



The Glick Center

A GUIDE TO YOUR STAY AT THE METROHEALTH GLICK CENTER

PATIENT GUIDE





A Message from MetroHealth

Thank you for trusting us with your care. Together, our team of expertly trained doctors, nurses, and other caregivers are here to honor that trust and to make sure that we meet you where you are on your individual healthcare journey.

Meeting you where you are means we see you as a complete person. It means providing you with safe, high-quality care. It means protecting your information and privacy. It means we listen to you, and partner with you, to help you find and maintain your best, healthiest self.

If you need anything or have any questions, we are here for you. Please feel free to talk to your nurse, doctor, or another member of your care team. If there's something we can't help with, we'll do everything we can to connect you with someone who can, because our team is devoted to hope, health, and humanity.

Best,

Your MetroHealth Care Team

Questions?

Our Patient Information line provides information such as directions, addresses, visiting hours, and visiting restrictions.

For 24/7 help, call 216-778-7800.

Your Stay & Beyond

Our Mission, Vision, and Values

Our Mission

Leading the way to a healthier you and a healthier community through service, teaching, discovery, and teamwork.

Our Vision

MetroHealth will be the most admired public health system in the nation, renowned for our innovation, outcomes, service, and financial strength.

Our Values

Service to Others

We strive to meet the needs of our patients first, by serving with compassion and advocating for the well-being of the community, especially those without the ability to pay.

Teamwork

We establish an environment of trust and engagement that focuses on the needs of the organization in order to leverage our collective strengths to do the right thing for our patients and colleagues.

Accountability

We accept responsibility for the decisions we make, the outcomes achieved, and our personal behavior.

Respect

We treat everyone equally with dignity, candor, compassion, and empathy.

Inclusion, Diversity, and Equity

We foster a community where our differences are celebrated and everyone has an opportunity to be part of our success.

Quest for Excellence

We exemplify the highest standards of patient-centered care and continue to improve through discovery and innovation.





MetroHealth

THE GLICK CENTER — PATIENT GUIDE

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MetroHealth



Welcome to MetroHealth

A Guide to Your Stay



Patient Room Amenities

Patient rooms in the Glick Center offer a variety of conveniences. Most rooms are private for patients and their families and feature a visitor sleeper. Private bathrooms, showers, environmental controls for both light and air, and closet storage for our patients are included. Equipped with digital whiteboards, both patients and the care team will always know the plan for the day.



The Nemat K. Boutros Meditation Room

The Glick Center meditation space was built for reflection, prayer, meditation, and quiet time. It's a place to reset, recharge, and focus on your self-care and well-being. All are welcome and encouraged to use this resource.

Location:

Lobby Level

Hours:

24 hours a day, 7 days a week

Hours may be shorter on holidays

The Glick Center at a Glance



Nurture Gift Shop

Nurture has an ever-changing collection of unique and locally made gifts, floral arrangements, greeting cards, and balloons. It also offers a selection of infant apparel and plush toys. Plus, it has everyday essentials, like over-the-counter items, toiletries, snacks, beverages, and magazines. Free in-room delivery is available, and you can place an order by calling **216-778-5388**.

Location:

Lobby Level

Hours:

Monday – Friday,
7:00 a.m. – 8:00 p.m.

Saturday – Sunday,
9:00 a.m. – 5:00 p.m

Hours may be shorter on holidays



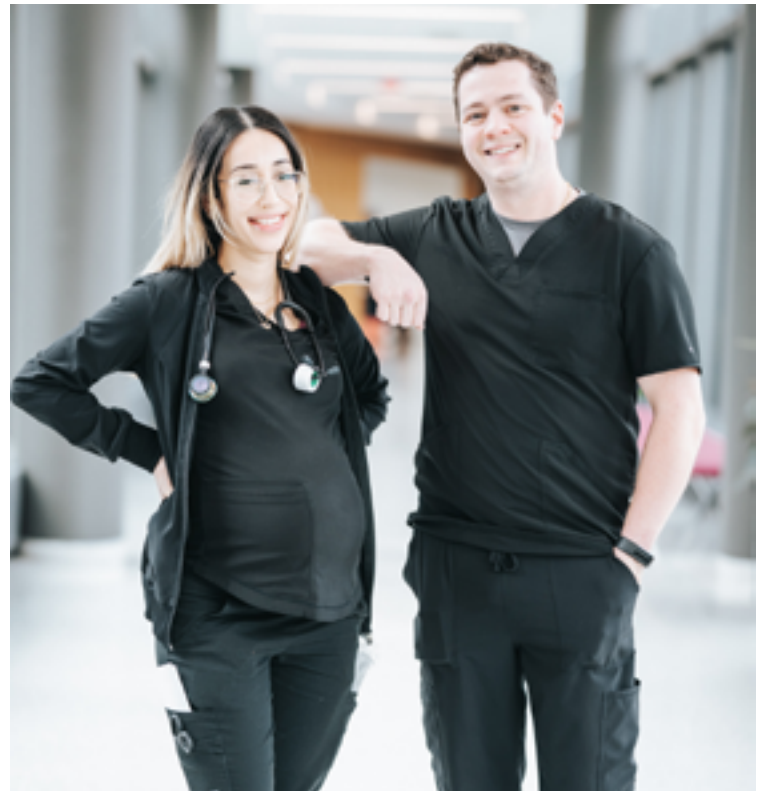


During Your Stay

Meet Your Care Team

During your stay, you will have a care team focused on you and your health. Here are some of the care team members you may meet.

- Physician
- Advanced Practice Provider
- Resident
- Nurse
- Patient Care Nurse Assistant
- Case Manager
- Social Worker
- Room Service Host
- Cleaning Service Representative
- Pharmacist
- Physical Therapist, Occupational Therapist, and/or Speech Therapist



Bedside Handoff

To personalize your care, our nursing team conducts a change-of-shift handoff at the bedside.

Together, at the bedside, the team will:

- Introduce the oncoming nurse
- Provide an overview of your history and treatment plan
- Review the digital whiteboard
- Ask who should, or should not, be present for updates and discussions of care to ensure your privacy
- Provide you with an opportunity to ask questions, tell us your preferences, and make decisions about your care

Purposeful Hourly Rounding

During the day, one of your care team members will visit you every hour. At night, we move to every two hours to minimize waking you to help with your healing process.

During this time, we will:

- Ask you if you are in pain
- Assess your general well-being
- Assist you to the bathroom (if needed)
- Help you change position
- Close your door for privacy (if applicable)
- Make sure your possessions are within reach

Rapid Response Team

If a patient or family has concerns about the patient's condition, please notify your care team. Your care team can activate a rapid response team to evaluate the patient for possible escalation of care.

Your Stay

Bedside Medication Delivery

Before you leave the hospital, your medications are delivered to your bedside, saving you a trip to the pharmacy! Ask your nurse for more information.

Technology to Support Your Care

Your care team uses hospital-issued devices to assist in providing safe and efficient care. With these devices, staff can scan your wristband to correctly identify you, administer medications, take photos of wounds, and complete documentation.

MyChart Bedside

Available to all patients staying in the hospital, MyChart Bedside allows you to interact with your care team, view lab results, view patient education materials, answer questionnaires, sign consent forms, and much more. MyChart Bedside can be accessed through your own mobile device with the MyChart app or by a patient care unit device that can be assigned to you during your stay.

Help Prevent Infections

During your stay, there are several things you can do to help prevent infections:

- Wash your hands. Remind visitors and healthcare team members to wash their hands.
- Cover your mouth and nose when you cough or sneeze.
- Tell your nurse or physician if your bandage becomes loose, wet, or soiled.
- If you have surgery, keep the area clean and tell a care team member if you see redness or swelling or have increased pain or concerns.
- Get your COVID-19 vaccine.
- Get a flu vaccine every year.
- Take antibiotics only when needed and only as prescribed, as this will help prevent more resistant (hard-to-treat) infections.

Important Information for Patients & Families

In accordance with R.C. 3727.56, MetroHealth has a staffing plan for each inpatient unit that is designed to provide the highest quality of nursing care to our patients.

If you or a member of your family wishes to see the staffing plan for a specific unit, please let us know.

Contact Nicholas Wepler in our Nursing Business Office at **216-778-5436**

External Calls

The phone in your room allows for external calls. Please press "9" to call outside The MetroHealth System.

Calling Your Nurse

If you need your nurse, please use your call light at your bedside. The names of your nurse and other care team members can be found on the digital whiteboard in your room.

Call – Don't Fall!

When you get out of bed alone, you risk falling, which could result in severe injury or reinjury.

Please call us to assist you with:

- Getting out of bed for any reason
- Reaching for objects while lying down
- Replacing equipment or supplies
- Reaching objects on the floor



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During Your Stay (cont.)

Dining and Nutrition Services

Patient Meals

We have room service to help make your stay more comfortable. All meals are freshly prepared and delivered to your room within an hour of ordering. See the Room Service menu in your room for more details.

Visitor Dining Options

Visitors are also welcome to order from room service, or they can enjoy a meal from one of our two locations:

MetroEats
Weekdays Monday – Friday
6:30 a.m. – 2:30 p.m.

Park Side Café
Every Day including Holidays:
7:30 a.m. – 6:00 p.m.

Spiritual Care

The MetroHealth Spiritual Care Department serves patients, families, and staff by providing comprehensive spiritual and emotional support. We offer 24/7 services that honor diverse faith.

traditions and support those without specific religious affiliations.

MetroHealth chaplains offer devotions, scripture, prayer, spiritual counseling, and sacraments. They help individuals address the spiritual aspects of health and treatment decisions. This department supports MetroHealth’s commitment to compassionate care that respects each patient’s spiritual and religious beliefs.

If you would like to speak with a chaplain, please contact the Spiritual Care Department at 216-778-1333.

Personal Property and Your Green Cup

During your stay, you are responsible for your personal items, like cash, hearing aids, dentures, phones, and eyeglasses. Please do not put your dentures, eyeglasses, or hearing aids on your meal tray or in a place where they could be thrown out. Instead, put them in the provided green cup.

MetroHealth is not responsible for any breakage or loss of any personal items.

If your family or friends bring you an item or take one home, please tell a member of the care team so we can update your Property and Belongings Record.

Please ask first before plugging in personal electronics or chargers. For safety, your devices may need to be checked. Staff can help with getting approval.

Patient Relations

If you have concerns about the care you or your loved one is receiving, please speak with your doctor, nurse, or nursing leader. If you feel that your issue isn’t resolved, contact Patient Relations at 216-778-5800 or patientrelations@metrohealth.org.

If a patient or family has concerns about the patient’s condition, please notify your care team.

Your care team can activate a rapid response team to evaluate the patient for possible escalation of care

Your Stay

Language Access Services

During your stay, we have several free services to help with communication. Using any MetroHealth phone or video-enabled device, your care team can access an interpreting service for more than 200 languages. On-site interpretation may also be available, including MetroHealth Spanish Medical Interpreters.

If you are deaf or hard of hearing, we have 24/7 American Sign Language video interpretation and can arrange for in-person sign language interpreters.

Assistive devices for hearing, speech, and vision impairments are available from Interpreter Services.

Please call 216-778-7800 or ask your care team for more information.

Point to a language. An interpreter will be provided to you at no charge.

Amharic	አማርኛ ይናገሩሉ? እርስዎ በግልጽ ምንም ወጪ ሳያወጡ አስተርጓሚ እናቀርባለን።	Japanese	日本語を話しますか? 個人的な負担なしで通訳を提供致します。
Arabic	هل تتحدث اللغة العربية؟ سوف نوفر لك مترجمًا فورًا بدون أي تكلفة عليك.	Korean	한국어를 사용하십니까? 무료로 통역 서비스를 제공해 드리겠습니다.
Bosnian	Da li govorite bosanski? Obezbjedićemo Vam prevodioca besplatno.	Lao	ເຈົ້າເວົ້າພາສາລາວບໍ່? ພວກເຮົາຈະຈັດຜູ້ແປພາສາໃຫ້ໂດຍທີຳມາບໍ່ຕ້ອງເສຍຄ່າ.
Cambodian	តើអ្នកនិយាយភាសាខ្មែរដែរទេ? យើងខ្ញុំនឹងផ្តល់ជូនអ្នកឯកសារភាសាខ្មែរឥតគិតថ្លៃផ្ទាល់ខ្លួនដល់អ្នក។	Polish	Czy mówisz po polsku? Zapewnimy bezpłatną pomoc tłumacza.
Cantonese	您講粵語嗎? 我們將免費為您提供翻譯。	Portuguese	Fala português? Vamos facultar-lhe um intérprete, sem custos para si.
Farsi	فارسی صحبت می کنید؟ یک مترجم شفاهی رایگان در اختیار شما قرار خواهیم داد.	Punjabi	ਕੀ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ? ਅਸੀਂ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਨਿੱਜੀ ਲਾਗਤ ਦੇ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਉਪਲਬਧ ਕਰਾਂਗੇ।
French	Parlez-vous français? Nous vous fournirons gratuitement un interprète.	Russian	Вы говорите по-русски? Мы абсолютно бесплатно предоставим вам переводчика.
German	Sprechen Sie Deutsch? Wir stellen Ihnen unentgeltlich einen Dolmetscher zur Verfügung.	Spanish	¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted.
Hindi	क्या आप हिन्दी बोलते हैं? हम आपके लिए बिना किसी निजी लागत के एक दुभाषिया को उपलब्ध कराएँगे।	Ukrainian	Ви розмовляєте українською? Ми абсолютно безкоштовно надамо вам перекладача.
Italian	Parla italiano? Le forniremo gratuitamente un interprete.	Vietnamese	Quý vị nói được tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị.





Safety

Fire

We conduct fire drills for staff and patient safety. If you hear an alarm, please proceed to the nearest exit, unless directed otherwise by a MetroHealth System Workforce member.

For safety purposes, please check with a staff member before plugging in electronic devices or chargers.

Smoking

Smoking, including e-cigarettes, is not allowed at any MetroHealth location or property, including parking facilities.

For more information about MetroHealth's Freedom from Smoking Program, please call **216-778-7503**.

Public Safety

The MetroHealth Department of Public Safety is committed to protecting and serving the MetroHealth community.

If you have questions, concerns, or need assistance, please call Public Safety at **216-778-3000**. For emergencies, please call **216-778-3333**.



This is a place of hope and healing

We will not tolerate:

- Verbal abuse
- Intimidation
- Physical assault
- Sexual harassment
- Illegal drugs
- Weapons

Removing and prosecuting individuals who violate this policy keeps MetroHealth focused on your health.

METROHEALTH POLICE DEPARTMENT: 216-778-3333

Your Stay

Visitor Information

Visitor Policy

Visitors are an important part of your well-being and healing. That's why we partner with our patients and their visitors to create a welcoming experience — and to ensure it doesn't interrupt our teams' ability to provide excellent care.

Designated times and number of visitors depend on your hospital area and can be found at [metrohealth.org](https://www.metrohealth.org) or by calling **216-778-7800**.

Visitor Management System

A visitor management system is in place to ensure the safety of our patients, visitors, and staff. All visitors are required to check in at the Welcome Desk to obtain a visitor badge, which will provide access to the unit where visiting.

Patient Contact

Visitors can call **216-778-7800** to contact their loved ones. Patients have the right to restrict or opt out of having their information shared with visitors or callers.



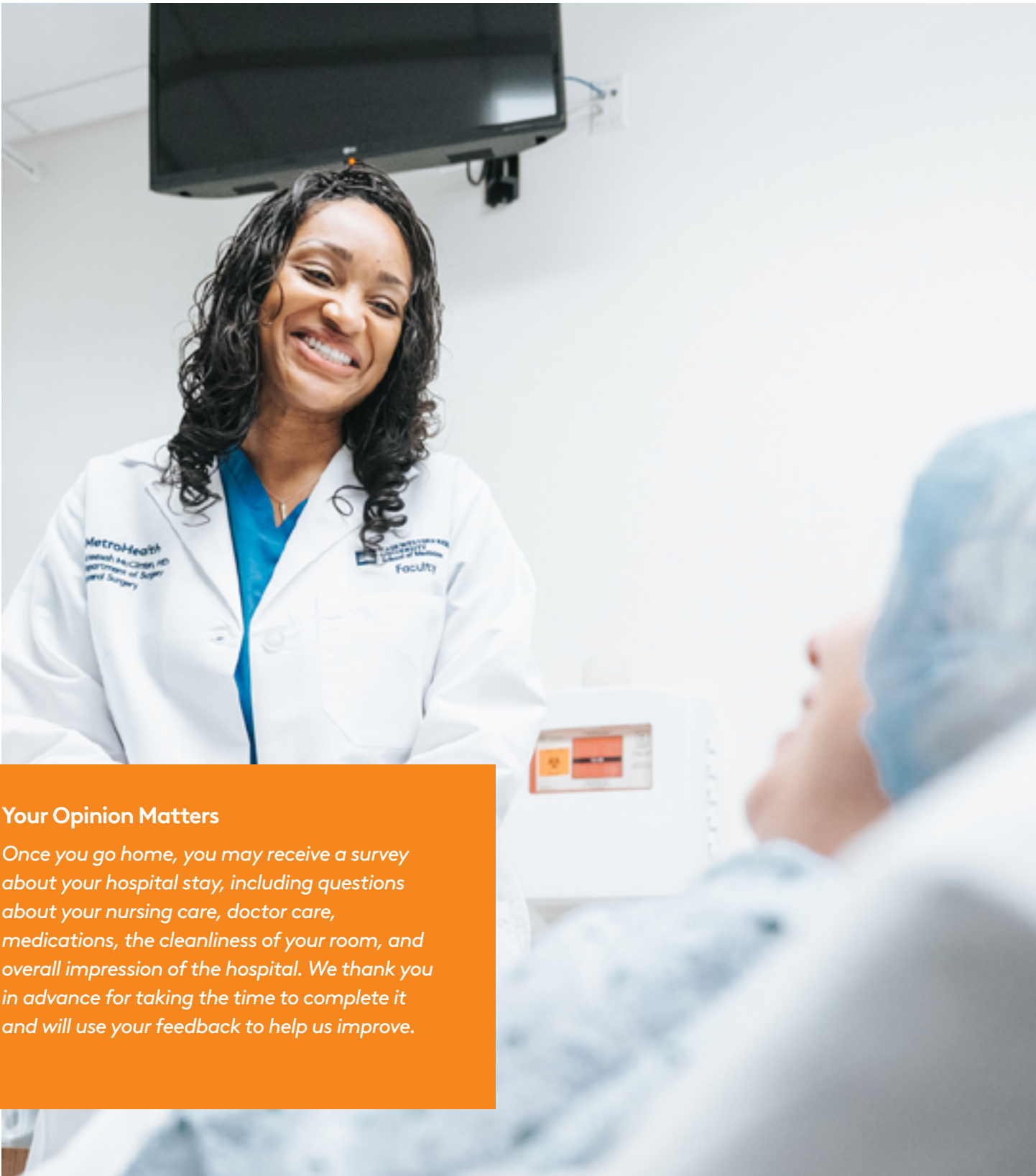


Discharge Checklist

- I talked with my doctor or advanced practice provider, nurses, and/or staff about what I will need help with.
- I understand my medications and how to take them.
- I understand where to get my medications when I run out.
- I know the symptoms and side effects to watch for.
- I know whom to call if I have a problem.
- I understand where I am going after I leave the hospital.
- I understand the changes and limitations to my diet and activities.
- I understand when I need to return to my doctor(s) or advanced practice provider(s) for follow-up.
- I have transportation to my follow-up appointment(s).
- I have packed all my personal belongings.
- I have my home-going medications(s).
- I have a key available to me now to enter my home.
- I have transportation to take me home from the hospital.
- I have a support person who knows I am being discharged and is aware of my needs.

If you have questions, please call the Hospital Discharge Line at 216-778-6632 to speak to a nurse.

Going Home



Your Opinion Matters

Once you go home, you may receive a survey about your hospital stay, including questions about your nursing care, doctor care, medications, the cleanliness of your room, and overall impression of the hospital. We thank you in advance for taking the time to complete it and will use your feedback to help us improve.



MyChart Gets You Connected to Your Health

MyChart Features:

PreCheck-In before you arrive

Verify your demographics and insurance information; pay any copayments; and update your medication list, health issues, and allergies, all before you arrive for an appointment.

Access your test results

View your results and your doctor's comments within days.

Communicate with your doctor

Get answers to medical questions without playing phone tag or making unnecessary appointments.

Manage appointments

Schedule and cancel appointments or view details of your past and upcoming appointments.

Pay bills

Access and pay your copayments and bills.

Request prescription refills

Refill your prescription or request a renewal if it's expired or you don't have any refills left.

Download, Send, or Receive Medical Records

Download your medical records and/or send visit summaries to another provider.



Download **MyChart**
for iOS and Android.



MyChart Support

Email: mychart@metrohealth.org

Phone: 216-778-8801

Monday – Friday,
7 a.m. – 7 p.m. ET

Future Visits & Service



MetroHealth Rehabilitation Institute: A Leader In Healing and Innovation



Our rehabilitation experts offer cutting-edge care for the most complex injuries and illnesses. As one of the first hospitals in the country dedicated solely to rehabilitation, our mission is to restore function and get you back to your best quality of life. The MetroHealth Rehabilitation Institute is nationally recognized for expertise in rehabilitation after brain injury, spinal cord injury, stroke, and major trauma. It's one of only 18 federally designated spinal cord injury "Model Systems" in the U.S., one of only 15 federally designated Rehabilitation Innovation Centers, and a global leader in developing electrical stimulation technologies to restore

movement and function for people with paralysis. It is also accredited by the Commission on Accreditation of Rehabilitation Facilities for its demonstrated commitment to improving quality and patient satisfaction, and is consistently recognized by U.S. News & World Report and Newsweek as one of the best in the nation for patients recovering from stroke, brain injury, and spinal cord injury. Learn more at metrohealth.org/rehabilitation

Learn more at metrohealth.org/rehabilitation.





MetroHealth Pharmacy Services

MetroHealth Pharmacy works hand in hand with your provider as part of your care team.

Bedside Medication Delivery

Before you leave the hospital, your medications are delivered to your bedside, saving you a trip to the pharmacy!

No-Cost Home Delivery

Once you leave, you can have medications delivered to your home at no additional cost. Call **216-957-MEDS** to learn more.

Online Refill Requests

Need a refill on your prescription?

Visit metrohealth.org/mychart and submit your request. We'll text you when it's ready.



Compliance Packaging

Medication is packaged into daily compartments, making it easy to follow dosages for each day.

12 Convenient Locations

- | | |
|---------------|----------------------|
| 1 Beachwood | 7 Cleveland Heights |
| 2 Bedford | 8 Main Campus |
| 3 Brecksville | 9 Middleburg Heights |
| 4 Broadway | 10 Ohio City |
| 5 Brooklyn | 11 Old Brooklyn |
| 6 Buckeye | 12 Parma |

Available Immunizations

- COVID-19
- Influenza
- Pneumonia
- Shingles
- Tetanus
- Meningitis
- HPV
- Hepatitis A
- Hepatitis B
- Rabies

Label Translation & Augmentation

Products available through ScriptAbility:

- **ScriptTalk:** talking prescription labels
- **ScriptView:** large print prescription labels
- Braille Labels
 - » Labels include traditional print and Braille
- Translation Service
 - » Label information printed in both English and requested language
 - » [25 languages currently available](#)

- Chinese (simplified)
- Chinese (traditional)
- Spanish
- Arabic
- Amharic
- Bengali
- Bosnian
- Farsi
- French
- German
- Myanmar (Burmese)
- Greek
- Haitian Creole
- Hindi
- Italian
- Korean
- Nepali
- Pashto
- Polish
- Portuguese
- Romanian
- Russian
- Swahili
- Tagalog
- Vietnamese

Talking Labels

Meet the needs of customers who are blind, visually or print impaired.



Future Visits & Service



ScriptTalk

Have your medication label read out loud with this audio technology. It's free and available in multiple languages.

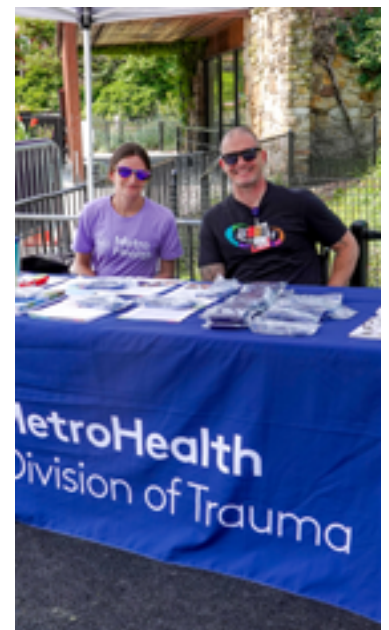
Flavor Rx

Let us flavor your child's prescriptions at no additional cost.

MedsOnCue

Scan the QR code on your prescription bottle for valuable information about your medication, like directions for use and common side effects.





Giving Back to MetroHealth



A Healthier Community

At MetroHealth, we believe health is about more than medicine. It's about hope — and creating a community where everyone can prosper. We'd love you to join us in these efforts.

Hope Starts Here

MetroHealth is more than a hospital. It's a lifeline for individuals and families across our community and for anyone who walks through our doors. Every day, that care extends beyond treatment to address the challenges that impact health, meeting people where they are and removing barriers so everyone has the chance to thrive.

Your generosity makes this possible. Every gift matters — because every person matters. When you give, you help provide expert, compassionate care, support programs that change lives and create a healthier, stronger community.

The MetroHealth Foundation is the driving force behind this impact. Founded in 1954, we are a 501(c)(3) nonprofit organization dedicated to securing funding and community support for MetroHealth's strategic priorities.

Join us today. Give hope and build a healthier community.

Contact The MetroHealth Foundation at 216-778-5665 or mhfoundation@metrohealth.org, or make your gift at www.metrohealth.org/donate.

Imagine Yourself Here...As a Volunteer

Donating your time can help people in need — and benefit your health and happiness. Research has found that volunteering can reduce stress, improve self-esteem, and provide a sense of purpose. While it's true that the more you volunteer, the more benefits you'll experience, volunteering doesn't have to involve a long-term commitment. It can fit in your busy schedule!

For more information:

Call: 216-778-4471

Email: volunteer@metrohealth.org

Visit: metrohealth.org/volunteer-services





A Better World

MetroHealth is redefining healthcare by going beyond medical treatment to improve the foundations of community health. In planning for and building The Glick Center, it was important to us to prioritize its broader impact. We're proud to say that The Glick Center has been certified by the

U.S. Green Building Council as a LEED (Leadership in Energy and Environmental Design) building, guaranteeing that it has a lower impact on the environment and a positive impact on human well-being.

What You Can Do To Help

Recycling

Look for the green recycling label on cans in public areas and green bins in other areas to recycle your beverage containers, newspapers, and paper without patient information. We can't accept coffee cups of any kind. All other waste should go in the trash cans.



The Glick Center Footprint

Here are some of the steps we took to make our footprint a little greener:

- The inpatient tower and central utility plant that generates steam and hot and chilled water use 50% less than the previous main campus hospital, decreasing air pollution and our future carbon footprint.
- Chutes on every floor deliver waste and recycling to a single staging area for disposal. This eliminates elevator rides and long trips down corridors for our waste and recyclables.
- Every water fountain is equipped with a water-bottle refill station, offering easy access to chilled and filtered drinking water. The stations are monitored, tested, and maintained regularly.
- A green roof absorbs rainwater and decreases temperatures on hot days. It is partially accessible through the Pediatrics Treehouse area on the 4th floor and can be seen from Labor and Delivery rooms on the western side of our hospital.
- The hospital's floor-to-ceiling windows allow natural light to replace artificial light in many areas. Natural materials in the design and construction bring a park-like feel inside to improve mental health and lower stress.
- We have convenient transit service and covered bicycle parking to provide alternate transportation options for staff and visitors.





Patient and Visitor Bill of Rights and Responsibilities

The MetroHealth System (MHS) supports patients' understanding and participation in their health care. Participation is fostered if patients are made aware of their rights and responsibilities; the following document summarizes these rights and responsibilities. This document is for the use of MHS patients, their caregivers, representative, and visitors. When the patient is a minor, these rights also apply to the parents or guardians.

MHS staff treat all patients without regard to any dimension or characteristic of the diversity of the potential patient. Examples of dimensions or characteristics of diversity include, but are not limited to, the patient's age, race, color, citizenship, national origin, ethnicity, gender, gender identity or expression, sexual orientation, disability, pregnancy, veteran status, religion, socioeconomic status, education, or any other characteristics protected by law.

RIGHTS - As a patient of MHS, you have the right to:

- Care and services without distinction. All persons and organizations having occasion to refer patients for services or to recommend the MHS are advised to do so without regard to any dimension or characteristic of diversity.
- Respectful, considerate care, with recognition of your personal dignity.
- Personal privacy during your treatment and care.
- Receive care in a safe setting and be free from abuse and/or harassment.
- Confidentiality of your protected health information (PHI). You have the right to review and access your PHI and instruct MHS to send a copy of your PHI to someone else.
- Formulate Advance Directives and have access to staff who provide care to comply with your directives subject to limitations required by applicable law or medical standards.
- Know the names and responsibilities of all persons involved in delivering your health care.
- Complete information about your condition and treatment, in terms you understand.
- Make decisions related to your health care, to participate in ethical questions that arise during your course of care, including conflict resolution, withholding, or withdrawing life-sustaining treatment, and participation in investigational studies.
- Request treatment and the right to refuse treatment, and/or designate someone to make your decisions should you not be able to make them yourself via Advanced Directives.
- Receive information about pain and pain relief measures. Health care providers will respond to your reports of pain and provide pain management therapies as appropriate.
- Have a caregiver or support person of your choice and your provider notified promptly of your admission, transfer, or discharge.
- Be free from restraints of any form that are not medically necessary, legally required, or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- Be free from financial or other exploitation.
- Select the providers of your post-hospital care - this includes skilled nursing facilities, long term acute care hospitals, hospice, acute rehabilitation, durable medical equipment, home infusion companies, and home health care agencies.

Rights & Responsibilities

RESPONSIBILITIES – You and your caregiver(s) are responsible for:

- Being considerate of other patients, visitors, and hospital staff, and following hospital rules. Rude, threatening behavior, or use of profanity directed at your care team or any MHS employees will not be tolerated. Threats and acts of violence against staff may result in discharge or transfer of care and/or services. Your visitors will also be held to these responsibilities.
- Keeping appointments or rescheduling or canceling appointments in advance.
- Giving complete and accurate information about your health and medical history, including information about any recent changes or concerns related to your care. It is your responsibility to tell your provider or a member of your care team if you do not understand the treatments you are receiving or if you are unclear about plans for your ongoing care.
- Asking questions or telling us if you/your caregiver do not understand the instructions, or if you/your caregiver feel you cannot follow them so that your health care team can partner with you on a care plan that will work best for you. If you/your caregiver choose not to follow instructions, you will be responsible for what happens to you.
- Making certain your health care bills are paid as soon as possible and providing accurate information regarding your place of residence and medical insurance coverage.

COMPLAINT/GRIEVANCE PROCESS

MHS is committed to providing quality care to our patients and ensuring that their rights are supported. As part of this commitment, we encourage you to share your opinions with us regarding our care and services.

If you have a complaint or grievance, we are committed to resolving your concerns quickly and at the first level of contact, whenever possible. We encourage you to share your questions/concerns with a member of your health care team, physician, or unit manager, or you may call the Department of Patient Relations directly. We will gather information, follow up with the appropriate individuals or departments, and attempt to resolve the issue to your satisfaction.

The MetroHealth System Department of Patient Relations - (216) 778-5800

Although we believe that your concerns can be resolved through this process, you may at any time contact:

- Ohio Department of Health - 1-800-342-0553; Ohio Department of Health, Complaint Unit – HCComplaints@odh.ohio.gov
- The Joint Commission’s Office of Quality and Patient Safety - Joint Commission Connect - <https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/>
Or mail to: The Joint Commission, One Renaissance Blvd, Oakbrook Terrace, IL 60181
- The Medicare Complaints Hotline: (800) 633-4227
- U.S. Department of Health and Human Services Office for Civil Rights (Region V) – (800) 368-1019
- Commence Health – Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) <https://www.livantaqio.cms.gov/en> (888) 524-9900

Privacy

You have the right to personal privacy during your treatment and care. You also have the right to receive a Notice of Privacy Practices (NoPP). The NoPP explains your HIPAA rights and tells you how MetroHealth uses and discloses your health information. You may have received the NoPP when you first arrived at the hospital or during a recent encounter. You can also get a copy of the NoPP by asking your caregiver, visiting metrohealth.org, or sending a request to the MetroHealth Privacy Officer, 2500 MetroHealth Dr., Cleveland, OH 44109.



Patient and Visitor Bill of Rights and Responsibilities

The MetroHealth System Patient Financial Bill of Rights

Improving the health of the community is central to everything The MetroHealth System does. How MetroHealth fulfills that mission is also important. Service, accountability, respect, and equality are among MetroHealth's core values.

MetroHealth supports the Patient Financial Bill of Rights. And here's how.

As a MetroHealth patient, I have...

Provider Network

- The right to accurate and up-to-date information about MetroHealth's participation in my insurance plan's provider network.
 - I know I can obtain this information by calling MetroHealth's Customer Services at **216-957-3250, Option 2**, or by visiting metrohealth.org.
- The right to collaborate with MetroHealth to help gain an understanding of what surprise billing is — and how to avoid it.
 - I know I can reach out to representatives from MetroHealth's Financial Clearance Department at **216-957-2325, Option 4**; ask questions; and get explanations about billing.

Charges

- The right to not be charged for covered preventive care services.
 - Preventive care keeps me and my family healthy. I know that many preventive care services are free under the law and that I will not be charged for these services. This link provides guidelines based on governmental preventive care visits: [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/PreventiveServicesPoster.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/PreventiveServicesPoster.pdf) Commercial insurance typically follows this list.

- However, if my insurance does not pay, I know I can call MetroHealth's Customer Service Advocacy Department to assist me at **216-957-3250, Option 2**.

- The right to be informed, in advance, of any facility fees.
 - I understand that receiving care at hospital outpatient departments means that I have convenient access to more services and procedures.
 - I know that I may receive two charges on my MetroHealth patient billing statement for the same date of service: one for where I receive my care/ service and one for who provides it. For example, if I get an X-ray, I may receive a charge for where it is performed (the facility) and another charge for the clinician (the radiologist) reading the results.

Estimates

- The right to see a price estimate for services and a price list for elective procedures.
 - MetroHealth offers an online "My Cost Estimator" tool that allows me to receive price estimates based on my coverage. I can find that tool at: <https://www.metrohealth.org/en/patients-visitors/billing-finance/patient-cost-estimator/>
 - I will be able to review estimated costs for potential or scheduled services to help me understand my benefits and my out-of-pocket responsibility.
 - I will have access to a MetroHealth Financial Clearance Specialist, who can assist me, by calling **216-957-2325, Option 4**.
- The right to be informed of lower-cost options.
 - MetroHealth seeks to provide me with choices — choices in location, types of procedures, and medications that may help me.
 - I can contact **216-957-2325, Option 4**, to know what other options might be available to me.

Rights & Responsibilities

Billing, Customer Service Advocacy, Financial Coordination

- The right to be informed about, and given access to, financial assistance/financial coordination programs and reduced-price care programs.
 - MetroHealth has always maintained a compassionate financial assistance policy.
 - I have the right to have my personal financial circumstances confidentially reviewed to see if I might qualify for assistance.
 - I deserve a process that is respectful, dignified, and patient-centric with the goal of ensuring my uninterrupted care.
 - MetroHealth also maintains answers to frequently asked questions online at metrohealth.org/patients-and-visitors/financial-services/financial-services-faq.
 - MetroHealth is available to answer my questions about potential financial assistance programs via phone at **216-957-2325, Option 1**, or toll-free at **877-509-0597, Option 6**.
- The right to receive a clear billing statement, in language I understand.
 - I know I will receive an Explanation of Benefits from my insurance company. This is not a bill. The Explanation of Benefits will list all charges; which ones will be paid by insurance; and what, if anything, I owe.
 - If I owe something for my care, MetroHealth will also send me a statement after my insurance company processes the claim, which will clearly state how much I need to pay.
 - If I owe nothing, I will NOT receive a MetroHealth patient statement.
 - I can request additional information about my healthcare coverage, including my out-of-pocket responsibility, by calling **216-957-2325, Option 3**. My responsibility will depend on my personal coverage.
 - If I do not have insurance, I will receive a MetroHealth patient statement reflecting my responsibility for payment.
- An accurate itemized bill.
 - Typically, only my insurer receives an itemized bill. However, I know I have the right to request MetroHealth to provide me with the same detailed bill.
 - I can request an itemized bill on MyChart, by email, or by mail.
 - I know that I can call the Customer Service Advocacy Department at **216-957-3250, Option 2**, if I would prefer to speak with someone and get clarification.



Patient and Visitor Bill of Rights and Responsibilities *(cont.)*

Billing, Customer Service Advocacy, Financial Coordination *(cont.)*

- The right to know that if I dispute a bill, it will not be sent to a collection agency.
 - MetroHealth offers many payment options, including payment plans with 0% interest, and I can contact the Customer Service Advocacy Department at **216-957-3250, Option 2**, to find out more about these options.
 - MetroHealth also will carefully and thoroughly review any bills I dispute — and will not send the bill to a collection agency while it is being reviewed.
- I understand that overdue bills that are not disputed may be sent out for collection.
- The right to be informed of any conflicts of interest.
 - MetroHealth maintains rigorous conflict-of-interest policies and oversight.
 - I will be informed of any conflicts of interests involving my providers.

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. Please see the Model Notice Disclosure on the next page or **at metrohealth.org/NoSurprisesAct** for more information on the new federal rules on surprise billing.



Rights & Responsibilities



Your Rights and Protections Against Surprise Medical Bills

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a healthcare facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance

billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care — like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance-billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance-billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out of network. In these cases, the most those

providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance-bill you and cannot ask you to give up your protections not to be balance-billed.

If you get other services at these in-network facilities, out-of-network providers can't balance-bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out of network. You can choose a provider or facility in your plan's network.



Your Rights and Protections Against Surprise Medical Bills (cont.)

You are protected from balance billing for: (cont.)

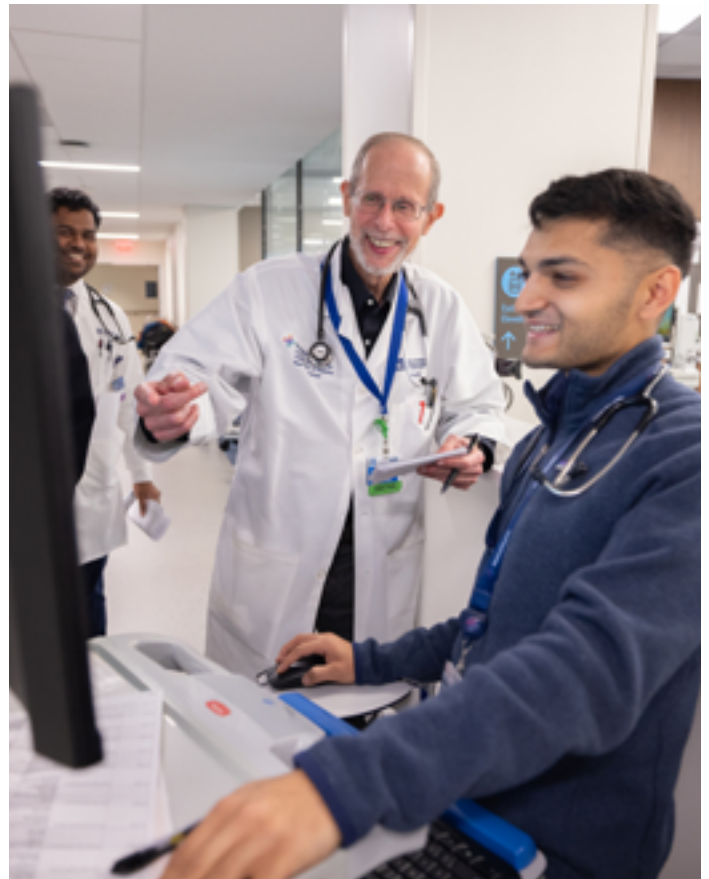
When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your Explanation of Benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Department of Health and Human Services at **1-800-985-3059** or visit **www.cms.gov/nosurprises**.

Visit **www.cms.gov/nosurprises/consumers** for more information about your rights under federal law.

Ohio law also protects patients against balance-billing by out-of-network providers. For information, visit **<https://www.metrohealth.org/en/patients-visitors/billing-finance/nosurprises-act/>**.



Rights & Responsibilities

Advance Directives

Fill Out Your Forms

Bring a copy of your advance directives with you the day of your procedure so that your most current information and wishes are on file. If you are interested in completing or want additional information on Healthcare Advanced Directives, please ask to speak with your floor Social Workers or Case Manager. You can also call the Care Coordination office at 216-778-5551 and request to speak with a manager.

Choose Your Care

Fill out advance directives so that your wishes are known and your loved ones are sure of what you want. One of the most important decisions you can make about your care is to fill out advance directives in case you can no longer speak for yourself. Advance directives are documents that let others know your wishes about the type of care you want. They will only be used if you become unconscious or too ill to communicate yourself.

Directives Can Include:

Living Will

This set of instructions explains the type of life-prolonging medical care you wish to accept or refuse. It can include your wishes about the use of resuscitation (CPR) if your heart stops, a ventilator if you stop breathing, or feeding tubes or IVs if you cannot eat or drink.

Durable Power of Attorney for Healthcare

This is a legal document that names your healthcare proxy — someone who is 18 years or older and can participate in medical decisions for you if you're unable to do so. An official healthcare proxy can represent your wishes on emergency care but also on other medical issues like potential treatment options, blood transfusions and kidney dialysis. Choose someone you trust, discuss your medical wishes with them, and make sure they agree to represent you in this role.





Important Information for Medicare Beneficiaries

Medicare Patients

We appreciate you choosing MetroHealth for your care. The Admitting Department is available to assist you with understanding your rights as a Medicare patient. In accordance with Medicare guidelines, as a patient, this is required within 36 to 48 hours of admission, depending on the circumstances. It is important for us to explain to you your Medicare rights as they relate to your hospital stay.

A representative will reach out to you upon you receiving inpatient or observation services to review the Medicare form within the first or second day of your stay. You may also contact the Admitting Department at **216-778-8011** at your convenience to complete this process or if you have any questions. The Admitting Department is available 7 days a week/24 hours a day. Please remember: Based on Medicare requirements, it is necessary for us to provide you or your designee with this important information.

Below is a summary of Medicare forms that could be reviewed with you or your representative that require your acknowledgement and signature. A copy of the required forms is included in this booklet. All completed forms will be sent to your room following a discussion with a representative.

Medicare-Required Forms:

- An Important Message from Medicare (IM1) is a hospital inpatient admission notice given to all beneficiaries (patients) with Medicare coverage explaining your discharge and appeal rights.
- The Medicare Outpatient Observation Notice (MOON) is a standardized notice to inform Medicare beneficiaries (patients) that they are an outpatient receiving observation services and are not an inpatient of the hospital.

Please remember: Based on Medicare requirements, it is necessary for a representative to provide you or your designee with this important information so that your rights may be acknowledged and a signature obtained.

Rights Under Medicare

Commence Health advocates for Medicare beneficiaries to ensure they receive all the healthcare benefits and rights entitled to them. Please feel free to contact Livanta if you have a concern.

Your Rights While You Are a Hospital Patient

You have the right to receive all the hospital care that is necessary 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 any method of payment.

You have the right to be fully informed about decisions affecting the coverage and payment for your hospital stay and for any post-hospital services.

Talk to Your Healthcare Team About Your Stay in the Hospital

You and your healthcare team know more about your condition and your healthcare needs than anyone else. Decisions about your medical treatment should be made between you and members of your healthcare team. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, or your need for possible post-hospital care, don't hesitate to ask your doctor or another member of your healthcare team. Your health plan, MetroHealth's patient representatives, or your nurse case manager also will help you with your questions and concerns about hospital services.

Medicare Information

If You Think You Are Being Asked to Leave the Hospital Too Soon and Are a Medicare Member

Upon admission, you will receive a written copy of an Important Message from Medicare about your rights. If you have not already received it, you may request it from your nurse case manager. This document explains your Medicare discharge rights regarding a peer review by a quality review organization. Peer Review Organizations (PROs) are groups of doctors who are paid by the federal government to review medical necessity, appropriateness, and quality of hospital treatment provided to Medicare patients.

You may exercise your right to request an immediate review by the PRO if you disagree with the discharge plan and/or discharge date. Those enrolled in a managed care plan (like an HMO) have the same right to review.

How to Request an Immediate Review of the Decision for Discharge

If you disagree with your insurance plan's discharge decision, please contact your nurse case manager, and they will assist you in contacting the appropriate party. If you have Medicare, please contact the Quality Improvement Organization (QIO) number on the form you received from your nurse case manager or request the form. You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copayments and deductibles).

The Quality Improvement Organization can be reached at:

Commence Health

Phone: Toll-Free at: 888-524-9900

TTY: Dial 711

When you call Livanta, ask for a fast-track review. You should have the sheet titled "An Important Message About Your Rights" in hand when you call. Patients are given this sheet upon admission and then again before they leave the hospital.



Important Information for Medicare Beneficiaries (cont.)

How to Request an Immediate Review of the Decision for Discharge (cont.)

Please note:

- You can file a request for an appeal any day of the week. Once you speak to someone or leave a message, your appeal has begun.
- Ask the hospital if you need help contacting the QIO.
- You will receive a detailed notice of discharge from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- The QIO will ask for your opinion. You or your representative needs to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- The QIO will review your medical records and other important information about your case.
- The QIO will notify you of its decision within one day after it receives all necessary information.
- If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
- If the QIO finds that you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

- If you do not request a review from the QIO, the health plan or hospital may bill you for all the costs of your stay, beginning at the point when the health plan's hospital coverage ends as noted in the "Important Message from Medicare."
- The health plan or hospital, however, cannot charge you for care unless you received the "Important Message" information.

If You Miss the Deadline to Appeal, You Have Other Appeal Rights

You still can ask the QIO or your plan for a review of your case:

- If you have Original Medicare, call the QIO listed on page 32.
- If you belong to a Medicare Advantage Plan or other Medicare managed care plan, call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call:

800-MEDICARE (800-633-4227)

TTY: 877-486-2048



Important Message from Medicare

Patient name: _____

Patient number: _____

Your Rights as a Hospital Inpatient:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO, Commence Health. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.

Name of QIO: Commence Health

Phone: Toll-Free at: 888-524-9900

TTY: Dial 711

- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

Your Right to Appeal Your Hospital Discharge:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copayments and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees that services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

The MetroHealth System

**2500 MetroHealth Dr.
Cleveland, OH 44109**

Phone: 216-778-2075



Important Message from Medicare (cont.)

How to Ask for an Appeal of Your Hospital Discharge

- You must make your request to the QIO listed.
- Your request for an appeal should be made as soon as possible but no later than your planned discharge date and before you leave the hospital.
- The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.
- Call the QIO listed on page 32 to appeal or if you have questions.

If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call Commence Health, **Toll Free Phone:** Toll-Free at: 888-524-9900 **TTY:** Dial 711
- If you belong to a Medicare health plan: Call your plan.

Insurance Plan:_____ Insurance Telephone Number:_____

For more information, call 1-800-MEDICARE (1-800-633-4227) or TTY: 1-877-486-2048. CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call 1-800-MEDICARE or email AltFormatRequest@cms.hhs.gov.

Additional Information:

To speak with someone about this notice, call the Center for Care Coordination: 216-778-2075

**Hospital Name: The MetroHealth System Provider ID: Acute: 360059
Psych: 36S059
Rehab: 36T059**

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Signature of Patient or Representative

Date/Time

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1019. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicare Information



Medicare Outpatient Observation Notice (MOON)

This is a standardized notice to inform Medicare beneficiaries (patients) that they are an outpatient receiving observation services and are not an inpatient of the hospital. When you are an observation patient, your current status does not meet Medicare's rules for inpatient admissions.

Medicare Part B covers outpatient hospital services, including observation services when they are medically necessary.

To review the Medicare Outpatient Observation Notice (MOON), please refer to the next page.

If you have any questions about the form, the Admitting Department can be reached at **216-778-8011** to answer any questions. The department is available 7 days a week/ 24 hours a day.





Medicare Outpatient Observation Notice (cont.)

Patient name: _____

Patient number: _____

You're a hospital outpatient receiving observation services.

You are not an inpatient because:

Being an outpatient may affect what you pay in a hospital:

- When you're a hospital outpatient, your observation stay is covered under Medicare Part B.
- For Part B services, you generally pay:
 - A copayment for each outpatient hospital service you get. Part B copayments may vary by type of service.
 - 20% of the Medicare-approved amount for most doctor services, after the Part B deductible.

Observation services may affect coverage and payment of your care after you leave the hospital:

- If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you've had a 3-day minimum, medically necessary, inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day the hospital admits you as an inpatient based on a doctor's order and doesn't include the day you're discharged.
- If you have Medicaid, a Medicare Advantage plan, or other health plan, Medicaid or the plan may have different rules for SNF coverage after you leave the hospital. Check with Medicaid or your plan.

NOTE: Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, Part A will generally cover medically necessary inpatient services if the hospital admits you as an inpatient based on a doctor's order. In most cases, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital.

If you have any questions about your observation services, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department.

You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare Information

Your costs for medications:

Generally, prescription and over-the-counter drugs, including “self-administered drugs,” that you get in a hospital outpatient setting (like an emergency department) aren’t covered by Medicare Part B. “Self-administered drugs” are drugs you’d normally take on your own. For safety reasons, many hospitals don’t allow you to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs. You’ll likely need to pay out of pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

If you’re enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient observation services.

If you’re a Qualified Medicare Beneficiary through your state Medicaid program, you can’t be billed for Part A or Part B deductibles, coinsurance, and copayments.

Additional Information (Optional):

Please sign below to show you received and understood this notice.

Signature of Patient or Representative

Date/Time

CMS does not discriminate in its programs and activities. To request this publication in an alternative format:

Please call 1-800-MEDICARE **or Email** AltFormatRequest@cms.hhs.gov



Medicare Outpatient Observation Notice (cont.)

State, District, County, and Local Agencies

If you have any questions concerning the care you have received, you may, at any time, contact any of these agencies:

Department of Health – State Office

Ohio Department of Health

Health Care Facility Complaint Hotline, ODH PCSU

246 N. High St.

Columbus, OH 43215

800-342-0553

Department of Health – Local Office Ohio

Dept. of Health – N.E. District Office, Bureau of Long-Term Quality

161 S. High St., Suite 400

Akron, OH 44308

330-643-1300

Ombudsman – State

Long-Term Care Ombudsman

50 W. Broad St., 9th Floor

Columbus, OH 43215

800-282-1206

Ombudsman – Local

2800 Euclid Ave., Suite 200

Cleveland, OH 44115

216-696-2719

800-365-3112

216-696-6216 (Fax)

Ohio Department of Insurance

50 W. Town St. 3rd Floor, Suite 300

Columbus, OH 43215

800-686-1526 (Consumer Hotline)

800-686-1527 (Fraud Hotline)

Ohio Department of Insurance – Senior Hotline

Ohio Senior Health Insurance Information Program

(OSHIIIP) 800-686-1578

Medicaid – Local

Ohio Medicaid Consumer Hotline 800-324-8680

Medicaid Consumer Hotline – Fraud

1641 Payne Ave., Room 350

Cleveland, OH 44114

216-987-7000

Medicare

Social Security Administration – Medicare Office

1240 E. Ninth St., Room 793

Cleveland, OH 44114

800-772-1213 (Social Security)

www.socialsecurity.gov

Medicare Hotline (Fraud and Abuse)

800-633-4227

Medicare Complaint Hotline

800-404-8702

Department of Aging –

State Ohio Department of Aging

50 W. Broad St., 9th Floor

Columbus, OH 43215

800-266-4346 (General Information)

Western Reserve Area Agency on Aging

925 Euclid Ave., Suite 550

Cleveland, OH 44115

800-626-7277 (Ohio Only)

Medicare Information

Clinical Ethics Consult Service

Page 216-207-1095 or call 216-778-8497

The role of the Clinical Ethics Consult Service is to assist patients, family members, friends, and healthcare professionals regarding ethical issues that arise in the healthcare setting.

Examples include assistance in:

- Understanding patient wishes and values and the role of a surrogate.
- Resolving conflicts regarding difficult treatment decisions or goals of care.
- Decision-making at or about the end of life.
- Interpreting and applying advance directives.

Any patient, visitor, or healthcare professional may request a clinical ethics consultation.

Leaving Against Medical Advice

MetroHealth respects the decision of adult patients who have decision-making capacity and choose to leave their patient care unit at MetroHealth against medical advice (AMA).

When staff accompanies the patient, the patient is in a rehabilitation unit and is signed out, a postpartum patient is signed out to the Neonatal Intensive Care Unit, or the patient is signed out to a waiting room.

Smoking is not a reason to leave the patient care unit. No hospital equipment other than a wheelchair or walker can leave the unit.

If the patient is a minor and the parent plans to take the patient AMA, Child Protective Services may be contacted.





Notes





Notes



About MetroHealth

Founded in 1837, MetroHealth is leading the way to a healthier you and a healthier community through service, teaching, discovery, and teamwork. Cuyahoga County's public, safety-net hospital system, MetroHealth meets people where they are, providing care through five hospitals, four emergency departments, and more than 20 health centers. Each day, our nearly 9,000 employees focus on providing our community with equitable healthcare—through patient-focused research, access to care, and support services—that seeks to eradicate health disparities rooted in systematic barriers. **For more information, visit metrohealth.org.**

connect @metrohealthcle



MyChart
metrohealth.org/mychart