Mission
CentraCare Health System works to improve the health of every patient, every day.

CentraCare Health System - Sauk Centre
St. Michael’s Hospital opened in 1950 under the ownership of the Franciscan nuns. In 1970, the City of Sauk Centre purchased the hospital. In May 1974, St. Michael’s Nursing Home was opened to residents. In 1990, Sauk Centre Home Care was established with Hospice Services becoming available in 1991.

Lakeview Medical Clinic was added in 1993. In July 2011, Lakeview Clinic joined CentraCare Health System.

Lakeshore Estates, independent living apartments, opened in 1996.

In 2006, St. Michael’s Hospital and Nursing Home underwent a major construction and renovation project, resulting in new patient care areas as well as enhanced ancillary service areas. In December 2012, St. Michael’s Hospital became CentraCare Health System - Sauk Centre.

CentraCare Health System - Sauk Centre employs more than 250 people and is a member of the American Hospital Association and Minnesota Hospital Association.

CentraCare Health System
CentraCare Health System is a collaborative group of Central Minnesota health care professionals working together to provide comprehensive, nationally recognized, quality care. The health system includes St Cloud Hospital, CentraCare Health System - Long Prairie, CentraCare Health System - Melrose, CentraCare Health System - Sauk Centre, seven CentraCare clinics and five senior care facilities. CentraCare Health System serves more than 690,000 people in a 12-county area of Central Minnesota.

For more information about CentraCare Health System services and facilities, medical staff directory, educational events, employment opportunities and more, visit our Web site: www.centracare.com.

Sauk Centre Foundation
A caring spirit is what makes us human. Sauk Centre Foundation accepts tax-deductible, charitable gifts. Consider making a gift to the Foundation in honor or memory of loved ones, or in honor of doctors or staff from whom you have received care. To make a gift of any amount, contact the Sauk Centre Foundation by calling ext. 21658 or (320) 352-2221.
Your stay

WiFi Internet Access
WiFi is available throughout the facility.

Television
We provide television in patient rooms at no additional charge. Closed-captioning is available for hearing-impaired persons by pushing the caption button on the lower, right front of the television. If you have any questions or difficulties with your television, please contact your nurse.

In-House Television Channel Directory

<table>
<thead>
<tr>
<th>2</th>
<th>TPT – PBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Paid Programming</td>
</tr>
<tr>
<td>4</td>
<td>CBS (KCCO)</td>
</tr>
<tr>
<td>5</td>
<td>ABC (KSAX)</td>
</tr>
<tr>
<td>6</td>
<td>Local Access</td>
</tr>
<tr>
<td>7</td>
<td>The CW</td>
</tr>
<tr>
<td>8</td>
<td>Fox 9 K MSP</td>
</tr>
<tr>
<td>9</td>
<td>NBC (KARE)</td>
</tr>
<tr>
<td>10</td>
<td>UPN 29 (W FTC)</td>
</tr>
<tr>
<td>11</td>
<td>QVC</td>
</tr>
<tr>
<td>12</td>
<td>WGN</td>
</tr>
<tr>
<td>13</td>
<td>TBS</td>
</tr>
<tr>
<td>14</td>
<td>EWTN</td>
</tr>
<tr>
<td>15</td>
<td>Home Shopping Network</td>
</tr>
<tr>
<td>16</td>
<td>Trinity Broadcasting</td>
</tr>
<tr>
<td>17</td>
<td>MTV</td>
</tr>
<tr>
<td>18</td>
<td>FOX Sports Net North</td>
</tr>
<tr>
<td>19</td>
<td>Big Ten Network</td>
</tr>
<tr>
<td>20</td>
<td>Golf Channel</td>
</tr>
<tr>
<td>21</td>
<td>Food Network</td>
</tr>
<tr>
<td>22</td>
<td>Syfy</td>
</tr>
<tr>
<td>23</td>
<td>Game Show Network</td>
</tr>
<tr>
<td>24</td>
<td>HGTV</td>
</tr>
<tr>
<td>25</td>
<td>ESPN</td>
</tr>
<tr>
<td>26</td>
<td>ESPN 2</td>
</tr>
<tr>
<td>27</td>
<td>ESPN Classics</td>
</tr>
<tr>
<td>28</td>
<td>Versus</td>
</tr>
<tr>
<td>29</td>
<td>FOX Sports Net North</td>
</tr>
<tr>
<td>30</td>
<td>Big Ten Network</td>
</tr>
<tr>
<td>31</td>
<td>Golf Channel</td>
</tr>
<tr>
<td>32</td>
<td>MTV</td>
</tr>
<tr>
<td>33</td>
<td>Spike TV</td>
</tr>
<tr>
<td>34</td>
<td>CMT</td>
</tr>
<tr>
<td>35</td>
<td>VH-1</td>
</tr>
<tr>
<td>36</td>
<td>USA</td>
</tr>
<tr>
<td>37</td>
<td>Nickelodeon</td>
</tr>
<tr>
<td>38</td>
<td>E! Entertainment</td>
</tr>
<tr>
<td>39</td>
<td>TNT</td>
</tr>
<tr>
<td>40</td>
<td>Disney Channel</td>
</tr>
<tr>
<td>41</td>
<td>Disney XD</td>
</tr>
<tr>
<td>42</td>
<td>TV Land</td>
</tr>
<tr>
<td>43</td>
<td>TLC</td>
</tr>
<tr>
<td>44</td>
<td>Food Network</td>
</tr>
<tr>
<td>45</td>
<td>The History Channel</td>
</tr>
<tr>
<td>46</td>
<td>Toon</td>
</tr>
<tr>
<td>47</td>
<td>Lifetime</td>
</tr>
<tr>
<td>48</td>
<td>Travel Channel</td>
</tr>
<tr>
<td>49</td>
<td>A &amp; E</td>
</tr>
<tr>
<td>50</td>
<td>Animal planet</td>
</tr>
<tr>
<td>51</td>
<td>CNBC</td>
</tr>
<tr>
<td>52</td>
<td>CNN - Headline News</td>
</tr>
<tr>
<td>53</td>
<td>C-SPAN 2</td>
</tr>
<tr>
<td>54</td>
<td>CNN</td>
</tr>
<tr>
<td>55</td>
<td>tru-TV</td>
</tr>
<tr>
<td>56</td>
<td>FOX News Channel</td>
</tr>
<tr>
<td>57</td>
<td>Hallmark Channel</td>
</tr>
<tr>
<td>58</td>
<td>Discovery Channel</td>
</tr>
<tr>
<td>59</td>
<td>Comedy Channel</td>
</tr>
<tr>
<td>60</td>
<td>Cooking Channel</td>
</tr>
<tr>
<td>61</td>
<td>Nat Geo</td>
</tr>
<tr>
<td>62</td>
<td>Nat Geo Kids</td>
</tr>
<tr>
<td>63</td>
<td>Nat Geo Wild</td>
</tr>
<tr>
<td>64</td>
<td>Nat Geo Channel</td>
</tr>
<tr>
<td>65</td>
<td>Nat Geo Explorer</td>
</tr>
<tr>
<td>66</td>
<td>Nat Geo Traveller</td>
</tr>
<tr>
<td>67</td>
<td>Nat Geo Wild</td>
</tr>
</tbody>
</table>

Telephones and Cell Phones
To make an outside local call from the bedside phone, dial “9” plus the number. To make a call within the hospital, dial the five-digit extension or contact the switchboard by dialing “0.” Your family and friends can call your room directly by dialing the phone number listed on your phone.

We ask that family members and visitors of patients please remember that quiet promotes healing. Please use discretion as to when and where to use your cell phone and avoid sharing cell phones to help stop the spread of infections.

Valuables
The hospital cannot assume the responsibility for valuables and personal items kept in patient’s rooms. It is best to have them taken home. If this is not possible, all valuables should be given to your nurse to be placed in the hospital safe. Your valuables will be returned to you upon presentation of your receipt, which will be kept in your hospital chart.

Dining Facilities for Guests
Visitors may eat in the cafeteria located in the basement of the hospital. Vending machines, located across from the cafeteria, are available for soft drinks, candy and snacks at all times.

Spiritual Care Services
If you would like your pastor or priest to visit, or if you would like to receive any of the sacraments or rights of your particular faith tradition, please contact your nurse.

Volunteers
Volunteers serve patients at CentraCare Health System - Sauk Centre in many ways. If you would like volunteer services for yourself or your family member, please notify your nurse.

Tobacco
CentraCare Health System - Sauk Centre is a tobacco-free facility.
Gift Shop
In need of balloons or other gifts to uplift and inspire? Find something for all ages at the Gift Shop, located at the nursing home entrance.

Web Site Health Information
CentraCare Health System - Sauk Centre knows the more information you have about your health, the better you are able to make decisions about your care. A great place to learn more about your health is on our Web site: www.centracare.com.

Transportation
If you are in need of transportation home, contact nursing at ext. 21771.

Visitation Rights for All Patients
We believe families and support persons are an important part of your care. Our goal is to meet the needs of you and your family by providing flexible open visiting hours. We invite you to have visitors whom you designate 24 hours a day, seven days a week. To accommodate patient care, there are clinically necessary/reasonable exceptions to visitation including, but not limited to:

- When you are undergoing care interventions or procedures.
- When there may be infection control issues. People with colds, sore throats or any contagious diseases should not visit patients.
- When visitors may interfere with the care of other patients.

CentraCare Health System - Sauk Centre does not discriminate against visitors based on race, color, national origin, religion, sex, gender, identity, sexual orientation or disability. To have a healthy balance of mind, body and spirit, you are welcome to have the presence of family and friends. You have a right to choose who may or may not visit you during hospitalization.

We encourage you to discuss your preferences for visitation with your nurse and care team. If you have questions about visiting, please contact your nurse.

Speak Up for Your Safety
Health care safety is a priority. We urge you to speak up! To prevent health care errors, everyone has a role in making health care safe — doctors, health care executives, nurses and technicians. You, as the patient, play a vital role in making your care safe by becoming an active, involved and informed member of your health care team. The “Speak Up” initiative provides simple advice on how you, as the patient, can make your care a positive experience. After all, research shows that patients who take part in decisions about their health care are more likely to have better outcomes.

- Speak up if you have questions or concerns. If you don’t understand, ask again. It’s your body and you have a right to know.
- Pay attention to the care you are receiving. Make sure you’re getting the right treatments and medications by the right health care professionals. Don’t assume anything.
- Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.
- Ask a trusted family member or friend to be your advocate.
- Know what medications you take and why you take them. If you think we’ve made an error, please notify your nurse immediately. Medication errors are the most common health care mistakes.
- Use a hospital, clinic, surgery center or other type of health care organization that has undergone a rigorous on-site evaluation.
- Participate in all decisions about your treatment. You are the center of the health care team.
Skin Safety
As a patient at CentraCare Health System - Sauk Centre, you can expect that your nurse will perform the following as needed:

- Encourage you to turn at least every two hours and assist you as needed.
- Use a sheet under you for lifting to avoid injuring your skin.
- Use pads on your elbows for protection.
- Use pillows under your legs to keep your heels off the mattress.
- If you have toe wounds, use a “foot cradle” to prevent pressure of linen on your toes.
- Use pillows to help you stay positioned and to separate your knees/feet.
- When you are sitting, we encourage you to shift your weight every 15 minutes or we will assist you to reposition every hour.
- Encourage you to stay active. If you are on bed rest, you have a higher risk for developing a pressure ulcer (bedsore).
- Help you be aware of proper food and fluid intake.
- Moisturize your dry skin while preventing excess moisture from building up on your skin.
- Help you learn how you can make your skin safe.

This is our commitment to you. Please let us know if we do not meet these standards.

Infection Control
How to prevent infections during your stay:
- Cleansing your hands is the easiest way to reduce the risk of spreading germs that cause infection.

Fall Prevention
We would like your stay at CentraCare Health System - Sauk Centre to be as safe as possible. To decrease your chance of experiencing an accidental fall during this hospitalization, please review the following tips.

Tips for patients:
- Do not hesitate to call a nurse for assistance when you need to get out of bed if you have been instructed to, or if you are feeling weak or dizzy (Side effects can be caused by some medications).
- Sit at the side of the bed for a few minutes before you get up.
- If you use a walker, cane or wheelchair at home, let the nurse know or bring in yours to use while hospitalized. Keep these devices within reach and remember to use them.
- Wear properly fitting shoes or slippers when up.
- Pay close attention to any tubing such as oxygen, catheters, etc. that may interfere with walking.
- The side rail at the bottom of the bed will be kept down unless you request that it be kept up. Please do not attempt to climb over or through the rails. Call the nurse for assistance.
- Do not use bedside tables for support as they have wheels and could roll away from you.
- Notify the nurse of any spills or wet areas on the floor so they may be cleaned up quickly.
- A bed alarm may be used to remind you to call for help when getting out of bed.

Tips for family members or visitors:
- Before you leave the room, we ask that you make sure the nurse call light and the bed stand is within reach of the patient (Items such as the phone and Kleenex also should be within reach).
- Some medications may have side effects that produce weakness or dizziness. If you notice these symptoms, please notify the nurse.
- Consider staying with your family member if they are at high risk of falling or are confused.
- Notify the nurse before leaving a confused or disoriented patient so appropriate safety measures can be taken.
- Reinforce to the patient the need to ask the nurse for help when getting up.

Your stay
Your stay

- Wash your hands regularly and after using the bathroom, blowing your nose, coughing, sneezing, before eating or leaving your room.
- If you cannot get to the sink, ask your nurse for a waterless alcohol hand rub.
- Ask your doctors and nurses, other health care workers and visitors if they have washed their hands before touching you (or your baby).
- Cover your nose and mouth with a tissue every time you cough or sneeze. Place the used tissue in the waste basket.
- If you are placed on additional precautions to prevent the spread of infection to others, your nurse will review what the staff are doing and what you will need to do.
- Ask visitors to please refrain from visiting if they have signs and symptoms of a cold or the flu. Phone calls can help you keep in touch.
- Visitors should wash their hands or use an alcohol-based hand sanitizer before entering your room.

Comments

We want your visit to be as pleasant as possible. If you have complaints, comments or suggestions, please call Quality Assurance at ext. 21754 or (320) 351-1754. You also may contact us by e-mail though our hospital Web site: www.centracare.com.

Financial Arrangements

If you have questions about making financial arrangements or about bills received after your hospital stay, please contact the Business Office at (320) 352-2221.

Helpful services after leaving the hospital

Discharge Planning

The doctor or nurse will give you instruction on post-hospital care. If you have questions about your diet, activities or other matters, please be sure to ask.

Discharge planning is available through the Social Services department. The social worker, in consultation with your physician and other members of the health care team, can assist you in planning for post hospital care, services and equipment.

Home Care and Hospice

Home Care is available to patients of any age who have health care needs at home after discharge. Services are provided by highly trained nurses, therapists, social workers and aides. Home Care provides assessment, disease management, pediatric care, wound care, personal care, infusion therapy, home exercise, palliative care and more. To learn more about these services, call ext. 21508.

When patients have a terminal illness, Hospice provides special care to them and their families in their homes, area nursing home or hospital. Hospice provides comfort and dignity and respects human life from beginning to end. It utilizes a team approach to assist patients with symptom control and offers spiritual and emotional support so they can concentrate on living life as fully as possible.

To learn more about these services, call ext. 21508.
Patient Responsibilities

As a patient, you are responsible for:

- **Providing information.** The patient is responsible for providing, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his or her health. The patient and family are responsible for reporting unexpected changes in the patient’s condition. The patient and family help the hospital improve its understanding of the patient’s environment by providing feedback about service needs and expectations.

- **Asking questions.** Patients are responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.

- **Following instructions.** The patient and family are responsible for following the care, service or treatment plan developed. They should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment. Every effort is made to adapt the plan to the patient’s specific needs and limitations. When such adaptations to the treatment plan are not recommended, the patient and family are responsible for understanding the consequences of the treatment alternatives and not following the proposed course.

- **Accepting consequences.** The patient and family are responsible for the outcomes if they do not follow the care, service or treatment plan.

- **Following rules and regulations.** Patients are responsible for following the hospital’s rules and regulations concerning patient care and conduct. They are responsible for being considerate of other patients, helping control noise and disturbances, following smoking policies and respecting others’ property.

- **Showing respect and consideration.** Patients and families are responsible for being considerate of the hospital’s personnel and property.

- **Meeting financial commitments.** The patient and family are responsible for promptly meeting any financial obligation agreed to with the hospital.

Patients are educated about their responsibilities during the admission, registration or intake process and as needed thereafter.

The patient’s family or surrogate decision maker assumes the above responsibility for the patient if he or she has been found by his or her doctor to be incapable of understanding these responsibilities, has been judged incompetent in accordance with law or exhibits a communication barrier.

The hospital informs each patient of his or her responsibilities either verbally, in writing or both, based on hospital policy.
Health Care Directives

It is your right to have a health care directive, a written document that informs others of your wishes about your health care. This document can assist your health care providers if you should become unable to make health care decisions for yourself. Please ask your nurse if you have questions or would like more information. Our social worker can assist you in completing a health care directive.

Questions and Answers About Health Care Directives

Minnesota Law

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent, in writing, so that others will know what you want if you can’t tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

What is a health care directive?

A health care directive is a written document that informs others of your wishes about your health care. It allows you to name a person (agent) to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

Why have a health care directive?

A health care directive is important if your attending physician determines you can’t communicate your health care choices (because of physical or mental incapacity). It also is important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

Must I have a health care directive?

What happens if I don’t have one?

You don’t have to have a health care directive. However, writing one helps to make sure your wishes are followed.

You will still receive medical treatment if you don’t have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

How do I make a health care directive?

There are forms for health care directives. You don’t have to use a form, but your health care directive must meet the following requirements to be legal:

- Be in writing and dated.
- State your name.
- Be signed by you or someone you authorize to sign for you when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

I prepared my directive in another state. Is it still good?

Health care directives prepared in other states are legal if they meet the requirements of the other state’s laws or the Minnesota requirements. Requests for assisted suicide will not be followed.

What can I put in a health care directive?

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or name joint agents.
- Your goals, values and preferences about health care.
- The types of medical treatment you would want (or not want).
- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissue and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.
Patient’s Bill of Rights

Legislative Intent
It is the intent of the Legislature and the purpose of this statement to promote the interests and well-being of the patients of health care facilities. No health care facility may require a patient to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient, or in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient. An interested person also may seek enforcement of these rights on behalf of a patient who has a guardian or conservator through administrative agencies or in probate court or county court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding, the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient’s civic and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Definitions
For the purposes of this statement, “patient” means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. “Patient” also means a minor who is admitted to a residential program as defined in Section 7, Laws of Minnesota 1986, Chapter 326. For purposes of this statement, “patient” also means any person who is receiving mental health treatment on an outpatient basis or in a community support program or other community-based program.

Public Policy Declaration
It is declared to be the public policy of this State that the interests of each patient be protected by a declaration of a patient’s bill of rights, which shall include, but not be limited to, the rights specified in this statement.

1. Information About Rights: Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in Section 7, the written statement also shall describe the right of a 16 years old or older to request release as provided in Section 253B.04, Subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility’s policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person consistent with Chapter 13, the Data Practices Act, and Section 626.557, relating to vulnerable adults.

2. Courteous Treatment: Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

3. Appropriate Health Care: Patients shall have the right to appropriate medical and personal care based on individual needs. This right is limited where the service is not reimbursable by public or private resources.

4. Physician’s Identity: Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, of any of the physicians responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient’s care record, the information shall be given to the patient’s guardian or other person designated by the patient as his or her representative.

5. Relationship with Other Health Services: Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service that may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient’s care record, the information shall be given to the patient’s guardian or other person designated by the patient as his or her representative.

6. Information about Treatment: Patients shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks and prognosis as required by the physician’s legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient’s medical record, the information shall be given to the patient’s guardian or other person designated by the patient as his or her representative. Individuals have the right to refuse this information. Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

7. Participation in Planning Treatment: Notification of Family Members:
(a) Patients shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the patient cannot be present, a family member or other representative chosen by the patient may be included in such conferences. A chosen representative may include a doula of the patient’s choice.
(b) If a patient who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under Paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient has an effective advance directive to the contrary or knows the patient has specified in writing that they do not want a family contact in an emergency.
Written, informed consent must be obtained prior to patient’s participation in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient has executed an advance directive relative to the patient’s health care decisions. For purposes of this paragraph, “reasonable efforts” include:

1. examining the personal effects of the patient;
2. examining the medical records of the patient in the possession of the facility;
3. inquiring of any emergency contact or family member contacted whether the patient has executed an advance directive and whether the patient has a physician to whom the patient normally goes for care; and
4. inquiring of the physician to whom the patient normally goes for care, if known, whether the patient has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient’s privacy rights.

(c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient and the medical records of the patient in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient’s privacy rights.

8. Continuity of Care: Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

9. Right to Refuse Care: Competent patients shall have the right to refuse treatment based on the information required in Right No. 6. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the condition and circumstances shall be fully documented by the attending physician in the patient’s medical record.

10. Experimental Research: Written, informed consent must be obtained prior to patient’s participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

11. Freedom from Maltreatment: Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. “Maltreatment” means conduct described in Section 626.5572, Subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient also shall be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient’s physician for a specified and limited period of time, and only when necessary to protect the patient from self-injury or injury to others.

12. Treatment Privacy: Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing and other activities of personal hygiene, except as needed for patient safety or assistance.

13. Confidentiality of Records: Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and Section 144.335. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts or where otherwise provided by law.

14. Disclosure of Services Available: Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and Section 144.335. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts or where otherwise provided by law.

15. Responsive Service: Patients shall have the right to a prompt and reasonable response to their questions and requests.

16. Personal Privacy: Patients shall have the right to every consideration of their privacy, individuality and cultural identity as related to their social, religious, and psychological well-being.

17. Grievances: Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens. Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers of the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, Section 307(a)(12), shall be posted in a conspicuous place.
Every acute care inpatient facility, every residential program as defined in Section 7, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed: specifies time limits, including time limits for facility response; provides for the patient to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in Section 7 that are hospital-based primary treatment programs and outpatient surgery centers with Section 144.691 and compliance by health maintenance organizations with Section 62D.11 is deemed to be in compliance with the requirement for a written internal grievance procedure.

18. Communication Privacy: Patients may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients shall have access, at their expense, to writing instruments, stationery and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record. There shall be access to a telephone where patients can make and receive calls as well as speak privately. Facilities that are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients’ calls. This right is limited where medically inadvisable, as documented by the attending physician in a patient’s care record. Where programmatically limited by a facility abuse prevention plan pursuant to the Vulnerable Adults Protection Act, Section 626.557, Subdivision 14, Paragraph (b), this right also shall be limited accordingly.

19. Personal Property: Patients may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically or programmatically contraindicated for documented medical, safety or programmatic reasons. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

20. Services for the Facility: Patients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

21. Protection and Advocacy Services: Patients shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

22. Right to Communication Disclosure and Right to Associate: Upon admission to a facility, where federal law prohibits unauthorized disclosure of patient identifying information to callers and visitors, the patient or the legal guardian or conservator of the patient, shall be given the opportunity to authorize disclosure of the patient’s presence in the facility to callers and visitors who may seek to communicate with the patient. To the extent possible, the legal guardian or conservator of the patient shall consider the opinions of the patient regarding the disclosure of the patient’s presence in the facility.

The patient has the right to visitation by an individual the patient has appointed as the patient’s health care agent under Chapter 145c and the right to visitation and health care decision making by an individual designated by the patient under Paragraph 22.

Upon admission to a facility, the patient or the legal guardian or conservator of the patient must be given the opportunity to designate a person who is not related who will have the status of the patient’s next of kin with respect to visitation and making a health care decision. A designation must be included in the patient’s health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under Chapter 145c prevails over a designation made under this paragraph. The unrelated person also may be identified as such by the patient or by the patient’s family.

Additional rights in residential programs that provide treatment to chemically dependent or mentally ill minors or in facilities providing services for emotionally disturbed minors on a 24-hour basis

23. Isolation and Restraints: A minor patient who has been admitted to a residential program, as defined in Section 7, has the right to be free from physical restraint and isolation except in emergency situations involving likelihood that the patient will physically harm the patient’s self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, psychiatrist, or licensed consulting psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

24. Treatment Plan: A minor patient who has been admitted to a residential program, as defined in Section 7, has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan also shall state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and his or her parents or guardian shall be involved in the development of the treatment and discharge plan.
For questions or concerns regarding your care, please call our Quality Resources department at (320) 351-1754.

Or contact:
Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(800) 994-6610
complaint@jointcommission.org

Inquires or complaints regarding medical treatment or the Patients’ Bill of Rights may be directed to:
Minnesota Board of Medical Practice
2829 University Ave. S.E., Suite 400
Minneapolis, MN 55414-3246
(612) 617-2130 or (800) 657-3709
Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970
(651) 201-4201 or (800) 369-7994

Inquires regarding access to care or possible premature discharge may be directed to:
Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971
(651) 431-2555 or (800) 657-3591