

## Hospital Phone Directory

You can dial the four-digit number below from any hospital phone. From outside the hospital, dial 530 (unless otherwise noted) before the four-digit number below.

Administration .....	2205
Billing .....	2475
Case Management.....	2310
Front Desk.....	2379
Gift Shop .....	2395
Heart of the Rockies Home Health and Hospice .....	539-7638
HRRMC Foundation.....	2218
Housekeeping .....	2374
Information.....	2379
Lobby .....	2379
Medical Records.....	2279
Medical/Surgical Nurses' Station .....	2206
Operator .....	2379
Patient Financial Services.. ..	2475
Physical Therapy.....	2391
Public Relations.....	2217
Rehabilitation.....	2391
Social Services .....	2284
Switchboard .....	2379



HEART OF THE ROCKIES  
REGIONAL MEDICAL CENTER

*The heart of healthcare*

1000 Rush Drive • Salida, CO 81201 • [www.hrrmc.com](http://www.hrrmc.com)



## HRRMC's Swing Bed Guidebook

Swinging the level of care from acute to skilled rehabilitation



HEART OF THE ROCKIES  
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*Notice of Privacy Practices (cont.)*

● **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

● **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**September 23, 2013**

This Notice of Privacy Practices applies to Heart of the Rockies Regional Medical Center and physicians on the staff of Heart of the Rockies Regional Medical Center.





- **Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.  
*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

- **Do research**

- We can use or share your information for health research.

- **Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

- **Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

- **Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services



## HRRMC's Swing Bed Program

- **What Is Swing Bed Care?**

After an illness, injury or surgery, a patient may need additional skilled care before returning home from the hospital.

Your doctor may recommend a Medicare-funded program referred to as Swing Bed, which allows physicians to "swing" the level of care from acute to skilled rehabilitation. It provides the nursing care and rehabilitation services necessary to continue your recovery. The Swing Bed program is available at HRRMC and other rural hospitals throughout the United States. Medicare patients have the option to remain in or be transferred to their hometown hospital for rehabilitation.

Swing Bed patients receive the same quality of care as inpatients. The main differences are that Swing Bed patients no longer have acute-level medical needs, do not require constant nursing supervision, and no longer need to see their doctors on a daily basis.

- **What We Provide**

HRRMC combines nursing care with physical therapy, occupational therapy, speech therapy and an activity program customized just for you. We help you improve your mobility, become more independent and get back to your own daily routine as quickly as possible. HRRMC's rehabilitation services may be just what you need to restore your abilities and get you home soon.



- **Types of Care**

Patients receive care that fosters independence, including:

- Physical therapy and occupational therapy seven days a week
- Ongoing nursing care
- Speech and respiratory therapy, as needed
- Activity program
- Nutritional assessment
- Medical evaluation
- Social/discharge planning



## ● Swing Bed Locations

Patients can be cared for in the same hospital bed, moving from one level of care to another. Patients can also transfer from any hospital to HRRMC to recuperate.

All HRRMC patient rooms are private with their own bathrooms and walk-in showers. Rooms are quiet and many have spectacular views of the mountains.

## ● Your Care Team

Swing Bed care requires the hard work of many highly skilled healthcare providers and other team members. However, the person who must work the hardest to obtain the optimal result is YOU, the patient.

Listed below are the members of Heart of the Rockies Regional Medical Center's Swing Bed team, who will work together to return you to an active, independent and rewarding lifestyle.

- You!
- Your Caregivers/Family
- Case Manager
- Physicians
- Nurses
- Physical Therapists
- Occupational Therapists
- Speech Therapists
- Activities Coordinator
- Therapy Dogs
- Auxiliary Volunteers



Notice of Privacy Practices (cont.)

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### ● In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### ● In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### ● In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### Our Uses and Disclosures

#### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### ● Treat you

- We can use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### ● Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.  
*Example: We use health information about you to manage your treatment and services.*



### Notice of Privacy Practices (cont.)

- **Request confidential communications**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share**
  - You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information**
  - You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice**
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action. File a complaint if you feel your rights are violated
- **File a complaint if you feel your rights are violated**
  - You can complain if you feel we have violated your rights by contacting us using the contact information at the top of page 14.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.



### ● Expectations of the Patient

- Participate in your care every day
- Be comfortable
- Speak up! Tell your team what you need.

### ● Participation and Activities Plan

Patients work with HRRMC's Rehabilitation Department to set goals for their care. With the encouragement and help from physical and occupational therapists, they improve mobility and activities of daily living. Below is a list of available activities in our individualized activity program:

- Personal grooming
- Religious/Spiritual visits
- Arts and crafts
- Games and puzzles
- Cards
- Exercise
- Music/Radio
- Reading
- Writing
- Walking/Wheeling outdoors to the Healing Garden
- Watching TV and movies
- Embroidery/Crocheting/Knitting/Stitchery
- Talking and conversation
- Visits from family and friends
- Group or individual meals in the cafeteria
- Therapy dog visits





If a Swing Bed patient is adjudged incompetent under the laws of the State of Colorado, the rights of the patient devolve to and are exercised by the patient representative appointed under State law to act on the patient's behalf. The court-appointed patient representative exercises the patient's rights to the extent judged necessary by a court of competent jurisdiction.

## ● Patient Rights

You have:

1. The right to be informed of, and participate in, your treatment, including
  - a. The right to be fully informed in a language you can understand of your total health status, including, but not limited to your medical condition.
  - b. The right to be informed, in advance, of changes to the plan of care.
  - c. The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research and to formulate an advance directive.
  - d. The right to have your wishes addressed regarding end-of-life decisions.
  - e. The right to receive services and to choose activities, schedules, and care consistent with your personal values, beliefs, cultural and spiritual preferences, lifelong patterns of living, and your plan of care.
  - f. The right to be notified in advance of any planned transfer or discharge.
2. The right to be fully informed, orally, and in writing of your rights.
3. The right to personal privacy and confidentiality of your personal and medical records.
  - a. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits and meetings with family.
  - b. HRRMC must respect the patient's right to personal privacy, including privacy in your spoken, written and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages, or materials delivered to the facility for the patient, including those delivered through a means other than a postal service. This right includes access to stationery, postage and writing implements at the patient's own expense.
4. The right to have informed consent obtained.
5. The right to have consent obtained for recording or filming made for purposes other than the identification, diagnosis or treatment.
6. The right to exercise your rights as a Swing Bed patient of the facility and as a citizen or resident of the United States—The right to vote.
7. The right to choose medical, dental or other licensed independent practitioner care providers, and to have that choice honored.
  - a. HRRMC must ensure that the patient remains informed of the name, specialty and way of contacting the physician and other primary care professionals responsible for your care.
  - b. If the physician chosen refuses to or does not meet requirements, HRRMC may seek alternate



Notice of Privacy Practices (cont.)

## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See page 17 for more information on these rights and how to exercise them

## Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record**
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record**
  - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say "no" to your request, but we'll tell you why in writing within 60 days.



## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### Your Rights

#### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

*See page 15 for more information on these rights and how to exercise them*

#### Your Choices

#### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

*See page 17 for more information on these choices and how to exercise them*



### Patient Rights (cont.)

- physician participation to assure provision of appropriate and adequate care and treatment. HRRMC must inform the resident if the facility determines that the physician chosen by the patient is unable or unwilling to meet requirements specified. HRRMC must discuss the alternative physician participation with the patient and honor the patient's preference, if any.
8. The right to have pain management services.
  9. The right to be free from physical or chemical restraints imposed for purposes of discipline or convenience not required to treat your medical symptoms.
  10. The right to be free from mental, verbal, sexual, and/or physical abuse, neglect and exploitation, corporal punishment and involuntary seclusion.
  11. The right to file and receive resolution of a grievance, and/or complaint, with the facility, state survey and certification agency, ombudsman, or other advocates concerning abuse, neglect, or misappropriation of your personal property.
  12. The right, with your consent, to be visited by and interact with family, other relatives, or others from outside the facility with immediate access provided by the facility.
  13. The right to retain and use personal possessions.
  14. The right to share a room with your spouse should both of you be a Swing Bed patient of the facility.
  15. The right to choose to or refuse to perform services for HRRMC. HRRMC may not require a patient to perform services. If the patient chooses to perform services, then
    - a. HRRMC must document the patient need or desire for work in the plan of care;
    - b. The plan specifies the nature of the services performed and whether the services are voluntary or paid;
    - c. Compensation for paid services is at or above prevailing rates; and
    - d. The patient agrees to the work arrangements described in the plan of care.
  16. The right to be free of interference, coercion, discrimination, or reprisal from the facility in exercising your rights.

### ● Admission/Transfer and Discharge Rights

HRRMC will not initiate a transfer or discharge of a Swing Bed patient from the facility unless:

- We cannot provide the services necessary for your welfare.
- You have improved enough that you no longer need our services.
- The health and safety of individuals in this facility is endangered.
- The facility ceases to operate.





### ● Patient Responsibilities in Planning Care and Treatment

1. To provide, to the best of your knowledge, accurate and complete information about present illness, past illnesses, hospitalizations, medications, mobility and other matters relating to your health.
2. To report unexpected changes in your condition to the Health Care Team.
3. To make it known whether you clearly understand your plan of care or need further explanation.
4. To actively participate in your plan of care. Refusal of treatments or therapies may result in discharge from Swing Bed.
5. To assure that the financial obligations of your health care are fulfilled as promptly as possible.
6. To follow hospital rules and regulations affecting your care and conduct.
7. To be considerate of the rights of other patients and facility personnel.
8. To be respectful of the property of other persons and of the hospital.
9. To follow the Hospital's smoke-free campus policy.

### ● Patient Safety

#### Abuse

HRRMC does not employ individuals who have been found guilty of abusing, neglecting or mistreating patients by a court of law or have a finding entered into the State Registry concerning abuse, neglect, and mistreatment of patients or misappropriation of their property.

HRRMC will ensure that all alleged violations involving mistreatment, neglect or abuse and theft of resident property are reported immediately to the administrator and to other officials in accordance with state law.

#### Restraints

HRRMC strives to never use restraints. A patient has the right to be free from any physical or chemical restraints for purposes of discipline or convenience, and restraints not required to treat the patient's medical symptoms. In the rare case that restraints are needed, the patient's health, safety, dignity, vulnerability and emotional needs will be considered.

#### Valuables

All valuables including medications will be sent home with family members whenever possible. Money will be counted in front of the patient with two staff members as witnesses. The money will then be placed in a valuables envelope and stored in the hospital safe. Receipt for the valuables and/or monies will be placed in the patient's chart. The patient has the right to refuse placing valuables and/or monies in the hospital safe, at which time the hospital will not be responsible for any item that is lost or stolen.

### ● Dental Services

In the event of dental needs during your Swing Bed stay, HRRMC will assist you in obtaining routine and 24-hour emergency dental care. We will help set up appointments and arrange transportation to the dentist's office if required.



*Patient Policy for Grievances and Complaints (cont.)*

**Quality Innovation Network QIO**  
Telligen Quality Innovation Network  
(800) 383-2856

**Patients may also file a nurse-related complaint with the Department of Regulatory Agencies (DORA)**

1560 Broadway, Suite 110  
Denver, CO 80202  
(800) 866-7675 or (303) 894-7855  
Toll-free fax (303)894-7885.

Physician complaints can be filed with the Colorado State Board of Medical Examiners (303) 894-2430.

Any patient who believes he or she has been discriminated against based on a disability under Section 504 of the Rehabilitation Act of 1973, may contact HRRMC's Section 504 Coordinator Compliance Officer at (719) 530-2214, or the hotline (719) 530-2245.

A written complaint related to Section 504 may be filed with the:

#### **Office for Civil Rights(OCR)**

Department of Health and Human Services  
999 18th Street, South Terrace, Suite 417  
Denver, CO 80202  
(303) 844-2024, TDD 303-844-3439, FAX 303-844-2025  
Hotlines: (800) 368-1019 voice, TDD (800) 537-7697







## ● Patient Concerns, Complaints and Grievances

### Long-Term Care Ombudsman Program (LTCOP)

Under the federal Older Americans Act (OAA) every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long-term care system. Each state has an Office of the State Long-Term Care Ombudsman (Office), headed by a full-time State Long-Term Care Ombudsman (Ombudsman) who directs the program statewide. Across the nation, staff and thousands of volunteers are designated by State Ombudsmen as representatives to directly serve residents.

The Ombudsman program advocates for residents of nursing homes, board and care homes, assisted living facilities, and other similar adult care facilities. State Ombudsmen and their designated representatives work to resolve problems individuals (such as Swing Bed patients) face and effect change at the local, state, and national levels to improve quality of care.

Ombudsmen handle a variety of complaints about quality of life and care. Not all complaints are about the care provided by a facility, some complaints are about outside agencies, services or individuals (e.g., Medicaid or Medicare benefits). They can also receive and respond to complaints from individuals other than the resident/patient (e.g. family member), but still need resident/patient permission to investigate or share information.

To learn more about this program, visit the National Long-Term Care Ombudsman Resource Center (NORC) website at [www.ltcombudsman.org](http://www.ltcombudsman.org).

### Long-Term Care Ombudsman (patient advocate)

139 E. Third St.  
Salida, CO 81201  
(719) 539-3341

## HRRMC Complaint/Grievance Procedure

Heart of the Rockies Regional Medical Center (HRRMC) has adopted a patient complaint/grievance procedure providing for prompt and equitable resolution of complaints.

Our Risk Management Department has been designated to coordinate the grievance process of HRRMC and its outlying clinic facilities.

A complaint may be submitted in writing or by calling (719) 530-2261. Please provide the following information: name, address and phone number of the person filing the complaint, name of patient, date and details of complaint.

The complaint may be submitted to the main reception desk at HRRMC or mailed to:

### Risk Management Department

HRRMC  
P.O. Box 429  
Salida, CO 81201

A full investigation by appropriate staff will be conducted in a timely manner with feedback provided to the person filing the complaint (as outlined in Patient Complaint/Grievance Policy and Procedure).

A patient grievance can be filed with the hospital and/or a patient may pursue other remedies that may include filing the complaint with one of the following agencies:

### Health Facilities Division of Colorado Department of Health and Environment (CDPHE)

4300 Cherry Creek South  
Denver, CO 80222-1530  
(303) 692-2000 or (800) 886-7689 if in state

### KEPRO

Rock Run Center  
5700 Lombardo Center, Suite 100  
Seven Hills, Ohio 44131  
Toll-free Helpline (844) 430-9504



## ● Who Pays for Swing Bed Care?

Swing Bed is a Medicare Part A benefit. To qualify for this benefit, a patient must have had a hospital stay of at least three nights as an inpatient for acute medical care within the last 30 days.

Please note: A patient's progress is measured against the goals set with HRRMC's Rehabilitation Department or your physician. Once those goals are met, the patient no longer qualifies for this benefit.

The cost paid for Swing Bed Care is set by Medicare, Medicaid or personal/private insurance policies. Coverage includes room, meals, nursing care, therapies, social services, medications, dietary counseling, medical supplies and equipment.

**Original Medicare:** You have 100 days per benefit period. You usually do not use all of these days with one illness. You must continue to meet Swing Bed care criteria to qualify for coverage.

**Medicare Advantage Plans:** Each plan is different and you should refer to your Summary of Benefits package. Our facility may not belong to your plan, and therefore cost will be higher to you due to being out of network. Your plan must also be informed prior to your being admitted to the Swing Bed care. Our Utilization Review Committee will attempt to work with you and your plan as needed.

**Medicaid:** If Medicaid is the primary insurance, it will pay based on your co-pay or spend down. However, your stay must be found eligible by the Department of Health and Human Services and continue to meet Medicare's requirements. We do not have a contract to cover for out of state Medicaid.

**Personal/Private Insurance Policies** will be checked by the hospital Utilization Review Committee to insure the patient has skilled nursing benefits. Each patient's benefits will be different and unique.

For Days	Medicare Pays	You Pay	Your Insurance: _____		
			For Days	Insurance Pays	You Pay
1-20	Full Cost	Nothing	_____	_____	_____
21-100	All But Daily Co-pay	Daily Co-pay \$ _____	_____	_____	_____
Beyond 100	Nothing	Full Cost \$ _____	_____	_____	_____

**If you have questions about your insurance coverage, please call a case manager at 719-530-2310. If you have questions about billing, please call 719-530-2475.**



### ● Advance Medical Directives

#### *Protecting your right to choose or refuse medical treatment*

All competent adults have the right to accept or refuse any medical treatment. Competent means you understand your condition and the results your decision may have.

But what happens if you become too ill or injured to make your own decisions about your medical care? How will your family and physicians know what treatment you would choose?

You can plan ahead by writing an **Advance Medical Directive**. Advance directives are documents signed by a competent person giving direction to healthcare providers about your future medical care should you become unable to make those decisions yourself. Upon registration, adult hospital patients at HRRMC are offered information about advance directives.

There are several kinds of advance directives. Three examples include the Colorado MOST form, a Medical Durable Power of Attorney, and a Living Will.

The **Colorado MOST Form** consolidates and summarizes patient preferences for key life-sustaining treatments including CPR, general scope of treatment, antibiotics, artificial nutrition and hydration. On the form, individuals may refuse treatment, request full treatment, or specify limitations.

A **Medical Durable Power of Attorney** lets you name another person-known as a patient advocate, agent or proxy-to make medical decisions for you. You can select a family member, friend or any other person you trust, but be sure they are willing to serve in this role. Your advocate can speak for you if-and only if-you can't state your wishes yourself. Your advocate can also talk with your doctors for you about the risks and benefits of medical treatments in specific situations.

A **Living Will**, known in Colorado as a **Declaration as to Medical or Surgical Treatment**, lets you explain in writing which medical treatments you would choose or refuse at the end of your life. A Living Will takes effect only when you are at the end of your life and can no longer express your wishes yourself.

**Medical treatment at the end of your life generally falls into three main categories: life supporting, life sustaining and life enhancing.**

**Life-supporting care** refers to CPR, machines and medications that keep your heart and lungs going when they can't work on their own.

**Life-sustaining care** involves treatment and machines that can prolong your life when your condition can't be reversed or cured.

**Life-enhancing care** keeps you comfortable until death occurs naturally. Nothing is done artificially to prolong your life.

Once you know what your treatment wishes are and who your agent is, inform your family and your doctors. Try to talk with them before you become seriously ill. In a medical crisis, your family might not agree on the care you would want. Or your doctor might order treatment that differs from what you would choose for yourself.



#### *Advance Medical Directives (cont.)*

HRRMC policies mandate that as long as you are a competent adult, you are the only person who can decide what medical treatment you want to receive. If you are unable to make decisions, we first seek instructions from the patient advocate named in your durable power of attorney. If there is no durable power of attorney, we rely on your living will.

If you have not written an advance directive, we try to determine your wishes based on any oral or written statements you have made. We may talk with your family about what your wishes would be and how to fulfill them.

If we are sure about what you would want, we try to follow your wishes. If we are not sure or if there is disagreement about whether to treat you or not, we will continue to provide care, although we may ask a court to appoint a guardian to make decisions for you. **Our goal is to understand and carry out the choices you would make for your medical care.**

Treatment decisions can be difficult, but an advance medical directive lets you tell your family and your doctors what medical care you want, if a time comes when you can no longer express those desires yourself. An advance directive helps provide peace of mind because you've made your wishes known.

For more information about advance medical directives at HRRMC, please contact our Case Management office at (719) 530-2284. For information about advance medical directives in Colorado, visit [www.coloradoadvancedirectives.com](http://www.coloradoadvancedirectives.com).

