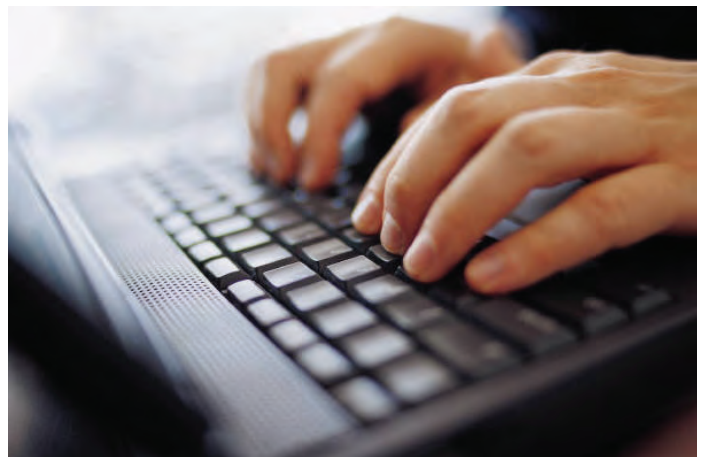
Social workers can provide or arrange counseling, help you with insurance and transportation, arrange care when you leave the hospital, and more. To talk with a social worker, please ask your nurse.

Spiritual Care

UWMC – Northwest’s chapel is located in the D-wing of the hospital. The chapel is not affiliated with any specific religion. Patients may visit the chapel 24 hours a day.

Staying Connected

- You or your loved ones may set up a free, private webpage to help others stay in touch. To get started, visit www.carepages.com or www.caringbridge.org.
- You can access free Wi-Fi in most areas of the hospital. Choose the “Patients and Visitors” network. You do not need a user name or password.



Creating a Healing Place

Quiet Helps the Healing Process

At UWMC, our goal is to create a quiet, healing environment for all our patients, especially at night. Please tell us if there is something more we can do to make your stay more restful.

Here's how we can work together to keep our hospital quiet:

- Quiet hours are 10 p.m. to 6 a.m. Many units also have quiet hours during the day.
- If it is medically safe and you are comfortable, we may close the door to your room to reduce noise.
- For your safety, we may check on you every 2 hours during the night. When we enter your room at these times, we will speak softly and keep the lights as low as possible.
- You may ask your nurse for earplugs to help you get a more restful sleep.
- We also have headsets for you (and a guest) so that you can watch your favorite TV shows.



You Can Help, Too!

To help us create a reshealing environment for you and others, please:

- Turn your TV volume down after 10 p.m., or wear headphones for quieter viewing.
- Ask your visitors to visit quietly and with respect for other patients, both in your room and in the hallways.
- Limit phone calls and loud conversations after 10 p.m.
- Tell hospital staff if there is a lot of noise in or around your room.

Your Care Team

Along with you and your caregiver, there are many other people on your healthcare team.

Advanced practice providers include nurse practitioners, physician assistants, certified nurse midwives, and certified registered nurse anesthetists. These healthcare providers have received advanced training and may help manage your care.

An **attending doctor** (attending physician) directs and monitors your care, and also oversees and trains resident doctors.

A **certified nursing assistant** helps you with activities of daily living.

A **charge nurse** oversees the nursing staff for the unit and is responsible for making sure you are receiving excellent care. There is a charge nurse on every unit for every shift.

A **clinical nurse specialist (CNS)** is an advance practice registered nurse who is an expert in a special area, such as diabetes.

A **fellow** is a doctor who has finished resident training and is in extra training in a special field such as cardiology or oncology.

A **nurse manager** oversees the unit. They supervise staff and manage your care. Please contact the nurse manager with any questions, concerns, or praise you have.

Nutritionists (dietitians) assess your dietary needs while you are in the hospital. They will explain any changes you need to make in your diet when you go home.

Occupational therapists assess your ability to do daily tasks, such as bathing and dressing. They will help you do these tasks while you are in the hospital. If needed, they may order equipment to help you at home.

A **patient services specialist (PSS)** coordinates and oversees clerical work at the front desk of the unit.

Pharmacists give information about the uses, doses, and effects of medicines to doctors, nurses, and patients.

Physical therapists help you with mobility. They teach you how to improve your strength and balance.

Registered nurses provide your nursing care during your hospital stay.

Resident doctors have graduated from medical school and are licensed to practice medicine. Your resident doctor will write orders and work with your attending doctor to help make decisions about your care.

Respiratory therapists assess your breathing. They may provide therapy to help improve your breathing.

Social workers are available to help you and your family find community resources and support you during your stay (see “Social Work and Care Coordination” on page 10).

Spiritual care providers help you find emotional and spiritual support resources. They respect all spiritual, nonspiritual, and cultural identities (see “Spiritual Care” on page 10).

Speech therapists assess your ability to swallow or speak, and can work with you to help you improve these abilities.

STAT nurses are trained to work in the intensive care unit (ICU). They help with urgent care needs in the hospital.

Volunteers are trained members of the UWMC Volunteer Program. They may help with wheelchair transport, deliveries, cleaning, stocking, wayfinding, and other support services. Many of our volunteers are students at the UW and other colleges in the area.

Legal Forms and Brochures

Hospital care is complex. During your hospital stay, you will need to make many choices and decisions. You will also need to focus on healing from your procedure or coping with your illness.

As your caregivers, it is our responsibility to make sure that you and your family are aware of your rights and responsibilities. The information on this page is taken from two documents: “Notice of Privacy Practices” and “Information About Your Healthcare.”

Notice of Privacy Practices

We keep a record of the healthcare services we provide you. You may ask to see that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.

For more information about your record, please see the section of the notice called “Your Individual Rights About Patient Health Information.”

Summary of Patient Rights and Responsibilities

As your caregivers, it is our responsibility to make sure you and your family are aware of your legal rights and responsibilities.

Among Your Rights

As a patient at UWMC, your rights include:

- Personal dignity
- Reasonable access to care and treatment and/or accommodations that are available or medically advisable, regardless of your race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability, age, or status

as a disabled veteran, and regardless of whether you are able to pay for your care

- The right to express your values and beliefs and to exercise spiritual and cultural beliefs that do not interfere with others’ well-being or their treatment
- Access to your own health information
- Access to an interpreter if you do not speak or understand the English language

Among Your Responsibilities

As a patient at UWMC, you also have responsibilities. These include:

- Providing, to the best of your knowledge, accurate and complete information and reporting any changes in your condition to your care provider
- Participating in talks and asking questions about your plan of care
- Following your agreed-upon treatment plan
- Being considerate of the rights of other patients and hospital staff
- Treating all other patients, visitors, and hospital staff with respect and dignity
- Refraining from verbally or physically assaulting staff, faculty, and providers

For a full list of UWMC Patient Rights and Responsibilities, please see page 18.

Advance Directives

Advance directives are legal forms. They allow you to state your goals and wishes for future medical care, in case you become sick or injured and cannot speak for yourself. These forms help your loved ones and healthcare team make decisions about your care, based on your values about quality of life.

You can change or update your advance directives at any time. Be sure to review these forms when you or a loved one have a change in your health, or you change your mind about what quality of life means to you.

Here are some of the most common advance directives:

Durable Power of Attorney for Healthcare

Use this form to name the person you want to be your advocate if you cannot speak or make decisions. This person will have the legal authority to act on your behalf as your “agent” or “attorney in fact.”

This is the most important advance directive. It tells healthcare providers who to speak with, to make sure you get the care you want.

A Durable Power of Attorney for Healthcare must be signed in front of a notary or two witnesses. UWMC employees, staff, medical center volunteers, attending doctors or their employees cannot serve as agents or witnesses, unless that person is your spouse, state-registered domestic partner, adult child or sibling, or parent.

Healthcare Directive (Living Will)

Use this form to state your wishes about whether you want to receive treatments that would prolong your life, if you should go into a coma or have a fatal condition. This form tells your care providers whether you wish to limit these types of treatments. For

instance, you might wish not to start certain treatments, such as breathing machines or feeding tubes. Or, you might want to stop treatments after a trial to see if your condition improves.

Your Healthcare Directive tells your loved ones and care team what you think is the right thing to do, if treatments will most likely not improve your chances of surviving an illness or of regaining your desired quality of life.

Mental Health Advance Directive

Use this form to state your instructions about your mental healthcare, or to appoint an agent to make decisions for you in this area. This form would be used if symptoms of an illness interfered with your making decisions for a while. It helps your advocate and care team make medical decisions based on what matters most to you.

Physician Orders for Life Sustaining Treatment (POLST)

Use this form to tell healthcare workers about your basic goals of care. You will keep this form with you, and post it where others can easily see it in an emergency, such as on the front of your refrigerator or medicine cabinet.

On the POLST form, you can choose:

- To allow all treatment options
- To receive treatment only for short-term problems
- To receive comfort care only

For example, if you choose “comfort care only,” this form tells Emergency Medical Technicians (EMTs) not to start cardiopulmonary resuscitation (CPR) if you have a heart attack at home. This means your family can call 911 for help, but they would not give you CPR, since it is not what you wanted.

Palliative Care

Palliative care is a special type of medical care for people with serious illnesses. The goal of palliative care is to improve quality of life for patients and their family members. This care helps patients and families manage the stress, pain, and other symptoms that a serious illness can cause.

Palliative care may be helpful at any age, and at any stage in a serious illness. It can be provided while a patient is being treated for an illness. It may also be provided when a patient has ended treatment and wants care that will enhance their quality of life.

Palliative care is an important part of the care we provide at UWMC. Our palliative care team works with the patient's medical team, the patient, and the patient's family to develop the best and most holistic treatment plan for that patient.

We can help you and your family:

- Live the best possible life
- Connect to information and resources
- Manage the feelings that come with serious illness
- Talk about complex medical issues and make important decisions
- Communicate your wishes and concerns to your entire care team
- Match your medical treatments to your healthcare goals
- Make end-of-life care decisions
- Build memories and legacies for your family through letters and recorded stories
- Navigate the grief process

If you are thinking about palliative care for yourself or a loved one, ask your primary doctor for a Palliative Care Consult. A member of the palliative care team will meet with you, your family, and a member of your main care team to learn more about what is most important to you.



Patient Relations

Patients or their family members may report concerns about quality of care, safety, or services to any hospital staff person. They may also contact our Patient Relations department with any questions, concerns, complaints, or compliments.

Patient Relations staff are resources for UWMC patients and their families. It is our goal to resolve all patient safety and care issues. You can call Patient Relations at either 206.668.3477 or 206.598.8382.

You may also report unresolved concerns about care safety or quality to:

- Washington State Department of Health, (1) 800.633.6828
- The Joint Commission, (1) 800.994.6610

Medical Terms You May Hear

Acute illness - Illness that is short term. It often begins suddenly, has severe symptoms, and needs urgent care.

Analgesic - A drug that is used to ease pain. Also called a “painkiller.”

Antibiotic - A drug that is used to treat infections caused by bacteria or other germs.

Assessment - A process of gathering and writing down information.

Blood pressure (BP) - The force of blood as it moves through your arteries. Your blood pressure rises each time your heart beats and falls when your heart relaxes. BP readings are written as 2 numbers, such as 115/75 (115 over 75). The top number is the pressure when your heart is pumping. The bottom number is the pressure when your heart is at rest.

Chronic illness - An illness that lasts a long time and usually progresses slowly.

Foley catheter - A thin, sterile tube that is inserted into the bladder to drain urine. The urine drains into a bag.

Holistic care - Patient care that considers all aspects of a person’s health, including their physical, emotional, social, economic, cultural, and spiritual needs.

Incentive spirometer - A device that helps you take deep breaths. Using this device after surgery helps prevent lung infection (*pneumonia*).

Intravenous (IV) catheter - A small plastic tube placed in a patient’s vein to deliver medicines, fluid, and nutrition.

Isolation - Keeping patients apart from other patients. Patients who have an infection, or who are at risk for infections, are often kept in isolation. Anyone entering their room may need to wear a mask, gloves, and a gown.

IV pump - A machine that controls the amount of fluid going through an IV tube. Also simply called a “pump.”

Monitor - A screen that looks like a TV. A monitor displays the patient’s vital signs such as heart rate and blood pressure.

Nasal cannula - A small plastic tube placed at the nostrils to deliver oxygen.

NPO - An order specifying that the patient cannot have anything to eat or drink. NPO comes from the Latin *nils per os*, which means “nothing by mouth.”

Patient-controlled analgesia (PCA) - Any method that allows a person in pain to control their pain relief. PCA uses a pump that gives a small amount of pain medicine when the patient presses a button.

Pressure injury - A skin lesion or sore that forms when the blood supply to the skin is cut off for a while. It is often caused by pressure and lack of movement. It is also called a *decubitus* sore, skin ulcer, or bed sore.

Rounds - Patient visits by the care team to talk about the patient’s condition, progress, and care plan. *Medical rounds*, when the main care provider visits, usually occur at a specific time of the day. Nurses also do *hourly rounds* during the day and every 2 hours at night to check on each patient’s comfort and safety. We welcome family members to take part in rounds.

Safety check - A way that nurses verify your care when they change shifts.

Sedative - A drug that relaxes you.

Sequential compression devices (SCDs) - Leg wraps that inflate from time to time. SCDs improve blood flow in your legs and help prevent blood clots.

Vital signs - Your temperature, heart rate (pulse), respiration, blood pressure, and the amount of oxygen in your blood (“O2 sat”).

Patient and Family Centered Care

At UWMC, patients and their families and loved ones play a vital role in healthcare. This is called “patient and family centered care.”

We honor the strengths, priorities, and preferences of each patient and their loved ones. We involve them in care decisions every step of the way. We embrace six main concepts: information sharing, partnership and strengths, communication, choices, and respect.

We understand and respect our patients. We share treatment plans, test results, and other information about their health in a timely manner. We encourage a partnership between the care team, the patient, and their loved ones. This way, we make sure that we consider each patient’s unique desires and needs.

We always seek to improve how we deliver care. We ask our patients and families for their feedback through patient satisfaction surveys and patient advisory councils.

Patients and Families As Advisors

Advisory councils are made up of patients, their families, and UWMC staff members. As members of a council, patients tell us about their care experience at UWMC. The council then works together to make improvements. We currently have councils for these areas: inpatient, intensive care (ICU), neonatal intensive care (NICU), outpatient, rehabilitation services, and transplant.

Advisors are patient and family volunteers. They work with UWMC providers and staff to improve the care experience for everyone. This partnership is central to UWMC services.

Patient and family advisors help improve the care experience by:

- Working on councils in partnership with staff, nurses, and doctors in the specific areas where they have received care.

- Becoming “e-advisors.” This role is ideal for those who want to do their volunteer work from home. E-advisors give opinions by email about hospital policies, practices, and health education materials.
- Helping UWMC review our programs and policies. Advisors help design, implement, and evaluate healthcare programs and policies to help ensure the best possible care for patients and their families.
- Serving on hospital committees, taking an active role in helping with guidelines and processes.
- Working with staff and providers-in-training to help them learn directly from patients and families about the care experience.
- Taking part in one-time discussion groups focused on one department or service.

Advisors:

- Share insights and experiences in productive ways
- See beyond their own personal experiences
- Respect diversity and differing opinions
- Are good listeners
- Collaborate on solutions
- Are passionate about enhancing the care experience
- Volunteer 2 or more hours a month

Any patient who has recently received or is currently receiving care at UWMC may serve as an advisor. Family members may also be advisors if their loved ones have recently received or are currently receiving care.

To learn more about becoming an advisor, please email pfcc@uw.edu or call 206.598.7448.

UW Medicine Patient Rights and Responsibilities

As a UW Medicine patient, you have these rights:

- Patients have the right to personal dignity.
- Patients have the right to reasonable access to care and treatment and/or accommodations that are available or medically advisable regardless of one's race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability, age, status as a disabled veteran, having an advance directive or ability to pay for care.
- Patients have the right to express their values and beliefs and to exercise spiritual and cultural beliefs that do not interfere with the well-being of others or their planned course of treatment.
- Patients have the right to care that is considerate and respectful of their cultural and personal values and beliefs, as well as their psychosocial values and preferences.
- Patients have the right to reasonable access to an interpreter when they do not speak or understand the English language.
- Patients have the right to a reasonably safe and secure environment.
- Patients have the right to be free from all forms of abuse, exploitation or harassment.
- Patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member or others, and must be discontinued at the earliest possible time.
- Patients, the family, and/or their legally authorized decision-maker(s) have the right, in collaboration with their doctor, to be informed and make decisions involving their healthcare, including the right to accept medical care or to refuse treatment to the extent of the law and to be informed of the medical consequences of such refusal.
- Patients have the right to be informed of outcomes of care, treatment and services, including unanticipated outcomes.
- Patients have the right to access their own health information, request amendment to it, request and receive an accounting of disclosures about it, as permitted under applicable law.
- Patients have the right to make complaints if they feel that their health information has been used or disclosed inappropriately.
- Patients have the right to have a family member or representative of their choice and their own doctor (if requested) notified promptly of their admission to the hospital.
- Patients have the right to formulate advance directives regarding end-of-life decisions and mental health treatment and have the hospital follow those directives to the extent allowable by hospital policy, state and federal law.
- Patients have the right to appoint a surrogate to make healthcare decisions on their behalf to the extent of the law.
- Patients have the right to be fully informed of their healthcare needs and the alternatives for care when a hospital cannot provide the care a patient requests. If it is necessary and medically advisable, the patient may be transferred to an appropriate and acceptable facility.
- Patients have the right to effective pain management. Pain will be assessed and managed as deemed medically appropriate.
- Patients have the right to consideration for their personal privacy and confidentiality of information (examples: patients may request that communication about their health information be made at alternative locations; request that their PHI not be shared with a previous provider; request that certain disclosures of their health information be restricted; or request to restrict disclosure of PHI about the patient to a health plan if the patient has self-paid in full prior to the service).
- Patients have the right to know the name of the doctor and other practitioners who have primary responsibility for their care, and to know the identity and professional status of individuals responsible for authorizing and performing procedures and care.
- Patients have the right to have reasonable access to people outside the medical center by means of visitors, and by verbal and written communication. Patients have the right, subject to their consent, to receive visitors they designate, including but not limited to a spouse, domestic partner, another family member, or a friend, and have the right to withdraw or deny such consent at any time. Such access is permitted so long as it does not interfere with the provision of patient care services and a reasonably safe and secure environment. Any restrictions on communication are fully explained to the patient and/or family.

- Visitation privileges are not restricted, limited or denied on the basis of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability or age. All visitors enjoy full and equal visitation privileges consistent with patient preferences.
- Patients have the right not to participate in investigative studies, and they will be informed of alternative care options.
- Patients have the right to participate in ethical questions and concerns that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawing of life-sustaining treatment and participating in investigational studies or clinical trials.
- Patients have the right to have access to spiritual care.
- Patients have the right to have access to a written statement that articulates the rights and responsibilities of patients (Notice of Privacy Practices). The summary statement is available in several languages specific to the populations served. If the patient cannot read, has special communication needs, or if the statement is not available in their language, an interpreter will be available.
- Patients have the right to access protective services. Children or vulnerable adults who are unable to care for themselves have the right to protective intervention by the appropriate agencies to correct hazardous living conditions, abuse, neglect or exploitation.
- Patients have the right to make complaints about their care and receive a timely response according to the established policy and guidelines available in all patient care areas. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.
- Patients have the right to request and receive an itemized and detailed explanation of their bill for services rendered.

As a UW Medicine patient, you have these responsibilities:

- Patients have the responsibility to provide, to the best of their knowledge, accurate and complete information and to report any changes in their condition to their practitioner.
- Patients have the responsibility to participate in discussion about, and to ask questions about, their plan of care.
- Patients have the responsibility to inform the care team if they do not clearly understand a contemplated course of action and what is expected of them.
- Patients have the responsibility of notifying their healthcare providers when a cultural situation exists concerning the healthcare process.
- Patients are responsible for following the treatment plan to which they agreed. Patients and their families are responsible for the outcomes if they do not follow the care, treatment and service plan.
- Patients are responsible for their personal belongings. This includes, but is not limited to dentures, eyeglasses, crutches, wheelchairs and personal items such as jewelry. The medical center is not responsible if these items are damaged or misplaced while here.
- Patients are responsible for the following rules and regulations affecting patient care and conduct:
 - Patients may not disturb other patients.
 - Patients may not disrupt or interfere with care provided to other patients and the operations of the medical center.
 - Patients may not conduct any illegal activities on the premises of the medical center.
 - Patients may not smoke or use tobacco products on the medical center campus.
- Patients are responsible for providing accurate personal identification information.
- Patients are responsible for providing updated financial information and meeting any financial obligation to the hospital.
- Patients are responsible for being considerate of the rights of other patients and medical center personnel.
- Patients are responsible for informing the care team if they have special needs.
- Patients are responsible for being respectful of the property of other persons and the medical center.
- Patients are responsible for reporting any complaints or concerns to a member of their healthcare team, who will then contact appropriate staff.

