

Welcome to



Baylor Scott & White

MEDICAL CENTER

UPTOWN

Joint ownership with physicians



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BaylorUptown.com ♦ 214.443.3000

A Patient's Guide

Hand Hygiene

Saves Lives



hand hygiene

- Washing hands with soap and water.
- Cleansing hands using an alcohol-based hand rub.
- Preventing the spread of germs and infections.



Why?

To prevent hospital infections.

- In the United States, hospital patients get nearly 2 million infections each year. That's about 1 infection per 20 patients!
- Infections you get in the hospital can be life-threatening and hard to treat.
- All patients are at risk for hospital infections.
- You can take action by asking both your healthcare providers and visitors to wash their hands.

Remember: Hand hygiene saves lives.

To make a difference in your own health.

- Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard-to-treat infections, such as methicillin-resistant *Staphylococcus aureus*, or MRSA.

When?

You should practice hand hygiene:

- Before preparing or eating food.
- Before touching your eyes, nose, or mouth.
- Before and after changing wound dressings or bandages.
- After using the restroom.
- After blowing your nose, coughing, or sneezing.
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.

Healthcare providers should practice hand hygiene:

- Every time they enter your room.*
- Before putting on gloves. Wearing gloves alone is not enough to prevent the spread of infection.
- After removing gloves.

Remember: Ask your doctors and nurses to clean their hands before they examine you.

* If you already have an infection, your healthcare providers may take special measures (isolation precautions) to prevent the spread of your infection to others. They might enter your room wearing protective equipment (e.g., gloves, gown, mask). You do not need to ask them to clean their hands because they should have done so before they put on gloves.



How?

With soap and water:

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to your hands.
2. Rub your hands together until soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the "Happy Birthday" song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

Remember: It only takes 15 seconds to protect yourself and others.

With an alcohol-based hand rub:

1. Follow directions on the bottle for how much of the product to use.
2. Rub hands together and then rub product all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.

Which?

Use soap and water:

- When your hands look dirty.
- After you use the bathroom.
- Before you eat or prepare food.

Use an alcohol-based hand rub:

- When your hands do not look dirty.
- If soap and water are not available.

Alcohol based hand rubs

- Products that kill germs on the hands.
- Should contain 60% to 95% ethanol or isopropanol (types of alcohol).
- Are fast-acting and convenient.

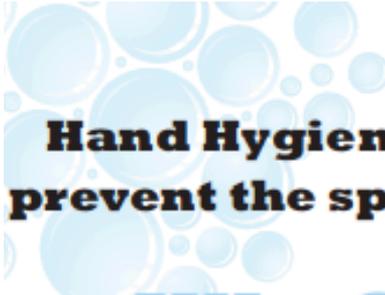
Who?

You can make a difference in your own health:

- Healthcare providers know they should practice hand hygiene, but they sometimes forget. Most welcome your friendly reminder.
- Ask healthcare providers to practice hand hygiene in a polite way — tell them that you know how easy it is for people to get infections in the hospital and that you don't want it to happen to you.

Remember: Take control of your health, practice hand hygiene.





Hand Hygiene is the #1 way to prevent the spread of infections

Why?

You can take action by practicing hand hygiene regularly and by asking those around you to practice it as well.

When?

You and your loved ones should clean your hands very often, especially after touching objects or surfaces in the hospital room, before eating, and after using the restroom. Your healthcare provider should practice hand hygiene every time they enter your room.

How?

It only takes 15 seconds of using either soap and water or an alcohol-based hand rub to kill the germs that cause infections.

Which?

Use soap and water when your hands look dirty; otherwise, you can use an alcohol-based hand rub.

Who?

You, your loved ones, and your healthcare providers should practice hand hygiene.

For more information, please visit www.cdc.gov/handhygiene or call 1-800-CDC-INFO

CDC acknowledges the following partners in the development of the *Hand Hygiene Saves Lives* video: the Association for Professionals in Infection Control and Epidemiology and Safe Care Campaign.

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Surgical Site Infections

One risk of having surgery is an infection at the surgical site (any cut the surgeon makes in the skin to perform the operation). Surgical site infections can range from minor to severe or even fatal. This sheet tells you more about surgical site infections, what hospitals are doing to prevent them, and how they are treated if they do occur.

What Causes Surgical Site Infections?

Germs are everywhere. They're on your skin, in the air, and on things you touch. Many germs are good. Some are harmful. Surgical site infections occur when harmful germs enter your body through the incision in your skin. Some infections are caused by germs that are in the air or on objects. But most are caused by germs found on and in your own body.

What are the Risk Factors for Surgical Site Infections?

Anyone can have a surgical site infection. Your risk is greater if you:

- ▶ Are an older adult.
- ▶ Have a weakened immune system or other serious health problem such as diabetes.
- ▶ Smoke.
- ▶ Have certain types of operations, such as abdominal surgery.
- ▶ Are malnourished (don't eat enough healthy foods).
- ▶ Are very overweight.
- ▶ Have a wound that is left open instead of closed with sutures.

What are the Symptoms of a Surgical Site Infection?

- ▶ The infection usually begins with increased redness, pain, and swelling around the incision. Later, you may notice a greenish-yellow discharge from the incision. You are also likely to have a fever and may feel very ill.
- ▶ Symptoms can appear any time from hours to weeks after surgery. Implants such as an artificial knee or hip can become infected a year or more after the operation.

How are Surgical Site Infections Treated?

- ▶ Most infections are treated with antibiotics. The type of medication you receive will depend on the germ causing the infection.
- ▶ An infected skin wound may be reopened and cleaned.
- ▶ If an infection occurs where an implant is placed, the implant may be removed.
- ▶ If you have an infection deeper in your body, you may need another operation to treat it.

Preventing Surgical Site Infections: What Hospitals are Doing

Many hospitals take these steps to help prevent surgical site infections:

- ▶ **Hand washing:** Before the operation, your surgeon and all operating room staff scrub their hands and arms with antiseptic soap.
- ▶ **Sterile skin:** The site where your incision is made is carefully cleaned with an antiseptic solution.
- ▶ **Sterile clothing and drapes:** Members of your surgical team wear medical uniforms (scrub suits), long sleeved surgical gowns, masks, caps, shoe covers, and sterile gloves. Your body is fully covered with a sterile drape (a large sterile sheet) except for the spot where the incision is made.

- ▶ **Clean air:** Operating rooms have special air filters and positive pressure airflow to prevent unfiltered air from entering the room.

- ▶ **Careful use of antibiotics:** Antibiotics are given no more than 60 minutes before the incision is made and stopped shortly after the surgery. This helps kill germs but avoids problems that can occur when antibiotics are taken longer.

- ▶ **Controlled blood sugar levels:** After surgery, a patient's blood sugar level is watched closely to make sure it stays within a normal range. High blood sugar delays wound healing.

- ▶ **Controlled body temperature:** A lower-than-normal temperature during or after surgery prevents oxygen from reaching the wound and makes it harder for your body to fight infection. Hospitals may warm IV fluids, increase the temperature in the operating room, and provide warm-air blankets.

- ▶ **Proper hair removal:** Any hair that must be removed is clipped, not shaved with a razor. This prevents tiny nicks and cuts through which germs can enter.

- ▶ **Wound care:** After surgery, a closed wound is covered with a sterile dressing for a day or two. Open wounds are packed with sterile gauze and covered with a sterile dressing.

Preventing Surgical Site Infections: What Patients Can Do?

- ▶ Ask questions. Learn what your hospital is doing to prevent infection.
- ▶ If your doctor instructs, shower or bathe with antiseptic soap the night before and the day of your operation. Follow the instructions you are given. You may be asked to use a special antibiotic cleanser that you don't rinse off.
- ▶ If you smoke, stop or cut down. Ask your doctor about ways to quit.
- ▶ Take antibiotics only when told to by a healthcare provider. Using antibiotics when they're not needed can create germs that are harder to kill. Also, finish all your antibiotics, even if you feel better.
- ▶ Be sure healthcare workers clean their hands with soap and water or with an alcohol-based hand cleaner before and after caring for you. Don't be afraid to remind them.
- ▶ After surgery, eat healthy foods.

***When you return home, care for your incision as directed by your doctor or nurse.*

Call your doctor if you have any of the following:

- ▶ Increased soreness, pain, or tenderness at the surgical site.
- ▶ A red streak, increased redness, or puffiness near the incision.
- ▶ Yellowish or bad smelling discharge from the incision.
- ▶ Stitches that dissolve before the wound heals.
- ▶ Fever of 101° or higher
- ▶ A tired feeling that doesn't go away.



Multidrug-Resistant Organisms (MDROs)

Certain germs have become resistant to the medications (antibiotics) commonly used to treat them. Germs that resist treatment with more than one antibiotic are called multidrug-resistant organisms (MDROs for short). MDROs often affect people who are older or very ill, and can cause severe and even fatal infections. This handout tells you more about MDROs and what hospitals are doing to prevent this serious problem.

What Causes MDROs?

Hard-to-kill (resistant) germs such as MDROs develop when antibiotics are taken longer than necessary or when they're not needed. At first, only a few germs may survive treatment with an antibiotic. The more antibiotics are used, the more likely it is that resistant germs will develop.

What are the risk factors for MDRO Infections?

People in a hospital or long-term care facility are at a great risk to get an MDRO infection. The chance of infection is greater for those who receive long-term antibiotic therapy, have a weakened immune system, have had a recent operation, or have a medical device such as a urinary catheter (a soft tube placed in the bladder to drain urine).

How do MDROs Spread?

Most often, MDROs spread from patient to patient on the hands of healthcare workers. The germs can also spread on objects such as cart handles, bed rails, and catheters.

What Types of Infections do MDROs Cause?

MDROs can cause infections in almost any part of the body, including?

- ▶ Skin
- ▶ Lungs
- ▶ Urinary tract
- ▶ Bloodstream
- ▶ Wounds

How are MDRO Infections Treated?

MDRO infections are hard to treat because they don't respond to many common antibiotics, even the most powerful ones. But certain antibiotics can still help control MDROs in most people. The doctor will try to find the type of MDRO causing the illness. This can help choose the best antibiotic. Treatment with the wrong antibiotic can slow recovery and make the infection harder to cure.

Preventing MDRO Infections: What are Hospitals Doing

Hospitals and nursing homes are taking these measures to help prevent MDRO infections:

- ▶ **Hand Washing:** This is the single most important way to prevent the spread of germs. Healthcare workers wash their hands with soap and water or use an alcohol-based hand cleaner before and after treating each patient. They also clean their hands after touching any surface that may be contaminated and after removing protective clothing.
- ▶ **Protective clothing:** Healthcare workers and visitors wear gloves, a gown, and sometimes a mask when entering the room of a patient with an MDRO infection. The clothing is removed before leaving the room.
- ▶ **Careful use of antibiotics:** Using antibiotics only when needed and for the shortest time possible helps prevent the growth of more antibiotic-resistant germs.
- ▶ **Private rooms:** Patients with MDRO infection are placed in a private room or share a room with others who have the same infection.
- ▶ **Daily cleaning:** All patient care items, equipment, and room surfaces are properly cleaned and disinfected every day.
- ▶ **Vaccination:** People living in long-term care facilities may receive vaccines to help prevent complications of MDRO infections, such as pneumonia.
- ▶ **Monitoring:** Hospitals monitor the spread of MDROs and educate caregivers on the best ways to prevent it.

Preventing MDRO Infections: What Patients Can Do

- ▶ Ask all hospital staff to wash their hands before touching you. Don't be afraid to speak up!
- ▶ Wash your own hands often with soap and water or use an alcohol based hand gel containing at least 60 percent alcohol.
- ▶ Ask that stethoscopes and other instruments be wiped with alcohol before they are used on you.
- ▶ If you have a urinary catheter, ask to have it removed as soon as possible.

Tips for Good Hand Washing

- ▶ Use warm water and plenty of soap. Work up a good lather.
- ▶ Clean the whole hand, under your nails between your fingers, and up the wrists.
- ▶ Wash for at least 15 seconds. Don't just wipe. Scrub well.
- ▶ Rinse, letting the water run down your fingers, not up your wrists.
- ▶ Dry your hands well. Use a paper towel to turn off the faucet and open the door.

Using Alcohol-Based Hand Gels

- Alcohol-based hand gels are also a good choice for cleaning your hands. Use them when you don't have access to soap and water on your hands aren't visibly dirty. Follow these steps:
- ▶ Spread about a tablespoon of gel in the palm of one hand.
 - ▶ Rub your hands together briskly, cleaning the backs of your hands, palms, between your fingers, and up the wrists.
 - ▶ Rub until the gel is gone and your hands are completely dry.

Patient Education for Recognizing Deep Vein Thrombosis and Pulmonary Embolism

Risk Factors

- ▶ Surgery lasting longer than 45 minutes
- ▶ Obesity
- ▶ History of inflammatory bowel disease (IBS)
- ▶ Infection for more than 1 month
- ▶ Oral contraceptives or hormone replacement therapy
- ▶ Less than month 1 after child birth
- ▶ Varicose veins / Swollen legs (currently)
- ▶ Immobile for more than 3 days
- ▶ CHF / Acute MI / Irregular heart beat
- ▶ COPD / Pneumonia
- ▶ General Anesthesia greater than 2 hours
- ▶ Arthroscopic surgery
- ▶ Malignancy / Cancer
- ▶ Spine Surgery
- ▶ Family history of thrombosis
- ▶ Stroke / Paralysis / Coma
- ▶ Smoking
- ▶ Blood Abnormalities

Signs and Symptoms of DVT

*USUALLY OCCURS IN ONE LEG,
ABOVE OR BELOW THE KNEE.*

- ▶ Swelling - one calf or thigh may be larger than the other
- ▶ When swollen area is pressed with a finger, a depression may remain
- ▶ Swelling along the vein of the leg
- ▶ Feeling of increased warmth in the area of the leg that is swollen or painful
- ▶ Leg pain, which may increase when standing or walking
- ▶ Tenderness of the leg that may be confined to one area.
- ▶ Change in leg skin color (bluish or red).

Signs and Symptoms of PE

- ▶ Chest pain that gets worse with deep breaths, coughing, or chest movement.
- ▶ Shortness of breath or difficulty breathing.
- ▶ Coughing up blood.
- ▶ Rapid breathing.
- ▶ Rapid heart beat.
- ▶ Sweating.
- ▶ Lightheaded

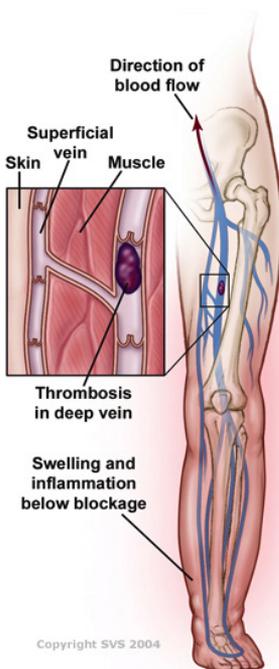


*Patients who believe they may be
experiencing the signs and symptoms
of DVT or PE should seek medical help
IMMEDIATELY*

About Deep Vein Thrombosis and Pulmonary Embolism

In Deep Vein Thrombosis, a blood clot develops in a deep vein.

The clot, which is called a thrombus, may block blood flow through the vein completely or partially. Deep Vein thrombosis may occur wherever there is a deep vein: Above the knee in the femoral vein, behind the knee in the popliteal vein, or below the knee in the tibial vein.



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Causes and risk factors for deep vein thrombosis

Generally, DVT is caused by a combination of sluggish blood flow through a vessel and a factor that increases the tendency of blood to clot. Lying down or sitting still for a long period of time, as in extended airline travel, can slow blood flow. An increase in the concentration of clotting factors in the blood may occur after an operation or injury, during pregnancy, and in women taking birth control pills. A greater tendency to clot may result from an increase in red blood cells, severe infection, and certain types of cancer.

Untreated, DVT may cause serious problems.

A clot can grow in size and block other veins. In addition, portions of the clot may break away from the vein wall and travel through the veins into the lung, where it can lodge in a pulmonary artery. This condition is known as Pulmonary Embolism, or PE. The traveling clot is called an embolus blocks the main pulmonary artery or if there are many clots. Pulmonary embolism can be treated with drugs that dissolve the clot and restore normal blood flow. You should get medical help immediately if you any symptoms of a PE.



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A Patient's Guide To Pain Management

Baylor Medical Center at Uptown believes that managing your pain is an important part of your care and we are committed to incorporating this belief into your plan-of-care.

We believe that good management of your pain will improve your surgical outcome, enhance your recovery in a positive way and promote a hospital experience that better meets your personal satisfaction.

Good pain management requires cooperation and communication between Physicians, Nurses and You - the Patient.

The information that follows will assist you in working with us to achieve the most effective pain treatment for your personal condition. Your safety as a patient is our first priority therefore, it is important to understand that the total absence of any post-operative discomfort is normally not a realistic goal.

Reducing your pain to a level that is acceptable to you while maintaining your safety is a more realistic goal that we will strive to achieve, with your help.

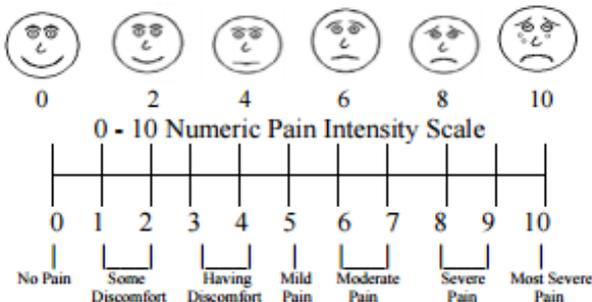
Here are some ways that you can help us:

- ▶ Discuss openly with your concerns about pain & your preferences for pain management.
- ▶ Share with us any Cultural or Religious beliefs you have so that we may include them into your plan of care.
- ▶ Tell us about any adverse side effects to pain medications that you have experienced in the past such as nausea, breathing difficulty, constipation or sleepiness.
- ▶ Tell us when you first begin to feel pain, this allows us to treat your pain before it becomes severe.
- ▶ Tell us if the treatments we are providing are working or if you think you are having side effects from the treatment that are undesirable to you.
- ▶ Let us know if we have a history of chronic pain that has been treated with long-term use of narcotics so that we can consider this when planning your pain management care.

Information we will need to provide pain care for you.

- 1. Location:** Where is your pain?
- 2. Duration:** When did your pain originate? Is the pain always there? (Continuous pain?) Does the pain come and go? (Breakthrough pain)
- 3. How would you describe your pain?**

Aching	Dull/Sharp	Unbearable
Stabbing	Tender/Sore	Throbbing
Burning	Shooting	Exhausting
Cramping	Nagging	Pressure
- 4. Aggravating or Alleviating Factors:** What activities make the pain worse? What things make the pain better?
- 5. How does your pain effect:** your mood, sleep, appetite, activity, relationships or quality-of-life?
- 6. Are you having any other symptoms?** Such as nausea, vomiting, changes in bladder or bowel habits, weakness.
- 7. What is the intensity of your pain?** We will ask you to rate your pain on a scale of (0-10). If (0) is no pain and (10) is the worst pain imaginable, what is your pain level?



Your Rights as a Patient

1. To receive information about pain and pain relief measures.
2. A staff committed to pain prevention and management.
3. Access to the best level of pain relief that may be safely provided.
4. Healthcare professionals who respond quickly to your reports of pain.
5. Your reports of pain will be believed.
6. State of the Art pain management modalities.
7. Access to dedicated pain specialist.

*Please Use This Space To Record Any
Questions or Ideas That Will Help Us Help You.*

Introduction to Your Texas Advance Directives

TEXAS MEDICAL POWER OF ATTORNEY

Lets you name someone to make decisions about your medical care - including decisions about life support - if you can no longer speak for yourself. Your attending physician must certify in writing that you are unable to make health care decisions and file the certification in your medical record. The Medical Power of Attorney is especially useful because it appoints someone to speak with for you any time you are unable to make your own medical decisions, not only at the end of life.

TEXAS DIRECTIVE TO PHYSICIANS

This is Texas' living will. It lets you state your wishes about medical care in the event that you develop a terminal or irreversible condition and can no longer make your own medical decisions. The Directive becomes effective when your attending physician certifies in writing that you have a terminal or irreversible condition.

OUT OF HOSPITAL DNR

This will inform paramedics not to initiate CPR outside the hospital. It allows you as a terminally ill patient to refuse CPR. You will need the actual document, I.D. bracelet or I.D. necklace.

MENTAL HEALTH DECLARATION

Allows you the patient to tell the hospital what kinds of Mental Health Treatment you want in the event you cannot make the decisions.

WHAT IS YOUR FINANCIAL RESPONSIBILITY FOR YOUR SURGERY?

You are expected to pay your financial estimate on the day of your surgery. Here is some information to help explain the estimate to you. If you are a self-pay patient, and will not be using insurance benefits for your surgery, please see the section for 'Self Pay Patients'.

What forms of payment does Baylor Medical Center at Uptown accept? We have several options available including cash, personal checks, cashiers' checks, Visa, Master Card, American Express, Discover and Care Credit*.

What is covered by the estimate? The estimate is for the facility charges only. The charges for the surgeon, consulting physicians, radiologist, pathologist and anesthesiologist are not included in the bill. Your surgeon may request a consultation from another physician during your stay at the Hospital. You may also receive a separate bill for durable medical goods and for testing performed prior to your surgery.

How is the estimate calculated? The estimate is based on two pieces: (1) your specific health insurance benefits, which we obtain by calling your insurance company, and (2) the supplies needed, surgical procedures scheduled and length of time the surgery will take, which is given to us by your surgeon.

Why is it an estimate instead of an exact amount? Your insurance company will not guarantee your benefits prior to the surgery. Also, the actual surgery may use different supplies or take shorter or longer than expected.

How will I know what my expected up front financial responsibility will be?

Provided that we have all the information we need, we will contact you the day before your surgery with your estimate. Sometimes we are not able to verify your benefits, or the surgery isn't scheduled with us in advance. We will do our best to give you the closest estimate we can.

What can I do now? Call your insurance company, and verify your benefits. Be sure to ask for the benefits for the specific procedure that will be performed. Never assume that you know your benefits. You may have different benefits depending on what type of health care service is being performed. The benefits that will be applied at Baylor Medical Center at Uptown Hospital are for hospital facility surgery benefits.

What if I just paid my deductible to my surgery, but the insurance company doesn't have that payment in their system? Please let us know that you have met more of your deductible than your insurance has on record at the moment. Bring us a receipt for what you have paid your surgeon or other healthcare providers and we will adjust your estimate. Please be advised that not all payments will apply towards your deductible. Your insurance company will tell you exactly which payment will apply towards the deductible.

What if I cannot pay for my surgery? We expect payment in full prior to your surgery. However, we can offer help if you need it.

Charity Care: Depending on your household income and other factors, you may qualify for charity care. Please be advised that you must contact us in advance of your surgery if you think you may qualify. You will be required to fill out additional paperwork, and bring proof of your financial situation, including but not limited to W-2s for the last three years, paycheck stubs, bank statements, and proof of other expenses. It is important that you apply prior to your surgery.

***Care Credit:** Care Credit is a third party financing company that specializes in financial medical and dental costs. *Please contact them directly at (800) 365-8295, or on the web at www.carecredit.com.

What if we need a payment plan? Please let us know before your surgery if you are not able to pay for the surgery. If you cannot pay in full at the time of your surgery, after a certain amount of time (usually more than 90 days from the date of your first statement), your account may be turned over to a third party collection agency. They will work with you if you need to pay your balance in monthly installments.

What happens if the actual charges are different than the estimate? After your surgery, we will bill your insurance company for the actual services provided, for the actual supplies and implants used and for the actual length of the surgery. Your insurance company will process the claim according to our contract with them. After they process the claim, they will mail both you and the hospital an Explanation of Benefits, or EOB, explaining how much they reimbursed us and how much your actual responsibility is. If we owe you a refund, we will send you a refund check. Please note refunds can take a few weeks to process. If you owe us more than you paid up front as your estimate, we will mail you a statement to the home address you provided us. If you have questions about your EOB, or a refund or balance is owed, call your insurance company.

Self-Pay Patients:

What if I am a self-pay patient, and will not be using insurance benefits to pay for my surgery? We will provide you with an upfront self-pay quote which reflects a discount. You must pay the quoted amount prior to your surgery. However, for non-cosmetic cases, if actual charges are more than the quoted amount, you will be billed for the balance.

What if I pay for my surgery as a self-pay patient, and then decide after my surgery that to file with my insurance? We will not file a claim with your insurance company if you accept the self-pay upfront price. However, we can provide you with information so that you can file a claim yourself.



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