IMAGINE
A HEALTH SYSTEM
WHERE THE MOST DELICATE
HEART VALVE
REPLACEMENTS ARE PERFORMED.
IT’S HERE.

Butler Health System’s new Heart Valve Clinic provides a multidisciplinary team approach to evaluating and treating patients with complex heart valve diseases. Our specialists use state-of-the-art cardiac imaging to plan and provide the optimal treatment for each patient.

Reimagine the way heart care should be.

Butler Health System
Caring hands. Remarkable minds.

RemarkableBHS.org
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Welcome

On behalf of all our employees and medical professionals, I wish to thank you for choosing Butler Health System. Within this book you will find general information on the use of our services which are available to you as you progress through your care. We are your family and neighbors, and we are committed to providing excellent care.

If you have been admitted to the hospital, then you may be experiencing mixed feelings and some nervousness about being here. Adjusting to new routines can make you feel uncomfortable. Please know that our skilled and experienced staff is sensitive to the needs of you and your family and they are committed to making your stay as pleasant as possible.

The BHS staff will provide you and your family with educational materials regarding your specific illness, testing and treatment. This book contains a section for you to make notes during your stay. You may refer to it as you discuss concerns with your care providers. It may be used to record follow up appointment information, or make notes when discussing your treatment, recovery and discharge plans with Dietitians, Therapists (Physical, Occupational, Speech, and Respiratory) and Social Workers.

You and your family are not only invited to ask questions, but are encouraged to become actively involved in your total treatment plan. By working as partners in your care, we are committed to improving your health and wellbeing.

Ken DeFurio
President & CEO
Butler Health System

Mission

Butler Health System is privileged to be a healing presence in the communities we serve. We exist to make a positive difference in the lives of people by providing compassionate, high quality care and comfort and inspiring health and well-being.

Vision

Butler Health System will be recognized as the premier provider of high value, low cost integrated care to the region.

We will achieve this through an unwavering commitment to individual and organizational excellence and technological innovation.

Values

Butler Health System fulfills our mission as we:

• Celebrate life, dignity, and the value of human relationships. This is the basis of compassion.
• Are candid and honest. This is the basis of trust.
• Take responsibility for fulfilling the commitments that we make. This is the basis of integrity.
• Seek opportunities to achieve the best possible outcomes for the people in our care. This is the basis of innovation.
• Consistently strive for excellence. This is the basis of quality.
• Treat others as we would want to be treated. This is the basis of respect.
• Reach out to meet the needs of others. This is the basis of service.
• Cultivate the assets with which we have been entrusted. This is the basis of stewardship.
Your Patient Rights and Responsibilities

Being hospitalized can be a stressful event. Please speak up if you have questions or concerns. You have a right to question anyone who is involved with your care. Our goal is to provide you with effective, safe, efficient care. We are continuously making an effort to achieve new, better and safer ways of doing things. The single most important way you can help to prevent errors is to be an active member of your health care team. That means taking part in every decision about your health care. Research shows that patients who are more involved with their care tend to get better results. If at any time you or your family has a concern related to your care or treatment or feel that your rights have been violated, there are many people available for your assistance. Please do not hesitate to contact your nurse, the clinical supervisor or your Patient Advocate at 724-284-4342. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities during your stay at our hospital.

Your Rights
As a patient, you or your legally responsible party, have the right to care without discrimination based upon race, color, religion, sex, sexual preference, national origin or source of payment.

You have the right to respectful care given by competent personnel.

You have the right to be informed of your rights at the earliest moment in the course of your hospitalization.

You have the right to receive care in a safe setting free from all forms of abuse, neglect or harassment.

You have the right, upon request, to be given the name of your attending physician, the names of all other physicians directly participating in your care, and the names and functions of other health care persons having direct contact with you.

You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.

You have the right to be told by your doctor in laymen's terms about your diagnosis, possible prognosis, alternative treatments, possible complications, the benefits and risks of treatment and the expected outcome of treatment including unanticipated outcomes. When it is not medically advisable to give such information to you, the information shall be given on your behalf to the next of kin or patient representative.

You have the right to good quality care and high professional standards that are continually maintained and reviewed.

You or your patient representative as allowed under state law have the right to be informed of your rights in advance of receiving or discontinuing care wherever possible. Your rights include being informed of your health status, being involved in care planning or treatment and being able to request or refuse treatment.

You have the right to expect good management techniques to be implemented within the hospital considering effective use of your time and to avoid personal discomfort.

You have the right to assistance in obtaining consultation with another physician at your request and at your own expense.

You have the right to give informed consent before any non-emergency procedure, treatment or both begins.

You have the right to expect emergency procedures to be implemented without unnecessary delay.

You have the right to have your pain assessed and to be involved in decisions about managing your pain.

All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

You have the right to be free from physical or mental abuse and corporal punishment.

You can expect full consideration of your privacy and confidentiality in case discussions, consultations, examinations and treatments. You may ask for a chaperone during any type of examination.

You have the right to access protective and advocacy services in cases of abuse or neglect. Upon request, the hospital will provide a list of protective and advocacy resources.

You have the right to sign language or foreign language interpreter services. We will provide an interpreter where possible.

You or your representative (as allowed under State law) have the right to make informed decisions regarding your care. You have the right to refuse any drugs, treatment, or procedures offered by the hospital, to the extent permitted by law, and a physician shall inform you of medical consequences. If you leave the hospital against the advice of your doctor, the hospital and doctors will not be responsible for any medical consequences that may occur.

You have the right to agree or refuse to take part in medical research studies. You may at any time withdraw from a study. A patient or, in the event the patient is unable to give informed consent, a legally responsible party has the right to be advised when a physician is considering the patient as a part of a medical care research
You have the right to expect to make health care decisions for you if you are unable and to have hospital staff and practitioners who provide care in the hospital comply with these directives.

You have the right to be involved in your discharge plan. You can expect to be told in a timely manner of your discharge, when medically permissible you may be transferred to another facility only after you or your patient representative has received complete information and explanation concerning the needs and alternatives to transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

You have the right to expect to receive information upon discharge of your continuing health care requirements and the means for meeting them.

You have the right to receive detailed information about your hospital and physician charges.

You have the right to full information and counseling on the availability of known financial resources for your health care.

You can expect that all communications and records about your care are confidential, unless disclosure is allowed by law or third party contractual arrangements.

You have the right to see or get a copy of your medical records, unless access is specifically restricted by the attending physician for medical reasons or is prohibited by law, and have the information explained, if needed, within a reasonable time frame. You may add information to your medical record by contacting the Medical Records Department. Upon request, you have the right to receive a list of people to whom your personal health information was disclosed.

If reporters or other members of the media ask to talk to you, you have the right to give your consent about their use of recordings or photographs. You have the right to withdraw consent up until a reasonable time before the recording or photograph is used.

You have the right to voice your concerns and have prompt resolution about the care you receive. If you have a problem or complaint, you may talk with your doctor, nurse manager or a department manager. Complaints, complaints or concerns, may be directed to your Patient Advocate at 724-284-4342.

You have the right to participate in the development and implementation of your plan of care.

You have the right to access an individual or agency who is authorized to act on your behalf to assert or protect the rights set out in this section.

You have the right to know what hospital rules and regulations apply to your conduct as a patient.

You have the right to personal privacy.

You have to right to be informed of your visitation rights including any clinical restrictions or limitations.

The hospital will not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

You or your support person have a right to receive visitors that you designate. You have the right to withdrawal or deny consent at any time.

Your Responsibilities

In order to effectively manage the illness you are responsible for providing, to the best of your knowledge, accurate and complete information about present complaints, illnesses, hospitalizations, medications and other health related matters.

You have the responsibility to report unexpected changes in your condition to the responsible physician.

You are responsible for making it known whether you clearly understand planned courses of action and what is expected of you.

You have the responsibility to ask questions if you do not understand procedures.

You will be expected to assist the physicians, nurses, and allied health personnel by following their instructions and medical orders as they enforce the applicable hospital rules and regulations. This includes keeping appointments and notifying the responsible practitioner if you are unable to do so.

You are responsible for your actions if you refuse treatment or do not follow your physician’s instructions.

You are responsible for being assure the financial obligations of your health care are fulfilled as promptly as possible.

As a patient you will be responsible for following all hospital rules and regulations affecting patient care and conduct.

You will be expected to be considerate of the rights of other patients and hospital personnel by assisting in the control of noise and the number of visitors.

You are responsible for being respectful of the property of other persons and of the hospital.

You are expected to assume responsibility for safekeeping of personal belongings and valuables by securing them in appropriate places.

You have the responsibility of informing the hospital staff of the existence of your advanced directives.
**Patient Self-Determination Act**

In Pennsylvania, competent adults have the right to decide whether to accept, reject or discontinue medical care and treatment. If you do not wish to undergo a certain procedure or to receive a certain type of treatment, you have the right to make your wishes known to your doctor or other health care provider and generally to have those wishes respected.

There may be times, however, when a person cannot make his or her wishes known to a health care provider. For example, a person may be unconscious or too badly injured to tell a doctor what kind of care or treatment he or she would like to receive or under what circumstances that doctor should withhold care or treatment.

The purpose of this document is to let you know what the law currently has to say about your rights, as a competent adult, to make your wishes known regarding whether or not you want to receive types of care and treatment.

You have the right to have your guardian, next of kin, patient representative or legal designees exercise these rights if you are unable to do so. You have the right to report complaints to: Pennsylvania Department of Health, Health and Welfare Building, 8th Floor West, Harrisburg, PA 17120, or by calling 800-254-5164.

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**1. To be offered an opportunity to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, forgoing or withdrawal of life sustaining treatment and participation in investigational studies or clinical trials.**

**2. Access to the Ethics Committee by contacting the Patient Advocate/Unit Director/Nursing Supervisor.**

**3. Freedom to examine and receive a detailed explanation of your billing statement.**

**4. Full information and counseling on the availability of known financial resources for your health care.**

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**Agency Contact**

Any resident/client/patient/patient representative (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with any of the following:

**Butler Health System**
One Hospital Way
Butler, PA 16001
724-283-6666

**Bureau of Equal Opportunity**
Department of Public Welfare
Western Region
301 Fifth Avenue, Piatt Place
Pittsburgh, PA 15222
412-565-7607

**US Department of Health and Human Services**
Office of Civil Rights
Public Ledger Building
150 South Independence Mall West
Philadelphia, Pennsylvania 19106-9111
800-368-1019

**Pennsylvania Department of Health**
Health and Welfare Building
8th Floor West
625 Forster Street
Harrisburg, PA 17120
800-254-5164

**Pennsylvania Human Relations Commission**
301 Fifth Avenue, Piatt Place
Pittsburgh, PA 15222
412-565-5395

**Livanta BFCC-QIO**
BFCC-QIO Program, Area 1
9090 Junction Drive, Suite 10
Annapolis Junction, MD 20701
866-815-5440
Statement on Patient Visitation

The Hospital embraces a philosophy of open and flexible visitation that welcomes and encourages the involvement of family members, friends and other individuals who support the patient during his or her hospital stay. A summary of the Hospital’s Visitation Policy is located below, and copies of the policy can be obtained upon request.

The Hospital strives to provide a caring environment while recognizing the importance of visitation to our patients, their families, representatives and friends. Our policy was developed while considering the following factors: (a) the benefit of visitation to the patient; (b) the impact of visitation on patient care; (c) the clinically necessary and reasonable restrictions and limitations on visitation; (d) the impact of visitation upon other patients in the hospital; and (e) the safety and security of patients, visitors and employees. Accordingly, the Hospital has adopted this Statement on Patient Visitation Rights:

1. Patients may receive visitors of their choosing, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend.

2. Patients may refuse to consent to a person visiting them, or may withdraw consent to see a visitor at any time.

3. It is the Hospital’s policy that all visitors enjoy full and equal visitation privileges consistent with patient preferences. Without limiting the previous sentence, the Hospital will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, ancestry or disability, nor will it permit anyone else to do so.

4. Patients may designate a “Support Person” to exercise their visitation rights on their behalf. Patients may designate a Support Person in any manner, including orally, in writing, or through non-verbal communications (such as pointing).

5. The Hospital can apply reasonable clinical restrictions and other limitations on patient visitation. Reasonable restrictions may be based upon, but are not limited solely to, any of the following:
   (a) a court order limiting or restraining contact;
   (b) a visitor’s behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment;
   (c) visitor behavior that is disruptive to the functioning of the patient care unit involved;
   (d) the patient’s risk of infection by the visitor;
   (e) the visitor’s risk of infection by the patient;
   (f) a patient’s need for privacy or rest;
   (g) the need for privacy or rest by another patient in the patient’s shared room;
   (h) any special restriction rules that apply to special patient care units (Emergency Department, Mental Health/Behavioral Health, Drug and Alcohol);
   (i) when visitation would otherwise interfere with the care of the patient and/or the care of other patients;
   (j) natural disasters or other emergency situations which impact the operation of the Hospital.

6. Definitions
   - **Support Person** - A patient, who is competent and not incapacitated, has the right to orally or in writing designate another adult individual to act as his/her Support Person and exercise the patient’s visitation rights when the patient is unable to do so. In addition, the Hospital may determine and designate a person to be the patient’s Support Person based upon available information. The explicit designation of a Support Person takes precedence over any non-designated relationship (such as a spouse, adult child, adult sibling, adult relative, or domestic partner) and continues throughout the patient’s inpatient stay or outpatient visit, unless expressly withdrawn, either orally or in writing, by the patient.
   - **Designated Patient Representative** - Absent a verbal or written designation by the patient, the patient’s spouse, adult child, adult sibling, adult relative, or domestic partner, may be recognized as the patient’s representative. Although these individuals may serve as the patient’s representative(s), their status as a non-designated patient representative does not take precedence over a designated patient representative regardless of whether the designation was made orally or in writing.
   - **Non-Designated Patient Representative** - a patient who is competent and not incapacitated, has the right, to orally designate another individual to act as his/her patient representative and make medical decisions for the patient. The explicit designation of a patient representative takes precedence over any non-designated relationship (such as a spouse, adult child, adult sibling, adult relative, or domestic partner) and continues throughout the patient’s inpatient stay or outpatient visit, unless expressly withdrawn, either orally or in writing, by the patient. In addition, any patient may have previously designated a patient representative through an advanced health directive, medical power of attorney or similar legally recognized document executed by the patient and designating the individual to make medical decisions for the patient. When presented with a valid document, the Hospital...
shall treat the individual as the patient’s designated representative. The documented designation of a patient representative takes precedence over any non-designated relationship (such as a spouse, adult child, adult relative or domestic partner; and a non-documented designated patient representative) and continues throughout the patient’s inpatient stay or outpatient visit, unless the patient ceases to be incompetent/incapacitated and expressly withdraws the designation, either orally or in writing.

**Visiting Hours**

**ICU**

1. All visiting hours will be at the discretion of the nursing staff to ensure the well-being of each patient.

2. Visitors may be asked to leave the patient area at any time to ensure the patients get the care and the rest they need.

3. Visitation is limited to two individuals at a time.

4. For the safety of our patients and visitors, all visitors must adhere to isolation precautions.

5. Since surgical patients are recovered in the ICU, visitors will not be permitted in the patient area during the immediate post-operative period until the patient’s condition has been stabilized.

**Main Obstetrics/Gynecology**

1. Children visiting on the Obstetrics/Gynecology unit are limited to siblings of the newborn. Siblings must be brought to the nurses’ station the first visit to be screened by a registered nurse for infections using the Pediatric Screening Record. Upon completion of the record, each child will be given a pink or blue card to verify that they have been screened. Siblings must be sitting in a chair while holding the infant and must be supervised by a parent at all times.

2. Visitors are limited to two (2) individuals at a time in the Labor Suite. If there is a request for additional visitors, it will be up to the discretion of the Practitioner.

**Emergency Department**

1. Visitors to the Emergency Department and critical care areas will notify the nurses’ station prior to entering the unit. Visitation in these areas may vary based on the patient’s condition and unit activity.

2. Visitors are required to conduct themselves in a quiet and calm manner so as not to disrupt the operation of the Emergency Department.

3. Visitors are limited to two (2) individuals at a time or can be altered at the discretion of the Emergency Department Staff.

4. Visitors to the Emergency Department must have a visitors badge issued at the Triage Registration desk to enter the Emergency Department.

**Surgical Department**

1. After the assessment has been completed, individuals visiting the patient, are permitted back to the patient’s bedside prior to surgery.

2. During the time the patient is in surgery, all visitors will be requested to reside in the waiting room. Pagers are provided for any communication that needs to occur during the operative phase.

3. After the patient returns from the Recovery Room, and the initial evaluation is completed, individuals are permitted back for visitation.

**Cath Lab**

1. Upon initial arrival to the Cardiac Cath Lab Image Holding Area, the family will be provided with a pager until the patient has been prepped for the procedure. When the patient is ready, visitors will be paged and allowed to join the patient in the Cath Lab Image Holding area.

2. When the patient is transferred to the Cardiac Cath Lab for the procedure, visitors will have the option to remain in the Image Holding area or will be provided with a pager. Then visitors will be contacted via the pager when the patient has returned and is ready for visitors.

**General Visiting Guidelines**

1. Visitors are required to conduct themselves in a quiet and calm manner.

2. Visitors are not permitted to utilize the patient’s bathroom. Public restrooms are located on all floors of the building.

3. All visiting hours will be at the discretion of the nursing staff to ensure the well-being of each patient.

4. Visitation for patients in private rooms is unlimited unless this interferes with the care of the patient or the activities on the unit.

5. The number of visitors is limited to two per patient for a semi-private room. Exceptions will be given with permission of the department director/manager or nursing supervisor.

6. All visitors under the age of 12 must be monitored directly at all times by a parent or other responsible adult while in the hospital to ensure their safety.

7. For the protection of the patients, any person with obvious signs of infection will be asked by the nurses to stop at the nurses’ station prior to visiting patients.

8. Visitors to patients in isolation must inquire at the nurses’ station for isolation instructions prior to entering the patient’s room.
9. Authorization for extended visitation may be granted to family members. All visitors who wish to remain in the hospital may do so after obtaining permission from the department Director/Manager or the Nursing Supervisor. They must then obtain a visitors badge from Security on the second floor of the North Building.

**Behavioral Health**

1. Visitors to Behavior Health must receive approval prior to entering the unit.

2. Visitation restrictions in Behavior Health areas must be documented in the patient record by the physician or a designee. A member of the treatment team will notify the family of such restrictions.

3. All patient belongings/packages/gifts brought to Behavioral Health areas MUST be inspected by staff prior to the contents being given to the patient. All items will be listed on a “patient belongings list” (including clothing and valuables). Items considered to be contraband or valuable will be locked in a secured area by staff.

4. All visitors must secure their belongings in lockers provided outside of the unit before entering. The visitor will retain the locker key and place it in the key box when they are finished retrieving their belongings.

**Quiet Protocol**

In an effort to provide a quiet environment to facilitate your healing, our organization has a quiet protocol in place every night. Some of the components of the protocol include: dimming lights during quiet hours, limiting the use of overhead paging and certain equipment during quiet hours, and speaking in quiet voices. While every attempt is made to maintain this quiet environment, please keep in mind that care is provided to our patients 24/7, and some noise should be expected. Please join us in our efforts to create a quiet and healing environment.

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**Preparing for Discharge**

Inside your Discharge Planning Patient Education folder, provided to you upon admission to the hospital, is a “Discharge Planning Checklist” that you and your family are encouraged to review and utilize daily. Please feel free to ask any questions of the staff or your physicians. If you would like to request a Discharge Evaluation, please review with your nurse or case worker to address any needs or concerns that you may have.

Be sure you are clear about discharge information, including:

- Instructions about continued care
- Any follow-up visits you may need
- Directions about medications you need that are new, those that you should resume taking and those that you should stop taking

Speak up if you have any questions at discharge. As we plan with you for your discharge, our goal is to have you return to the environment from which you came. The following resources are available to support your transition to home.

**Aging and Disability Resources**

- Butler County Area Agency on Aging 724-282-3008
- LIFE Butler County 724-287-5433

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**Introduction to Radiation**

**What are x-rays and what do they do?**

X-rays are forms of radiant energy, like light or radio waves. Unlike light, x-rays can penetrate the body, which allows a radiologist to produce pictures/images of internal structures. X-ray/CAT Scan examinations provide valuable information about your health and play an important role in helping your doctor make an accurate diagnosis.

**Where does radiation come from?**

All of us are exposed to (ionizing) radiation every day, mainly from the sun and soil. Man-made sources of radiation include diagnostic imaging tests (X-rays, CAT Scans and Nuclear Medicine studies) and nuclear power stations.

Before undergoing any medical X-ray/CAT Scan exam or treatment procedure, remember to ask your doctor:

- Why do I need this exam?
- How will having this exam improve my health care?
- Are there alternatives that do not use radiation and which are equally as good?
Remember:

• Be sure to tell the doctor or technologist if you are, or might be, pregnant before having an exam.
• Don’t insist on an imaging exam if the doctor explains there is no need for it. Don’t refuse an imaging exam if there is a clear need for it and the clinical benefit outweighs the small radiation risk.

Understanding your Observation Status

What does Observation mean to you?

1. This means that you will be cared for on a nursing unit for further evaluation of your symptoms by your physician.
2. You could be in a hospital bed for several days and your insurance company may still classify you as an Outpatient (Observation).
3. It is important for you to understand as an Outpatient, you may be responsible for outpatient deductibles and co-payments in accordance with your specific insurance plan. If you have any particular question about your insurance coverage, please contact your insurance plan.
4. The insurance company may determine if you are to be placed in Observation or as to be treated as an admitted patient.

Your insurance company may review your status of Observation or inpatient based on criteria and may request to discuss the decision with your physician.

Medicare Beneficiaries Only

Your Outpatient Observation stay does not count toward the 3-day inpatient stay requirement for admission to a skilled care facility under Medicare.

Please contact the Case Management Department at (724) 284-4383 or Patient Financial Services at (724) 284-4460 for any additional questions or concerns.

Patient Rights—Medical Care Treatment

What are my rights to accept, to reject or to stop medical care treatment?

In Pennsylvania adults generally have the right to decide if they want to accept or reject or to discontinue medical care and treatment. In order to protect and safeguard this right, however, it may be necessary to execute an advance directive for health care (also known as a living will) and/or a durable power of attorney for health care.

For example, under a criminal law known as Act 28 of 1995, caretakers such as owners, managers, or employees of nursing homes and other health care institutions have an affirmative duty to provide necessary medical care to individuals within their care. Caretakers are relieved of this duty only if they can demonstrate that the patient has competently refused the medical care or treatment, or the person, if competent, previously executed a living will or durable power of attorney for health care indicating that he or she does not wish to receive the medical care or treatment in question.

What does my doctor have to tell me about my care and treatment?

Your doctor should provide you with all of the information which a person in your situation reasonably would want to know in order to make an informed decision about a proposed procedure or course of treatment. This means that your doctor should tell you about the risks and benefits of the medical procedure or course of treatment which he or she is recommending, possible side effects and alternatives, if any, to the proposed procedure or course of treatment. You may accept or reject your doctor’s advice and you may seek a second opinion.

Does my health care provider have to tell me if it will not honor my wishes?

YES. The law requires your health care provider (hospital, nursing home, home health care service, hospice or HMO) to give you a written statement of its policies. For example, upon admission to a hospital, you must be informed as to whether the hospital will not honor your wish to have food and water withheld or withdrawn under certain circumstances.

I may become physically or mentally unable to make a decision about my medical care or treatment, what can I do now to guarantee that my wishes will be followed later?

There is no law in Pennsylvania which guarantees that a health care provider will follow your instruction in every circumstance. There are, however, steps you can take to express your wishes about future treatment. One of these steps is to write and sign an advance directive.

Advance Directive

What is an “advance directive”?

An “advance directive” is a written document that you may use, under certain circumstances, to tell others what care you would like to receive or not receive should you become unable to express your wishes at some time in
the future. An advance directive may take many forms. In Pennsylvania, two types are specifically authorized: (1) a living will (also known as an advance directive for health care) and (2) a “durable power of attorney” for health care.

Living Will

What is a living will?

In Pennsylvania a living will is a written document that describes the kind of life-sustaining treatment you want or do not want if you are later unable to tell your doctor what kind of treatment you wish to receive.

It is important for you to know that Pennsylvania’s living will law does not recognize all types of instructions which might be contained in a person’s living will. Rather, instructions must relate to situations where medical treatment would serve only to prolong the process of dying or to maintain you in a state of permanent unconsciousness. A living will would apply only in cases where your condition or illness is terminal or you are permanently unconscious.

What does it mean to be incompetent?

“Incompetence” means “the lack of sufficient capacity for a person to make or communicate decisions concerning himself either due to physical or mental impairment.” The law allows your doctor to decide if you are incompetent for purposes of implementing a living will.

What should my living will contain?

There is no single correct way to write a living will. Your living will is not valid, however, unless you have taken the following steps:

1. You must sign your living will. If you are unable to do so, you must have someone else sign it for you; and
2. Two people who are at least 18 years old must sign your living will as witnesses. Neither of those witnesses may be the person who signed your living will on your behalf if you were unable to sign it yourself.

You should date your living will even though the law does not require it. In Pennsylvania you are not required to have your living will notarized, however, if you are contemplating using the document in another state you should find out if the other state requires notarization.

What if I already have a “living will”?

Pennsylvania’s living will law went into effect on April 16, 1992. You should review any living will drafted before that date to see that it meets the two requirements described in the previous question.

To whom should I give my living will?

You should give a copy of your living will to your doctor, hospital, nursing home or other health care provider. When you enter a hospital or nursing facility, the law requires your doctor or other health care provider to ask if you have a living will. If you give a copy of your living will to your doctor or other health care provider, that document must be made part of your medical record. You may also want to give a copy to an immediate family member or a close friend.

What if my doctor or health care provider refuses to follow the directions in my living will?

Your doctor and any health care provider must tell you if they cannot in good conscience follow your wishes or if the policies of the institution prevent them from honoring your wishes. This is one reason why you should give a copy of your living will to your doctor or to those in charge of your medical care and treatment.

If you are incompetent when you are admitted for medical care and have named someone in your living will to make decisions for you, that person must be informed if the wishes contained in your living will cannot be honored. If you have not named anyone in your living will, your family, guardian or other representative must be informed that your living will cannot be honored.

The doctor or other health care provider who cannot honor your wishes must then help transfer you to another health care provider willing to carry out your directions. If they are the kind of directions which Pennsylvania recognizes as valid. It is advisable, as soon as possible after you have written your living will, to make sure your doctor will follow your wishes as stated in the living will.

Is a living will effective when I am pregnant?

Pennsylvania law generally does not permit a doctor or other health care provider...
Care provider to honor the living will of a pregnant woman who has directed that she not be kept alive. The terms of such a living will may be honored, however, if the woman's doctor determines that life-sustaining treatment (1) will not maintain the woman in a manner that will allow for the continued development and birth of the unborn child, (2) will physically harm the pregnant woman, or (3) will cause the woman pain which could not be relieved by medication. If your living will is not honored because you are pregnant, the Commonwealth must pay all of the usual, customary, and reasonable expenses of your care.

What if I change my mind after I have written a living will?

Pennsylvania’s living will law states that you may revoke a living will at any time and in any manner. All that you must do is tell your doctor or other health care provider that you are revoking it. Someone who saw or who heard you revoke your living will may also tell your doctor or other health care provider.

You can also change or rewrite your living will. If you change your mind after you have written down your instructions, you should destroy your written instructions and all copies or revoke them and write new ones. You should also consider telling everyone who participated in your decision-making process that you have changed your mind and give a copy of any new instructions to your doctor, health care provider, and anyone else who had a copy of your old instructions.

Charity Care Statement of Butler Memorial Hospital

As part of our commitment to the health care needs of our community, Butler Memorial Hospital has instituted this program designed to provide financial assistance to our patients who may not be able to pay for part or all of their care. Butler Memorial Hospital provides financial aid to patients based on their income and financial needs. We provide financial counseling services and will be able to help you determine your eligibility for insurance through the Pennsylvania Department of Public Welfare. A Hospital courtesy discount will be offered to patients with no insurance coverage, and who do not qualify or choose not to apply for our Charity Care program. Patients who are responsible for the entire balance will have their gross charges reduced by a percentage equal to that given to patients with insurance. The percent will be calculated at the beginning of each fiscal year based on the negotiated commercial insurance rates in effect at that time. Eligibility for Charity Care will be determined through an application process which requires the patient or the patient's guarantor to cooperate and supply the following documents: Federal Tax return, any income received for the last three months for the applicant and spouse, number of dependents in the household and bank statements relevant to making a determination of financial need. Charity Care will be determined based on income and size of family. We will follow the Federal Poverty guidelines when determining the patient eligibility. Patients will receive charity care in a range of 100%, 75% or 50%. Presumptive Eligibility for Charity Care will be considered at 100% in instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to lack of supporting documentation. In the event that there is no evidence to support a patient's eligibility for Charity Care, Butler Memorial Hospital will use one or more of the following criteria to make a determination: patients who qualify for Section 8 housing, the patient is deceased and no estate, Food Stamp eligibility, patient is homeless or received care from a homeless clinic, and family or friend of a patient that provides information establishing the patient's inability to pay. To apply or inquire about the Charity Care policy you can contact our office at 724-284-4460 between the hours of 8:00 am to 4:00 pm Monday through Friday, or visit our office location at Butler Memorial Hospital, One Hospital Way, Butler, PA 16001. Our office is located on the 2nd floor of the Tower beside Austin’s Playroom to apply in person. You may also email us at patientfinancialservices@butlerhealthsystem.org. Visit our website at www.butlerhealthsystem.org to obtain a copy of our policy and Charity Care Application. Information is available at all of our outpatient locations, all Patient Registration areas and in the Emergency Room. Financial assistance information is also on patient statements.

Billing

Our billing office will file your claims directly with your primary and, when appropriate, your secondary insurance payers. We will bill you for any co-payments and/or outstanding balances not paid by your insurance payer. If you have not received notice of payment to us from your insurer within 60 days of receiving a copy of your bills, we ask that you contact the insurer and encourage speedy payment.

Online Billing

In an effort to make the review and payment of your bill easier, go to our website, www.butlerhealthsystem.org and click on the link for our online services. For more information or questions about your bill, contact the Butler Memorial Hospital Patient Financial Services at 724-284-4460 or by email at patientfinancialservices@butlerhealthsystem.org.

Understanding Your Insurance

As soon as your doctor informs us of your admission date, we will begin the necessary paperwork. Before your admission you should contact your insurance company to find out what services are and are not covered under your plan. Your insurance company’s member service office is a good source for this information. Check your member card for the telephone number.
Nutrition plays an important role in treatment at Butler Memorial Hospital. Proper nutrition is essential for recovery and well-being. The Dietary Department staff is an integral part of patient care, providing personalized nutrition counseling to ensure patients receive the diet their physicians have prescribed.

For the protection of our patients and staff, visitors are required to practice proper hand hygiene. Each unit is equipped with sinks for hand washing and waterless hand sanitizer dispensers. Hand hygiene is essential to prevent the spread of infections.

Hospitalists
A hospitalist is a physician who focuses exclusively on the care of hospitalized patients. Our team of hospitalists may be caring for you or your family member at the request of your primary care physician or consulting physician. Because hospitalists focus exclusively on hospital care, they can help you get the proper treatment quickly and effectively. Our hospitalist team is available 24/7 to follow-up on test results and adjust your care plan as needed.

Upon admission and discharge, your physician is given information regarding your course of treatment during your hospitalization.

Dietary Services
The Dietary Department staff is an integral part of the healthcare team at Butler Memorial Hospital. Proper nutrition plays an important role in optimizing health and healing. Menu options are offered based on the diet your physician has prescribed. A dietary hostess will visit you throughout the day to discuss your menu choices, nutritional needs, and to deliver your meals. Please make your dietary hostess or your nurse aware of any special foods or meal needs you may have. Patients in the Intensive Care Unit or on a behavioral health unit, you will receive a printed menu to complete.

Our clinical dietitians are registered by the Commission on Dietetic Registration and are licensed by the State of Pennsylvania. Their goal is to provide you with individualized medical nutrition therapy. You may request a consultation with a clinical dietitian by asking your nurse or your dietary hostess.

Outpatient nutrition counseling is also available to help you in meeting your ongoing nutritional goals and may be covered in full or in part by your insurance company. To contact a dietitian about these services, please call 724-284-4760.

Environment of Care
Nationally, two-thirds of all healthcare associated infections are caused by multidrug-resistant organisms. EPA-registered disinfectants are used during the environmental cleaning processes to aggressively battle these pathogens. At Butler Health System we utilize a disinfectant product to combat these organisms for the protection of our patients and guests. You may see a white residue on surfaces as a result of this disinfectant. Should you have any concerns or questions regarding the condition of your room, please feel free to contact our Environmental Services office at 724-284-4210.

Isolation Practices
Individuals admitted to the hospital may be infected or colonized with resistant organisms, or may have a disease which is transmissible to others. Additionally, some individuals’ immune systems are so compromised; that they are at greater risk for becoming infected. For these reasons, Butler Memorial Hospital has different levels or types of isolation which all healthcare workers, visitors, and anyone else entering the patient’s room—must abide by in order to provide a safer environment for all.

The level of isolation required is posted on a sign outside the patient’s door. The signs depict what PPE (personal protective equipment) must be worn. The most common level of isolation is contact precautions. This requires that a gown and gloves are worn to enter the patient’s room. The reason for this is that we want to prevent the spread of resistant organisms throughout the hospital. If visitors or healthcare workers do not use a gown and gloves, their hands and clothing could become contaminated with the resistant bacteria and then carried throughout the hospital to elevator buttons, the cafeteria, etc. Any questions about where to find the PPE, how to put it on, and where to dispose of it upon removal, should be addressed to the nursing staff.

Most of the time, the need for isolation of any type is based on laboratory testing results. For this reason, a patient may be admitted to the hospital and not be placed in isolation until the laboratory results indicating the need for isolation are received. Upon receipt of positive results, the nursing staff will place the patient in isolation. Additionally, the physician may place the patient in presumptive isolation based on symptoms until testing is completed. Some types of isolation are maintained for a specified length of time while others are reviewed by the Infection Prevention and Control Department on a case-by-case basis. The main goal of all isolation practices is to keep everyone safe. For this reason, failure to comply with PPE use can result in disciplinary action for employees and loss of visitation privileges for non-employees. If you need further information, or have questions, you can contact our Infection Control department at 724-284-4376.

Newborn Protection Act
If you are not able to care for your baby, all you have to do is bring your newborn (up to 28 days old) to our hospital or to a police officer at a police station and drop it off. As long as the baby is unharmed and not a victim of any crime, you will not be in any trouble. No one will ask you any questions, no one will judge you, and no one will say a word about your baby. In fact, you don’t even have to give your name or address.

Our Privacy Practices
Butler Health System is committed to protecting your medical information. Our privacy practices are described in detail at our website, butlerhealthsystem.org.
in our Notice of Privacy Practices, which explains how this obligation will be followed by all health care professionals, trainees, students, staff, volunteers and business associates of Butler Health System. To obtain a copy, please call our Registration staff at 724-284-4421.

If you have a patient privacy concern, please call the Butler Memorial Hospital Privacy Officer at 724-284-4868.

Patient Satisfaction Survey

Shortly after your discharge from the hospital you may receive a phone call concerning your patient satisfaction and a mailing form regarding your perception of care. We encourage you to tell us how we are doing by taking a few minutes to complete the survey and participate in the phone interview.

Personal Items and Valuables

Patients and visitors are responsible for all personal belongings. Butler Health System is not responsible for replacing lost or misplaced items, so we recommend you bring only essential items to the hospital. Please leave all valuables at home or send them home with a family member or friend. While Butler Health System is not responsible for patient and visitors’ personal belongings, we certainly try to return lost items to their owners.

If you must keep your valuables at the Hospital, we urge you to place them in a Hospital safe. These tips will help keep your personal items secure:

1. Keep eyeglasses and hearing aids in a case when you are not wearing them. Make sure your name is on, (or in) the case.

2. Keep dentures in a denture cup. Do not place dentures on your food tray or on the bed linen.

3. Keep clothing in your room closet or in your suitcase.

4. If you do have personal valuables (jewelry, watches, money, credit cards, etc.) that need to be secured, please notify your nurse, who will notify Security.

To file a lost item report, please contact the Patient Advocate at (724) 284-4342.

Tobacco Free Policy

We at Butler Health System wish to make our community a healthier place for all and help reduce the risks of heart disease, cancer, lung and other diseases associated with tobacco use and smoking. It is our policy that smoking and the use of all tobacco products, including electronic cigarettes, are prohibited on all campus sites and properties owned and/or leased by Butler Health System as we strive to be a tobacco free facility.

If you smoke, we recommend that you quit. Please discuss options for quitting with your physician. Different people need different resources as they try to quit. Please contact the Free Quitline at 1-800-QUIT-NOW or visit www.smokefree.gov for written materials to help you quit.

Guest Amenities and Services

ATM Machines

For our patient and visitor convenience, automated teller machines are located in the Brady Street and Tower lobbies.

Brady Street Café

The Brady Street Café, located on the second floor of the hospital, offers breakfast, lunch and dinner selections consisting of hot entrees, soups, deli/grill items, desserts and a self-serve salad bar. The Brady Street Café is open daily.

Guest trays are available for patient’s visitors. Visitors may select their meal by requesting a menu from the cafeteria cashier, or by speaking to a Dietary hostess.

Visitors may also order take-out pizza and assorted party platters from the cafeteria. Order forms are available in the cafeteria by the cashier station. (We require 24 hours notice for party platters). Delivery is available to the patient units for patient’s guests.

Chapel and Spiritual Care

Located in the Tower Lobby, the Chapel is a quiet place where people can come for meditation, prayer, or a private time for reflection. In addition, spiritual care is available to our patients and their families and can be requested by calling 724-284-4444.

Cummings’ Coffee Shop

Cummings’ Coffee Shop is located in the Tower Lobby of the Hospital. They offer a variety of coffees, teas and pastries.

Internet Wireless Access

The free guest wireless network is available as a courtesy to our patients and visitors. There is no password needed, but you will have to accept the terms of the service agreement by clicking “I agree”.

For the Hearing Impaired

For American Sign Language interpreting, Butler Health System uses a Mobile Video Unit. To request
a device, please contact the Nursing Supervisor at 724-284-4300.

**FOREIGN LANGUAGE INTERPRETERS**

Please let us know if you have specific needs concerning language, hearing or vision. Ask your care provider to arrange for an interpreter if you are deaf or hearing impaired or if English is not your primary language. It is the intent of Butler Health System to ensure meaningful communication with patients who have limited English proficiency (and their family) about the patient's medical conditions and treatment. All interpreters, translators and other aids needed to comply with this policy are provided without cost to the person being served. Patients and their families will be informed of the availability of such assistance. For more information about this policy ask your care provider or call the Case Management Department at 724-284-4383.

For non-English language interpreting, Butler Health System uses a dual receiver analog telephone. This convenient dual handset makes interpreting of non-English languages very easy.

**LOCAL.hotels and Restaurants**

If you need information about local hotel accommodations or area restaurants, please call the Patient Advocate at 724-284-4342.

**MAIL SERVICE**

There is a mailbox located outside of the Brady Street entrance and pick up times are listed on the mailbox. In addition you can ask a staff member to have your mail delivered to our mailroom for pickup. Stamps are available for purchase at our Retail Pharmacy located in the Tower lobby.

**MEDCARE Equipment Company**

The MedCare Equipment Company is located in the Tower lobby inside of the BHS Retail Pharmacy. You may purchase convenience items, medical supplies, durable medical equipment and many other home aids. Their phone number is 724-256-5110. BHS has an ownership interest in MedCare Equipment Company.

**LOST AND FOUND**

If you accidentally misplace any personal items during your hospital stay, you should first check the area in which you are staying. Often, items will be returned to the nurse’s station. The Security Department manages our lost and found articles. The Security Office is located on the second floor, outside of the Emergency Department. For information and assistance, call the Security Office at 724-284-4224.

**MY BMH HEALTH**

My BMH Health is an interactive web portal that empowers our patients and their families with the opportunity to take a more active role in their care by providing easy, secure access to health information and online communication with our staff. If you have any questions regarding My BMH Health or how to enroll, you can contact the Medical Records Department at 724-284-4530 or you can email them at medicalrecords@butlerhealthsystem.org.

**RETAIL PHARMACY - PRESCRIPTION CALL IN SERVICE**

The Retail Pharmacy is conveniently located in the Tower Lobby of the Hospital. You may purchase prescription drugs, convenience items, medical supplies, nutritional supplements, and many other items. Call for hours. Closed on holidays. If you would like to use the Retail Pharmacy Services, please speak to your nurse. The discharge prescription call-in service is available by calling 724-284-6363.

**SECURITY**

For your safety, security services are available 24 hours a day. Our security staff helps to maintain a safe environment in the hospital, on the hospital’s campus and in the parking areas. If you have a security related concern, call the Security Office at 724-284-4224.

**SERVICE ANIMALS AND THERAPY ANIMALS**

Service Animals are permitted in the facility. Therapy Animals are only permitted in the Transitional Care Unit and Behavior Health Units. Part of our healing environment includes our Therapy Dog program. Therapy Dogs provide our patients with compassion and unconditional love. Personal pets will be reviewed on a case by case basis and approved by Infection Control. Please contact the Infection Control Coordinator at 724-284-4376 for more information.

**TELEPHONE/CELL PHONES**

To make a call from your room or any hospital phone, dial 9 and then the full number. Please read and follow all posted signs about the use of cell phones and use only in approved areas. If you must use your cell phone, please speak in a low voice so as not to disturb the privacy and comfort of other patients and visitors.

**TELEVISION SERVICES - PATIENT EDUCATION ON-DEMAND**

Patient education is an important part of your hospital stay. It is important for you and your family to understand your condition, treatment and any follow-up care you may need. For the enjoyment of our patients, television service is provided at no cost.

We offer a wide range of patient education videos, games, music, a sleep timer and movies through our TV service.

**THE GIFT SHOP**

The Gift Shop sponsored by the Butler Memorial Hospital Auxiliary is located in the hospital’s Brady Street lobby. You may purchase cards, gifts,
magazines, snacks, Mylar balloons, toys and flowers. Proceeds from the sales are used by the Auxiliary to benefit patient care. Their phone number is 724-284-4577.

Flowers and gift balloons made of Mylar are welcome at Butler Memorial Hospital, except in our Intensive Care unit and certain isolation rooms. Latex balloons, which can cause allergic reactions, are not permitted anywhere in the Hospital.

**To Your Health Café**

To Your Health Café is located in the Brady Street lobby, next to the Information Desk. A variety of fresh, made-to-order sandwiches, flat bread pizzas and salads made with local produce, in season, add to the eco-friendly atmosphere. Orders may be called ahead at 724-284-4329.

**Volunteers and Candy Stripers**

The Butler Memorial Hospital Auxiliary is an organization of community volunteers dedicated to assisting the hospital in every way possible.

Prospective members must complete an application. For more information about volunteer opportunities, please call the Volunteer Coordinator at 724-284-4112.

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### Outpatient Locations

All of our outpatient location information is available on our website: www.butlerhealthsystem.org. Please note that all tests require a signed order from a practitioner. Also, you should request your testing results from your own physician.

### BHS Foundation

The Butler Health System Foundation supports the Mission of Butler Health System by providing avenues for individuals, corporations and philanthropic organizations to support the programs and services of BHS.

If you are interested in contributing to the Foundation, please call the Foundation office at 724-284-4409 or visit our website at http://www.butlerhealthsystem.org and click on Donate.

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### Patient Television Guide

**How to Use The TV System**

1. Press POWER to turn on the TV.
2. Press MENU on the pillow speaker.
3. Follow the on-screen instructions:
   - Select #3 by using the down arrow or press 3
   - Select #1 “My Education” and follow the prompts
4. Use the arrows and select button to answer questions, pause and exit video

**Patient Television Channel Guide**

<table>
<thead>
<tr>
<th>Number</th>
<th>Channel Name</th>
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<tbody>
<tr>
<td>1</td>
<td>A Nurse Call</td>
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<td>2</td>
<td>B Power</td>
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<td>E Volume Wheel</td>
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<td>N Lighting Controls</td>
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<tr>
<td>15</td>
<td>N Patient Television Channel Guide</td>
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</tbody>
</table>

**Actual pillow speaker may vary from what is shown, in certain circumstances keys may function differently.**
Crossword Puzzle

ACROSS
1. Weak condition caused by a deficiency of red blood cells
2. Blood vessels that may be damaged by the build-up of certain forms of 62-Across
3. “Livin’ La Vida ___. ___” (Ricky Martin hit)
4. “Wait just a ___!”
5. Rhythmic contraction of the heart that’s associated with the first number in a blood pressure reading
6. Spasm
7. Item in a woodwind instrument’s mouthpiece
8. Hate
9. Opposite of “hope”
10. President Bush’s press secretary Fleischer
11. Compound found in animal food sources such as beef, shrimp and egg yolks
12. Italian for “my”
13. 2 wds.
14. 2 wds.
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DOWN
1. Shopkeeper on “The Simpsons”
2. Negating prefix
3. Letter on Superman’s chest
4. Soccer star Hamm
5. Parts of songs before the lyrics begin
6. Water, to Juan
7. Constricting snake
8. Gallery display
9. Judge to be appropriate: 2 wds.
10. Soft drink
11. Bacteria destroyers such as penicillin and streptomycin
12. Baby’s socklike shoe
13. Dietary sweetening compounds that should be consumed in moderation
15. Group that delivers a verdict
16. Baby’s socklike shoe
17. Optimal amount of a nutrient to ingest: 2 wds.
19. Letters before ems
20. “Cool, dude!”
21. First-class: 2 wds.
22. “Pitch-black”
23. Liquid dosage amounts, for short
24. Joyous celebration
30. Letters before ems
31. Suffix with trick or mock
32. Female sheep
33. Make ___ (market something)
34. Baby’s socklike shoe
35. As blind as ___:
36. Make ___ (market something successfully)
37. Isaac Newton’s title
38. French 101 article
39. Hair-coloring stuff
40. Modernist art movement
41. Pitch-black
42. Liquid dosage amounts, for short
43. Yes, in Paris
44. “The lights ___. ___ nobody’s home”: 2 wds.
45. Joyous celebration
46. Bit of acne
47. Unrefined metal
49. Hair-coloring stuff
50. U.S. president after Garfield
51. U.S. president after Garfield
52. Walk very stealthily
53. Hair-coloring stuff
55. Liquid dosage amounts, for short
57. Hate
58. Liquid dosage amounts, for short
59. Hate
60. Liquid dosage amounts, for short
61. Liquid dosage amounts, for short
62. Liquid dosage amounts, for short
63. Liquid dosage amounts, for short
64. Liquid dosage amounts, for short
65. Liquid dosage amounts, for short
66. Liquid dosage amounts, for short
67. Liquid dosage amounts, for short
68. Liquid dosage amounts, for short
69. Liquid dosage amounts, for short
70. Liquid dosage amounts, for short
71. Liquid dosage amounts, for short
72.Liquid dosage amounts, for short

Word Search

ACROSS
1. EXCELLENCE
2. COMMUNICATION
3. INTEGRITY
4. INNOVATION
5. CLEANLINESS
6. POSITIVE
7. SUCCESSFUL
8. TALENT
9. RISK TAKING
10. ACTION
11. ENERGY
12. MOTIVATION
13. COMMITMENT
14. LEADERSHIP
15. POSITIVE
16. QUALITY
17. RESPECT
18. RESPONSIVENESS
19. SERVICE
20. STEWARDSHIP
21. TRUST
22. VALUE

DOWN
1. BUTLER
2. CARE
3. CLEANLINESS
4. COMMUNICATION
5. COMPASSION
6. DIFFERENCE
7. DISCHARGE
8. EXCELLENCE
9. INNOVATION
10. INTEGRITY
11. MANAGEMENT
12. NURSE
13. PAIN
14. PATIENTS
15. PHYSICIAN
16. PLANNING
17. POSITIVE
18. QUALITY
19. RESPECT
20. RESPONSIVENESS
21. SERVICE
22. STEWARDSHIP
23. TRUST
24. VALUE
Butler Health System

Declaration

I, ___________________________ , being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying. If I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

I ........  ❑ DO  ❑ DO NOT ...... want cardiac resuscitation.
I ........  ❑ DO  ❑ DO NOT ...... want mechanical respiration.
I ........  ❑ DO  ❑ DO NOT ...... want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).
I ........  ❑ DO  ❑ DO NOT ...... want blood or blood products.
I ........  ❑ DO  ❑ DO NOT ...... want any form of surgery or invasive diagnostic tests.
I ........  ❑ DO  ❑ DO NOT ...... want kidney dialysis.
I ........  ❑ DO  ❑ DO NOT ...... want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

Other instructions: ____________________________________________________________

(CONTINUED ON REVERSE)
I ☐ DO ☐ DO NOT want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name and address of surrogate (if applicable)
________________________________________________________________
________________________________________________________________

Name and address of substitute surrogate (if surrogate designated is unable to serve)
________________________________________________________________
________________________________________________________________

I ☐ DO ☐ DO NOT want to make an anatomical gift of all or part of my body, subject to the following limitations, if any:
________________________________________________________________
________________________________________________________________

I made this declaration on the ___ day of _________ (month) _______ (year)

Declarant’s signature _____________________________________________
Declarant’s address ______________________________________________
_____________________________________________________________

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

1. Witness’s signature _____________________________________________
1. Witness’s address ______________________________________________
_____________________________________________________________

2. Witness’s signature _____________________________________________
2. Witness’s address ______________________________________________
_____________________________________________________________

I would like to recognize:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Please turn completed page in to any Butler Health System Employee. BHS Employees: Return page via interoffice mail to Hospitality Services.

Patient / Visitor Name:
________________________________________________________________
(PLEASE PRINT)
IMAGINE A HEALTH SYSTEM WHERE THE MOST DELICATE HEART VALVE REPLACEMENTS ARE PERFORMED. IT'S HERE.

Butler Health System’s new Heart Valve Clinic provides a multidisciplinary team approach to evaluating and treating patients with complex heart valve diseases. Our specialists use state-of-the-art cardiac imaging to plan and provide the optimal treatment for each patient.

Reimagine the way heart care should be.

Butler Health System
Caring hands. Remarkable minds.

RemarkableBHS.org

Samer Azouz, MD (Left)
Interventional Cardiologist

Hazem El-Khatib, MD
Cardiothoracic Surgeon

Four Star Cardiac Surgery Excellence Award by Healthgrades

ButlerHealthSystem.org

One Hospital Way, Butler, PA 16001
Main Line: 724-283-6666