PATIENT GUIDE
Everything You Need to Know About Your Stay at Houston Methodist West Hospital
Welcome

Dear Guests,

Welcome to Houston Methodist West Hospital. Your patient care team understands that being in the hospital can be a difficult and anxious time, not only for you but for your family. During your stay at Houston Methodist West, we will strive to make your experience comfortable and relaxing. We are committed to providing a healing and spiritual environment, and to ensuring that each of our patients has a positive and personal experience while under our care.

The way we provide our care is built around our I CARE values — Integrity, Compassion, Accountability, Respect and Excellence. We strive to fulfill every aspect of these values in everything that we do, all for the benefit of our patients and their families. We appreciate your involvement in the care process, and we will readily address all your questions and concerns.

The Houston Methodist West team looks forward to serving you and your family. As we build on the successes we have achieved and expand to meet the health needs of the West Houston and Katy communities, we look forward to being your medical home. Please let us know if we can do anything to improve your experience or if there are members of our care team who should be recognized for their exemplary service.

Thank you for choosing Houston Methodist for your health care.

Sincerely

Wayne M. Voss
Chief Executive Officer
Houston Methodist West Hospital

Houston Methodist West Hospital

Mission
To provide high-quality, cost-effective health care that delivers the best value to the people we serve in a spiritual environment of caring in association with internationally recognized teaching and research.

Vision
Leading medicine in West Houston, Katy and the surrounding communities by delivering the Houston Methodist standard of unparalleled safety, quality, service and innovation.

Values Statement: I CARE

Integrity: We are honest and ethical in all we say and do.

Compassion: We embrace the whole person and respond to emotional, ethical and spiritual concerns as well as physical needs.

Accountability: We hold ourselves accountable for our actions.

Respect: We treat every individual as a person of worth, dignity and value.

Excellence: We strive to be the best at what we do and a model for others to emulate.
About Us

Houston Methodist West Hospital is the newest hospital in West Houston/Katy and is one of the most technologically advanced in the Greater Houston area. Every aspect of this hospital was designed to provide you and your family the best experience possible, while providing you with the most up-to-date and medically advanced care. Our hospital has also received Magnet® designation — the highest and most respected national honor for nursing excellence — from the American Nurses Credentialing Center.

Houston Methodist West is committed to leading medicine in West Houston and Katy for the benefit of the community. The entire complex was designed around providing patient- and family-centered care. Our rooms were designed to accommodate you and your family, and we encourage you to have a family member or loved one remain with you during your stay. Our 24-7 visitation policy allows family to become more involved in the care process and play a role in your safe recovery and discharge.

Our Services

- Cancer Center
- Emergency Medicine
- Gastroenterology
- Heart and Vascular
- Imaging
- Labor & Delivery
- Minimally Invasive Surgery
- Neurology and Neurosurgery
- Orthopedics and Sports Medicine
- Physical Therapy
- Primary Care
- Spine Center
- Urology
- Weight Management
- Wellness Center
- Women’s health
- Wound care
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Chapel
Conference Center:
  Mesquite A and B
Emergency Center
Imaging Center
Infusion Center
Registration/Cashier
Security

FLOOR 2
Financial Counseling
Intensive Care Unit (ICU)
Pre-Admission Testing
Surgery and Surgery Waiting

FLOOR 3
Administration
Gift Shop
Health Information Management (Medical Records)
Live Oaks Espresso Coffee Shop
Skybridge to MOB I, MOB II and Parking Garages A and B
Special Procedures
  Cardiac Imaging
  Catheterization Lab
  Endoscopy/Bronchoscopy
Volunteer Services

FLOOR 4
Childbirth Center
Neonatal Intensive Care Unit (NICU)
Nursery

FLOOR 5 AND 6
Medical Surgical Units

Associated Locations:

Medical Office Building I
18400 Katy Fwy. | Houston, TX 77094
Floor 1
  • Cancer Center
  • Outpatient Laboratory
  • Walgreens Pharmacy

Medical Office Building II
18300 Katy Fwy. | Houston, TX 77094
Floor 1
  • Breast Care Center
Floor 2
  • Wellness Center
Floor 5
  • Outpatient Rehabilitation
    Occupational Therapy
    Physical Therapy
    Speech Therapy

Houston Methodist Continuing Care Hospital
701 S. Fry Road | Katy, TX 77450
Floor 1
  • Heart Failure Clinic
  • Wound Care Center
Floor 2
  • Cardiac Rehabilitation

Houston Methodist Orthopedics & Sports Medicine – Memorial City
9090 Katy Fwy, Suite 200 | Houston, TX 77024
  • Occupational Therapy

Cinco Ranch Emergency Care Center
26000 FM 1093 | Richmond, TX 77406
  • 24/7 Care
  • On-site Lab
  • X-ray, CT and Ultrasound
Language Interpretation
Houston Methodist uses Stratus video and language services. If you need an interpreter, please ask your nurse or see page 21.

Sign Language Interpretation
If you need a sign language interpreter, please ask your nurse or see page 21.

Making Calls
To make free local calls from your bed, press 9 and dial the number.
To make a long-distance call, press 9, then 0 and dial the number. The operator will ask you for your method of payment (collect or credit card) and will connect your call.
Friends and family can dial directly to all patient rooms. The number for your room is listed on your phone.

Cell Phones
Cell phones are allowed in all areas of the hospital. Certain departments may restrict the use of cell phones if it interferes with patient care. Please set the ring to vibrate to help promote a quiet, healing environment. Ask your nurse if you have questions.

Wireless Internet
Houston Methodist offers free wireless internet access via MethodistGuestWiFi.
No password is required.

Telephone Directory
Main Number 832.522.1000
Administrative Coordinator 832.522.0307
Case Management 832.522.0240
Chaplain 832.522.0010
Food Services 832.522.1200
General Information 832.522.1000
Gift Shop 832.522.3220
Guest Relations 832.522.3333
Housekeeping 832.522.9780
Medical Records 832.522.3040
Patient Safety and Quality 832.522.0118
Scheduling 832.522.1234
Security 832.522.8000
Visitors

Houston Methodist knows the vital role loved ones play in a patient's healing. Visitors are welcome in most areas of the hospital 24/7. When possible, a visitor may spend the night in the patient's room. In most cases, patient rooms have furniture that transitions into a makeshift bed, and the patient's nurse can provide a pillow and blanket for the visitor. Sleeping overnight in public waiting areas is not allowed, and patients must remain in their room after hours.

Guest food trays are available for purchase (see page 10).

Visitor Guidelines

We have guidelines in place to help patients and family members work with our doctors, nurses and staff to get the most from their hospital stay. Please take a few minutes to review these guidelines.

- Visitors are asked to practice good hand hygiene. Hands should be sanitized or washed before and after all patient contact. Hand gel is located outside each room and throughout the hospital
- For your protection, if the patient’s room has “Isolation” signage, please follow all instructions and check with the patient's nurse if you have questions
- Ask the nurse for permission before bringing food to patients
- Ask the nurse before bringing outside food or drinks in for yourself
- Do not visit if you have a cold or any contagious diseases
- A “No Visitors” sign may be posted on the door at the patient’s request
- Smoking, including vaping, is not allowed anywhere on Houston Methodist campuses, including medical office buildings and parking areas

Some of our units take care of critically ill patients. To care for these patients, we may limit visiting hours in these units. Patients and visitors should check with staff on the unit to confirm hours.

Patients have the right to choose who visits them. Their preferences for lengths of visits will be respected. The number of visitors may be limited based on patient request, patient care or for respect of other patients.

You may be asked to step out of the room so staff can care for the patient.

We offer a safe, healthy setting that is free from violence or threats. We do not allow conduct from visitors that:

- Does not respect the rights of others, including but not limited to, other patients and health care providers
- Harasses or intimidates
- Interferes with a person's legal rights of movement or expression
- Disrupts the workplace, setting of care, or our ability to provide safe, quality care

E-Greetings

Loved ones can visit houstonmethodist.org/egreetings to send an e-greeting to patients.

Visiting After Hours

Visitors are welcome 24/7 in most areas of the hospital. However, after 9 p.m. and before 5 a.m., visitors must enter the hospital through the emergency department. Certain areas may have shorter visitation hours due to patient needs. Patients and visitors should check with staff in the patient care unit to confirm the policy for that area.

Hotels and Accommodations

There are several hotels close to Houston Methodist West Hospital. Please visit katychamber.com for a complete listing.
Getting Admitted
Your doctor manages your hospital admission and your care. Once you are in your room, your nurse will help you get familiar with your surroundings and tell you what to expect during your stay, including the plan of care and the expected length of stay. Your nurse will review the plan of care and specific goals with you daily, and will include your loved ones when possible.

Patient Rooms
We want your stay to be as comfortable as possible. You will find the following in your room:

- Communication board with information about your nurse and your care plan for the day
- Television with a controller attached to your bed
- In most cases, furniture for guests to sit and stay overnight
- Space for storage
- Emergency pull cords or buttons in the restroom, next to the toilet and in the shower

For your comfort, you may:

- Adjust the temperature in your room
- Adjust your bed using the buttons on the side
- Ask your nurse for additional blankets or pillows
- Ask your nurse for toiletries if needed

Housekeeping staff will clean your room daily, and the nursing staff will change bed linens. If your room needs more attention, please ask your nurse to contact our housekeeping or maintenance staff.

Nursing Activity in Your Room
Your nurse or a nursing assistant will stop by your room frequently to check on you and ask if you need anything. At the start and end of every shift, your current nurse and the next nurse in charge of your care will come into your room to discuss your condition and care goals for the next shift. You may also receive a visit from the charge nurse or nurse leader.

Calling Your Nurse
You may press the call button on the controller attached to your bed, and a unit secretary will route your concerns to your nurse or patient care assistant. To reach your nurse directly, call the number on the communication board.

Technology and Your Care
To offer you the most specialized care, we may need doctors at different locations to share information using electronic devices – called telemedicine. If we believe telemedicine is important to your care, we will give you more information and allow you to make the best decision for you.

Please do not take photos or videos of your caregivers without their permission.

Service Animals
A service animal may accompany the partner/handler in any area of the hospital that is not specifically prohibited as long as the service animal does not pose a direct threat and the presence of the service animal does not require fundamental alteration in the hospital’s policies, practices or procedures. The care and supervision of the service animal is the sole responsibility of the partner/handler.

Mail and Flowers
Mail will be delivered to your room. Mail received after you have been discharged will be forwarded to your home address.

Flowers purchased from the hospital gift shop will be delivered to your room. Flowers purchased from a local florist will be delivered by the florist. Flowers received after you leave will be returned to the florist.

Live flowers or plants are not allowed in the intensive care unit, but silk flowers are acceptable.

DAISY Award for Extraordinary Nurses
The DAISY Award is an international program that rewards and celebrates extraordinary nurses who consistently show excellence through their medical expertise and compassionate care.

If you meet an extraordinary nurse during your stay, please visit houstonmethodist.org/daisy-awards or ask your charge nurse for a nomination form.
Your Health Care Team

In addition to your doctors and nurses, many professionals may make up your health care team.

**Registered dietitians** may review your medical record and work with your health care team to develop a nutrition care plan. Dietitians are available for education and questions.

**Physical therapists, occupational therapists** and/or **speech pathologists** may be consulted by your health care team to identify resources you may need to continue your recovery after you leave the hospital.

**Pharmacists** are on duty 24/7 and review your medication list regularly to ensure medication safety.

**Case managers** are nurses who help with discharge planning, including home care, transfer to another health care facility, or arranging for medical equipment.

**Social workers** offer emotional support, counseling and guidance to help patients and families with financial, social and emotional challenges, as well as lifestyle adjustments, due to a change in health.

**Chaplains** are available to help you address your emotional and spiritual needs. They can talk with you directly, or they can assist you in contacting a representative of your faith.

Pain Management

Managing your pain is one of our key goals while you’re here. We want to make sure you’re as comfortable as possible. You are the only one who can measure your pain. Please tell your nurse or doctor when you experience any level of pain. We are committed to responding to your pain quickly and to helping you prevent pain when we can.

At Houston Methodist, we use the scale to the right to help patients communicate their pain level. This scale is also located on the communication board in your room.

Hospital Pharmacy

The Houston Methodist Pharmacy Department is committed to partnering with you to meet all your medication needs. We can answer any questions you have about your prescribed medications.

**The hospital pharmacy will:**

- Provide all medications your doctor orders during your stay
- In some situations, we may need to provide medications you bring from home
- Work with your doctor to choose other medications if an ordered medication is not in stock
- Not dispense or provide non-FDA regulated herbal supplements

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**Wong-Baker FACES® Pain Rating Scale**

© 1983 Wong-Baker FACES Foundation
Guest Relations
A team of patient liaisons is available to help patients and visitors with any questions, concerns or special requests that may arise during their hospital stay. A liaison is available Monday through Friday, from 8 a.m. to 6 p.m. You may reach the patient liaison team at 832.522.3333.

Spiritual Care
Regardless of your religion or faith, Houston Methodist’s Department of Spiritual Care and Values Integration strives to provide you with resources to fulfill your spiritual needs while in the hospital. Our staff chaplains, volunteer lay ministers, Catholic Eucharistic ministers and volunteers work together to offer 24/7 spiritual support and resources, including Bibles (in English, Spanish and additional languages), other sacred texts, prayer, bereavement support and more.

Our chapel and other sacred spaces are open 24/7. Please see the map on page 4 for locations.

If you have an urgent need, call your nurse or the hospital operator and ask for the on-call chaplain. You may also call 832.522.0010.

Volunteer Services
Volunteers are a key part of our hospital. They contribute their time, services and energy to help you have a more pleasant stay. You will find them throughout the hospital. They are happy to serve you, so let them know if they can help.

Most volunteer programs are accessible Monday through Friday, 8 a.m. to 5 p.m. Some include after hours from 5 to 9 p.m. and weekends.

For more information or to find out how our volunteers can help you, visit houstonmethodist.org/volunteer or call 832.522.3060.

Food Services
Houston Methodist West offers room service for your dining enjoyment. To order a meal, dial 21200 on your hospital phone. Meals may be ordered from 6:30 a.m. to 6:30 p.m. Consult with your nurse before a family member brings you any food or drink from outside the hospital. Depending on your medical condition, your doctor may want to restrict your diet.

A guest may dine with you at your bedside. The daily menu is offered at $8 per tray. Trays may be ordered via the patient phone line. The Live Oaks Café is open for visitors Monday through Friday from 7 a.m. to 10 a.m. for breakfast, and 11 a.m. to 7 p.m. for lunch and dinner. The café is located on the first floor of the hospital.
# TV Guide

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<td>C.A.R.E. Channel with Guided Imagery</td>
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Your Health and Safety

Hand Hygiene

All doctors, nurses, staff and visitors should clean their hands every time they enter your room.

If you do not see people who enter your room cleaning their hands, please remind them to. For your safety, do not hesitate to ask if they have cleaned their hands.

You and your caregivers may clean your hands using soap and water or alcohol-based hand sanitizers.

- When using soap and water, clean your hands for 15 to 20 seconds
- When using alcohol hand sanitizer, apply it to the palm of your hand, and rub it into your hands until they are dry

Good hand hygiene is the No. 1 way to prevent the spread of infection, especially in a hospital. You should always clean your hands in the following situations:

- After sneezing or coughing
- If you accidentally come in contact with the place where catheters or drains are inserted, or if you come in contact with an incision
- Before and after contact with medical equipment

Patient safety is vital to everything we do at Houston Methodist. Please see below for steps you can take to help us ensure your safety and health.

Identification

Many people will enter your hospital room. All Houston Methodist doctors and employees must wear identification badges at all times. If someone visits your room without a badge, tell your nurse. Feel free to ask everyone who enters your room their name, role and purpose. You may find it helpful to write down this information.

You received a patient identification band upon admission to the hospital. It will be checked before every test, procedure, treatment or medication. Every staff member who provides a service to you must check your full name and date of birth. While this may feel overwhelming, it is the greatest action we can take to ensure your safety.

For Your Safety

The thought of a particular exam, procedure or treatment may make you feel uncomfortable. Talk to your nurse if you would like an additional person, or chaperone, at your bedside during these occasions.

Security services are available 24/7 for specific patient needs. Our team is highly trained for any emergency response, with law enforcement support when necessary. If you have questions or concerns related to lost-and-found items, valuables, escorting throughout the hospital, or other security needs, call 832.522.8000.

If you have valuables with you, please give them to a loved one for safekeeping, or ask your nurse to request for hospital security to store them in a safe. You will be responsible for picking up your valuables when you leave the hospital. Houston Methodist is not responsible for replacing personal belongings.

Do not bring firearms into the hospital. Texas State Laws 30.06 (Concealed Handgun) and 30.07 (Open Carry Handgun) are posted on signs throughout hospital property prohibiting guns from being brought into the hospital.

Smoking, including vaping, is not allowed anywhere on Houston Methodist campuses, including medical office buildings and parking areas.

We sometimes conduct fire drills, and you may hear an alarm. If there is an actual fire, hospital staff will help ensure your safety.

Electronic appliances such as computers and hair dryers are allowed in patient rooms. Hospital staff may ask you to remove or not use them if they feel it is unsafe or disrupts your care.

Houston Methodist will provide medical equipment during your stay. You will be allowed to bring equipment from home only with a doctor’s order and sufficient proof that you or your qualified representative can operate the equipment.
Fall Prevention
In the hospital, people can be at a higher risk for falls. Illness, surgery and medicines can weaken or affect balance and judgment. Also, medical equipment and the unfamiliar environment can make movement more difficult.

Houston Methodist is committed to preventing patient falls. If you are at risk for falling, we may place a sign on your door and ask you to wear an armband and/or special socks to alert others. If you need help, call your nurse or push the call button on the controller attached to your bed.

During your stay, we will:
- Evaluate your risk of falling upon admission and as your condition changes
- Decide what actions to take to prevent a fall, and share it with staff taking care of you
- Show you how to use your call button and remind you when to call for help
- Respond to your calls for help in a timely manner
- Help you with getting in and out of bed and using the restroom
- Give you safe footwear and recommended equipment, such as a walker or bedside toilet, which will make it safer for you to move around
- Make sure the call button and other needed items are within reach before staff leaves your room

We ask you and your loved ones to:
- Tell your nurse if you have a history of falls
- Ask your nurse about your risk for falling and the actions being taken to reduce that risk
- Use the call button before trying to get out of bed, and wait for staff to come help you
- Wear nonskid footwear and use equipment that has been provided for your safety
- Make sure the call button and other needed items are within reach before family or staff leaves your room
- Tell a member of the health care team if your identification band comes off

Blood Clot Prevention
Blood clots can permanently affect your quality of life, and can even be deadly. Your care providers will determine your risk when you are admitted. Based on your risk, you may need compression devices, stockings, medication or frequent walks.

Know Your Medications
It is important for you to know the medications you take regularly, including over-the-counter and herbal and vitamin supplements, as well as recreational drugs. Make sure your doctors and nurses know allergies or reactions you have to medications, foods or materials like latex or adhesive.

You should also understand new medications your doctor prescribes while you’re in the hospital. Make sure you know:
- The name of the medication and generic counterparts
- The purpose for the medication
- Dosage, frequency and duration
- Possible side effects and interactions with other medications or foods
- Ways you and your health care team can monitor the effects of the medication
Infection Prevention

At Houston Methodist, we do everything we can to prevent infections from spreading in our facilities, using best and proven practices. We urge all patients and visitors to join us in preventing infections.

Prevention of Catheter-Associated Urinary Tract Infections

A urinary catheter is a thin tube placed in the bladder to prevent urine backup and help flow. An infection may occur if the catheter is not cared for properly.

To prevent catheter-associated urinary tract infection, your health care providers will:

• Evaluate the need for the catheter before inserting it
• Follow all guidelines for being sterile during catheter insertion: hand hygiene, gloves and cleaning the site beforehand
• Perform catheter care at least once each shift, or more often if necessary
• Check for signs of infection often
• Check daily to see if the catheter can be removed

How you can help:

• Avoid touching the catheter and tubing
• Let your nurse or doctor know immediately if:
  – You have the urge to urinate but cannot
  – You have any abdominal or lower back pain, or a burning sensation
  – Your leg tubing support has come loose and the bag is not emptied frequently
  – Your genital area is not being cleaned at least once each shift

Please visit [cdc.gov/hai/infectiontypes.html](http://cdc.gov/hai/infectiontypes.html) for more information on preventing infections.

Prevention of Surgical Site Infections

A surgical site infection occurs in the part of the body where surgery took place.

To prevent surgical site infection, your health care providers will:

• Wash their hands with soap and water or an alcohol-based hand sanitizer before and after caring for each patient
• Wash their hands and arms up to their elbows with an antiseptic agent just before the surgery
• May remove some of your hair immediately before your surgery using electric clippers; they should not shave you with a razor
• Wear special hair covers, masks, gowns and gloves during surgery to keep the surgery area sterile
• Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before surgery starts. Antibiotics should be stopped within 24 hours after surgery unless your doctor gives different instruction
• Clean the skin at the place of your surgery with a special soap that kills germs
• Clean hands and wear clean gloves when caring for your surgical site after surgery

How you can help:

• Tell your doctor about other medical problems you may have, such as allergies, diabetes, high blood pressure or infections
• If you smoke, quit
• Do not shave close to where you will have surgery; speak up if someone tries to shave you with a razor instead of clippers
• Ask if you will get antibiotics before surgery
• Make sure health care providers, family and friends wash their hands before and after visiting you
• Do not allow family or friends to touch the surgical wound or dressing
• Always wash your hands before and after touching your surgical site
• Make sure you understand wound care instructions before you leave the hospital and that your health care provider answers all your questions
Prevention of Catheter-Associated Bloodstream Infections

A central line is a tube placed into a patient’s large vein — usually in the neck, chest, arm or groin — to give fluids, antibiotics or other medications. It may be left in place for several weeks. A bloodstream infection may occur if proper catheter care is not practiced.

To prevent catheter-associated bloodstream infection, your health care providers will:

- Evaluate the need for the catheter before inserting it
- Follow all recommendations for being sterile during insertion: hand hygiene, gloves, gown, mask, hair cover and use of a sterile drape
- Perform hand hygiene and clean the catheter tip before using the line to draw blood, giving medicines or fluids, or changing the bandage
- Check for signs of infection (fever and chills, or redness around the insertion site) often and change the bandage as required
- Check daily to see if the line can be removed, and have it taken out if no longer needed

How you can help:

- Avoid touching the line, tubing and bandage
- Let your nurse or doctor know immediately if:
  - The bandage is loose, falls off, or becomes wet or dirty
  - The skin around the catheter is red or sore
- Ask visitors to clean their hands and not to touch your catheter
- Ask questions such as:
  - Why and how long do I need the line?
  - What steps will be taken to lower the risk of infection?

This information is from the following:
- Centers for Disease Control (CDC)
- American Hospital Association (AHA)
- Society for Health Care Epidemiology of America (SHEA)
- Infectious Diseases Society of America (IDSA)
- Association for Professionals in Infection Control and Epidemiology (APIC)

Prevention of Clostridium difficile Infections

Clostridium difficile, also known as C. diff, is a germ that can cause diarrhea. Most cases of C. diff infection occur in patients taking antibiotics. C. diff spores can live outside the human body for a long time and may be found on surfaces such as bed linens, bed rails, bathroom fixtures and medical equipment. The elderly and people taking antibiotics that lower the level of normal bacteria in the intestine are most likely to get this infectious disease.

To prevent C.diff infection, your health care providers will:

- Wash their hands with soap and water before and after caring for patients. Alcohol hand sanitizers are not effective against C. diff spores and should not be used if C. diff infection is suspected or confirmed
- Tell family and visitors to wash their hands with soap and water
- Carefully clean all hospital rooms and medical equipment
- Use the following isolation precautions with other patients who have C. diff:
  - Patients will be told to wash their hands with soap and water when leaving the room for tests or procedures
  - Health care providers will wear gowns and gloves when in the patient room
  - Patients on isolation precautions are asked to stay in their rooms as much as possible. They should not go to common areas such as the gift shop or cafeteria
  - Only give patients antibiotics when needed

How you can help:

- Make sure your health care providers and visitors are performing hand hygiene before and after touching you and your immediate surroundings
- Make sure your room is being cleaned daily and tell your nurse if it is not
- If you are on antibiotics, ask your doctor if they are really needed
- If a patient has C. diff, visitors are encouraged to wear gowns and gloves while in the patient’s room, and to avoid bringing food or drinks into the patient’s room
When your condition improves or changes, you will be discharged from the hospital to return home or transfer to another health care facility.

What to Expect During Discharge

When your doctor says you are ready for discharge, many people go to work behind the scenes to get you ready for home or your next health care destination. Our staff will make every effort to discharge you early in the day. Your nurse will lead the charge in getting the doctor to sign important documents, working to get necessary medical equipment and prescriptions ordered, and other necessary actions. You should begin gathering your belongings, arranging transportation, and preparing to leave. This process may take several hours, and we appreciate your patience as we ensure the best transition for the next phase of your healing and recovery.

Within 24 hours after discharge (or Monday if discharged Friday or Saturday), you will receive a two-minute automated phone call from us, asking if you have any questions or concerns about your health status. If you indicate you’d like to speak with us, a care team member will contact you directly to address your needs.

Before You Go

- Ask your nurse to call a case manager if you have questions or concerns about your discharge plan or care after your hospital stay, including medical equipment you may need during your recovery
- Ask your nurse to return any medications you brought from home
- Make sure you have someone available to pick you up or go with you to the health care facility where you’ll be admitted — and talk to your nurse about an anticipated time
- Check every space in your hospital room and restroom for personal belongings

Patient Satisfaction Survey

After you leave the hospital, you will receive a patient satisfaction survey from Houston Methodist via mail, phone or email. To ensure your privacy, this survey is conducted by an independent third party. Please take the time to complete and return the survey. We will use your feedback to improve the care and services we provide.

At Home

Once you are home, remember to continue working to improve your health. Keep up with medications, diet, activity, incision care and follow-up appointments or care.

Follow-Up Appointments

If your doctor or nurse ordered additional tests, therapy or follow-up appointments, it is important to schedule them quickly. Call your primary care doctor to notify him/her about your hospitalization and plan of care.
Outpatient Care

Houston Methodist will file with your insurance company for outpatient hospital charges. Be sure to ask your doctor about special preparations for these procedures.

You are encouraged to register for outpatient procedures in person at least two days before your procedure.

**Hospital Building**
18500 Katy Fwy.
Floor 1, Welcome Desk

Patient Portal: Houston Methodist MyChart

Houston Methodist MyChart provides you convenient, online access to portions of your health records — from home or wherever and whenever you need. With Houston Methodist MyChart, you or your designee can:

- Review your visit summary: View clinical discharge summaries with prescription and follow-up notes
- Access test results sooner: See your results and doctor’s comments when they’re available
- Pay your Houston Methodist bills securely: Review your medical bills and send secure payments online

To sign up for Houston Methodist MyChart, visit [houstonmethodist.org/mychart](http://houstonmethodist.org/mychart) and select “Sign Up Now.” An activation code may be provided at admitting, during registration, on your after-visit summary, or on your billing statement.

Houston Methodist MyChart is also available as an app for mobile devices. Download the app from Apple App Store or Google Play.

For more information or help with your account activation, please call 832.667.5694.

Continued Care

You may require home health care, which means a nurse, therapist or other health care professional will visit you at home to continue care.

If you need further inpatient care, you may be transferred to a facility such as:

- **Inpatient rehabilitation** — dedicated to physical rehabilitation
- **Long-term acute care hospital** — provides intensive medical and rehabilitative care for patients with complex needs, usually for 18-25 days
- **Nursing home** — residential, 24/7 nursing care
- **Hospice** — focuses on comfort and quality of life for terminal patients

Long-Term Acute Care Hospital

Houston Methodist Continuing Care Hospital proudly serves the Greater Houston area, focusing on the needs of patients who need extended hospital care. Located in Katy, west of the Texas Medical Center, we are committed to providing our patients high-quality and safety, with a central focus on the patient and family.

Our unique approach combines a comprehensive, interprofessional team of specialty doctors, nurses, therapists and other health care providers with the family to get the outcomes the patient needs.

[www.houstonmethodist.org/continuing-care](http://www.houstonmethodist.org/continuing-care)

Main hospital: 832.522.7550
Referral line: 832.522.5822

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Patient Rights and Responsibilities

As a patient, you have the right to respectful and considerate care. Also, there are specific rights and responsibilities you have during your hospital stay.

Patient Rights
You have the right to:

- Exercise each of the rights without regard to race, color, religion, national origin, sex (including gender identity), sexual orientation, age, disability, economic status, educational background, ancestry, marital status, or the source of payment for care
- Receive information about your rights and the process for starting, reviewing and, when possible, resolving your complaints regarding quality of care. You have the right to receive this information when you are admitted to the hospital in a language you understand
- Share a concern to the appropriate hospital staff or to the Texas Department of State Health Services, DNV GL Healthcare, KePro or CMS. You can find more information on page 20
- Share a concern about health information privacy to appropriate hospital staff or to the Secretary of the U.S. Department of Health and Human Services
- Effective communication and a fair response to your requests and needs for treatment or service within the hospital's ability, mission, and applicable laws and guidelines
- A setting that upholds dignity and supports a positive self-image
- Considerate and respectful care. This includes social, spiritual and cultural values. Care for the dying patient focuses on comfort and dignity, treating end-of-life symptoms such as pain, and providing information about death and grief for you and your loved ones
- Participate in, or have your support person participate in, the consideration of ethical issues arising in your care
- Participate or not to participate in any human testing, research or education projects for which you are eligible
- Receive information about your illness, course of treatment and chances for recovery in words you can understand
- Assign a guardian, next of kin or support person who has the right to exercise, to the extent allowed by law, your rights on your behalf if you are not capable of understanding treatment, are unable to communicate your wishes, are judged incompetent, or if you are a minor
- Make decisions, along with your doctor, about your care and participate, along with your support person, in your plan of care, including the informed consent process
- Accept and refuse treatment to the extent allowed by law; and the right to be informed of the medical results of accepting and refusing treatment
- Be told about ongoing health care needs after leaving the hospital
- Be informed, along with your family when appropriate, of the results of care, including unexpected outcomes
- Have a family member or support person and your doctor told about your admission to the hospital
- Know the name of the doctor who is managing your care and the names and associations of anyone else participating in your care
- Personal privacy, within legal limits. Case discussion, consultation, examination and treatment are private and should be performed thoughtfully. You have the right to be told the reason for the presence of any individual during these events
- Allow or refuse photography, videography, electronic or audio recordings, or the use of any personally recognizable information for purposes other than identification, diagnosis or treatment
- Know your health information rights. This includes the right to access and request changes to your health information, and to get a record of your health information, as allowed by law
- Access, within legal limits, or have your support person access, information in your medical records
- Know how Houston Methodist is required and allowed by law to use and share your health information
- Receive care in a safe setting
- Be free from mental, physical, sexual and verbal abuse, neglect and exploitation
- Access protective and aid services
• Be free from restraint or seclusion of any form that is not medically necessary or is imposed as a means of force, discipline, revenge or convenience by staff
• Have your pain managed effectively
• Complete advance directives and have health care providers follow them
• Know your visitation rights, including any medical restriction or limitations
• Receive visitors you wish to see. This includes, but is not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member or friend. You have the right to deny any visitor at any time
• Know that all visitors will enjoy full and equal visitation consistent with your wishes. The hospital will not restrict, limit or deny visitation based on race, color, national origin, religion, sex (including gender identity), sexual orientation or disability

Patient Responsibilities
You have the responsibility to:
• Identify yourself and provide accurate and complete information about your medical history
• Share unexpected changes in your current state
• Ask questions when you do not understand medical information you have received
• Follow the directions and instructions of your health care providers, unless you have used your right to refuse treatment
• Recognize the effect of your lifestyle on your health
• Respect the rights of others, including, but not limited to, other patients and health care providers
• Understand your health care benefits
• Verify the financial duties related to your care are met in a timely manner
Patient Concerns

How You Can Ensure Safe Health Care
You are the most important member of your health care team.

- Ask questions
- Ask a friend or loved one to take notes
- Know all the medicines you take and why you take them
- Keep track of all medical tests and results, and make sure you understand them
- Make sure you understand what will happen before every procedure or test
- Ask for the identification of everyone who enters your room
- Ask everyone who enters your room to clean their hands
- Express any concerns you have about your care

Guest Relations
Quality health care is our top priority, and we tirelessly review ways to improve our patient care. If you have a concern about your care, please ask your nurse to speak with a patient liaison or call us at 832.522.3333.

External Resources
You may contact any of the entities listed below to file a complaint.

**CMS Region 6 Quality of Care Complaints – Customer Service**
Center for Medicare & Medicaid Services, local region
1301 Young St., Suite 714
Dallas, TX 75202
214.767.6423

**DNV GL Healthcare**
Private organization that provides hospital accreditations, certifications and standards development
400 Techne Center Dr., Suite 100
Milford, OH 45150
866.496.9647
dnvglhealthcare.com

**KePRO**
Medicare quality improvement organization
Rock Run Center
5700 Lombardo Center Dr., Suite 100
Seven Hills, OH 44131
844.430.9504
keproqio.com

**Texas Department of State Health Services**
Health Facility Compliance Group (MC 1979)
State department focused on health and well-being of Texans
PO Box 149347
Austin, TX 78714-9347
888.973.0022
hfc.complaints@dshs.texas.gov
Houston Methodist follows federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Houston Methodist does not exclude individuals or treat them differently because of race, color, national origin, age, disability or sex.

Houston Methodist

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, including large print, audio and accessible electronic formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need translation services, sign language interpretation services or other aids or services for individuals with disabilities, please speak with your nurse, or any member of your health care team, and they will coordinate your receiving assistance.

Spanish
Por favor indique su idioma para proveerle un intérprete gratuitamente.

Arabic
يرجى الإشارة إلى اللغة التي تكلمها وسوف يتم توفير الترجمة الفورية لكم بدون مقابل.

French
S’il vous plaît indiquer votre langue, afin que nous puissions fournir un interprète pour vous. Le service est gratuit.

Russian
Пожалуйста, укажите на каком языке Вы разговариваете и мы предоставим Вам переводчика бесплатно.

Vietnamese
Xin vui lòng cho biết ngôn ngữ của quý vị để chúng tôi sắp xếp một thông dịch viên hoàn toàn miễn phí cho quý vị.

Chinese Mandarin
请告知您使用的语言，我们会为您提供免费翻译。

Korean
어떤 언어를 사용하시는지 알려주시면 무료로 통역을 제공해 드립니다.

Urdu
پرہا کر میں اپنے زبان بحث کا کا انٹسمی کا جاکس پی ہی لیے مفت

Tagalog
Mangyari lamang na ipahiwatig ang inyong wika para ang isang tagapagsalin ay maisaayos na walang gastos.

Hindi
कृपया अपनी भाषा बताइँ तो अनुवादक का प्रबंध किया जा सके जो आपके लिए निर्णय होगा।

Farsi
لطفا برگرایید به چه زبانی صحبت می کنید تا بعد ن هیچگونه هزینه اضافی برای شما مترجم فراهم کنیم.

Gujarati
ખુશ કરી નામદી ભાષામાં સૂચાવી રહે કે કેટલી કેટલી જે સહાય જે એન માંઠ ના કોને પાયને દ્રશે ગયે જાય.

Japanese
あなたのお話しされる言語をお知らせください。無料にて通訳の手配致します。

Laotian
-toggleばラオ語を話しているあなたは誰もが地震や大規模自然災害などの被害を受けないかじか

German
Bitte geben Sie Ihre Sprache an, so dass ein Dolmetscher kostenlos für Sie arrangiert werden kann.

If you believe that Houston Methodist has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, a patient liaison is available to help you file a grievance. Please call 832.522.3333 during normal business hours. After hours, weekends, and holidays, please call 832.522.1000.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, by phone at 800.368.1019 or 800.537.7697 (TDD), or by mail at U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201.

Visit hhs.gov/ocr/office/file/index.html to access complaint forms.
Houston Methodist is required, by law, to keep your identifiable health information private. Our Notice of Privacy Practices explains your legal rights regarding your health information, identifies how we may use and disclose your health information, including participation in a health information exchange with your other providers, and informs you of our legal duties and privacy practices. For a copy of our Notice of Privacy Practices, visit houstonmethodist.org/for-patients/patient-resources/patient-right-privacy. Contact your patient access services representative for a paper copy.

**Business Practices Officer**

If you have questions or need information regarding our legal duties and privacy practices, or how to exercise any of your health information rights listed in the Notice, you may call 713.383.5129. You may also contact the business practices officer for Houston Methodist West Hospital at:

832.522.0300
18500 Katy Fwy.
Houston, TX 77094

**“No Information” Patients**

If you ask to be a “No Information” patient during registration, we will give NO information to anyone who asks for you by name. The hospital will not reveal you are a patient. Choosing “No Information” status means:

- You will not receive a delivery of flowers unless the person who ordered them gave the florist your room number
- Family and friends will not be told you are in the hospital. They will not be able to find you in the hospital directory unless you give them your room number and telephone number

If you wish to change your status to or from “No Information” during your stay, or if you have any questions, talk to your nurse.

**Copies of Medical Records**

You have the right to access and receive a copy of your health information, or medical record. Medical records requests can be made through our health information management department. Copy fees may apply, depending on the request, and consistent with state and federal law. Requests associated with continuity of care are free.

For additional information regarding release of medical records, please contact:

**Health Information Management/Release of Information**

832.522.3040
18500 Katy Fwy.
Houston, TX 77094
Advance directives are legal documents that allow you to explain and share your wishes for medical treatment to your family, health care professionals and other key people in your life. While considering advance directives may be emotionally difficult, completing these forms helps reduce uncertainty and emotional burdens your family might feel if they do not know your wishes. Advance directives do not affect your access to care, treatment or services.

There are three types of legal documents included in advance directives: Directive to Physicians (Living Will), Medical Power of Attorney and Out-of-Hospital Do-Not-Resuscitate Order. For your convenience, the Directive to Physicians and Medical Power of Attorney documents are provided on pages 25-30.

**Directive to Physicians (Living Will)**

A Directive to Physicians, or Living Will, shares your medical choices for the future in case you are not able to make them known. This document goes into effect when you cannot make or share your decisions, and are in a terminal or irreversible state as decided by your doctor.

Share your values and wishes with your family or agent, and your doctor. Your health care providers or medical institution may give you tools to help you fill out the form. Short definitions are listed below and to the right to help you with your advanced care planning. Place your initials on the choices that best reflect your personal wishes. Give a copy to your doctor, hospital, and family or agent. Review this document every year to make sure your choices are up to date.

You may also wish to complete a directive related to the donation of organs and tissues.

**Definitions**

*Artificial nutrition and hydration:* the giving of nutrients or fluids by a tube inserted in a vein, in the tissues under the skin, or in the stomach (gastrointestinal tract).

*Irreversible condition:* a condition, injury or illness that:

- May be treated, but is never cured
- Leaves a person unable to care for or make decisions for himself/herself
- Without life-sustaining treatment, provided in accordance with the current standard of medical care, is fatal

**Explanation:** Many serious illnesses, failure of major organs and serious brain disease may be considered irreversible early on. There is no cure, but the patient may be kept alive for long periods of time if the patient receives life-sustaining treatments.

Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept. This is a personal decision that you may wish to discuss with your doctor, family or other key people in your life.

*Life-sustaining treatment:* treatment that, based on reasonable medical judgment, supports the life of a patient and without which the patient will die.

**Explanation:** The term includes both life-sustaining medications and mechanical life support, such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include pain management medications, medical procedures needed to provide comfort care, or any other medical care to ease pain.

*Terminal condition:* a fatal condition caused by injury, disease or illness that, according to reasonable medical judgment, will produce death within six months, even with available life-sustaining treatment provided in accordance with the current standard of medical care.

**Explanation:** Many serious illnesses may be considered irreversible early in the illness, but they may not be considered terminal until the disease is advanced. When thinking about terminal illness and treatment, you may want to consider the benefits and burdens of treatment and discuss your wishes with your doctor, family or other key people in your life.
Medical Power of Attorney

The Medical Power of Attorney is a legal document that names someone you trust to act as your agent if you are not able to speak for yourself. This is used when your doctor decides you cannot make your own treatment decisions. It is not limited to times when you are in a terminal or irreversible state.

Your agent has the authority to make most health care decisions for you. Respecting your wishes, your agent can agree, disagree, and withdraw agreement to medical treatment decisions. This includes refusing and removing life-sustaining treatment (e.g., breathing machine). There are a few limits to your agent's authority. Your agent cannot agree to the following treatments: voluntary inpatient mental health services, convulsive treatment, psychosurgery, or ending a pregnancy.

Your agent is ethically and legally obligated to make decisions that are in line with your wishes for medical treatment. You should discuss your values and wishes with your agent, doctor and loved ones. Without knowing your wishes, they may have a difficult time making medical decisions for you.

In the document, you may also choose up to two other agents to make medical decisions for you in case your primary agent is unable and/or unwilling to.

Out-of-Hospital Do-Not-Resuscitate Order

An Out-of-Hospital Do-Not-Resuscitate Order directs health care members to avoid performing resuscitative actions (e.g., compressions on your chest) if your heart stops and you are outside of the hospital. This document takes effect only when you are outside of the hospital.

If you would like more information regarding the Out-of-Hospital Do-Not-Resuscitate order, please ask your doctor.

Advance Directive Video Schedule

Visit houstonmethodist.org/advance-directives to view the Houston Methodist Advance Directive video in English or Spanish.

Biomedical Ethics

Decisions in the modern health care setting are getting more and more complicated, which can seem overwhelming. An ethics consultation, or discussion, helps patients and doctors determine which decisions or actions are most appropriate. Ethics consultations can help provide guidance in areas of uncertainty. An ethics consultation is a service available to all patients, families and health care professionals in the hospital at no charge. You might consider requesting an ethics consultation when you find yourself asking, “What's the right thing to do here?”, or when you have questions about how to interpret an advance directive. We can also address concerns or questions regarding treatment decisions at the end-of-life, or refusing or removing life-sustaining treatment.

If you would like to talk with a member of Houston Methodist’s bioethics consultation services team, please ask your nurse to page the ethics consultant on call.
Directive to Physicians and Family or Surrogates

I, ________________________________, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make health care decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

___ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

___ I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

___ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

___ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do not have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values:

1. ________________________________

2. ________________________________

(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signed ________________________________ Date ________________

City, County, State, Country of Residence ________________________________

This directive is not valid unless it is signed in the presence of two competent adult witnesses [OPTION 1], or, in lieu of signing in the presence of witnesses, the declarant may sign the directive and have the signature acknowledged before a notary public [OPTION 2].
OPTION 1:

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness 1 ________________________________________________

Witness 2 ________________________________________________

OPTION 2

ACKNOWLEDGMENT

State of Texas

County of ____________________________

Before me, the below signed notary public, on this day personally appeared (declarant) ____________________, and acknowledged to me that he/she executed said document for the purposes therein expressed.

Acknowledged before me on (date) ____________________________.

(Seal) Notary Public
INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

The Texas Legislature authorizes the use of written advance directives, including a directive in accordance with the following form:

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

DEFINITIONS

“Artificial nutrition and hydration” means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

“Irreversible condition” means a condition, injury, or illness:
(1) that may be treated, but is never cured or eliminated;
(2) that leaves a person unable to care for or make decisions for the person’s own self; and
(3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer’s dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

“Life-sustaining treatment” means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient’s pain.

“Terminal condition” means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.
MEDICAL POWER OF ATTORNEY
DESIGNATION OF HEALTH CARE AGENT
Advance Directives Act (see §166.164, Health and Safety Code)

I, ___________________________________________________________ (insert your name) appoint:
Name: __________________________________________________________
Address: __________________________________________________________
Phone: __________________________________________________________
as my agent to make any and all health care decisions for me, except to the extent I state otherwise in
this document. This medical power of attorney takes effect if I become unable to make my own health
care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

________________________

DESIGNATION OF ALTERNATE AGENT
(You are not required to designate an alternate agent but you may do so. An alternate agent may make the
same health care decisions as the designated agent if the designated agent is unable or unwilling to act as
your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your
marriage is dissolved.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate
the following persons to serve as my agent to make health care decisions for me as authorized by this
document, who serve in the following order:

A. First Alternate Agent
Name: __________________________________________________________
Address: __________________________________________________________
Phone: __________________________________________________________

B. Second Alternate Agent
Name: __________________________________________________________
Address: __________________________________________________________
Phone: __________________________________________________________
The original of this document is kept at:

The following individuals or institutions have signed copies:

Name: __________________________________________________________
Address: __________________________________________________________
Name: __________________________________________________________
Address: __________________________________________________________
DURATION

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(IF APPLICABLE) This power of attorney ends on the following date: ________________________

PRIOR DESIGNATIONS REVOKED

I revoke any prior medical power of attorney.

ACKNOWLEDGMENT OF DISCLOSURE STATEMENT

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand that information contained in the disclosure statement.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. YOU MAY SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR YOU MAY SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES.)

SIGNATURE ACKNOWLEDGED BEFORE NOTARY

I sign my name to this medical power of attorney on ________ day of __________________ (month, year) at ________________________ (City and State)

__________________________
(Signature)

__________________________
(Print Name)

State of Texas
County of ______________________

This instrument was acknowledged before me on _____________ (date) by ____________________________ (name of person acknowledging).

__________________________
NOTARY PUBLIC, State of Texas
Notary’s printed name:

__________________________
My commission expires:

MEDICAL POWER OF ATTORNEY

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OR

SIGNATURE IN PRESENCE OF TWO COMPETENT ADULT WITNESSES

I sign my name to this medical power of attorney on _____ day of ____________ (month, year) at ____________________________  
(City and State)

________________________  
(Signature)

________________________  
(Print Name)

STATEMENT OF FIRST WITNESS

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal’s estate on the principal’s death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal’s estate on the principal’s death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature: ____________________________________________  
Print Name: ____________________________________________ Date: ____________________________  
Address: ____________________________________________

SIGNATURE OF SECOND WITNESS

Signature: ____________________________________________  
Print Name: ____________________________________________ Date: ____________________________  
Address: ____________________________________________
Patient Financial Responsibilities

Billing
Your hospital bill includes the cost of your room, meals, 24/7 nursing care, laboratory work, tests, medications, therapy and the services of hospital employees. You will receive a separate bill for professional services, including doctors, radiologists, pathologists and others, incurred during your stay.

The hospital is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. Your policy is a contract between you and your insurance company. You have the final responsibility for payment of your hospital bill.

Houston Methodist West Hospital
877.493.3228
18500 Katy Fwy.,
Houston TX 77094

How to Settle Your Bill
Before you leave, we ask that you pay your co-payment, deductible and/or co-insurance. If Patient Access Services has not cleared you, please check on your account by asking to speak with a financial counselor. You can also stop by the cashier’s office before you leave.

Hospital
Floor 1

Payment can be made by cash, personal check, MasterCard, Visa, American Express, Discover or traveler’s checks.

Affiliated Providers
Upon admission or services rendered at any Houston Methodist facility, you or your legal representative must assume some or all of the following responsibilities:

- You or your legal representative can accrue billing from the hospital, the doctors and affiliated entities
- If you have surgery, you can accrue billing from the anesthesiologist, surgeon and an independent surgical assistant
- The affiliates listed at right are contracted with various insurance plans and may not be covered under your individual plan. Please check with affiliates to determine if they are contracted

Houston Methodist Pathology Associates
PO Box 4701
Houston, TX 77210-4701
800.874.1705

Houston Radiology Associated (HRA)
2190 N. Loop West, Suite 250
Houston, TX 77018
281.206.9050

Emergigroup Physician Associates
PO Box 24125
Fort Worth, TX 76124-1125
800.378.4134 or
817.451.4208

U.S. Anesthesia Partners
1500 City West Blvd., Suite 300
Houston, TX 70042
855.877.2810

MASTOS Imaging
PO Box 4109
Houston, TX 77210-4109
713.426.4010

Texas Children’s Physician Services Organization
PO Box 4984
Houston, TX 77210-4984
832.824.2300 or
800.722.2570
Insurance
As a service to our customers, Houston Methodist will forward a claim to your commercial insurance carrier based on the information you provide at registration. It is important for you to provide all related information, such as policy number, group number and the correct mailing address for your insurance company. Claims will be filed for inpatient and outpatient hospital charges approximately three to five days after discharge.

Visit houstonmethodist.org for an updated list of our managed care plans.

If you have questions or need further information while you are still in the hospital, please call patient access services at 832.522.0272.

If you have questions after your discharge, call the Houston Methodist Centralized Business Office at 832.667.5900.

Medicare
Houston Methodist is an approved Medicare provider. All services billed to Medicare follow federal guidelines and procedures. Medicare has a Coordination of Benefits (COB) clause.

At the time of service, you will be asked to answer questions to help determine the primary insurance carrier paying for your visit. This is referred to as a Medicare Secondary Payer Questionnaire and is required by federal law. Providing accurate information allows us to bill the correct insurance company. Hospital personnel cannot call Medicare on your behalf to correct COB. The call has to be made by the patient.

Secondary insurance may cover Medicare deductibles and coinsurance. If you do not have a secondary insurance, you will be asked to pay or establish a payment plan. If you are not able to pay, we will help you figure out if you qualify for financial assistance.

Coordination of Benefits
Coordination of Benefits (COB) is a term used by insurance companies when you have two or more insurance policies.

This usually happens when both spouses are listed on each other’s insurance policies, when both parents carry their children on their individual policies, or when there is eligibility under two federal programs.

Most insurance companies have COB rules that determine who pays medical expenses. This prevents duplicate payments. COB priority must be identified when you are admitted to comply with insurance guidelines. Your insurance company may request a completed COB form before paying a claim. Every attempt will be made to notify you if this happens. The hospital cannot provide this information to your insurance company. You must work with your insurance company for the claim to be paid.
Financial Assistance Policy

Houston Methodist is committed to providing charity care to persons who are uninsured, underinsured, ineligible for a government program, or otherwise not able to pay for emergency and medically needed care based on their individual financial situation.

Patients whose family income is at or below 200 percent of the Federal Poverty Level (FPL) are eligible to receive free services, and patients whose family income is above 200 percent but not more than 400 percent of the FPL are eligible to receive services at a discounted amount. This discounted amount is not to exceed the average amount Houston Methodist would get paid by private insurance and Medicare, including any patient payments in the form of deductibles, co-payments and co-insurance.

You will not be required to make advanced payments or payment arrangements for emergency and medically necessary services before you receive care. But if you are required to pay a discounted amount, and you cannot pay it in full after the services are provided, Houston Methodist will attempt to collect it. We will send monthly invoices asking for payment. If you cannot pay the discounted amount in a single payment, we offer interest-free extended payment options. Any discounted amounts remaining unpaid will be turned over to a third-party collection agency for further collection attempts. Third-party collection activity will not include personal liens, legal actions or credit bureau notification.

A free copy of Houston Methodist’s financial assistance policy, the financial assistance application and collection policies are available at [houstonmethodist.org/billing](http://houstonmethodist.org/billing). You can also find these documents in admitting and registration areas, or you can call the centralized business office to ask for them in various languages.

Houston Methodist’s financial assistance team can answer questions and provide information about the financial assistance policy. We can help you with the application process. We are open Monday through Friday, from 7 a.m. to 7 p.m., and on Saturday from 8 a.m. to noon.

Completed financial assistance applications and all supporting documents can be faxed or mailed to the centralized business office.

**Houston Methodist Centralized Business Office**
832.667.5900 or 877.493.3228
Fax: 832.667.6014
Attn: Financial Assistance Unit
701 S. Fry Road
Katy, TX 77450

Financial Assistance Program

To learn about Houston Methodist’s financial assistance program, you can speak with a financial counselor by calling **832.522.0272**.

Our financial counselors will ask you or your family member to complete a financial assistance application for uncompensated or discounted hospital care.

Patient access services and patient accounting departments will be responsible for reviewing completed financial assistance application forms and determining eligibility. The eligibility criteria rely on income levels and means testing indexed to the federal poverty guidelines, updated at the beginning of each calendar year and available from the federal government.

Eligible applicants are classified as either financially indigent or medically indigent. The review may be conducted using either the traditional or fast-track method.
Giving Back

Share Your Story
Has Houston Methodist touched your life? We encourage you to share your experience with us. With your permission, your story could be included in a Houston Methodist communication or special event.

Join Our Mailing List
Learn more about Houston Methodist news and events by subscribing to our publications. Keep informed about the latest leading medicine advances and achievements throughout our hospital system.

To participate in the Gifts of Gratitude program or to learn about additional giving opportunities, visit houstonmethodist.org/giving or call 832.667.5816.

Support Houston Methodist through the Gifts of Gratitude Program
When you receive care at Houston Methodist, you become part of our family. Houston Methodist’s commitment to your health and well-being goes beyond you to caring for your loved ones — now and for generations to come.

We invite you to ensure a legacy of health by giving, sharing and volunteering through the Gifts of Gratitude program. No matter how you partner with us, your involvement will make a significant difference in our patients’ lives. Visit houstonmethodist.org/gifts-of-gratitude to learn more.

Make a Philanthropic Contribution
We invite you to make a gift in honor of a Houston Methodist doctor, nurse or other staff member who has made a difference in your care. These honorary gifts help advance Houston Methodist’s leading medicine mission by supporting research, education and patient care. Make your gift online at houstonmethodist.org/giving or by mail to Houston Methodist Hospital Foundation, PO Box 4384, Houston, TX 77210-4384.

Become a Volunteer
Giving of your time and sharing your experiences can make a wonderful difference in the lives of other patients. Houston Methodist volunteer opportunities range from participating in support classes, speaking engagements, organizing events and many other important activities. Visit houstonmethodist.org/volunteer for opportunities and additional information.