



A GUIDE TO

# Your Hospital Stay



**UPMC** | **PASSAVANT**  
CRANBERRY



## WELCOME LETTER FROM SUSAN E. HOOLAHAN, PRESIDENT

Welcome to UPMC Passavant–Cranberry and thank you for trusting us with your care.



At UPMC Passavant–Cranberry, we know that quality is more than state-of-the-art clinical services and advanced technology – quality is treating our patients with care and compassion, listening to their ideas, and using their feedback to improve our services. We also know that hospital stays can be stressful, so we have developed a few ways to help you feel as comfortable as possible.

During your stay, you can expect to be visited by a nurse leader, who manages all staff members on your unit. We call this **nurse leader rounding**. This visit will take less than 5 minutes and helps us to be sure that your care needs are being met. You will also see our nurses doing **bedside shift report**, which is when the nurse going off duty meets with you, your support person(s), and the nurse going on duty who will start taking care of you. Please use these opportunities to ask questions and share any concerns or suggestions you may have.

You will also see a white board in your room called the **communication board**, which is a tool we use to help keep you updated on the important details of your care during your stay. This will list things such as your room number, diet, activities, upcoming tests, and the names of your care team members. Each day, we will also give you a printed document called **My Daily Plan of Care** that will list your scheduled procedures, tests and lab results, and medicines. We encourage you to share this care plan with your support person(s).

Your feedback is important to us as it guides how we care for our patients. **Nurse leader rounds, bedside shift report, communication boards, and My Daily Plan of Care** are ways for you to tell us about your needs and share any concerns you may have about your care.

After you leave the hospital, **you may receive a survey through mail or email** that will ask you questions about your stay. I would like to personally request that you please take a few moments to complete this survey to let us know how we did. Your input is very important in our efforts to give our patients and support persons the best possible experience.

I want to personally thank you for choosing UPMC Passavant–Cranberry. With your help and input, we can continuously improve the services we provide.

Sincerely,

**Susan E. Hoolahan**  
President, UPMC Passavant



# LANGUAGE INTERPRETATION SERVICES

You have access to interpretation services 24 hours a day, 7 days a week at no cost to you.

This chart includes languages commonly spoken in our community. Additional languages are available. For more information or to request language interpretation services, please ask a care team member.

## English: Do you speak [language]? We will provide an interpreter at no personal cost to you.

Spanish \_\_\_\_\_  
**Spanish** ¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted.  
**Español**

\_\_\_\_\_ Somali  
**Somali** Ma ku hadashaa Af Soomaali? Waxaan kuu helaynaa tarjumaan bilaa lacag ah.  
**Af Soomaali**

Nepali \_\_\_\_\_  
**Nepali** तपाईं नेपाली बोल्नुहुन्छ? हामी तपाईंको लागि निःशुल्क रूपमा दोभाषे उपलब्ध गराउने छौं।  
**नेपाली**

\_\_\_\_\_ Burmese  
**Burmese** သင် မြန်မာစကား ပြောပါသလား။ မြန်မာ ကျွန်ုပ်တို့ စကားပြန် တစ်ဦးကို သင့်အတွက် ကုန်ကျစရိတ် မရှိစေပဲ ပေးပါလိမ့်မည်။  
**မြန်မာ**

Arabic \_\_\_\_\_  
**Arabic** هل تتحدث اللغة العربية؟ سوف نوفر لك مترجمًا فورًا بدون أي تكلفة عليك.  
**اللغة العربية**

\_\_\_\_\_ Kirundi  
**Kirundi** Uvuga ikirundi? Tuzokuronsa umuntu agusigurira ata mahera utanze.  
**Ikirundi**

Mandarin \_\_\_\_\_  
**Mandarin** 您讲国语吗？我们将免费为您提供翻译。  
**中文**

\_\_\_\_\_ Bengali  
**Bengali** আপনি কি বাংলায় কথা বলেন? আমরা আপনাকে একজন দোভাষী (ইন্টারপ্রিটার) দেব যার জন্য আপনার ব্যক্তিগতভাবে অর্থব্যয় করতে হবে না।  
**বাংলা**

Swahili \_\_\_\_\_  
**Swahili** Je, unazungumza Kiswahili? Tutakupatia mkalimani bila gharama yoyote kwako.  
**Kiswahili**

\_\_\_\_\_ Korean  
**Korean** 한국어를 사용하십니까? 무료로 통역 서비스를 제공해 드리겠습니다.  
**한국어**

Russian \_\_\_\_\_  
**Russian** Вы говорите по-русски? Мы абсолютно бесплатно предоставим вам переводчика.  
**Русский**

\_\_\_\_\_ Kinyarwanda  
**Kinyarwanda** Mbese uvuga ikinyarwanda? Tuzaguha umusemuzi utiyishyurira wowe ubwawe.  
**Ikinyarwanda**

Vietnamese \_\_\_\_\_  
**Vietnamese** Quý vị nói được tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị.  
**Tiếng Việt**

\_\_\_\_\_ French  
**French** Parlez-vous français ? Nous vous fournirons gratuitement un interprète.  
**Français**

Uzbek \_\_\_\_\_  
**Uzbek** Siz O'zbek tili da gaplashasizmi? Biz bepul tarzda sizga tarjimon beramiz.  
**O'zbek tili**

\_\_\_\_\_ Italian  
**Italian** Parla italiano? Le forniremo gratuitamente un interprete.  
**Italiano**



American Sign Language (ASL)



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## TIPS FOR YOUR HEALTH AND SAFETY IN THE HOSPITAL

- **Review your care plan.** Each day you will receive a printed document called *My Daily Plan of Care*. It has information about your care in the hospital such as diet, tests, and laboratory results. Please ask your nurse if you do not receive the document.
- **Talk to your health care team.** Feel free to ask questions or have something explained if you do not understand. We encourage you to take notes and include your support person(s) to help you make important decisions.
- **Know your medicines.** Do not take any of your personal medicines unless your doctor or nurse tells you it is okay. You should give them to someone to hold for you. Before you leave, you should know the names of your medicines, the reason you need to take them, and possible side effects.
- **Control your pain.** We want you to be as comfortable as possible. Let us know as soon as you start to feel pain. If you get pain relief before the pain becomes bad, it takes less medicine to make you feel better.
- **Get your rest.** Rest is an important part of the healing process. Earplugs are available to help reduce noise. Please ask a member of your care team.
- **Prevent infections.** The most important step in preventing the spread of germs and infection is **handwashing**. When washing, rub your hands together vigorously. It's OK to ask anyone who enters your room if they have washed their hands! Try not to touch medical devices and minimize clutter in your room so surfaces can be cleaned.
- **Be a partner in your care.** Devices that go inside your body, such as a catheter in your bladder or an IV in your arm or neck, may be a source of infection if left in longer than necessary. It's OK to ask a care team member when they can be removed.
- **Be aware of fall risks.** There are many reasons people feel unsteady when getting out of bed or walking by themselves. As needed, ask for help before getting up. Non-slip socks are also available. Ask your nurse. If you are at a greater risk for a fall, you will be given a yellow wristband as a visual safety precaution.
- **Stay active.** An important part of feeling better is getting out of bed and moving. Talk with your care team about safely getting out of bed.
- **Protect yourself and others by not smoking.** Smoking is not allowed on UPMC property. This includes hospitals, facilities, and grounds, including parking lots, garages, and other outdoor locations such as UPMC-owned sidewalks.



For a full library of health education materials, go to [UPMC.com/HealthLibrary](https://www.upmc.com/HealthLibrary).



## CONDITION HELP

Condition Help is a patient safety hotline that patients and support persons can call when there is:

- An emergency when patients or support persons cannot get the attention of hospital staff
- A communication breakdown with the care team in how care is given
- Uncertainty over what needs to be done

**To activate Condition Help, dial 412-748-4341 from any phone and a rapid response team will be sent to your room.**



## SAFETY AND SECURITY

We want to keep all patients, support persons, and staff safe. Security is available 24 hours a day, 7 days a week. To contact Security, please call **724-772-5371**.

### Patient Personal Property

Please leave personal property at home or with a support person. If that is not possible, please tell your nurse. UPMC is not responsible for any patient valuables or other personal property brought to the hospital. Do not bring in or use appliances that plug into wall outlets (fans, radios, televisions, heating pads, or blankets). Most battery-powered devices are allowed. Please check with your nurse.

### Video and Photography

UPMC reserves the right to prohibit, for any reason, personal photography or video or audio recording by a patient, a patient's family member, or a patient's visitor. Photographing, filming, or recording another patient, or a UPMC staff member, without that person's consent is never permitted. Violations may result in confiscation of the photograph or recording, and/or requiring the person violating the policy to leave the UPMC hospital. Photographing or filming the birth of a baby may be permitted, subject to appropriate limitations, when all parties have given their consent.

### Security Escort Service

Security is available to walk you to your car after hours. For an escort, please ask a staff member to contact Security.

### UPMC No Weapons Policy

UPMC does not allow weapons or illegal substances of any kind on its property, regardless of any permits you may have. UPMC reserves the right to search patient rooms and belongings, and to remove medicines or supplements not prescribed by your doctor, as well as weapons, illegal substances, or other items considered unsafe for the care environment.



## TV CHANNELS

Television service is provided free for our patients.

2	KDKA (CBS)	32	Comedy Central
3	CNN	33	Cartoon Network
4	WTAE (ABC)	34	Nicktoons
5	Syfy	35	ESPN2
6	CW	36	History Channel
7	TBS	37	TruTV
8	Nickelodeon	38	MTV
9	WPGH (FOX)	39	VH1
10	Local Information	40	WPCB IND
11	WPXI (NBC)	41	Turner Classic Movies
12	ESPN	42	CNBC
13	WQED (PBS)	43	AT&T SportsNet
14	QVC	44	Freeform
15	FOX News Channel	45	AMC
16	ION	46	C-SPAN
17	Disney Channel	47	PCN
18	Discovery Channel	48	EWTN
19	HSN	49	Inspiration
20	MSNBC	50	School Channel
21	TV Land	51	FX
22	My Pittsburgh TV	52	Travel Channel
23	USA	53	CMT
24	Headline News (HLN)	54	HGTV
25	The Weather Channel	58	Animal Planet
26	Food Network	59	Bravo
27	TLC	60	E!
28	A&E	66	Pentagon Channel
29	Lifetime	63	Spike
30	TNT	70	TVN Direct
31	PCNC		



## AMENITIES AT UPMC PASSAVANT-CRANBERRY

### Meals

Diet plays an important role in your recovery, and we want to make sure you have the best diet to fit your needs and physical condition. A meal service host will contact you each day for your selections. If you are not in your room when a host visits, they will reach you later to take your meal selections. If they are unable to take your meal selections, you will receive the “Daily Special” for your next meal.

If you have any questions about your diet or food selections, please speak with a meal service host or call **412-748-6480**.

### Guest Trays

Guest trays are available for support persons. Please place an order with a meal service host. All guest trays can be paid by visiting the café.

### Café

The café is located on the 1<sup>st</sup> floor and offers a morning breakfast menu, fresh pastries and donuts, soups, sandwiches, and grab-n-go salads and sides.

### Wireless Devices and Internet Access

We offer free wireless Internet access for all patients and support persons.

To connect, follow these 3 easy steps:

1. Go to “Wi-Fi” or “Network Connections” on your laptop or mobile device.
2. Choose “**UPMC Guest**” to connect.
3. Press “accept” to verify that you have read and accepted the Acceptable Use Policy.

Please read and follow all signs posted in the hospital about restrictions on the use of cell phones, computers, and other wireless devices.

### Passavant Hospital Foundation

Passavant Hospital Foundation supports UPMC Passavant–Cranberry and UPMC Passavant–McCandless by advancing health and wellness through education, outreach, and grant-making to help serve patients, their support persons, and our community. Visit [PassavantHospitalFoundation.org](http://PassavantHospitalFoundation.org) to learn more.



PASSAVANT HOSPITAL  
FOUNDATION



## DISABILITIES RESOURCE CENTER

The UPMC Disabilities Resource Center (DRC) makes sure that health care is accessible to people with disabilities, including those who are deaf, hard of hearing, blind or have low vision, or those with mobility, speech, intellectual, cognitive, or behavioral disabilities. We offer accessibility, communication, and hearing assistance resources. Please let a staff member know of your needs.

### Service Animals

Service animals as defined by the Americans with Disabilities Act, are welcome in all public areas within UPMC facilities and in your room. Animals must be housebroken and under the control of their owner. If the owner is unable to care for the animal during their stay or visit, another person must be designated to do so. UPMC staff are not required to care for service animals.

For more information, visit [UPMC.com/DRC](https://www.upmc.com/DRC) or call **412-605-1483**.



## SPIRITUAL CARE

Spiritual Care is available to persons of all faiths. We know that your faith can be a great source of healing and comfort during your stay. We offer spiritual support to patients and their support persons by identifying the spiritual and emotional needs of all who desire our services. We are here to:

- Offer prayer, religious services, rituals, and sacraments
- Respond to crisis and emergency situations
- Assist patients and families to contact their clergy, spiritual advisor, or faith community
- Offer scripture and devotional items from different faith traditions

To place a request for Spiritual Care, please ask a member of your care team.



## PATIENT RELATIONS

Our Patient Relations coordinators are available to assist with any questions you may have about your care. If you are unable to resolve your concerns with your health care team, we can help. To contact us, please call **412-748-6863**.





## YOUR CLINICAL CARE TEAM

### **Doctors (Including Fellows, Residents, Intensivists, and Hospitalists)**

Doctors (MD or DO) diagnose, prescribe treatment, and are responsible for all aspects of patient care. They also supervise and train members of the care team. Doctors will consult with a specialist if needed.

### **Advanced Practice Providers (Nurse Practitioners and Physician Assistants)**

Advanced practice providers may include nurse practitioners, physician assistants, and others who support the work of your doctors by helping them treat patients, perform procedures, and document your care. They may accompany your doctor or see you separately.

### **Nurse Leaders (Unit Directors and Clinicians)**

Unit directors manage the unit and staff. Clinicians assist the manager with their responsibilities.

### **Registered Nurses and Licensed Practical Nurses (RNs and LPNs)**

Nurses provide care while working closely with your doctor(s). Care includes your physical care as well as giving and teaching you about your medicines, illness or procedure, and what you need to go home and stay well.

### **Patient Care Technicians (PCTs) and Nursing Assistants (NAs)**

Patient care technicians and nursing assistants provide your physical care. They help you to the bathroom, take your temperature, blood pressure and pulse, draw blood, and provide other care that you may need.



## VISITING INFORMATION

Visits from others is an important part of your recovery. We call visitors **support persons**, who have specific and important duties. The support person communicates with the care team, participates in bedside shift report, reviews the communication board, participates in discharge planning, and communicates to other family members and friends.

Support persons may include, but are not limited to, a spouse, domestic partner, family member, or friend.

Please ask a care team member about the current visiting hours and guidelines or go to the visitor information webpage at [UPMC.com/PassavantVisitors](https://www.upmc.com/PassavantVisitors).

### **PATIENT IDENTIFICATION NUMBER (PIN)**

To make sure we give you updates and information in an organized way, we ask that 1 support person be responsible for calling and receiving updates about the patient's condition. This person will be given a 4-digit pin number that will be needed to get information about the patient. This helps protect patient privacy.



# PATIENTS' NOTICE AND BILL OF RIGHTS

At UPMC, service to our patients and their families or representatives is our top priority. We are committed to making the hospital stay or outpatient service as pleasant as possible. We have adopted the following Patients' Rights to protect the interest and promote the well being of those we serve.

If our patient is a child, then the child's parent, guardian, or other legally authorized responsible person may exercise the child's rights on his or her behalf. Similarly, if the patient is declared incapacitated, cannot understand a proposed treatment or procedure, or cannot communicate his or her wishes about treatment, then the patient's guardian, next of kin, or other legally authorized responsible person may exercise the patient's rights on his or her behalf.

The following Rights are intended to serve the patient, his or her family (including same sex partners and domestic partners) and/or representatives or legal guardian and we will promote and protect these rights with respect to applicable UPMC policy, law and regulation.

As an individual receiving service at UPMC you have a right to be informed of your rights at the earliest possible moment in the course of your care, treatment or service and to exercise your rights as our partner in care.

## Plan of Care

**You have a right to:**

1. Participate in the development and implementation of your plan of care, including pain management and discharge planning.
2. Make informed decisions regarding your care, treatment or services, by being:
  - a. Informed in language or terms you can understand;
  - b. Fully informed about your health status, diagnosis, and prognosis, including information about alternative treatments and possible complications; when it is not medically advisable to give this information to you, it will be given to your representative or other appropriate person;
  - c. Involved in care planning and treatment;
  - d. Informed about the outcomes of care, treatment or services that you need in order to participate in current and future health care decisions;
  - e. Able to have your representative act on your behalf when necessary or desired by you;
  - f. Informed by your physician and making your decision if you will give or withhold your informed consent before your physician starts any procedure or treatment with you, unless it is an emergency;
  - g. Able to make advance directives and to have facility clinical staff and practitioners comply with these directives during your care;
  - h. Assured that a family member, including same sex partner or domestic partner, or a representative and your physician are notified as soon as possible if you are admitted to a hospital, unless you request that this is not done;
  - i. Able to request treatment; this does not mean that you can demand treatment or services that are medically unnecessary or inappropriate;
  - j. Able to refuse any drugs, treatments, or procedures offered by the facility, to the extent permitted by law, and a physician shall inform you of medical consequences of this refusal.

## Privacy, Respect, Dignity, and Comfort

**You have a right to:**

1. Personal privacy, including:
  - a. During personal hygiene activities, treatments, or examinations;
  - b. Sharing your personal information only with your consent unless otherwise permitted or required by law;
  - c. Deciding if you want your family involved in your care;
  - d. During clinical discussions between you and your treatment team members.
2. Choose who you would like to have as a visitor.
3. Give or withhold consent for the facility to produce or use recordings, films, or other images of you for purposes other than your care.

## Staff and Environment

### You have a right to:

1. Receive respectful care given by competent personnel in a setting that:
  - a. Is safe and promotes your dignity, positive self image, and comfort;
  - b. Accommodates religious and other spiritual services;
  - c. Is free from all forms of abuse, exploitation, or harassment or neglect;
  - d. Will assure that you will be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff;
  - e. Provided services without discrimination based upon race, color, age, ethnicity, ancestry, religion, sex, sexual orientation, gender identity, national origin, source of payment, or marital, familial, veteran, or disability status;
  - f. Gives you, upon request, the names and information as to the function of your attending physician, all other physicians directly participating in your care, and of other health care personnel having direct contact with you.

## Personal Health Information

1. You have the right to appropriate management of your personal health information as set forth in our Notice of Privacy Practices.
  - a. The hospital shall provide the patient, or patient designee, upon request, access to all information contained in his or her medical records, unless access is specifically restricted by the attending physician for medical reasons.

## Research and Donor Programs

1. You (or your legally responsible party, if you are unable) have a right to be advised when a physician is considering you as a part of a medical care research program or donor program. You must give informed consent before actual participation in such a program and may refuse to continue in such program to which you previously gave informed consent. A decision to withdraw your consent for participation in a research study will have no effect on your current or future medical care at a UPMC hospital or affiliated health care provider or your current or future relationship with a health care insurance provider.

## Other Health Care Services

### You have a right to:

1. Emergency procedures to be implemented without unnecessary delay.
2. Appropriate assessment and medically appropriate management of pain.
3. When medically permissible, be transferred to another facility after you or your representative has received complete information and an explanation concerning the needs for and alternatives to such transfer. The institution to which you are to be transferred must accept you for transfer.
4. Be assisted in obtaining consultation with another physician at your request and own expense.

## Quality, Support, and Advocacy

### You have the right to:

1. Be informed of how to make a complaint or grievance.

Information regarding how to file a grievance is included in the patient admission information. This information along with the Patient Rights and Responsibilities is posted in outpatient and registration areas, where a copy is also available upon request. The patient is considered advised of the right to file a grievance, as well as the contact information for the Patient Relations Department. Notification will also include that the patient may address his or her concerns to the following agencies:

Pennsylvania Department of Health (PA DOH), regardless of whether the hospital grievance process was used. The PA DOH address and telephone number will be provided as:

Pennsylvania Department of Health, Division of Acute and Ambulatory Care  
Room 532  
Health and Welfare Building  
625 Forster Street  
Harrisburg, PA 17120-0701  
**1-800-254-5164**

*continued>*

Joint Commission may be contacted using one of the following:

- At **www.jointcommission.org**, using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website.
- By fax to **630-792-5636**.
- By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

Livanta (for concerns regarding quality of care of premature discharge):

BFCC-QIO  
9090 Junction Drive Suite 10  
Annapolis Junction, MD 20701  
**1-866-815-5440**

2. Quality care and high professional standards that continually are maintained and reviewed.
3. Have the facility implement good management techniques that consider the effective use of your time and avoid your personal discomfort.
4. Know which facility rules and regulations apply to your conduct as well as to the conduct of family and visitors.
5. Access to an interpreter on a reasonable basis.
6. Access to an individual or agency that is authorized to act on your behalf to assert or protect your rights.
7. Examine and receive a detailed explanation of your bill.
8. Full information and counseling on the availability of known financial resources for your health care.
9. Expect that the facility will provide you information about your continuing health care needs at the time of your discharge and the means for meeting those needs.

Licensed Behavioral Health programs will provide Patients’ Rights specific to those programs.

## **V. Patients’ Notice and Bill of Rights Behavioral Health Addendum**

**You have the right to be treated with dignity and respect.**

You shall retain all civil rights that have not been specifically curtailed by order of court.

1. You have the right to unrestricted and private communication inside and outside this facility including the following rights:
  - a. To a peaceful assembly and to join with other patients to organize a body of or participate in patient government when patient government has been determined to be feasible by the facility.
  - b. To be assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private at any time.
  - c. To make complaints and to have your complaints heard and addressed promptly.
  - d. To receive visitors of your own choice at reasonable hours unless your treatment team has determined in advance that a visitor or visitors would seriously interfere with your or others’ treatment or welfare.
  - e. To receive and send unopened letters and to have outgoing letters stamped and mailed. Incoming mail may be examined for good reason in your presence for contraband. Contraband means specific property which entails a threat to your health and welfare or to the hospital community.
  - f. To have access to a telephone designated for patient use.
2. You have the right to practice the religion of your choice or to abstain from religious practices.
3. You have the right to keep and to use personal possessions; unless it has been determined that specific personal property is contraband. The reasons for imposing any limitation and its scope must be clearly defined, recorded, and explained to you. You have the right to sell any personal article you made and keep the proceeds from its sale.
4. You have the right to handle your personal affairs including making contracts, holding a driver’s license or professional license, marrying or obtaining a divorce, and writing a will.
5. You have the right to participate in the development and review of your treatment plan.
6. You have the right to receive treatment in the least restrictive setting within the facility necessary to accomplish the treatment goals.
7. You have the right to be discharged from the facility as soon as you no longer need care and treatment.

8. You have the right not to be subjected to any harsh or unusual treatment.
9. If you have been involuntarily committed in accordance with civil court proceedings, and you are not receiving treatment, and you are not dangerous to yourself or others and you can survive safely in the community, you have the right to be discharged from the facility.
10. You have a right to be paid for any work you do which benefits the operation and maintenance of the facility in accordance with existing Federal wage and hour regulations.

The *Manual of rights for persons in treatment* shall be made available or given to each patient and the rights contained therein shall be explained to the extent feasible to persons who cannot read or understand them. Upon request, a copy of the *Manual of rights* shall be made available to family, guardian, attorney, and other interested parties.

## VI. Patients' Notice and Bill of Rights for Ambulatory Surgical Facilities (ASF)

At UPMC, service to our patients and their families or representatives is our top priority. We are committed to making your Ambulatory Surgical visit as pleasant as possible. We have adopted the following Patients' Rights to protect the interest and promote the well being of those we serve. If our patient is a child, then the child's parent, guardian, or other legally authorized responsible person may exercise the child's rights on his or her behalf. Similarly, if the patient is declared incapacitated, cannot understand a proposed treatment or procedure, or cannot communicate his or her wishes about treatment, then the patient's guardian, next of kin, or other legally authorized responsible person may exercise the patient's rights on his or her behalf.

The following Rights are intended to serve the patient, his or her family, and/or representatives or legal guardian and we will promote and protect these rights with respect to applicable UPMC policy, law, and regulation.

As an individual receiving service at UPMC, you have a right to be informed of your rights at the earliest possible moment in the course of your care, treatment, or service and to exercise your rights as our partner in care.

1. A patient has the right to respectful care given by competent personnel.
2. A patient has the right, upon request, to be given the name of his or her attending practitioner, the names of all other practitioners directly participating in his or her care, and the names and functions of other health care persons having direct contact with the patient.
3. A patient has the right to consideration of privacy concerning his or her own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted discreetly.
4. A patient has the right to have records pertaining to his or her medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
5. A patient has the right to know what ASF rules and regulations apply to his or her conduct as a patient.
6. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
7. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
8. The patient has the right to full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his/her behalf to a responsible person.
9. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.
10. A patient or, if the patient is unable to give informed consent, a responsible person, has the right to be advised when practitioner is considering the patient as part of a medical care research program or donor program, and the patient or responsible person, shall give informed consent prior to actual participation in the program. A patient, or responsible person, may refuse to continue in a program to which he/she has previously given informed consent.
11. A patient has the right to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
12. A patient has the right to medical and nursing services without discrimination based upon race, color, age, ethnicity, ancestry, religion, sex, sexual orientation, gender identity, national origin, source of payment, or marital, familial, veteran, or disability status.
13. A patient has access to an interpreter on a reasonable basis.

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14. The ASF shall provide the patient, or patient designee, upon request, access to the information contained in his or her medical records, unless access is specifically restricted by the attending practitioner for medical reasons.
15. The patient has the right to expect good management techniques to be implemented within the ASF. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
16. When an emergency occurs, and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
17. The patient has the right to examine and receive a detailed explanation of his or her bill.
18. A patient has the right to expect that the ASF will provide information for continuing health care requirements following discharge and the means for meeting them.
19. A patient has the right to be informed of his/her rights at the time of admission.

## VII. PATIENT RESPONSIBILITIES

The healthcare providers of UPMC are committed to working with patients to deliver excellent patient care. UPMC asks that patients work with them to meet the goals related to care and treatment. Patients are asked to assume the following responsibilities:

1. **Provide a complete health history.** Provide information about past illnesses, hospital stays and outpatient services, medicines and supplements, the names of your doctors, and other matters related to your health history. Please tell us about any condition that might cause you to require different treatment or additional help such as allergies or a healing problem.
2. **Participate in your treatment and services.** Cooperate with our staff. Ask questions if you do not understand directions or procedures. You are responsible for your actions if you refuse treatments or don't follow treatment directions. You will achieve the best outcome if you work together with your treatment team to develop a care plan for your time in the hospital, after you leave, or during your outpatient services.
3. **Communicate with our staff.** Let your team members know about any changes in your symptoms or conditions. If you already have an Advance Directive, Durable POA, Living Will or organ/tissue donation directive, please provide us with a copy. We encourage you to ask questions and to be an active member of your care team. Please be sure your doctor knows what side or site of your body will be treated or operated on before any procedure. We encourage you to insist staff cleanse their hands before treating you. Please ask our staff to identify themselves before treating you, and remind them to check your identification before treatments or medicines are given. Let our staff know if you have any questions or problems or if anything upsets or concerns you. Contact your service location Director or the Patient Relations Representative/Advocate immediately if you have concerns so that we can assist you.
4. **Appoint a health care representative.** UPMC encourages all patients to appoint a health care representative to serve as a medical decision-maker. This should be someone from your family or support network who can make decisions for you if you become unable to do so. If you do not appoint a health care representative and become unable to appoint one, UPMC will select one for you in accordance with Pennsylvania law. UPMC staff are available to help patients and their families appoint health care representatives and establish a Power of Attorney for Medical Decision-Making.
5. **Comply with your doctor's or doctors' medicine treatment plan for this hospital stay or encounter.** Provide a complete list of medicines, (prescribed, over the counter, or otherwise) that you are taking. Refrain from using illicit drugs or any medicine or supplement not ordered by your doctor during this hospital stay or outpatient encounter. Do not take drugs without the knowledge and approval of UPMC staff. These may complicate your care and interfere with the healing process. UPMC reserves the right to search patient rooms and belongings and to remove medicines or supplements not prescribed by your doctor, as well as weapons, or illegal substance, or other items considered unsafe for the care environment.
6. **Comply with UPMC's smoke-free policy.** UPMC maintains a smoke-free environment to protect the health of patients, visitors, and staff. Smoking is not permitted on any UPMC property, including buildings, parking lots, and parking garages. You may not smoke in vehicles while on UPMC property. UPMC can provide you with information and strategies to help you quit smoking. If interested, please contact your nurse or team member.

7. **Comply with visitation policies.** Our service locations have visitation policies to ensure a safe, comfortable, and quiet environment for our patients. You are expected to comply with each service location's policy and can obtain a copy of it from your nurse or team member.
8. **Be courteous to patients and staff.** UPMC strives to maintain an atmosphere that promotes healing. You and your visitors are expected to be considerate of other patients and staff members, control your noise level, limit the number of visitors in your room, manage the behavior of your visitors and your visitor's noise level, and respect UPMC property. Your visitors are expected to comply with all service location policies, including isolation policies. Failure to comply may result in being asked to leave. UPMC does not tolerate threatening or harassing behavior nor illegal activity.
9. **Accept your room assignments.** UPMC manages the hospital environment for the good of all our patients. We may move you to another room or another unit based on your needs and the needs of our patients. You are responsible to cooperate with all room assignments. We cannot guarantee a private room to any patient.
10. **Accept your physician, nurse, clinician, and other caregiver assignments.** If you have a concern about a caregiver, please notify your service facility Director or Patient Relations Representative/Advocate. We will review your concern within the appropriate department and make any necessary reassignments.
11. **Protect your belongings.** You are responsible for the safety of your belongings during your hospital stay or outpatient encounter. UPMC is not responsible for any lost or stolen patient belongings. We encourage you to send valuables and medicines home or to store them with hospital security if you are admitted to the hospital.
12. **Arrange transportation home.** You are responsible to arrange your own transportation home from the hospital and may be responsible to pay some or all of the costs related to your transportation, unless other arrangements have been made with you. We will arrange transportation for you if you are transferred to another facility or have medical needs for special transportation. These services may or may not be paid for by your insurance depending on your coverage and clinical circumstances.
13. **Make payments for services.** You are responsible for payment of all services provided to you by UPMC. Payments may be made through third-party payers (such as your insurance company), by self-payment, or by making other payment arrangements for services not covered by insurance. Financial assistance may be available for those who qualify. UPMC will not withhold or delay emergency medical screening or stabilizing treatment that is provided pursuant to Emergency Medical Treatment and Active Labor Act (EMTALA).
14. **Keep your appointments.** You are responsible to make and keep your outpatient appointments. Your services have been planned with you to maximize your health and wellness by following up on your health care needs including periodic screening, assessment, and treatment. We ask that you respect the appointments that have been scheduled for you and notify us as soon as possible if for some reason you are unable to keep a scheduled appointment. Please plan with us in advance, if there are situations that may cause you to have difficulty in keeping an appointment.

## VIII. Complaints and Grievances

1. Patients who have questions or concerns about this Patient's Notice and Bill of Rights and Responsibilities should discuss these concerns with their clinician. Often times, individuals who work closely with you may be able to answer questions that you have or resolve concerns quickly. You may also choose to contact the Patient Relations Representative/Advocate or designee at any time.
2. If you wish to make a complaint or grievance or have concerns that your rights as stated in the Patient's Notice and Bill of Rights have not been respected, contact Patient Relations Representative/Advocate or designee immediately. Complaints will be reviewed and action will be taken, if appropriate.
3. Staff members in your service location will provide you with specific contact information for the Patient Relations Representative/Advocate or designee as well as additional agencies to which you can express any concerns you may have.
4. You are entitled to know the resolution of your complaint or grievance and all grievances receive a written response. However, Patient Relations department files are not available to patients for review.
5. Each licensed behavioral health facility shall incorporate an appeal procedure into the complaint and grievance process. Consumers may appeal grievance resolutions within ten (10) business days of receipt of the resolution by contacting the Patient Relations Representative who will provide additional information as to the process for appeal.

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## NON-DISCRIMINATION IN PATIENT CARE

It is our policy to comply with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and all requirements imposed by them, so that no person shall on the grounds of race, color, national origin, disability, or age be excluded from participation in, denied benefits of, or otherwise subjected to discrimination in the provision of any care or service. Other agency guidelines prohibit discrimination on the basis of ancestry, religion, sex, sexual orientation, gender identity, marital, familial, or status as a disabled veteran or a veteran of the Vietnam era. Please contact the hospital's Patient Relations Department if you have questions regarding this policy.











**UPMC Passavant–Cranberry**  
1 St. Francis Way  
Cranberry Township, PA 16066  
**724-772-5300**  
**UPMCPassavant.com**

Scan this QR code to visit  
**UPMC.com** for more  
information.



## IMPORTANT PHONE NUMBERS

Billing	1-844-591-5949
Chapel/Pastoral Care	412-748-6516
Condition Help	412-748-4341
Diabetes and Nutrition Education	412-748-6398
Environmental Services/Housekeeping	724-772-5831 / 724-772-5837
Guest Services	724-772-5488
Medical Records	412-748-3759
UPMC Passavant Hospital Foundation	412-748-6640
Patient Information	412-367-6700
Patient Relations	412-748-6863
Security	724-772-5371
Volunteer Services	412-748-6581

 Created with input from the UPMC  
Patient and Family Advisory Council (PFAC)

UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, gender expression, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.