

# Inpatient Rehabilitation Handbook



St. Luke's  
Inpatient Rehabilitation  
Unit

# Welcome

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Welcome to St. Luke's Inpatient Rehabilitation Unit. We will make every effort to ensure a comfortable and productive rehabilitation stay on our unit. This guide is designed to provide you with information about our services, outcomes (report card), mission and rights while you are with us.

Through care and therapy, we help you become more independent by improving your overall level of functioning. Your physician orders therapy for you based on your needs.

**You will receive a minimum of three hours of therapy five days a week, and additional therapy on the weekend in most cases.** No matter what your schedule is, you will have an individualized rehabilitation plan to help with your recovery.

Length of stay on the unit can range on average from less than one week to approximately three weeks, depending on your needs and progress. The health care team works with your insurance company to obtain authorization for services necessary for your treatment.

We recognize you and your family as important members of the interdisciplinary team; therefore, the rehab team will discuss your goals for your rehabilitation stay and incorporate them into your overall plan of care. We encourage and welcome your participation in developing and achieving your rehabilitation goals. Upon your request, the social worker will also include your family or others in your care. **If you have a large family, please pick a "spokesperson" to be the primary contact.** This person is also welcome to contact our social worker or nurses station for updates throughout your stay.

**Thank you for allowing us to serve you.**

**To contact St. Luke's Inpatient Rehabilitation Unit, call:**

Nurses Station: 219.249.5564

Social Worker: 218.249.2967

Clinical/Nursing Supervisor: 218.249.5078

Rehabilitation Director: 218.249.5410

**For financial questions or information, call:**

Billing 218.249.5260

Finance 218.249.5340

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# Our Mission and Values

## Our Mission

To regain function and maximize independence on the journey towards home.

## Vision

To provide quality service and coordinate care throughout the rehab process to those we serve

## Core Values

- The patient is at the center
- Collaborative team work is our focus
- Our culture is centered on compassion, integrity and respect
- Patient and staff safety is our priority
- Returning the patient to home is our goal

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## Accreditation

St. Luke's Inpatient Rehabilitation Unit is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF), including Stroke Specialty Program.



DNV-GL Healthcare USA

## Who We Serve

The inpatient rehabilitation program provides services to persons with the following conditions:

- Brain injury
- Stroke
- Spinal Cord Injury
- Other neurological conditions
- Multiple trauma
- Amputations
- Orthopedic conditions such as joint replacements or fractures
- Other medical conditions

We refer individuals under the age of 18, those who require a ventilator or have burn injuries to facilities that specialize in the care of these individuals.

# Your Stay

## Admission to the Unit

Your nurse and social worker will orient you to the unit so you can become involved in planning your care right away. An administrative consent (consent to treat) is completed with you upon your arrival to the unit so you are familiar with the care that will be provided during your stay. You will have opportunities to be involved with your treatment program and to express your needs, expectations and preferences.

Nursing and therapy staff will complete their assessments and discuss your goals for returning home. You will be given a therapy schedule each morning so you can plan your day.

Dining times are 8 a.m., 12 noon and 5 p.m. Patients requiring assistance or supervision with eating must eat all meals in the dining room. All patients are expected to attend lunch and dinner in the dining room, as well. Patients who can eat independently may have breakfast in their rooms.

## Family Involvement

Family or friends who will help you at home are encouraged to attend your therapy session(s) scheduled throughout the day. Please avoid family or friends coming for social visits during therapy times. Remember that rest is a vital part of your recovery. The best time for social visits is usually after 3:30 PM.

Formal family/caregiver education may be requested during your stay. The staff will coordinate times with caregivers to observe and participate in the treatment process. This activity is designed to assist in your transition from the inpatient rehabilitation program to community living.

Pets are allowed to visit if they are up to date on their vaccinations. All pets must be on a leash or in a crate. They are not allowed in the dining room and must be well-behaved.

## Items from Home

Please do not bring valuables (money, jewelry, electronics, mobile devices, government-issued documents, purse, wallet or credit cards) or medications with you to the unit. These items should be sent home with family members for safe-keeping. The hospital cannot be responsible for them. If family members are not available to take your valuables home, these items can be stored in the hospital safe until you are discharged. For your safety, personal medications are not permitted at your bedside unless ordered by your health care provider.

We recommend that you bring the following items with you on admission to this unit (labeled if possible):

- Dentures
- Hearing aids
- Eyeglasses
- Comfortable clothing- at least four sets to include sweatpants, undergarments and shirts
- Sturdy shoes, preferably with rubber soles
- Medical equipment- wheelchairs, walkers, braces and prostheses
- Food from home/outside can be brought in, but check with your nurse to ensure the food is allowed on your diet.



# Going Home/Discharge

## Going Home/Discharge

Our goal is to include you and your caregivers in the discharge process to allow for a smooth, timely and safe transition into the community. Ideally, we want to help you return to your home. Discharge planning begins during the first few days of your stay. Our rehab team will assist you to identify realistic discharge options. Follow-up services and equipment needs will be arranged prior to your discharge from the unit. Before leaving, you will be given prescriptions to be filled at your local pharmacy, written discharge instructions and a list of your medical appointments. Our staff will continue to be available to answer any questions you may have once you have been discharged. If you have concerns about discharge, please bring the concerns forward as soon as possible.

## Transitional Apartment

Our rehab unit offers a transitional apartment for patients to trial independent living prior to discharge. This may be offered to you if the rehab team feels it would be beneficial. Patients typically stay in the apartment for one or two nights prior to discharge to demonstrate safety and independence with mobility, cooking, and activities of daily living. Patients still receive a normal therapy schedule when they are staying in the apartment. The rehab team may also suggest this as an option for patients and their caregiver(s) to simulate a home environment, and make sure the caregiver and patient can work safely together.

## Satisfaction Survey

You will receive a mailed satisfaction survey regarding your rehab stay once you are discharged. Two days after discharge, you will also receive a call from our staff to see how you are doing. A survey about your progress will also be mailed a few weeks/months after discharge. Please answer these questions to the best of your ability and return to us so we can track your progress after discharge. We appreciate your information and input to help us continually improve the services we provide.

### Discharge from the unit occurs when:

- You have met your goals and it is safe to return to your prior living setting, or another temporary/new living setting
- There has been no progress toward goals for several consecutive days
- You are unable to participate in rehabilitation services
- You consistently refuse therapy
- You are a danger to the health and safety of others.
- Your Insurance will not cover additional days

### Discharge Against Medical Advice (AMA) occurs when\*:

- You decide to leave the hospital without our doctor's recommendation. If you choose to leave AMA, our staff must discuss the health risks related to the refusal for treatment recommendations regarding your future health care.
- \*This information is discussed with you or your legally authorized representative.

### Involuntary discharge occurs when\*:

- You are a danger to the health and safety of others
  - You consistently refuse therapy
  - You, or your family, refuse to participate in the plan of care that you assisted us in developing
  - Your insurance does not cover additional days
- \*This information is discussed with you or your legally authorized representative.

# Our Interdisciplinary Team

**You and Your Caregivers:** You and your caregivers are an important part of the team and your participation is vital. Our team will include you in developing your plan of care and in discharge planning throughout your stay. Discussions about your care can occur in a variety of ways, including face-to-face meeting during therapy sessions, telephone calls with caregivers, or family meetings as needed.

**Rehab Team:** The rehab team meets each morning to discuss updates in each patient's care and review discharge plans. A weekly team conference is held for each patient who requires a stay longer than one week. The team conference includes discussion of progress with the rehab physician, therapists, nursing and social worker. After the team conference, the social worker or nurse will follow up with you about your plan of care and discharge planning.

**Admissions Coordinator:** Our admissions coordinator will work with your insurance company to approve your rehab stay and may meet with you personally to answer any questions prior to admission. They will also be in contact with your insurance company if they require updates during your rehab stay.

**Medicine/Attending Physicians:** Our attending physician is a physiatrist, which is a physician who specializes in physical medicine and rehabilitation. The physiatrist can be your first contact for any medical questions. The physiatrist is part of your interdisciplinary team and helps decide how to best tailor our program to meet your specific rehabilitation needs. If he or she feels it is necessary, specialists may be involved in your care.

**Nurses:** Our specially trained rehabilitation nursing staff works together with our medical staff and rehabilitation therapists to develop and implement an individualized plan of care. Nurses assess your care needs and provide an orientation to the unit. Nurses also provide education on topics such as medication administration, self-care needs, or diagnosis-specific education.

**Physical Therapists:** During your stay, physical therapists work with you to help you become more mobile. They may help you improve your ability to stand, walk, climb steps or push yourself in a wheelchair. They may also help you work on your strength and balance, if necessary.

**Occupational Therapists:** Occupational therapists teach daily living activities such as dressing, bathing, eating and tasks involving household chores. Your therapy may also include strengthening weak muscles, teaching you ways to conserve energy and accomplishing daily tasks using special equipment.

**Speech and Language Therapists:** Our speech and language therapists work with patients who have problems speaking, thinking and swallowing. Therapists may teach you methods that will help you to communicate with your treatment team and family. If you have swallowing problems, the therapist works with you to eat and drink safely.

**Psychology:** Psychology services are available to help you adjust to changes in your medical condition. Psychological services may also be included in your treatment plan if depression, anxiety or another similar condition affects your progress in rehabilitation.

**Social Workers:** A social worker is responsible for coordinating your care and discharge plan while you are on the unit. He or she may also provide you with resources in the community including support groups and other advocacy information available.

**Nutrition:** A dietitian is available and may be a part of your team if your physician feels it is necessary. A dietitian will review your special nutritional needs, if any. In conjunction with your health care provider, the dietitian will recommend the best plan for you. In addition, diet education will be provided prior to your discharge.

## Parking for Family and Visitors

Parking is available in the Hospital Parking Ramp, attached to Northland Medical Center, which is accessible from First Street and connected to St. Luke's by skywalk. There is also parking in St. Luke's Building A Ramp, which is accessible from Second Street and connected to the east side of St. Luke's Hospital. Meters on nearby streets operate Monday through Saturday (except holidays), 8:30 a.m. to 5:30 p.m.



# Statement of Ethics

The Governing Board of St. Luke's has adopted this Statement of Organizational Ethics to establish expectations for conduct consistent with our Mission for interactions by St. Luke's Board, Medical Staff, Employees and Contractors with our community and region. In addition to our Mission, it is the intent of the Board of Directors to set forth specific principles that all individuals, acting on behalf of the Hospital, will adhere to while conducting such activities:

- We treat all patients, employees, physicians, and visitors with respect, dignity, and courtesy.
- We represent St. Luke's services and capabilities accurately and fairly to the public.
- We adhere to comparable standards of care throughout the organization.

- We provide necessary services within the capabilities of St. Luke's and will seek to avoid unnecessary or non-effective care within the parameters of patients' rights and existing policies.
- We provide patients information about their rights and provide patients the ability to maximize those rights through advocacy procedures and complaint/grievance processes.
- We adhere to local, state, and federal laws and regulatory agency requirements.

The plan of care and provision of patient care will be based upon the physician's judgment, needs of the patient, policies, protocols and standards, and not based upon the patient's ability to pay or other issues not related directly to patient care (i.e., culture, race, gender).





# Patient Rights and Responsibilities

## Inpatient Rehabilitation Rights

You have rights and responsibilities while you are receiving care at St. Luke's Inpatient Rehabilitation Unit. We work hard to ensure that your rights are preserved. The interdisciplinary team who provides your care has the right to expect reasonable and responsible behavior from you and your relatives and friends. The information in this guide outlines your rights and provides instructions to follow if you wish to discuss concerns regarding your care on the unit.

## St. Luke's supports these patient responsibilities:

- Being considerate of other patients by limiting your visitors and maintaining a quiet atmosphere, such as keeping the volume low on your television.
- Providing your caregivers with complete information on matters relating to your health, including a list of your current medications.
- Reporting any unexpected changes in your care or medical condition.
- Reporting any safety concerns or perceived risks about your care to a staff member or the patient advocate at **218.249.5400**.
- Asking questions to clarify when you do not understand what your physician or nurses have told you.
- Questioning any medications or treatment that you are not aware of or do not understand.
- Reporting any concerns about your ability to follow and comply with treatment.
- Reporting noise disturbances, unusual odors or potentially unsafe equipment.
- Using medical supplies appropriately and respecting hospital property.

## Health Care Directives

Under the Patient Self-Determination Act, you have the right to make decisions about your care. If you choose to have a Health Care Directive (also called a living will or durable power of attorney), please make those arrangements before you come to the hospital and bring a copy of this document with you. For information about health care directives, call **218.249.5202**.

## Minnesota Patients' 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 may also 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 civil 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 out-patient 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 shall also describe the right of a person 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 facilities 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, if any, of the physician 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 which 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 member included in treatment planning. After notifying a family member but prior to allowing a family member to participate 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 declared incompetent, or when legal requirements limit the right to refuse treatment, the conditions 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 non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient shall also 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 informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charge. Facilities shall make every effort to assist patients in obtaining information regarding whether the Medicare or Medical Assistance program will pay for any or all of the aforementioned services.

#### **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 for 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 in-patient facility, every residential program as defined in Section 7, and every facility employing more than two

people that provides out-patient 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 which 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 which 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 shall also 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 may also 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 shall also 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.

#### **Inquiries or complaints regarding medical treatment or the Patients' Bill of Rights may be directed to:**

Minnesota Board of Medical Practice  
2829 University Ave. SE, Suite 400  
Minneapolis, MN 55414-3246  
Tel: 612.617.2130  
800.657.3709

#### **Office of Health Facility Complaints**

P.O. Box 64970  
St. Paul, MN 55164-0970  
Tel: 651.201.4201  
800.369.7994

#### **Inquiries regarding access to care or possible premature discharge may be directed to:**

Ombudsman for Long-Term Care  
PO Box 64971  
St. Paul, MN 55164-0971  
Tel. 800.657.3591 or  
651.431.2555 (metro)

Text provided by the Minnesota Hospital and Healthcare Partnership. Translation financed by the Minnesota Department of Health. For more information on this translation, contact the Minnesota Department of Health at 651.201.3701.

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## **Notice of Privacy Practices**

Effective Date: April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the Facility Privacy Official by dialing **218.249.5555** or **800.321.3790**. Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by St. Luke's, whether made by St. Luke's personnel, or agents of St. Luke's.

## **Our Responsibilities**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## **Uses and Disclosures**

The following categories describe examples of the way we use and disclose medical information:

**For Treatment:** We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other St. Luke's personnel who are involved in taking care of you. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different services may share medical information about you in order to coordinate the care you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

**For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** St. Luke's staff and physicians may use information in your health record to assess care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses and students for educational purposes.

### **We may also use and disclose medical information:**

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For health department or regulatory agency activities relating to improving health;
- For population based monitoring and review.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in the Radiology Department, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

**Directory:** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. The information may include your name, location in the hospital, your general condition (e.g., good, fair, serious, critical) and your religious affiliation. This information may be provided to members of the clergy, volunteers for the delivery of cards or flowers, and to other people who ask for you by name. If you would like to opt out of being in the facility directory, please request the Opt Out Form from the admission staff.

### **Individuals Involved in Your Care or Payment for Your**

**Care:** In certain circumstances, we may have to release medical information about you to a family member or friend who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** We may disclose information to researchers when an institutional review board has reviewed the research proposal, protocols and informed consent forms to ensure patients' understanding of the research and privacy protections offered.

**Future Communications:** We may communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease-management programs, fundraising, wellness programs, or other community based initiatives or activities our facility is participating in.

**Organized Health Care Arrangement:** St. Luke's and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

**As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:**

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Health Oversight Agencies, such as Medicare or Medical Assistance
- Medical Examiners and Funeral Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a court order or search warrant.

**Your Health Information Rights:**

Although your health record is the physical property of the health care practitioner or facility that compiled it, you have the right to:

**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by St. Luke's will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for St. Luke's. We may deny your request for an amendment, and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures that occurred after April 13, 2003. This is a list of the disclosures we make of medical information about you. The list will not include disclosures made for treatment, payment or health care operations.

**Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the

payment for your care, like a family member or friend. All such requests must be in writing. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. To exercise any of your rights, please obtain the required forms from the St. Luke's Privacy Official and submit your request in writing.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. The revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. Copies of the current notice will be available for pick up, and will be posted at all registration sites. In addition, each time you register at a St. Luke's facility for treatment or health care services, a copy of the current notice in effect will be made available to you.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital by contacting the Facility Privacy Official at the telephone number or address provided below or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission.

**THE ST. LUKE'S PRIVACY OFFICIAL MAY BE REACHED AT THE FOLLOWING ADDRESS OR TELEPHONE NUMBER:**

St. Luke's Privacy Official  
St. Luke's Hospital  
915 East First Street  
Duluth, MN 55805  
218.249.5555  
- OR -  
800.321.3790

# Complaints or Grievances

We want you to be satisfied with your stay. If for any reason you are not satisfied, we want to know about it right away. Please allow us the opportunity to resolve your concern by telling your nurse or other staff. If your concern is not addressed, contact the Program Manager at 218.249.5077 or the Nursing Clinical Supervisor at 218.249.5078. You may also call the Patient Advocate at 218.249.5400.

If your concern is still not resolved, you may contact the Director of Quality Management, 218.249.5239 or 218.249.5477, 8:00 a.m. to 4:30 p.m., Monday through Friday.

If you still have concerns, you may contact St. Luke's Administration at 218.249.5671 during business hours. All concerns are handled in a respectful and timely manner. You may also contact the following:

**The Joint Commission, Office of Quality Monitoring**  
800.994.6610 or [www.jointcommission.org](http://www.jointcommission.org)

#### **Office of Health Facility Complaints**

PO Box 64970  
St. Paul, MN 55164-0970  
800.369.7994



# Notices Informing Individuals About Nondiscrimination and Accessibility Requirements

## Discrimination is against the law.

St. Luke's complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

St. Luke's does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

St. Luke's provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters, and
- Written information in other formats (large print, audio, accessible electronic formats and other formats).

St. Luke's provides free language services to people whose primary language is not English, such as:

- Qualified interpreters, and
- Information written in other languages.

If you need these services, contact the St. Luke's Patient Advocate, using the contact information listed below.

If you believe that St. Luke's has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

### St. Luke's Patient Advocate

915 East First Street, Duluth, MN 55805

Phone: 218.249.5400

Fax: 218.249.5040

Email: [padvocate@slhduluth.com](mailto:padvocate@slhduluth.com)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, St. Luke's Patient Advocate is available to help you. 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

THE PATIENT. ABOVE ALL ELSE.®



**Albanian:** KUJDES: Nëse ju flasin shqip, shërbimet e asistencës gjjuha, pa pagesë, janë në dispozicion për ty. Ju lutemi të kërkonti ndihmë.

**Amharic:** አዳጋጋጥ፡ አማርኛ፣ ከከፍተኛ ገንዘብ ለሰጠው ለሰጠው የሚገኙ ከሆነ፣ ለአርባዎ የሚገኙ ናቸው። አርባዎ ይጠይቁ።

**Arabic:** تنبيه: إذا كنت تتكلم العربية، وخدمات المساعدة اللغوية، مجاناً، تتوفر لك. الرجاء طلب المساعدة.

**Chinese:** 注意: 如果你說中國話, 語言協助服務, 免費的, 都可以給你。請尋求幫助。

**Cushite (Oromo):** Xiyyeeffannaa: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

**French:** ATTENTION: Si vous parlez français, les services d'assistance de langues, gratuitement, sont à votre disposition. S'il vous plaît demander de l'aide.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. Bitte um Hilfe bitten.

**Hindi:** ध्यान दें: आप हिंदी, भाषा सहायता सेवाओं, नि: शुल्क बोलते हैं, तो आप के लिए उपलब्ध हैं। सहायता के लिए पूछें।

**Hmong:** XIM: Yog hais tias koj hais lus Hmoob, lus pab cov kev pab cuam, pub dawb, yog muaj rau koj. Thov nug kev pab.

**Karen:** LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ne am ejjelok wōpāñ. Kaalok

**Korean:** 주의 : 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 도움을 요청하시기 바랍니다.

**Laotian (Lao):** ຄວນລະວງ: ຖາຫາກວາທານເວົ້າພາສາລາວ, ການບໍລິການການຊ່ວຍເຫຼືອພາສາ, ເສຍຄ່າໃຊ້ຈ່າຍ, ແມ່ນມີໃຫ້ເພື່ອທ່ານ. ກະລຸນາຂໍຄວາມຊ່ວຍເຫຼືອ.

**Mon-Khmer, Cambodian:** យកចិត្តទុកដាក់, ប្រសិនបើអ្នកនិយាយភាសាមនខ្មែរ, សេវាជំនួយភាសាដោយឥតគិតថ្លៃ, ដែលអាចប្រើបាននៅអ្នក។ សូមសួរសម្រាប់ការផ្តល់ជំនួយ។

**Pennsylvanian Dutch:** Wann du schwetztscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff:

**Polish:** UWAGA: Jeśli w języku polskim, usługi assistance językowych, bezpłatnie, są dostępne dla Ciebie. Proszę poprosić o pomoc.

**Russian:** ВНИМАНИЕ: Если вы говорите России, переводческие услуги, бесплатно, доступны для вас. Пожалуйста, обратитесь за помощью.

**Spanish:** Atencion: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Por favor pedir ayuda.

**Tagalog:** Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Paki humingi ng tulong

**Vietnamese:** Chú ý: Nếu bạn nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Xin hỏi trợ giúp.







915 East First Street, Duluth, MN 55805