

I acknowledge that I have been provided with a copy of the Greeley County Health Services Observation admit folder which includes but not limited to the following information:

- Letter from GCHS Healthcare TEAM
- Medicare Observation
- BCBS/Commercial Insurance/Kansas Medicaid/Other Insurance
- Insurance/Financial Information
- Physician Fees
- Care Planning Process/Discharge Information/Care Transitions
- Personal Items
- Valuables
- Dietary
- Visiting Hours
- Receiving Mail
- Receiving Phone calls
- Advanced Directives
- Organ Donation and Procurement
- Notice of Privacy Practices
- Patient Grievance/Complaint/Concern/Compliment/Area to Improve on
- Compliments
- Grievance Coordinator/Risk Manager
- Patient Grievance/Complaint/Concern/Compliment/Area to Improve on Form

● Medications

____ / ____ / ____
Date

Signature of Patient

____ / ____ / ____
Date

Signature of Personal Representative

Relationship

____ / ____ / ____
Date

Signature of Hospital Staff

____ / ____ / ____
Date

Signature of Staff per Phone/Verbal Consent

Signature of Staff per Phone/Verbal Consent

Patient	Hospital Number	Provider



Dear Valued Patient and Loved Ones:

We would like to personally welcome you to Greeley County Health Services and to immediately thank you for entrusting us with your care. We see this trust as the most important relationship we have in our community. All of our team here at Greeley County Health Services work together to provide you with the very best care.

As caregivers we seek to provide you comfort, education, information and the necessary treatments you need. We also seek to include you in the decisions surrounding your care, privacy and respect that you deserve. Please let us know if there is anything we can do for you or your loved ones that would make you more comfortable or ease any concerns that you may have.

We are blessed to have a talented and caring group of physicians and mid-level providers who have the medical knowledge and compassion to help direct your stay. Our nursing team is second to none in their ability to make you feel like you are their top priority - because you are. Our technology is leading edge and our touch is a bit softer. Our goal is to combine these elements to help and to heal.

If you have any questions or concerns, please do not hesitate to ask. We are here to continue to earn your trust, close to home, here in Tribune. Again, thank you for choosing us to care for you.

Sincerely,

Your GCHS healthcare TEAM

Observation Level of Care**Medicare Observation:**

- Medicare requires that your physician and the hospital determine the correct billing status for your hospital stay based on established clinical guidelines that consider the severity of your illness and the services your doctor has ordered.

Based on these guidelines, your physician has determined that your billing status for this hospital stay is Observation, which means the following.

- Your expected length of stay in the hospital is anywhere from 1 to max of 48 hours. Your physician will decide your actual length of stay based on your progress.
- Medicare Part B covers outpatient hospital services. Generally this means you pay a copayment for each individual outpatient hospital service. This amount may vary by service. You will have a set deductible to meet each year as well as a 20% coinsurance of what Medicare allows.
- You have an Outpatient billing status, even though you are in a hospital bed and receive some of the same services as an inpatient. This stay will be billed under Medicare Part B, the same part of Medicare that covers office visits and outpatient tests.
- You or your supplemental insurance, if any will be responsible for any unpaid portion of your yearly Part B deductible and for the 20% coinsurance.
- You may be liable for some charges on your bill if they are not covered under Medicare Part B.
 - Generally, the prescription and over-the-counter drugs you get in an outpatient setting, sometimes called "self-administered drugs," are NOT covered by Part B.
 - Bring your medications from home with you to the hospital in the original bottles. Do NOT bring medications in a pill container, preset up.
 - Greeley County Health Services will use your home medications in original bottles during your outpatient stay. You will not be charged for the medications if we use your home medications.
 - If we use hospital medication stock, you will be charged for the medications. With hospital stock medications you will likely have to pay for out of your own pocket.
 - If you have Medicare prescription drug coverage (Part D), these drugs may be covered under certain circumstances. You likely will need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Call about your insurance plan for more information.
- Your time in Observation does not count toward the three midnight inpatient stay requirement for admission to a Swing Bed.
- If your condition requires a longer hospital stay, your doctor will convert the hospital stay into an inpatient acute care as long as you meet the clinical guidelines for that level of care.

BCBS/Commercial Insurance/Kansas Medicaid/ Other insurance:

- Upon admission to Outpatient/Observation level of care, GCHS will need a copy of your insurance card.
- All healthcare insurance companies have different requirements.
- You may contact your insurance company to verify coverage and requirements.
- It is important for the patient to be aware that an insurance policy is a contract between you and the insurance company. GCHS is not a party to that agreement.

- Your insurance will be contacted by the GCHS Admission staff and provided with requested clinical information.
- Most insurance companies do not require preauthorization for Observation level of care.
- Clinical information may be given to your insurance company depending upon their requirements.
- GCHS and your insurance company(ies) have the right to discuss your insurance benefits.
- GCHS may help the patient, family or personal representative to complete forms needed to receive benefits from your insurance. Any amount paid directly to GCHS on your behalf will be credited to your account.
- At the completion of your hospital stay your insurance will be filed for you.
- You are ultimately responsible for your account.
- A statement of your account will be sent to you. If you have any questions regarding the hospital statement, please call the GCHS billing office at 620-376-4221 extension 505. GCHS will work closely with you, family member or responsible party in meeting your financial obligations. The business office is located at 321 East Harper, PO Box 338, Tribune, Kansas 67879

Physician Fees:

- During your hospitalization, more than one physician may be making hospital rounds and providing your care.
- Medicare directives required that each physician who sees the patient must individually bill the patient and submit the claim from his or her services to the patient.
- In the past, all care was billed by the admitting physician only.
- Therefore, it is possible that you may receive a statement from another physician and the admitting physician for care provided while you were hospitalized.
- Please be assured that the total days of billing by a physicians will not exceed what you would have been billed by a single physician before this Medicare regulation went into effect.

Patients Responsibility:

- Patients are responsible to notify family, friends and relatives of their admission to the hospital.
- We respect all patient rights and confidentiality.
- Confidentiality is both a right and a responsibility.
- Please be aware that what you tell another patient, visitor or family member is not legally confidential.
- We encourage you to recognize your responsibility to choose what you discuss with others.
- To better ensure confidentiality of our patients, the area within the nurse's station is designated for staff only.

Care Planning Process/Discharge Information/Care Transitions:

- The patient, family and/or responsible party are encouraged to be involved in the care and discharge planning/care transition process.
- Discharge and Care planning process starts during the admission process.
- As discharge needs are identified, they will be addressed.
- The physician, staff and patient will work together to determine when you are ready to be discharged.
- A nurse will review your physician discharge instructions/care transitions with you.

Personal Items:

- If the patient desires specific personal supplies such as toothpaste, toothbrush, denture supplies, combs, deodorants, powders, shaving supplies, lotions, cosmetics, kleenex, and other items the patient/family must provide them.
- GCHS has personal supplies available for use if needed.

Valuables:

- It is best to send valuables (cash, jewelry) home with your family/friends.
- Patients are welcome to place valuables in a yellow envelope that will be sealed and placed in the lock-up. Please remember to request the valuables at time of discharge.
- GCHS is not responsible for loss, damage or theft of valuables or personal items.
- Any money or personal item may be kept by the patient at their bedside but it becomes their responsibility.

Dietary:

- The patient completes a menu daily to request meals.
- **Meals Times:** Breakfast: 7:15 A.M.
Lunch: 11:15 A.M.
Supper: 5:15 P.M.
- If you are served food that you cannot eat or do not like, let the nursing staff know right away. The nursing staff will notify dietary and provide other food options such as fresh fruit, soup and sandwiches which are available anytime upon your request.
- **Guest Meals:** Guests, family or friends of hospital patients may purchase meals and eat with the patient in their room or dining room.

Visiting Hours:

- The Hospital's visitation hours are 8:00 AM to 9:00 PM.
- We recognize the importance of visitation and social contact to the emotional and psychosocial well-being of a patient.
- GCHS will make reasonable attempts to accommodate special requests if a significant person in the patient's life cannot arrange visitations during these hours due to factors such as work.
- We will honor the patient's requests to the best of our ability to immediate access to family and other relatives regardless of the hour of the day.
- If the patient is able, visitation may occur in patient room, quiet room, lobby or the dining room.
- There is also a gazebo area in between the LTC and hospital that may be used when weather permits.
- Visitation may be restricted at the discretion of the nursing staff, physician, patient and/or family members.
- Children under 12 years old must be accompanied by a responsible adult.

Medications:

- Home medications will be used during your Observation hospitalization.
- Home medication used is found in the medical record. You will not be charged for the home medications used.
- A new medication will be called into your pharmacy during the hospitalization.

- If hospital medications are used during your Observation hospitalization, your insurance will be billed. Depending upon your insurance, the unpaid amount will be the patient's responsibility.
- The physician will order what medications you will be given during your hospitalization.
- The nursing staff will be responsible for administering your medications.
- Upon discharge, you will receive a discharge sheet that will include what medications to take when discharged.

Receiving Mail while in hospital:

Mailing Address:

Greeley County Hospital & LTC
506 3rd Street
PO Box 338
Tribune, Kansas 67879

Receiving Phone calls while in hospital:

- The Greeley County Health Services number is 620-376-4221.
- Patients can receive phone calls directly into their hospital room by informing their friends and family of the following steps.
 - Locate the extension number on the phone in the patient room.
 - Call the hospital phone number
 - When the recorder comes on, enter the extension number and #.
 - The phone will ring in the patient room.
- Patients are welcome to use their cell phones or other electronic devices as needed

Advanced Directives:

- As a patient you are not required to have an advanced directive to receive care.
- If you have an advanced directive, GCHS will follow your personal request.
- If you would like to create an advanced directive, our Social Service Designee will be available to assist you.
- There is no charge in creating an advanced directive. The form will be notarized. The patient will be given the original. The advanced directive will be scanned into the electronic medical record.

Organ Donation and Procurement Information:

- Midwest Transplant Network (MTN) is the organ donation and procurement organization that works with GCHS.
- The MTN has a rich history of partnering with area hospital to bring the gift of life to those in need.
- If you have a question about our services, please call 913-262-1668 or go to the following web site. <http://www.mwtn.org/sites>

Notice of Privacy Practices:

- GCHS Notice of Privacy Practice is hanging in the hallway glass cabinet just as you are entering the hospital. A copy of the Notice of Privacy Practices is available upon request.

Patient Grievance/Complaint/Concern/Compliment/Area to Improve on:

- It is the desire of GCHS to have prompt resolution of patient grievances, complaints and concerns.

- If you have a concern about your care and/or treatment, we encourage you to speak with any GCHS staff, Nursing staff, Director of Nursing, Physician and/or Grievance Coordinator/Risk Manager or complete a Grievance/Complaint/Concern/Compliment/Area to Improve on Form.
- You may direct your concern or grievance verbally or in writing.
- A Patient Grievance/Complaint/Concern/Compliment/Area to Improve on form is included in this Admit folder.
 - The completed form needs to be given to any GCHS staff, Risk Manager, Administrator and/or Chief of Medical Staff to access the Risk Management Process.
 - The completed form may be place in the box outside Lisa Larkin, RN, Risk Manager/Grievance Coordinator's office.
- The Grievance Coordinator/Risk manager and/or GCHS staff will visit with you in a private confidential setting about the concern.
- The patient or representative may initiate the grievance process without fear of discrimination, restraint, retaliation or interference.
- GCHS has an established process for prompt, consistent resolution of patient grievances, complaints, concerns and area to improve on.
 - All concerns are taken seriously and an investigation will be completed.
 - The Risk Management process provides opportunity to review process and make any needed changes.
 - GCHS welcomes opportunity to improve our patient care and experience.
 - The Risk Management process is a confidential PEER review. The Risk Management goal is to improve our process so the concern never happens to another patient again.
- GCHS is committed to ensuring that the highest quality of care is provided to all who utilize our services and seek out care here.
- Patients or representative have the right to contact the Kansas Department of Health and Environment Services directly regardless of whether the patient has used GCHS grievance process.
 - Kansas Department of Health and Environment Services (KDHE)

1000 SW Jackson St, Topeka, KS 66612
1-785-296-1500 Phone

Compliments:

- The Patient Grievance/Complaint/Concern/Compliment/Area to Improve form is the same.
- GCHS would love to hear about your health care team's performance.
- Please return the form to any GCHS staff, manager or the Risk Manager.
- The completed form may be place in the box outside Lisa Larkin, RN, Risk Manager/Grievance Coordinator's office.
- It is the desire of GCHS to recognize our team members.

Grievance Coordinator/Risk Manager:

● Greeley County Health Services, Lisa Larkin, RN Grievance Coordinator/Risk Manager
506 3rd Street
Tribune, Kansas 67879
620-376-4221 ext. 114
llarkin@mygchs.com

GCHS Observation Admit Folder

- Patient and/or legal representative may contact Lisa by phone, writing, mail, e-mail, in person or any other method deemed necessary.
- A completed form may be place in the box outside of Lisa's office or given to any GCHS staff.

