

Patient Information Guide



Directions to Cooper University Hospital

Via Route 130, Route 38 and Route 70

- Follow Route 30, also known as the Admiral Wilson Boulevard, west for approximately 2 miles.
- Take the exit for Martin Luther King Boulevard/Campbell Place.
- At the top of the ramp, bear right.
- After traffic light at Haddon Avenue, make a left at the next traffic light onto the hospital campus.
- Visitor/patient drop-off/pick-up and valet parking is to the left. Self park in garage is straight ahead.

Via Route 42 North and the Walt Whitman Bridge:

- Follow I-676 North for several miles to exit 5A (Martin Luther King Boulevard).
- Once off the exit, bear right at the light and continue straight.
- Go through the light at Haddon Avenue and, at the next traffic light, make a left into the hospital entrance.
- Visitor/patient drop-off/pick-up and valet parking is to the left. Self park in garage is straight ahead.

Via the Benjamin Franklin Bridge:

- Keep right after crossing into New Jersey and follow route I-676 South to exit 5B for Market Street.
- At the end of the ramp, get into the left lane and make a left at the first traffic light onto Haddon Avenue.
- Make a right at the traffic light onto Martin Luther King Boulevard.
- At the next traffic light, make a left into the hospital entrance.
- Visitor/patient drop-off/pick-up and valet parking is to the left. Self park in garage is straight ahead.



➤ Indicates parking/valet entrance.

Important Telephone Numbers

Admissions Office 856.342.2357
 Food Services 856.243.2000 (x5735)
 Gift Shop 856.342.2991
 Linguistics Department 856.342.2751
 Nursing Department 856.342.2461
 Pastoral Care 856.342.2197
 Patient Information . . . 856.342.2000 (x80113)
 Patient Relations 856.342.2432

Security 856.342.2400
 Volunteer Office 856.342.2995

Financial Counseling

Charity Care 856.342.3140
 or 856.968.7579
 Adult Medicaid 856.342.2000 (x5615)
 Pregnant Women & Minor Children
 (Presumptive Eligibility – PE) . . 856.968.7368



Mission

Our mission is *to serve, to heal, to educate.*

We accomplish our mission through innovative and effective systems of care and by bringing people and resources together, creating value for our patients and the community.

Vision

Cooper University Health Care will be the premier health care provider in the region, driven by our exceptional people delivering a world-class patient experience, one patient at a time, and through our commitment to educating the providers of the future.

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Dear Patient,

Welcome to Cooper University Hospital.

Thank you for choosing Cooper for your health care needs. Your care and treatment are very important to us. With our commitment to Patient Family-Centered Care, we want to make sure your experience is as pleasant as possible. Your needs — medical, and also emotional and spiritual — are our primary concern.

This Patient Information Guide contains information to help make your stay with us as comfortable as possible. If you have additional questions, please contact the nurse leader on the floor of your stay, or contact our patient relations office at 856.342.2432.

Once again, we thank you for choosing Cooper. We will do our best to provide you with the finest medical care available.

Sincerely,

George E. Norcross III
 Chairman
 Board of Trustees

Adrienne Kirby, PhD, FACHE
 President and CEO
 Cooper University Health Care

Discrimination is Against the Law



Cooper University Health Care complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

Cooper University Health Care provides free aids and services to people with disabilities to communicate effectively with us, including qualified sign language interpreters, large print or audio communications, free language services, and written materials in different languages.

If you need assistance or believe that Cooper University Health Care 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:

Kim Santana, Director, Patient Experience and Civil Rights Coordinator, One Cooper Plaza, Camden, NJ 08103
Phone: 856.342.2432 Fax: 856.968.8865 Email: Patient-Relations@CooperHealth.edu

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; or by mail at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; or by phone at: 1.800.368.1019 or (TDD) 1.800.537.7697.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.856.342.2432.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.856.342.2432 번으로 전화해 주십시오.

ગુજરાતી (Gujarati)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1.856.342.2432.

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.856.342.2432.

العربية (Arabic)

ال لغوية المساعدة خدمات فإب اللغة، اذكر ت تحدث ك نت إذا بملاحظة
ال صم هات ف 1.856.342.2432 ب رقم ات صل ب الامجان لك ت توافر
وال بكم

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.856.342.2432.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.856.342.2432.

اُردو (Urdu)

خدمات کی مدد کی زبان کو آپ تو وہ ہیں، بولا تے اردو آپ اگر: بخ بردار
1.856.342.2432 کال - ب میں دست تیا ب میں مفت

繁體中文 (Chinese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.856.342.2432。

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.856.342.2432.

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.856.342.2432 पर कॉल करें।

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.856.342.2432.

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.856.342.2432.

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.856.342.2432.

Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.856.342.2432.

**Cooper University Health Care's main number
1.856.342.2000.**



Welcome

The Roberts Pavilion lobby offers an array of patient and visitor amenities:

Patient Services Center

The Patient Services Center provides a convenient “one-stop” for your entry into Cooper including general check in and obtaining visitor passes. The prime location in the Roberts Pavilion lobby provides access to the following services:

- Cashier
- Direct Admissions
- Insurance and Financial Counseling
- Medicaid Application Assistance
- Patient Relations

Patient Education

Cooper is pleased to offer patient educational videos to inpatient rooms. Speak with your nurse or physician for a full list of available videos.

Patient and Family Center/Discharge Lounge

The Patient and Family Center/Discharge Lounge (PFC) is managed by members of our Patient Relations staff who are available to answer questions and assist with patient and visitor needs. Services include:

- Health Information Material
- Computers with Wireless Access
- Lounge Area

The Center also includes a section for patients who have been discharged from the Hospital but whom are awaiting a ride home. Additional amenities for discharged patients include:

- Lounge chairs
- Storage units for personal belongings
- Complimentary light meals and beverages

The PFC hours are: 8:30 a.m. to 6 p.m. Monday through Friday.

Margaret L. Isaacs Chapel

The Margaret L. Isaacs Chapel is an intimate space within Cooper University Hospital provided for reflection, meditation, prayer, and spiritual renewal. It is open to all patients and their families, visitors, and staff members with respect given to all religions, cultures, and beliefs. The non-denominational chapel is accessible from the Roberts Pavilion Lobby and is open 24 hours a day, seven days a week. A schedule of religious services is posted in the chapel.

DiFlorio Family Healing Garden

The Healing Garden, located off the Garden Walk which links the parking garage with the Roberts Pavilion, is a place where patients, their loved ones, and friends are invited and encouraged to find solace, serenity, and reprieve. The Garden is open from dawn to dusk, seven days a week.



Visitor Dining Options

We offer several dining choices: **Oasis Restaurant**, **Café Excellence Coffee Shop**, plus the **Cooper Court**.

- **Oasis Restaurant** has an excellent and varied menu with regular specials in a trendy, upscale setting. It offers chef’s daily features and an expanded selection of hot and cold sandwiches, cold platters, and soups. The Oasis is open from 7 a.m. to 7 p.m., Monday through Friday.
- **Café Excellence** provides an excellent choice of coffees and teas along with specialty drinks and a regularly changing menu of delicious sandwiches, fresh salads, soups and frozen specialties, and healthy grab-n-go snacks. The Café Excellence is open 24/7.
- **Cooper Court** For our visitors, the Cooper Court is located on the second floor of the Kelemen Building. This includes: cook-to-order grill, enhanced salad bar, fresh-prepared deli and panini station, pizza station with freshly made pizzas throughout the day, grab-n-go items, and a coffee and cappuccino bar. The Cooper Court is open to friends and family visiting the hospital. The hours are: Monday through Friday, 6:30 a.m. to 6:30 p.m. and 11 p.m. to 2 a.m. Saturday, Sunday, and holidays: 7:30 a.m. to 6:30 p.m.

Cooper Gift Shop

The Hospital has a full-service gift shop with a wide variety of items: inspirational, baby, seasonal, candles, gifts, jewelry, candy, cards, flowers, and newspapers. The hours are 7 a.m. to 7 p.m., Monday through Friday; and 11 a.m. to 4 p.m. on Saturday and Sunday. Room deliveries can be requested Monday through Friday by calling **856.342.2991**.


Retail Pharmacy

Direct Meds of Camden at Cooper University Hospital eliminates your need to travel to a local pharmacy. We accept prescriptions directly from your provider. Orders can be picked up at discharge or delivered directly to your home. The pharmacy is located on the first floor of the Roberts Pavilion. The hours are 9 a.m. to 8 p.m., Monday through Friday; 9 a.m. to 4 p.m., Saturday and Sunday; and 24-hour on-call service. Call **856.966.0980** or fax **856.966.0984** for additional information.

Balloons

Only balloons made of mylar — a foil material that holds helium — are permitted in the Hospital. Balloons made of other materials, such as latex, cannot be brought into the Hospital because many patients and staff members are allergic to latex.

Complimentary Guest Wireless Internet Service

- Enable Wi-Fi on your computer or phone (your device will automatically search for available Wi-Fi networks).
- Choose “Cooper-guest” network.
- Accept Cooper’s terms and conditions.
- After you join the network, you’ll see ✓ next to the network and  in the upper-left corner of your display.





Visiting Hours

Guidelines for Family and Friends

Visits are an important part of your treatment. However, to make sure that you receive the rest and care you need, visitors are asked to observe the following visiting guidelines:

- Please observe established visiting hours on each unit.
- We suggest that visitors who have a contagious disease, including the common cold, postpone visiting until they are well.
- Cooper is a smoke-free campus. We ask that you refrain from smoking while visiting at the Hospital.
- Because we care about the comfort of all of our patients, we request that all visitors be sensitive to the needs of other patients and families by speaking softly, showing consideration to all, respecting the individuals around them, and monitoring the behavior of children.
- Please stop by the Information Desk in the Roberts Pavilion for a visitor pass.

General Visiting Hours

We know how important it is to you to visit someone you love who is hospitalized. Therefore, we provide these extensive general visiting hours for your convenience:

Pavilion 5, 6, 7, 8, and 9, Kelemen South 8, North 8 (PCU and CICU), North 9, North 10, and South 10: 9 a.m. – 11 p.m.

Children’s Regional Hospital Pediatric Patient Care Units: 11 a.m. – 9:30 p.m. Parents have 24-hour visiting privileges.

Pediatric Intensive Care Unit (PICU) and Neonatal Intensive Care Unit (NICU): Parents have 24-hour visiting privileges.

Post-Anesthesia Care Unit (PACU): There may be a delay from the time the surgeon speaks to family and when the patient actually arrives in the PACU. A PACU nurse will notify the family when the patient arrives in the PACU. There is limited visiting in the recovery room. Visitation of critically ill patients will be evaluated according to the patient’s condition. Parents or legal guardians of patients under the age of 18 will be permitted to see the patient.

Special Visiting Hours

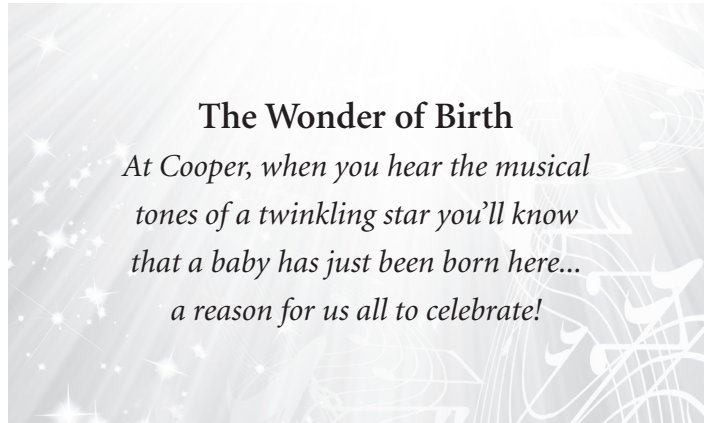
In the best interest of our patients, some units require the following special visiting hours:

Critical Care, Intensive Care Unit (ICU): 11 a.m. – 12:30 p.m. / 3 p.m. – 5:30 p.m. / 8:30 p.m. – 11 p.m.

Cardiac Care Unit (CCU): 11:30 a.m. – 6 p.m. / 8 p.m. – 9:30 p.m.

Psychiatric Care (South 5):
Monday-Friday 6:30 p.m. to 8 p.m.
Saturday-Sunday 2 p.m. to 4 p.m., 6:30 p.m. to 8 p.m. Two visitors per patient at a time. Day room visiting only. No one under 14 years old permitted on unit.

Maternity (Dorrance 3 and 5): 11 a.m. – 8 p.m. (Support person has 24-hour visiting privileges.)



The Wonder of Birth

At Cooper, when you hear the musical tones of a twinkling star you’ll know that a baby has just been born here... a reason for us all to celebrate!

Trauma Surgical Care

Visiting times in the Trauma Surgical Care Unit may be delayed due to completion of physician rounds. All visitors are requested to obtain passes and remain in the main lobby until the Information Desk receptionist verifies the exact time when visitors can enter the unit.

Trauma Surgical Care Unit (TSCU): 9 a.m. – 10 a.m. / 1 p.m. – 5 p.m. / 8:30 p.m. – 11 p.m. Physicians will be available to meet with families 1 p.m. – 2 p.m.

Trauma Step-Down Unit (TSDU): Noon – 6 p.m. / 8:30 p.m. – 11 p.m.

Trauma Patient Care (North 7, Rooms 718-729): 9 a.m. – 11 p.m. Physicians will be available to meet with families after 2 p.m. Visiting times may be individualized for patients who are 17 years or younger.

Surgical Access Center (SAC)

Located on the second floor of the Roberts Pavilion, the SAC provides convenient access for same-day surgery patients and their families.

Hours: Monday – Friday, 5 a.m. – 9:30 p.m., except Tuesday, 6 a.m. – 9:30 p.m. After-hours and weekends, families wait in the Roberts Pavilion Patient Care Services Waiting Area/P108.

Flu Season Visitation Restrictions

To protect our patients, staff, and visitors, Cooper follows the below visitation restriction policy during flu season.

- Restriction of all visitors with influenza-like symptoms, such as fever or cough.
- A limit of two visitors at a time for patients treated in semi-private rooms in the Kelemen Building.



Visitor Parking/Lodging

Parking is available in an enclosed parking garage attached to the Hospital. The garage is operated by an independent management company. Hourly and daily rates are charged.

Parking/Valet Rates

Up to 1 hr: **\$5.00** • 1-2 hr: **\$6.00** • 2-3 hr: **\$8.00** • 3-24 hr: **\$10.00**

- Valet parking service is available from 6 a.m. to 6 p.m.

Discount Privileges

Multiple Visits in One Day: **\$10.00 per day**

The Information Desk in the Roberts Pavilion lobby will validate parking upon viewing receipts (Push receipt button on parking machine each time you leave and hold receipts. Once you have paid \$10 in one day, a **one-time only** parking pass will be granted for the remainder of the day.).

Lodging

The Patient Services Center has a list of area hotels for family members and/or caregivers who require an overnight stay. It is also available by visiting **CooperHealth.org** and clicking on Patient Guide, followed by Hotels and Lodging.

The Ronald McDonald House of Southern New Jersey is located adjacent to the Hospital. It is a home-away-from-home for the families of seriously ill or injured children who live at least 25 miles from the Hospital. For a minimal fee, a patient's family may get a room on a space-available basis by calling **856.966.HOME** (4663) or via email to **teddy@ronaldhouse-snj.org**.



About Your Stay

We understand that there are many places you'd rather be than in the hospital. While you are here, we will do everything to ensure a positive experience while delivering the highest quality of health care.

Patient Representatives/Patient Liaisons

Patient Representatives/Patient Liaisons are available to help you with Medical Power of Attorney, Advanced Directives, non-medical problems, special situations, and interpretation of Hospital policies and procedures. If you have any questions or comments, please call 856.342.2432.

Patient Belongings

Cooper University Hospital is not responsible for items left at your bedside and encourages you to send them home with your family or friends. If this is not possible, ask your nurse to have your valuables placed in the Hospital safe.

Be especially careful, as Cooper University Hospital is not responsible for personal care items such as dentures, eye glasses, mobile phones, and hearing aids. These items can be safely and easily stored in your bedside cabinet or with Patient Relations.

Cellular Phones

To reduce the potential risk of medical equipment malfunctions, the use of cellular phones is not permitted within ten feet of critically monitored patients. Mobile phones may be used in public areas, in offices, and at nursing stations.

Photography

To protect the privacy of our physicians, staff members, volunteers, other patients, or visitors, photographs or videotaping is not allowed without that individual's permission. Visitors, patients, and families are not allowed to take photographs in public areas of the Hospital, such as the cafeteria, because such photographs are likely to include images of other individuals.

No Smoking Policy

Cooper is a smoke-free campus and prohibits smoking within 25 feet of the campus. All of us at Cooper thank you for respecting our no-smoking policy.



Telephone Service

Your family and friends can reach you by dialing a direct number located on the wall across from your bed. Incoming calls can be received between 7 a.m. and 10 p.m. There is no charge for incoming calls.

- For local calls, dial 9, wait for the dial tone and dial the number. Remember, not all 856 area code calls are toll-free.
- For long-distance calls, dial 8-0-area code and the number (for calls in the 856/609 area code).
- For all other area codes, dial 810-area code and number.
- All long-distance calls must be charged to a telephone credit card, home phone, or the call must be placed collect.

About Your Stay (continued from page 5)

Patient Meals

At Your Request Room Service Dining® is available daily from 6:30 a.m. to 8 p.m. All orders are verified for diet compliance and prepared according to your specifications. Meals will be delivered bedside. Menus are located in patient rooms.

Placing Your Order:



Select the menu items you would like to order.



Call **856.342.3333** (in-house extension 3333) for patient room-service dining.



Know your room number and building (i.e., Dorrance, Kelemen, or Roberts Pavilion).

Visitor Meals

Your family and friends are welcome to join you at meal times. Cooper offers several dining options for your guests:

- **Oasis Restaurant** is located in the lobby of the Roberts Pavilion and offers sit-down meals and take-out service Monday through Friday, 7 a.m. to 7 p.m.
- **Café Excellence Coffee Shop** on the ground floor of the Roberts Pavilion is open 24 hours a day and offers a variety of beverages, snacks and meals-to-go.
- **Cooper Court** is located on the second Floor of the Kelemen Building and offers breakfast, lunch, and dinner. Hours of operation are Monday through Friday, 6:30 a.m. to 10:30 a.m. and 11 a.m. to 6:30 p.m. Weekend hours are 7:30 a.m. to 10:30 a.m. and 11 a.m. to 6:30 p.m.

Pastoral Care

Chaplains serve in all areas of our Hospital and are available to provide support and comfort to patients and family members in times of need. Nursing staff can contact a chaplain when requested. Because Cooper recognizes patients bring with them a variety of cultural and religious backgrounds, chaplains minister to each individual, sensitive to the patient's personal beliefs.

Our non-denominational chapel is accessible from the Roberts Pavilion lobby and is open 24 hours a day for quiet reflection and prayer. To contact Pastoral Care, call **856.342.2197**.



Know About Your Health Care Team

We want our patients and their caregivers to know who is providing care at the bedside.

As a result, Cooper has a communication board at the foot of each patient bed which lists the health care team. In addition, the board gives our patients and caregivers a chance to tell a little bit about each patient. We hope you enjoy being part of the dialogue.

Cooper has established a color-coded scrub program. We hope this will help patients and family members easily identify the health care professionals who are providing care. Nurses, Medical Providers, Allied Health Professionals, and Unit Secretaries are each assigned specific colors for their scrubs. Please refer to the chart below:

- **Nursing** (RNs and LPNs): **BLUE**
- **Medical Providers** (Physicians, Residents, Fellows, Nurse Practitioners, and Physician Assistants): **BLACK**
- **Allied Health** (All licensed and non-licensed Technicians, Technologists, Medical Assistants, Phlebotomists, Registered Dietitians, Therapists, Aides, and Nurse Associates): **TEAL**
- **Unit Secretaries**: **PURPLE**

Ethical Issues

Patients and their families who are faced with a moral issue relating to patient care have the option of having the issue brought before Cooper's Bioethics Committee through a consult. Concerns may include, but are not limited to, end-of-life care issues; ethical issues at the beginning of life; role of religion in health care; access to health services; organ transplantation; and patient rights to accept or refuse medical treatment. To request a consult, call our risk management/ insurance office at **856.342.2112**.



About Your Care

Controlling Your Pain

Your comfort is very important to us. You have the right to the appropriate assessment and management of your pain. Pain management is a necessary part of your treatment plan.

We ask that you discuss pain relief options with your physician, ask for pain relief options when pain first begins, tell us when pain is not relieved, and tell us about any concerns you have to help your doctor and nurse assess your pain.

Cooper offers a presentation on pain management. To view this presentation on your television, dial extension 4999, code #630.

Types of Pain Medicine

Intravenous pain medicine comes into your body through a tube, often in your arm. This provides fast relief, often within 15 minutes.

Epidural pain medicine is given through a small tube (catheter) which is inserted in your back. It is typically used when you have surgery on the lower part of your body. Usually relief is constant.

Oral pain medicine is given by the mouth in tablet or liquid form. Oral medicines are used when other medicine is no longer needed (24 to 48 hours after surgery). It can also be used before physical therapy or a medical procedure that might cause discomfort. You usually feel better within 30 to 45 minutes.

Patient Controlled Analgesia (PCA) uses a computerized pump to send pain medicine directly into your bloodstream. When you need pain relief, you can give yourself pain medicine by pressing a button or switch. The pump does not allow you to get too much, and relief is usually steady. Your doctor or nurse can change the allowed dosage if you are not finding relief.

Keeping Pain in Control

Do not wait for the pain to get bad. Ask for pain medicine before pain starts or when it first begins. It is easier to control pain when it is mild, before it gets severe. If you know your pain will get worse when you do certain physical activity, ask for your pain medicine first.

Possible Side Effects of Pain Medication

Side effects that sometimes occur are:

- Nausea
- Constipation
- Sleepiness
- Itchiness
- Difficult urination

If you are bothered by any of these side effects, or if your IV is painful, tell your nurse and doctor.

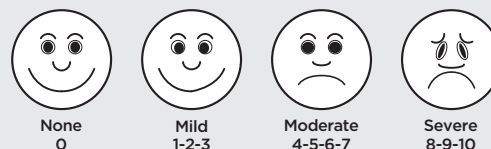
Other Ways to Relieve Pain

- Hot/Cold packs
- Music
- Relaxation
- Reading
- Changing positions
- Watching TV

Rate Your Pain

The best way we will know when you have pain is for you to tell your doctors, nurses, and therapists...

- **Where you are hurting?** Point to or describe the place(s) where it hurts.
- **What does the hurt feel like?** Use words like aching, burning, cramping, deep, dull, gnawing, pinching, pounding, pressing, prickling, pulsing, sharp, shooting, stabbing, tight, tender, or throbbing to describe your pain. This will help us decide which medications or treatments are best for you.
- **How much are you hurting?** Rate your pain on a scale from 0 to 10, with 0 meaning no pain, and 10 meaning the worst pain you can imagine. Reporting your pain as a number lets us know how well your treatment is working. You can also rate your pain with the faces or by using words such as mild, moderate, or severe.



Your Role in Infection Prevention While in the Hospital

As a patient, you play a vital part in preventing infections during your hospital stay. Below are some of the most common types of hospital-acquired infections and what you can do to reduce your risk.

Hand Washing

Hands may look clean, but germs are always lurking. Because germs are typically passed from one person to another by touch, it's important to regularly wash your hands with soap and water or an alcohol-based rub or sanitizer. It is especially important to do so:

- Before eating
- After using the bathroom
- Before touching any dressings, stitches, catheters, etc.

All visitors should follow the same hand washing protocols. The same is true of any doctor, nurse, or other staff member. Never hesitate to ask anyone to wash or disinfect their hands before they visit or provide care.

Medical Device Associated Infections

After your surgery or procedure, you may need one or several medical devices, such as a Foley catheter, a central line, or a ventilator. The use of any of these devices increases your risk of developing an infection. However, there are several things to keep in mind to help prevent this from happening, which are explained below.

Urinary Catheter:

A urinary catheter is a thin tube placed in the bladder to drain urine into a collection bag. To prevent germs from entering the catheter and traveling into the bladder, remember to:

- Always wash your hands with soap and water or an alcohol-based rub or sanitizer before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the catheter tubing.
- Do not twist or kink the catheter tubing.

- Ask your health care provider daily when it can be removed.

Central Line:

A central line is a tube that is placed into a large vein, usually in the chest, neck, arm, or groin, to give fluids or medication. To prevent bacteria or germs from entering the central line and into the blood, remember to:

- Ask your health care providers to explain why and how long you will need a central line.
- Make sure all health care providers wash their hands with soap and water or an alcohol-based rub or sanitizer before and after performing central line care.
- If the dressing comes off or becomes soiled, tell your nurse or doctor immediately.
- Do not touch or let any visitors touch the tube.
- Wash your hands often with soap and water or an alcohol-based rub or sanitizer.
- Remind visitors to wash their hands with soap and water or alcohol-based rub or sanitizer before and after each visit.

Ventilator:

A ventilator is used when a patient is unable to sufficiently breathe on his or her own. Ventilators can be life-saving, but they can also increase a patient's risk of infection, such as pneumonia, by making it easier for germs to enter the lungs. To help prevent this from occurring, remember the following:

- If you smoke, quit. Patients who smoke get more infections. If you know ahead of surgery that you will need to be on a ventilator, talk to your doctor about helpful treatments and resources for smoking cessation.
- Advise family members to ask the nursing staff about raising the head of the bed (semi-recumbent position) and performing regular oral hygiene to prevent bacteria from traveling down the ventilator tube to the lungs.
- Advise family members to ask the nurse or respiratory

About Your Care (continued from page 7)

therapist when the patient will be allowed to try breathing on his or her own.

- Advise family members to remind any health care provider to wash their hands with soap and water or an alcohol-based rub or sanitizer before touching the patient.

Surgical Site:

Although infections at the surgical site are uncommon in the hospital, there are preventative measures to remember before and after the procedure.

Before surgery:

- Do not shave the surgical area. Shaving can irritate the skin, making it more vulnerable for an infection.
- Ask about taking antibiotic medication prior to surgery.

After surgery:

- Speak up if someone tries to shave the area with a razor before surgery. Hair should only be removed if it will interfere with the procedure. If necessary, hair should be removed with clippers.
- Remind all health care providers to wash their hands with soap and water or an alcohol-based rub or sanitizer before touching the surgical site.
- Remind visitors to wash hands with soap and water or an alcohol-based rub or sanitizer before and after each visit. Visitors should also avoid touching the surgical site or dressing.

Antibiotic Stewardship

If you do develop a bacterial infection, your health care provider may treat you with antibiotics. It is important to take the antibiotics exactly as directed in order to avoid complications or recurrent infection.

If you develop a viral infection, your provider will not prescribe

antibiotics. Antibiotics are typically not used to treat viruses. Discuss other treatment options with your health care provider.

Participate in Your Own Care

Cooper University Hospital will take every precaution to prevent medical errors. As part of our prevention efforts, we will continually check your identity and ask you about your care. We also encourage you to be a participant in your care. Research shows that patients who are more involved in their care tend to get better results. Some ideas include:

- Speak up if you have questions or concerns or don't understand what you are being told.
- Pay attention to the care you are receiving to make sure you are getting the right treatments and medications by the right health care professionals.
- Educate yourself about your diagnosis, the medical tests you are having, and your treatment plan.
- Ask a trusted family member or friend to be your advocate by assisting you in filling out forms and communicating your health care wishes.
- Know what medications you take and why you take them.
- Participate in all your decisions about your treatment. You are the center of the health care team.

You are encouraged to contact Cooper University Hospital's Patient Relations Department at **856.342.2432** regarding any concerns about patient care and safety issues that have not been addressed. If the concern continues, you may contact:

The Joint Commission Office of Quality Monitoring

One Renaissance Boulevard
Oakbrook Terrace, IL, 60181
1.800.994.6610 or email:

complaint@jointcommission.org

Calling Your Nurse

Near your pillow you will find a call button that signals the nursing station for assistance. A nurse will either come to your room or respond to your call through the intercom system above your bed. If you feel weak, please call your nurse before attempting to get out of bed. When the side rails on your bed are raised for your protection, do not attempt to get out of bed without the assistance of a nurse. If you feel weak while in the bathroom, push the emergency signal button to call for assistance.



Keeping You Safe

Hand Hygiene

Hand washing is one of the most effective ways to prevent the spread of infection and is the professional responsibility of all health care workers. When you are at Cooper, feel free to ask our staff if they have sanitized their hands with soap and water or alcohol gel before touching you. Also, remember to wash your own hands to prevent the spread of harmful germs.



Consent Forms

Consent forms are your agreement to let our staff treat you; they are signed by all patients at the time of admission. A parent or guardian must sign for minors or those unable to sign for themselves. Other consent forms, signed at the time of admission, concern insurance coverage. Additional forms may be required for special procedures during hospitalization. Your physician will discuss these with you.

Identification Band

For your protection, we ask that you wear an ID band at all times until you are discharged. If the information on the band is wrong, or if the band should fall off or be removed for any reason, please be sure to tell your nurse.

Fire/Disaster Drills

State regulations require that hospitals conduct periodic fire and disaster drills. Do not be disturbed if you see or hear a practice drill in progress. You will receive instructions from hospital personnel in the event of an actual emergency.

Preventing Falls

Surroundings that are unfamiliar to you and the stress related to a hospital stay, along with medication use, can increase your risk for falling. To help avoid falls, we suggest the following:

- Be sure objects you need are within reach – such as the call bell, bedside table, and telephone.
- Use your call button if you need help or feel dizzy, light-headed, or weak. Wait for the nurse to help you.
- Do not try to climb over or put down the side rails of your bed.
- Wear slippers with non-skid soles.
- Do not lean on objects with wheels, such as IV poles or your bedside table.
- Call the nurse if a spill occurs on the floor.
- Use assistive devices such as a walker or cane, or the handrails in the bathroom or hallway.
- Patient Lifts are assistive devices that allow patients who have lost or limited mobility to be transferred between their bed, chair, or other resting place. These devices use hydraulic power and straps, slings, or belts to make the transition possible.
- For information about home fall prevention, speak with your nurse or physician.



Preventing Medical Identity Theft

Medical identity theft occurs when someone uses a person's name or other parts of his/her identity (health insurance information, Social Security Number) to obtain medical services or goods, or when someone uses the person's

identity to obtain money by falsifying claims for medical services and falsifying medical records to support those claims. There are several things you can do to minimize your risk of medical identity theft:

While at the hospital, especially for an inpatient stay:

- Do not bring credit cards into the hospital.
- Avoid carrying important documents with you.
- Empty your wallet or purse of unnecessary items.
- Whenever possible, have a family member take care of bills at home; do not bring or leave medical bills in the hospital room.
- Request the hospital to use a medical record number instead of your Social Security Number for identification purposes.

- Don't be afraid to ask questions, such as who will be able to access your information.

When at home:

- Review every Explanation of Benefits letter you receive from your insurance company. Check to make sure you received the services described.
- Always inform your insurance company of a lost or stolen insurance card.
- If you suspect that you are a victim of medical identity theft, request a copy of your medical records to ensure you are the only person who has been provided service under your name.
- If you are the victim of medical identity theft:
 - File a police report through your local police department.
 - File a medical identity theft complaint with the Federal Trade Commission at:
www.ftc.gov/bcp/edu/microsites/idtheft/ or by calling: **1.877.IDTHEFT.**



Patient Discharge

Discharge Planning

Some patients need help after they leave the hospital. With proper planning, many patients can leave the hospital earlier and recover comfortably at home.

All members of the health care team are responsible for helping with the discharge planning process. Our staff can be of special help in arranging home care or continued care in another specialized facility, including arrangements for:

- Home care, skilled nursing care, hospice care
- Outpatient physical, speech, and occupational therapy
- Medical equipment
- Medical transportation
- Home meal programs
- Referrals to a variety of community agencies

Discharge Procedures

Your physician will determine when you may be discharged. To complete the discharge process, please observe the following procedures:

- While discharge times vary from patient to patient, please be aware that it may occur as early as 8 a.m., and we advise patients to make transportation arrangements accordingly. In addition, due to the nature of the process, your discharge time may be significantly later in the day, and we appreciate you and your family's flexibility regarding scheduling transportation.

- On the day you are discharged, you or a member of your family should go to the Cashier's Office located in the Roberts Pavilion lobby. This office is open 7 a.m. to 6 p.m., Monday through Friday. The cashier will give you a discharge slip indicating that financial arrangements have been made.
- Before you leave, be sure you understand any instructions regarding medications or follow-up office visits.
- Don't forget to check all drawers, cabinets, and night stands before leaving to make sure you have all your belongings. The Hospital cannot be responsible for personal property left behind. Also, remember to claim any valuables that were kept in the Hospital safe by presenting your valuables receipt to the cashier.
- When you are ready to leave, Hospital personnel will escort you to the exit.

If someone is picking you up, they can park free in the parking garage while assisting with your discharge.

The Discharge Lounge

Patients who are ready to be discharged from the Hospital but are waiting for a ride home, and meet a set of criteria, can be discharged to our Discharge Lounge in the Patient and Family Center. The medical team in charge of the patient's care will help facilitate transfer to the Discharge Lounge. For details about the lounge, refer to page 3 of this guide.



Financial Matters

Hospital and Physician Billing

Cooper will submit Hospital and physician bills to your insurance company for payment. According to the terms of your insurance policy, you may be responsible for portions of your bill such as co-payments, co-insurance, and deductibles.

Until the bill is paid in full, regular statements will be mailed to you, advising you of the status of your account. Should the insurance company deny payment on all or any portion of your bill, arrangement for payment may be made with the Patient Accounting Department. Payments may be made in the form of cash, check, Visa, MasterCard, and American Express.

Financial Customer Service

Representatives are available for any questions regarding your hospital bill, insurance coverage, or any patient responsibilities.

Our representatives are available:

- Monday through Thursday: 8 a.m. to 7 p.m.
- Friday: 8 a.m. to 6 p.m.
- Saturday: 9:30 a.m. to 2 p.m.
- Representatives may be reached at our toll-free number: **1.855.434.5938.**

Please visit our website, CooperHealth.org/patient-guide/financial-matters, for details on Cooper's Financial Assistance Policy.

Medicare

You have the right to all the hospital care required for the proper diagnosis and treatment of your illness or injury. According to federal law, your discharge date must be determined solely by your medical needs, not by your diagnosis or Medicare payments. You are entitled to full information about decisions affecting your Medicare coverage and the payment for hospital and post-hospital services.

Charity Care and Uninsured

If you require Public Assistance or Charity Care, advise the registration personnel or contact the Financial Counselor at **856.342.3140** to set up an appointment.



Know Your Rights

Under New Jersey law, every New Jersey hospital patient is entitled to certain rights including at least the following:

- 1.** To receive the care and health services that the hospital is required to provide under N.J.S.A. 26:1-1 et seq. and rules adopted by the Department of Health and Senior Services to implement this law;
- 2.** To treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment;
- 3.** To retain and exercise to the fullest extent possible all the constitutional, civil, and legal rights to which the patient is entitled by law;
- 4.** To be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient. These people shall identify themselves by introduction or by wearing a name tag;
- 5.** To receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health care personnel;
- 6.** To receive from the patient's physician(s) or clinical practitioner(s) — in terms that the patient understands — an explanation of his or her complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives. If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin or guardian and documented in the patient's medical record;
- 7.** To give informed, written consent prior to the start of specified nonemergency procedures or treatments only after a physician or clinical practitioner has explained — in terms that the patient understands — specific details about the recommended procedure or treatment, the risks involved, the possible duration of incapacitation, and any reasonable medical alternatives for care and treatment. The procedures requiring informed, written consent shall be specified in the hospital's policies and procedures. If the patient is incapable of giving informed, written consent, consent shall be sought from the patient's next of kin or guardian or through an advance directive, to the extent authorized by law. If the patient does not give written consent, a physician or clinical practitioner shall enter an explanation in the patient's medical record;
- 8.** To refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of this act;
- 9.** To be included in experimental research only when he or she gives informed, written consent to such participation, or when a guardian provides such consent for an incompetent patient in accordance with law and regulation. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices;
- 10.** To be informed if the hospital has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in the patient's treatment;
- 11.** To be informed of the hospital's policies and procedures regarding life-saving methods and the use or withdrawal of life-support mechanisms. Such policies and procedures shall be made available promptly in written format to the patient, his or

her family or guardian, and to the public, upon request;

- 12.** To be informed by the attending physician and other providers of health care services about any continuing health care requirements after the patient's discharge from the hospital. The patient shall also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge;
- 13.** To receive sufficient time before discharge to have arrangements made for health care needs after hospitalization;
- 14.** To be informed by the hospital about any discharge appeal process to which the patient is entitled by law;
- 15.** To be transferred to another facility only for one of the following reasons, with the reason recorded in the patient's medical record:
 - i.** The transferring hospital is unable to provide the type or level of medical care appropriate for the patient's needs. The hospital shall make an immediate effort to notify the patient's primary care physician and the next of kin, and document that the notifications were received; or
 - ii.** The transfer is requested by the patient, or by the patient's next of kin or guardian when the patient is mentally incapacitated or incompetent;
- 16.** To receive from a physician an explanation of the reasons for transferring the patient to another facility, information about alternatives to the transfer, verification of acceptance from the receiving facility, and assurance that the movement associated with the transfer will not subject the patient to substantial, unnecessary risk of deterioration of his or her medical condition. This explanation of the transfer shall be given in advance to the patient, and/or to the patient's next of kin or guardian except in a life-threatening situation where immediate transfer is necessary;
- 17.** To be treated with courtesy, consideration, and respect for the patient's dignity and individuality;
- 18.** To freedom from physical and mental abuse;
- 19.** To freedom from restraints, unless they are authorized by a physician for a limited period of time to protect the patient or others from injury;
- 20.** To have physical privacy during medical treatment and personal hygiene functions, such as bathing and using the toilet, unless the patient needs assistance for his or her own safety. The patient's privacy shall also be respected during other health care procedures and when hospital personnel are discussing the patient;
- 21.** To confidential treatment of information about the patient. Information in the patient's records shall not be released to anyone outside the hospital without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, a medical peer review, or the New Jersey State Department of Health. The hospital may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
- 22.** To receive a copy of the hospital payment rates, regardless of source of payment. Upon request, the patient or responsible party shall be provided with an itemized bill and an explanation of the charges if there are further questions. The patient or responsible party has a right to appeal the charges. The hospital shall provide the patient or responsible party with an explanation of procedures to follow in making such an appeal;

Know Your Rights (continued from page 11)

23. To be advised in writing of the hospital rules and regulations that apply to the conduct of patients and visitors.

i. The partner in a civil union of a patient, and/or the domestic partner of a patient, shall have the same visitation privileges as if the visitor were the patient's spouse.

ii. A facility shall not require a patient or the patient's civil union partner or domestic partner to produce proof of that partnership status as a condition of affording visitation privileges, unless the facility in similar situations requires married patients or their spouses to produce proof of marital status.

iii. Visitation privileges shall not be denied or abridged on the basis of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, familial status, disability, nationality, sex, gender identity or expression or source of lawful income.

iv. Visitation may be restricted in medically appropriate circumstances or based on the clinical decision of a health care professional charged with the patient's care;

24. To have prompt access to the information contained in the patient's medical record, unless a physician prohibits such access as detrimental to the patient's health, and explains the reason in the medical record. In that instance, the patient's next of kin or guardian shall have a right to see the record. This right continues after the patient is discharged from the hospital for as long as the hospital has a copy of the record;

25. To obtain a copy of the patient's medical record, at a reasonable fee, within 30 days of a written request to the hospital. If access by the patient is medically contraindicated (as documented by a physician in the patient's medical record), the medical record shall be made available to a legally authorized representative of the patient or the patient's physician;

26. To have access to individual storage space in the patient's room for the patient's private use. If the patient is unable to assume responsibility for his or her personal items, there shall be a system in place to safeguard the patient's personal property until the patient or next of kin is able to assume responsibility for these items;

27. To be given a summary of these patient rights, as approved by the New Jersey State Department of Health, and any

additional policies and procedures established by the hospital involving patient rights and responsibilities. This summary shall also include the name and phone number of the hospital staff member to whom patients can complain about possible patient rights violations. This summary shall be provided in the patient's native language if 10 percent or more of the population in the hospital's service area speak that language. In addition, a summary of these patient rights, as approved by the New Jersey State Department of Health, shall be posted conspicuously in the patient's room and in public places throughout the hospital. Complete copies of this subchapter shall be available at nurse stations and other patient care registration areas in the hospital for review by patients and their families or guardians;

28. To present his or her grievances to the hospital staff member designated by the hospital to respond to questions or grievances about patient rights and to receive an answer to those grievances within a reasonable period of time. The hospital is required to provide each patient or guardian with the names, addresses, and telephone numbers of the government agencies to which the patient can complain and ask questions, including the New Jersey Department of Health Complaint Hotline at 1-800-792-9770. This information shall also be posted conspicuously in public places throughout the hospital;

29. To be assisted in obtaining public assistance and the private health care benefits to which the patient may be entitled. This includes being advised that they are indigent or lack the ability to pay and that they may be eligible for coverage, and receiving the information and other assistance needed to qualify and file for benefits or reimbursement;

30. To contract directly with a New Jersey licensed registered professional nurse of the patient's choosing for private professional nursing care during his or her hospitalization. A registered professional nurse so contracted shall adhere to hospital policies and procedures in regard to treatment protocols, and policies and procedures so long as these requirements are the same for private duty and regularly employed nurses. The hospital, upon request, shall provide the patient or designee with a list of local non-profit professional nurses association registries that refer nurses for private professional nursing care; and

31. To expect and receive appropriate assessment, management and treatment of **pain** as an integral component of that person's care, in accordance with N.J.A.C. 8:43E-6.



A Guide to Advance Directives and Living Wills

What is an Advance Directive (Living Will)?

If a serious medical condition prevents you from communicating your decisions about your treatment, then your family, another person you designate, or sometimes a court of law will need to make these decisions. An Advance Directive allows you to express your wishes regarding end-of-life treatment when you are unable to do so.

In New Jersey an Advance Directive (commonly referred to as a Living Will) may include both an Instruction Directive and a Proxy Directive. An Instruction Directive is a document where you provide instructions and directions about your wishes for health care in the event that you subsequently are not able to make those decisions. A Proxy Directive is a document where

you designate a health care representative in the event the maker subsequently lacks decision making capacity.

Can anyone prepare an Advance Directive?

Any competent adult (18 years or older) may execute an Advance Directive.

Who should I speak to before filling out an Advance Directive?

Your choices affect the people close to you and it is often helpful to discuss your choices with your family, friends, spiritual advisor. You may want to discuss your choices with your proxy. Because the Advance Directive refers to specific medical treatments, and the application of specific medical devices, it is often helpful to

(continues on next page)

Your Guide to Advance Directives and Living Wills (continued from page 13)

talk to your doctor about these treatments and devices if you have questions about them. While you may consult an attorney if you wish, it is not necessary.

How do I prepare an Advance Directive?

It is important for the Advance Directive to be prepared properly. The Advance Directive must be signed and dated by, or at the direction of, the maker in the presence of two adult witnesses, or a notary public or attorney at law, who attests that the person is of sound mind and free of duress and undue influence. A designated health care representative may not act as a witness to the execution of an Advance Directive.

What is the purpose of an Advance Directive?

An Advance Directive provides your instructions when you are not able to. An Advance Directive only provides your instructions about medical treatment which merely prolongs the process of dying. It recognizes a distinction between medical treatment which assists recovery and treatment that only prolongs the process of dying. An Advance Directive tells your medical care providers how you want to be treated when you are in the process of dying. It allows you to tell your medical care providers if you do not want to prolong the process of dying.

When does the Advance Directive become effective?

Medical care providers look to a patient's wishes in an Advance Directive when the patient is permanently unconscious, or when the patient's condition is terminal and a potential treatment is experimental and likely to be ineffective or the treatment is likely merely to prolong the dying process and will not cure the patient. Withdrawal or withholding of treatment must reasonably outweigh the benefits to the patient. If a treatment will not make the patient better, and will only prolong dying, imposing that treatment on an unwilling patient would be considered inhumane.

What is a Health Care Representative (Proxy)?

The Power of Attorney for Health Care Representative is a document which permits you to appoint an individual to make decisions on your behalf. In New Jersey this is known as a "Proxy Directive" and may be included in your Advance Directive.

New Jersey Advance Directive For Health Care (Living Will) Instructions For The Completion Of Your Living Will Document

Prior to executing a New Jersey Advance Directive for Health Care (commonly known as a Living Will) and the Durable Power of Attorney For Health Care for the Appointment of a Health Care Representative (Proxy Directive), you should consult with your physician, hospital, and family and become fully informed about your rights regarding medical treatment, the procedures and options available and all matters related to these important legal documents and their consequences.

After extensive study and a full understanding, you may complete the document by printing your name on the top line of the document in the space provided for that purpose.

Under the headings A - TERMINAL CONDITIONS, B - PERMANENTLY UNCONSCIOUS AND C - INCURABLE AND IRREVERSIBLE CONDITIONS THAT ARE NOT TERMINAL you should denote your preferences regarding treatment by marking a check or an (X) after number 1 if you wish to direct the withholding or discontinuation of medical treatment. If you wish to direct the continuation of life-sustaining treatment you must mark a check or

Whom should I appoint as my Health Care Representative?

You should choose someone who is aware of your desires and whose judgment you trust. You should discuss your Advance Directive with that person and make sure he/she has a copy. It is also important to ascertain that the individual you select is willing to assume this responsibility.

Where should I keep my Advance Directive?

The Advance Directive does you no good unless it is available. Since it obviously comes into play when you have lost the ability to express yourself, it is important for individuals other than yourself to know where it is. Most hospitals will ask you if you have executed an Advance Directive prior to admission. Certainly the individual whom you have appointed as your proxy should have access to your Advance Directive.

Can I change my mind?

An Advance Directive can be changed at any time and does not become effective until the time when you can no longer make decisions for yourself and are terminally ill. Be sure to notify your proxy if your beliefs change.

How can I revoke my Advance Directive?

An Advance Directive may be revoked by notification, to the health care representative, physician, nurse or other health care professional, or other reliable witness. Such notification can be written, oral, or by any other act evidencing an intent to revoke the document. Also, subsequent proxy directives or instructive directives may be executed to revoke ones previously make.

Am I required to execute an Advance Directive?

No. The statute gives you this option. No one can force you to execute an Advance Directive. One of the requirements for proper execution of the document is that the person executing it be free of duress and undue influence.

Does the execution of an Advance Directive affect organ donations?

The right of an individual to make an anatomical gift is not restricted by the execution of an Advance Directive. An individual's right to make such a gift is controlled by the Uniform Anatomical Gift Act, which in New Jersey has been adopted at NJS 26:6-57 through 65.

an (X) on the space after the number 2.

Under the heading D - EXPERIMENTAL AND/OR FUTILE TREATMENT, check or make an (x) in the space marked 1 only if you want this form of therapy or treatment withheld or withdrawn.

The heading E - BRAIN DEATH provides you with the option of excluding your death from being declared on the basis of the irreversible cessation of the entire brain, including the brain stem.

The heading F - SPECIFIC PROCEDURES AND/OR TREATMENTS provides you with the opportunity to express your desire and wishes regarding some specific medical treatment options. Should you want a particular treatment you should mark a check or make an (X) following the words: "I do want." Should you oppose a particular treatment or procedure, mark a check or make an (X) following the words: "I do not want."

The heading G - ORGAN DONATION provides you with the choice of donating your organs or not. Should you wish to donate your whole body to science for research or give any specific instructions regarding organ donations, you may write those directions in the box labeled specific instructions.

On the reverse side of the document under the heading SPECIFIC INSTRUCTIONS there is a boxed space that enables you to write

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Your Guide to Advance Directives and Living Wills (continued from page 13)

any wishes, directions and instructions that you wish to add to the document. This space enables you to craft the document to address your personal philosophy, value system, religious concerns and any other instructions.

The heading DURABLE POWER OF ATTORNEY FOR HEALTH CARE for the APPOINTMENT of a HEALTH CARE REPRESENTATIVE (PROXY DIRECTIVE), provides you with a legal document that enables you to appoint a primary representative and an alternate health care representative authorized to make decisions regarding your health care and treatments consistent with your wishes as expressed in the instruction directive.

Please note that you should discuss your health care wishes with your selected representatives and that they should consent to serve as your proxies.

This document can be completed by dating the section that follows the sentence: "I sign this document knowingly and after careful deliberation" this day, month and year and by signing your name and printing your address.

Two non-relative witnesses must sign their names and addresses and the document must be dated. Although New Jersey statutes do not require notarization, this form provides for this option.

When you have completed your Advance Directive make several copies. Keep the original document in a safe but easily accessible place and tell others where you have stored it. DO NOT KEEP YOUR ADVANCE DIRECTIVE IN A SAFE DEPOSIT BOX. Have it readily available upon admission to a hospital or nursing facility. Give copies of your Advance Directive to the individuals you have chosen to be your Health Care Representative and Alternate Health Care Representative. You may also give copies of your Advance Directive to your doctor, your family, clergy and to anyone who might be involved with your health care.

Keep a completed ID, Identification card on your person and carry your Advance Directive with you when you travel.

An Advance Directive becomes operative when given to the attending physician or to the health care institution and when the person is determined to lack capacity to make a particular health care decision. An attending physician's determination that a patient lacks decision making capacity must be confirmed by another physician.

Most important is to understand that an Advance Directive is limited by its purpose: to avoid prolonging the death process. If an individual executes an Advance Directive prohibiting use of a ventilator, that individual's wishes will be honored if the ventilator does nothing more than prolong the process of dying. In some circumstances an individual is placed on a ventilator with anticipation of recovery. In that case the ventilator is not prolonging someone's death.

An Advance Directive will be affected by changes in medical technology. A procedure which, in 1980 merely prolonged death, may, in 1996, be a valuable life saving tool.

An Advance Directive authorizes medical care providers to withhold treatment. It does not, nor cannot authorize a medical care provider to take proactive steps to hasten your death.

New Jersey Advance Directive (Living Will) Glossary of Medical Terms

This list of definitions for certain medical terms may be relevant when preparing an Advance Directive for Health Care/Living Will. The definitions are intended to provide basic information only. Many of the terms are broad and complex and cannot be

adequately explained in one brief passage. Also technology and treatments change over time. If you have questions about a particular procedure the best source of information is your doctor.

A. Life Sustaining Treatment

- 1. Cardiopulmonary Resuscitation (CPR):** CPR describes procedures that are done to restart the heart when it stops beating ("cardiac arrest"), and/or to provide artificial respiration when breathing stops ("respiratory arrest"). CPR can involve manual pressure to the chest and mouth-to-mouth breathing or pumping of air into the lungs using a rubber bag. In some instances, a tube may be inserted into the windpipe ("intubation") for mechanical ventilation.
- 2. Mechanical Ventilation Or Respiration:** A machine called a respirator or ventilator can take over breathing if the lungs cannot adequately breathe. It provides oxygen through a tube inserted into the windpipe.
- 3. Surgery:** A surgical procedure involves cutting into the body to treat a problem.
- 4. Chemotherapy:** Chemotherapy is drug treatment for cancer. It is used to cure cancer or reduce the discomfort of cancer even if it does not cure it.
- 5. Radiation Therapy:** Radiation therapy involves the use of high levels of radiation to shrink or destroy a tumor.
- 6. Dialysis:** Dialysis requires the use of a machine that cleanses the blood when the kidneys cannot function adequately. This can be done through tubes placed into blood vessels (hemodialysis) or done through tubes into the abdomen (Peritoneal dialysis).
- 7. Transfusion:** The term transfusion refers to giving of any type of blood product into a vein intravenously.
- 8. Artificially Provided Nutrition And Fluids:** This group of terms refers to feeding patients who are unable to swallow food and fluid. This can be done through a tube into a vein or into the stomach. The feeding tube to the stomach can be placed through the nose (nasogastric tube) or through the abdomen (gastrostomy tube).
- 9. Antibiotics:** Antibiotics are medications used to fight infections. They can be administered by mouth, by vein, by injection into a muscle, or through a feeding tube.

B. Comfort And Supportive Care (Palliative Care)

Comfort care is any kind of treatment that increases a person's physical or emotional comfort. Comfort care includes adequate pain control. It may also include oxygen, food and fluids by mouth, moistening of the lips, cleaning, and turning, touching a person, or simply sitting with someone who is bedridden.

C. Medical Conditions:

- 1. Terminal Condition:** The end stage of an irreversible fatal illness, disease or condition.
- 2. Permanent Unconsciousness:** A medical condition that is total and irreversible in which a person cannot interact with his/her surroundings or with others in any way and in which a person does not experience pleasure or pain.

D. Advance Directive For Health Care/Living Will:

- 1. Instruction Directive:** An Instruction Directive for Health Care, sometimes called a Living Will is a written document, signed by you, in which you decide in advance the kind of care you would want if for any reason you are unable to make health care decisions for yourself.
- 2. Proxy Directive:** The Proxy Directive enables you to designate a health care representative. This person may be a family member, friend or other person who understands your feelings and is willing to make decisions for you about accepting, refusing or withdrawing treatment if you become unable to do so for yourself.

New Jersey Advance Directive for Health Care (Living Will)

I, _____ (*print name*) being of sound mind and a competent adult knowing my rights regarding medical care and treatment, do hereby execute this legally binding document expressing my wishes and directions to my family and health care providers of the treatment and care that I desire in the event that I am prevented by either physical or mental incapacity from making future medical decisions.

Terminal Condition

If I am diagnosed as having an incurable and irreversible illness, disease or condition, and if my attending physician and at least one additional physician who has personally examined me determine that my condition is terminal:

1. _____ I direct that life-sustaining treatment which would serve only to artificially prolong my dying be withheld or ended.
I also direct that I be given all medically appropriate treatment and care necessary to make me comfortable and to relieve pain.
2. _____ I direct that life-sustaining treatment be continued.

Permanently Unconscious

If there should come a time when I become permanently unconscious, and it is determined by my attending physician and at least one additional physician with appropriate expertise who has personally examined me, that I have totally and irreversibly lost consciousness and my ability to interact with other people and my surroundings:

1. _____ I direct that life-sustaining treatment be withheld or discontinued. I understand that I will not experience pain or discomfort in this condition, and I direct that I be given all medically appropriate treatment and care necessary to provide for my personal hygiene and dignity.
2. _____ I direct that life-sustaining treatment be continued.

Incurable and Irreversible Conditions that are not Terminal

If there comes a time when I am diagnosed as having an incurable and irreversible illness, disease or condition which may not be terminal, but causes me to experience severe and worsening physical or mental deterioration and from which I will never regain the ability to make decisions and express my wishes:

1. _____ I direct that life-sustaining measures be withheld or discontinued and that I be given all medically appropriate care necessary to make me comfortable and to relieve pain.
2. _____ I direct that life-sustaining treatment be continued.

Experimental and/or Futile Treatment

If I am receiving life-sustaining treatment that is experimental and not a proven therapy, or is likely to be ineffective or futile in prolonging life:

1. _____ I direct that such life-sustaining treatment be withheld or withdrawn. I also direct that I be given all medically appropriate care necessary to make me comfortable and to relieve pain.

Brain Death

The State of New Jersey has enacted legislation that has determined that an individual may be declared legally brain dead when there has been an irreversible cessation of all functions of the entire brain, including the brain stem (this is also known as whole brain death). However, should this definition interfere with personal religious beliefs of individuals, they may request that it not be applied.

1. _____ To declare my death on the basis of the whole brain death standard would violate my personal beliefs. I therefore wish my death to be declared only when my heartbeat and breathing has irreversibly stopped.

Specific Procedures and/or Treatments

If I am in any of the conditions described above, I feel especially strong about the following forms of treatment:

	I do want:	I do not want:
Cardiopulmonary Resuscitation:	_____	_____
Mechanical Respiration:	_____	_____
Tube Feeding:	_____	_____
Antibiotics:	_____	_____
Maximum Pain Relief:	_____	_____
Kidney Dialysis:	_____	_____
Surgery (such as amputation):	_____	_____
Blood Transfusion:	_____	_____
To Die at Home:	_____	_____

Organ Donation

	I do want:	I do not want:
Donate My Organs:	_____	_____

(continued)

Specific Instructions

(Please write in your own hand your end of life instructions, directions, and treatment preferences and sign your signature.)

HIPAA Provision In Medical Directions

The Health Care Representative named in this document is hereby designated as my "Personal Representative" as DEFINED BY 45 CFT 164.502 (g), commonly known as the HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996 (HIPAA).

This individual is to have the same access to my health care and treatment information as I would have if I were able to act for myself.

My Medical Decision Attorney-in-Fact and Personal Representative named herein is also authorized to take any and all legal steps necessary to ensure his or her access to information and such action shall include resorting to legal process, if necessary, to enforce my rights under the law and shall attempt to recover attorneys fees, as authorized by New Jersey law, in enforcing my rights.

Signature: _____

Durable Power of Attorney for Health Care for the Appointment of a Health Care Representative (Proxy Directive)

I, _____ (print name) do hereby appoint:

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____ to be my health care representative.

This health care representative will make any and all health care decisions for me, including decisions to accept or to refuse any treatment, service, or procedure used to diagnose or treat my physical or mental condition and decisions to provide, withhold, or withdraw life-sustaining treatment if I am unable to make such decisions myself. I direct my health care representative to make decisions on my behalf in accordance with my wishes as stated in this document, or as otherwise known to him or her. In the event my wishes are not clear or if a situation arises that I did not anticipate, my health care representative is authorized to make decisions in my best interest.

If the previously-named person is unable, unwilling, or unavailable to act as my health care representative,
I appoint the following as my **ALTERNATE** health care representative:

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

I sign this document knowingly and after careful deliberation: this _____ day of _____, 20____.

Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

WITNESSES

Witness Signature: _____

Witness Name (print): _____

Address: _____ City: _____ State: _____ Zip: _____

Witness Signature: _____

Witness Name (print): _____

Address: _____ City: _____ State: _____ Zip: _____

Notary Public – State of New Jersey: _____

Become a Friend of Cooper University Hospital

Because patient revenues do not cover many of the costs of providing high-quality health care, we must look to the community for help. If you would like to make a donation, or learn more about the various ways of contributing to the Hospital, please call The Cooper Foundation at **856.342.2222**.



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