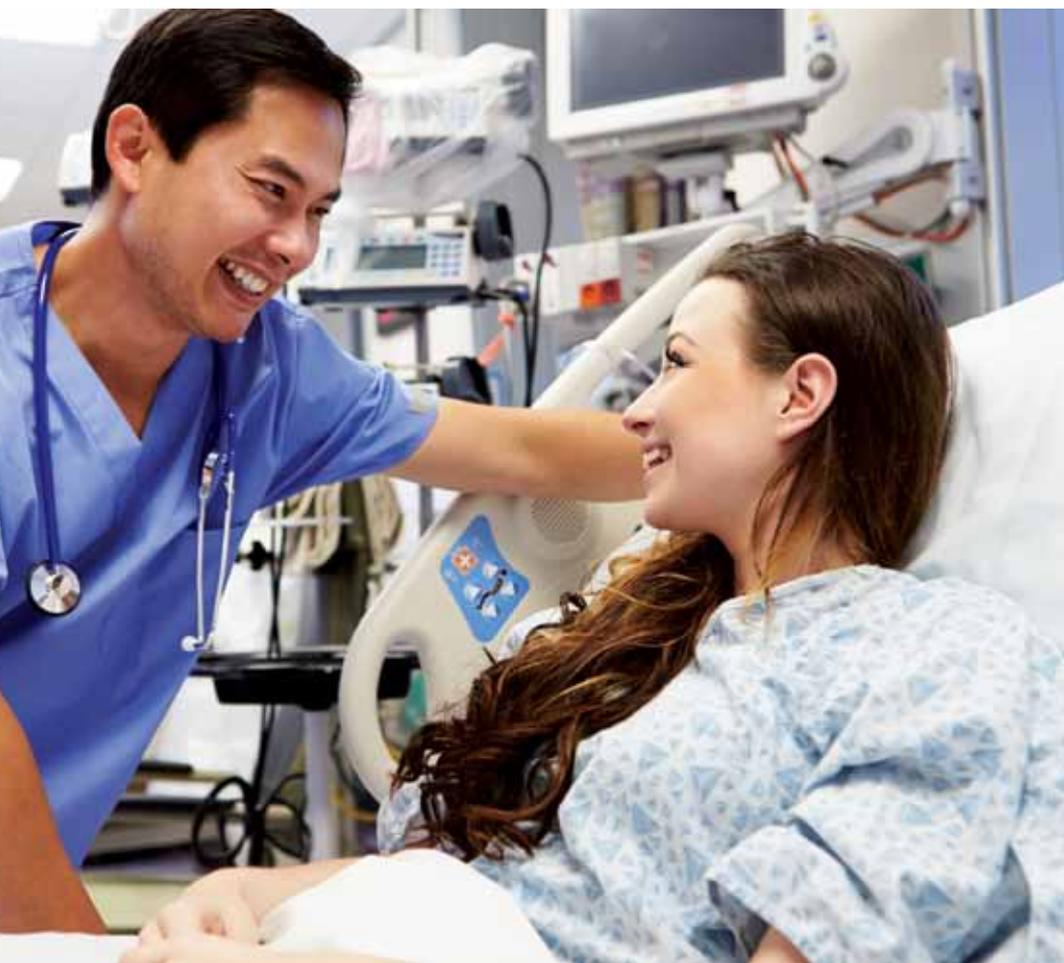


# Welcome

**Harrington**

**HEALTHCARE SYSTEM**

*Total Local Care*



[www.harringtonhospital.org](http://www.harringtonhospital.org)

# Harrington

HEALTHCARE SYSTEM

*Total Local Care*

To Our Valued Patient:

On behalf of Harrington HealthCare System and our Board of Directors, we thank you for choosing us as your local healthcare provider. We are committed to high-quality, personalized, compassionate care for you and your loved ones.

Over the past several years, we have worked hard to optimize the quality of care for our patients. Our rewards and recognitions include:

- **Top Hospital** designations three years in a row – 2013, 2014 and 2015 -- as a leading national hospital by The Leapfrog Group.
- Ten straight "**A**" **letter grades** for hospital safety by Leapfrog – only one of 72 hospitals nationwide.
- AHA's "Get With the Guidelines **Gold Plus**" award for quality improvement measures for stroke patients.
- **Top Performer** in Patient Satisfaction and Patient Experience from Healthgrades.

We are fully accredited by the nationally renowned Joint Commission in meeting high performance standards. We have also achieved accreditation by the College of American Pathologists and the American College of Radiology. Our Southbridge and Webster Emergency Departments are Designated Primary Stroke Centers as awarded by the Massachusetts Department of Public Health.

While you are our patient, we strive to make your experience as pleasant as possible. Our staff is prepared to meet all your needs, from bedside comfort to discharge. You have access to a variety of patient services, including contact with our nurse case manager for post-care support or instructions.

If at any time you feel your needs are not being met, please notify a staff member or ask to speak with the on-shift supervisor. We welcome any suggestions to improve our patient care.

*Ed Moore*

Ed Moore  
President and CEO

*Kathy Chahanovich*

Kathy Chahanovich  
Director of Medical/  
Surgical Services

*Jere Dittrich*

Jere Dittrich  
Director of Inpatient Psych Unit  
and Co-Occurring Disorders Unit

*Ann Beaudry*

Ann Beaudry  
Director of Pediatrics  
and Maternal Medicine

*Marsha Woodard*

Marsha Woodard  
Director of Critical Care  
(ICU and ECC)

*Si necesita ayuda para entender esta información, favor de notificar a al enfermera y le proveeremos asistencia.*

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# VISITING POLICY



Family and friends brighten your day and can help speed your recovery. During hospitalization, our goal is to provide an environment that promotes healing and a positive experience for patients and their visitors. To accommodate the varied needs of our patients, the following guidelines are observed:

- **Pediatrics** - Parents or designated substitutes may visit at any time. Recommended hours for other visitors are 1 p.m. to 8 p.m. One parent or designated substitute may sleep overnight in the room.
- **Maternity/Birthing Center - Labor/Delivery Phase:** Support persons and others designated by the patient will be allowed during this period at the discretion of the attending physician and/or nurse. **After Delivery:** Fathers, siblings, and grandparents will be permitted to visit at any time; however, children must be accompanied and supervised by an adult. Recommended hours for other visitors are 1 p.m. to 8 p.m.
- **Intensive Care** - Immediate family members or designees are encouraged to visit, and we will be flexible with offering you access up to 24 hours per day. Special circumstances may be considered upon request to the ICCU nurse.
- **Psychiatric Unit (2S), Southbridge** - Monday through Friday 6 p.m. - 8 p.m.; Saturdays, Sundays, and holidays 1 p.m. - 3 p.m. and 6 p.m. - 8 p.m. Children may visit only in the Quiet Room.
- **Co-Occurring Disorders Unit (CDU), Webster** - Daily, 6 p.m. to 7 p.m. No one under 12 years of age may visit, unless clinically indicated.
- **Medical/Surgical Units (2N/3N)** - General visiting hours are 8 a.m. to 8 p.m. Less restrictive hours will be considered for special circumstances and needs. A support person or another designated by the patient will be allowed during the patient's stay.
- **Surgical Services** - Patients may have a designated visitor before and after surgery; visitors can wait in any of the unit lounges. Parents of children 11 years and under may go into the operating room for induction of anesthesia; one support person may visit in the post-anesthesia care unit after the patient has stabilized.
- **Emergency Department** - Patients may have a support person and/or a family member present during their stay.

memo

## "It's OK to Ask"

Practicing proper hand hygiene (hand washing) is everyone's responsibility and is critical to help prevent the spread of infection.

We want you to be part of our "It's OK to Ask" program during your stay at Harrington Hospital.

Everyone caring for you should keep their hands clean. If you do not see your doctor, nurse, or other healthcare providers clean their hands with soap and water or use a waterless alcohol hand rub when entering your room, "It's OK to Ask" them to please wash or sanitize before coming into direct contact with you. Our staff knows about the "It's OK to Ask" program and will appreciate the reminder.

Should you have any questions, please feel free to contact Sue Valentine, RN, Infection Control Coordinator, at Ext. 2426.

Remember, hand cleaning is a healthy habit whether you are in the hospital, at work, or at home. Thank you for your participation.

Sue Valentine, RN  
Infection Control Coordinator



**Your Role in Your Care:** You, as the patient, also play a vital role in making your care safe by becoming an active, involved, and informed member of your healthcare team.

Be attentive to the care you are receiving. Make sure you're getting the right treatments and medications by the right healthcare professionals. Don't be afraid to speak up with any questions or concerns or to designate a family member, or someone else, to ask questions and raise issues for you.

**Compliance with Instructions:** A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his or her care. This includes following the instructions of nurses and other health personnel as they carry out the coordinated plan of care and implement the practitioner's orders, and as they enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments, and, when he or she is unable to do so for any reason, for notifying the responsible practitioner or the hospital. Again, if you have any questions, please speak up.

**Refusal of Treatment:** The patient is responsible for his or her action if he or she refuses treatment or does not follow the practitioner's instructions.

**Hospital Charges:** The patient is responsible for assuring that the financial obligations of his or her healthcare are fulfilled as promptly as possible.

**Hospital Rules and Regulations:** The patient is responsible for following hospital rules and regulations affecting patient care and conduct.

**Respect and Consideration:** The patient is responsible for being considerate of the rights of other patients and hospital personnel and assisting in the control of noise and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the hospital.

No catalogue of rights can guarantee for the patient the kind of treatment he or she has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conducting of clinical research. All these activities must be conducted with an overriding concern for the patient, and, above all, the recognition of his or her dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

**Notice of Privacy Practices:** During one of your visits to Harrington Hospital you will be offered a copy of our Privacy Practices, which provides a full description of how we will use and disclose your individually identifiable health information, including uses and disclosures for treatment, payment, and healthcare operations purposes (including HIV status, mental health, and drugs and alcohol). This Notice also explains important rights you have regarding your health information. Harrington Hospital reserves the right to change its Privacy Notice at any time, but you may always obtain a current copy upon request or by visiting our website: [www.harringtonhospital.org](http://www.harringtonhospital.org).

## ACCESS TO CARE

Individuals will receive access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, national origin, religion, or sources of payment for care.

The patient has the right to considerate, respectful care at all times and under all circumstances, with recognition of his or her personal dignity.

## RESPECT AND DIGNITY

In providing care, hospitals have the right to expect acceptable behavior from patients, their relatives, and friends, which, considering the nature of their illness is reasonable and responsible.

## ADVANCE DIRECTIVE/HEALTH CARE PROXY

The patient has the right to participate in the advance directive program. An advance directive is a written instruction relating to the provision of medical care in the event an individual is incapacitated. Each adult will receive written information concerning his or her rights under state law to make decisions concerning their medical care, accept or refuse medical treatment, and to formulate advance directives. You will be given an advance directive upon admission. A nurse or social worker can assist you with this process. See the Health Care Proxy form in this booklet.

## PRIVACY AND CONFIDENTIALITY -----

**Information:** The patient has the right to obtain from the practitioner responsible for coordinating his or her care complete and current information concerning his or her diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms the patient can understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual. Every patient shall have the right, upon request, to inspect his or her medical records and to receive a copy thereof. The fee for said copy shall be determined by the rate of copying expenses.

**Communication:** The patient has the right to access assistance devices and interpreter services if necessary. The hospital provides telecommunication devices for the Hearing Impaired, portable amplification devices, word and picture boards, and electrolarynx voice generators. The Massachusetts Commission for the Deaf and Hard of Hearing may provide emergency services. Interpreter services are available from our medically? approved bilingual staff interpreter, contracted agency, and telephonic language service.

**Consent:** The patient will be asked to sign a consent form upon admission in order for us to perform certain routine hospital procedures, e.g., blood test, medications, etc.

(cont. next page)

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You may also be asked to sign consent forms for certain types of treatment, tests, and/or procedures. Your physician will explain these tests or procedures. If you do not understand the procedure or test you are asked to consent to, tell your nurse, and your doctor will be notified. It is important for you to understand the risks, benefits, and alternatives available to you.

The patient has the right to informed participation in decisions involving his or her healthcare. To the degree possible, this should be a clear, concise explanation of your condition and of all proposed technical procedures, including the possibilities of any risk or mortality or serious side effects, or problems related to recuperation and probability of success. The patient should not be subjected to any procedure without his or her voluntary, competent, and understanding consent or that of his or her legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

The patient has the right to know who is responsible for authorizing and performing the procedures or treatment. The patient shall be informed if the hospital proposes to engage in or perform human experimentation or other research/educational projects affecting his or her care or treatment. The patient has the right to refuse to participate in any such activity.

**Pain Management:** Each patient has the right to be involved in the management of his or her care, including pain management.

**Refusal of Treatment:** The patient may refuse treatment to the extent permitted by law. When refusal of treatment by the patient, or his or her legally authorized representative, prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.

**Transfer and Continuity of Care:** A patient may not be transferred to another facility unless he or she has received a complete explanation of the need for the transfer and the alternatives to such a transfer, and unless the transfer is acceptable to the other facility. The patient has the right to be informed by the practitioner responsible, or his or her delegate, of any continuing healthcare requirements following discharge from the hospital.

**Hospital Charges:** Regardless of the source of payment for care, the patient has the right to request and receive an itemized and detailed explanation of the total bill for services rendered in the hospital. The patient has the right to timely notice prior to termination of his or her eligibility for reimbursement by any third-party payer for the cost of his or her care. Every patient shall have the right, upon request, to receive, from a person designated by the facility, any information that the facility has available relative to financial assistance and free healthcare.

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(cont. from page 6)

**Hospital Rules and Regulations:** The patient should be informed of the hospital rules and regulations applicable to his or her conduct as a patient. Patients are entitled to information about the hospital's mechanism for the initiation, review, and resolution of patient complaints.

The hospital fosters resolving complaints and issues at the level closest to the patient. Patients have the right to file grievances for concerns regarding quality of care or premature discharge. Grievances may be filed verbally or in writing to either the President and CEO or to the Vice President of Quality, Patient Safety and Risk Management. Every effort is made to resolve issues in a timely manner. Concerns may also be addressed to regulatory bodies.

In addition, many individual departments guarantee further rights to the patient. Upon request, the hospital will provide you with a list of these extended rights.

While these enumerated rights refer to "the patient," they do not infringe upon the right of the patient's guardian, next of kin, or legal designee to exercise these rights if the patient is unable to do so.

## HEALTHCARE DILEMMAS

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Harrington HealthCare System and its medical staff support your right to actively participate in decisions regarding your care, including the right to refuse life-sustaining treatment.

The Ethics Committee provides consultation services to patients, families, physicians, and hospital personnel when ethical considerations or personal dilemmas arise. The Ethics Committee may meet when any of the involved parties relating to treatment planned for you are unable to resolve differences. If you feel you or your family members would like to meet with the Ethics Committee, or if you would like the committee to review your care in terms of ethical treatment, kindly inform your nurse. Your nurse will contact the appropriate parties, and a meeting of the Ethics Committee will be arranged.

While these enumerated rights refer to "the patient," they do not infringe upon the right of the patient's guardian, next of kin, or legal designee to exercise these rights if the patient is unable to do so.

The single most important thing you can do to ensure good care and prevent errors is to be an active partner in your care – that means getting involved in your care and asking questions of your healthcare professional.

## Speak up if you have questions or concerns.

Do not feel embarrassed to ask questions if you do not understand something your doctor, nurse, or other healthcare professional tells you. Do not hesitate to speak up if you think a healthcare professional has you confused with someone else.

## Know the medications you take and why you take them.

Make sure you are getting the right medications. If you do not recognize a medication, verify with a nurse that it is for you. Tell your doctor and nurse if you are taking over-the-counter medications, such as aspirin, ibuprofen, vitamins, herbal supplements, and dietary supplements. Make sure your doctor or nurse knows of any allergies or unusual reactions you have had to medications. Ask the purpose and side effects of all medications. Ask for written information about the medication, possible side effects, and food interactions.

Educate yourself about your diagnosis, the medical test you are undergoing, and your treatment plan.

Read all medical forms thoroughly and be sure you understand them before you sign anything. If you do not understand, ask your doctor or nurse to explain. Be sure you and your doctor agree on exactly what will be done during your hospitalization.

If you are having surgery on one side of your body, your physician will “mark” the appropriate site for surgery. Your doctor should tell you about the risks, benefits, and alternatives to the procedure, surgery, or care planned.

*If you feel your loved one’s condition has changed, please call a nurse immediately. We have a Rapid Response Team to respond quickly to patient needs.*

### How to use the Pain Scale

- 0 is no pain, 10 is the worst pain.
- Choose the number or face to tell how much pain you are having.





## PATIENT/FAMILY INFORMATION ON SAFETY

**W**e want our patients to have the safest stay possible while they are with us. We encourage families to join us in reaching this goal. Patients may be at risk for injury due to their illness or confusion. At this time, a restraint may be an option to promote healing and keep them as safe as possible.

Listed below for families are a few ideas that may help your loved one feel comfortable and secure in unfamiliar surroundings. Perhaps someone could bring in:

- A calendar with pictures so that patient will be able to see the date and associate the month with the season.
- Pictures of their family, close friends, or a special occasion often help with reorientation.
- Pictures of their pets. At times, it can be arranged for them to visit with their pets. Please speak to the nursing staff **BEFORE** bringing pets in.
- A special afghan, quilt, pillow, or piece of clothing often can be very comforting.
- Magazines or books, if they have special interests, may help pass the time (e.g., sports or crossword puzzles).
- Music can be very relaxing and soothing. Please check with the nursing staff before bringing a radio or other music player.

Please label all articles you bring in with the patient's name. This will help prevent items from getting lost.

Encourage friends and family to continue to visit as often as they can. Short, frequent visits are often less tiring than long ones. During these visits, it can be helpful to remind your loved one of where they are, the time of day, day of the week, month, and season.

**F**or the health and safety of our patients and visitors, we are a Tobacco-Free Campus. Smoking is not permitted anywhere on hospital grounds.” Acceptance of gratuities or tips by employees from patients or their friends is prohibited. Please do not offer money or gifts to hospital personnel.

**ATM - On-site** - located directly across the elevators in the main lobby.

**Cafeteria** - Located on the mezzanine level just off the main lobby, our full-service cafeteria is open seven days per week, serving breakfast, lunch, and dinner. Please refer to your menu card for additional information or speak to a nurse.

- **Dining Services** - In some cases, your physician may prescribe a diet or meal plan, which will be outlined for you on a special menu provided during your stay. Our room service-style menu will include a variety of foods from which to choose. Guest meals are available for a small additional charge. Dial in your order by calling 7777 any time from 6:45 a.m. to 6 p.m.

*We have dieticians on staff to answer any questions you might have.*



**Chapel** - An ecumenical chapel is located on the second floor and is available 24 hours per day for prayer, meditation, and private consultations with clergy. If you would like a clergy visit, please tell your nurse.

**Gift Shop** - Located in the lobby of our building, the Gift Shop offers small and large gifts, cards, toiletries, magazines, and unique jewelry. The gift shop is open Monday through Friday 9 a.m. to 7:30 p.m.; Saturday and Sunday 11 a.m. to 3 p.m.

**Patient-Family Advisory Council (PFAC)** - Harrington’s PFAC is made up of patients and family members who are leaders in representing healthcare for the community. The goal of the committee is to improve the patient experience. The group meets quarterly at the hospital. If you would like more information or wish to become a committee member, please speak with a nurse.

**Personal Items and Valuables** - As we cannot accept responsibility for valuables left in your room, we strongly encourage you to give extra money, medications, credit cards, wallets, jewelry, and electronic devices such as cell phones, laptops, etc. to a family member or friend to take home. Or, ask your nurse to put your valuables in the hospital safe. An itemized receipt and claim ticket will be given to you.

**WiFi** - The Harrington Guest Wireless network provides easy and convenient Internet connectivity – no password or authentication required. Should any issues arise, please contact the hospital HelpDesk at extension 4357 for assistance.

# PATIENT SERVICES - HOSPITALIST PROGRAM

## HOSPITALIST SERVICE

To assure coordinated efforts from multiple healthcare professionals, Harrington employs a hospitalist approach for the inpatient care of patients of participating physicians. During your inpatient stay, your care may be directed and coordinated by a hospitalist.

A hospitalist is a physician or mid-level provider who specializes in inpatient treatment and only cares for patients who are admitted to the hospital. When a patient requires hospitalization and when that patient's primary care physician has chosen to participate in this service, or the patient does not have a physician with hospital privileges, the patient's care will be directed by the hospitalist.

As a single-point person overseeing the patient's care, the hospitalist checks on the patient daily or throughout the day, monitors the patient's in-hospital care, and works to coordinate care with the patient's primary care physician and other physician specialists. The hospitalist will discuss treatment options, answer questions for the patient and his/her family, monitor test results, obtain consultations when needed, and respond to any changes in the patient's condition.

Once the patient is discharged from the hospital, the patient's primary care physician will provide any necessary follow up. If patients do not have a primary care physician, a hospital-affiliated physician will be assigned to you for post-discharge follow-up care.



**Y**our physician will decide when you are ready to be discharged and will advise you and the nursing staff. When you are ready to be discharged, please pick up any valuables you may have in the hospital safe or pharmacy.

Wheelchair transportation is available to your car. A responsible adult needs to be available to provide transportation to your home. If this is not possible, we will make every effort to help you coordinate your transportation. Should you experience difficulties with transportation, please notify your nurse or discharge planner for assistance.

A discharge planner can provide you with information about health and community resources, as well as referrals for services at home to help you recover from your illness. In addition, information and referral assistance about health insurance benefits and eligibility for federal and state programs is available. Please call the Care Management Department at 508-765-9771, ext. 2423, if you would like information or assistance.

## Support Groups

In some cases, your physician may recommend that you attend a support group. Our website lists most of our services, including health education and support groups. For details on these programs, go to: [www.harringtonhospital.org](http://www.harringtonhospital.org) or call 508-765-9771, ext. 6452.

## Paying for Services

Your insurance carrier will be billed upon your discharge. Please make sure our Business Office has all the needed information before you leave the hospital. We will verify your insurance coverage either prior to or during your stay. If you have any questions about your bill, please contact our Business Office at 508-765-9771 from 8 a.m. to 4:30 p.m. Monday through Friday. Co-pays and deductibles will be billed to you. We accept MasterCard and Visa. You can also pay online on our website.

Patients who do not have insurance will be contacted by our Business Office to settle payment either in full or through a payment plan. Free care or government assistance is available to people who cannot pay their account. Please call 508-764-3134.



# MASSACHUSETTS HEALTH CARE PROXY FORM

PAGE 1 OF 2

I, \_\_\_\_\_ (the principal),  
residing at \_\_\_\_\_, \_\_\_\_\_ County,  
Massachusetts, pursuant to Massachusetts General Laws Chapter 201D, appoint the following person to be my Health Care Agent:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If my Health Care Agent named above is not available, I name as an alternate Health Care Agent:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I give my Health Care Agent authority to make all health care decisions on my behalf if I become incapable of making such decisions for myself, including but not limited to decisions concerning initiation, continuing, withdrawing or refusing any life-prolonging care, treatment, service or procedure, EXCEPT (here list the limitations, IF ANY, you wish to place on your Agent's authority):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Health Care Agent shall make health care decisions for me in accordance with my Health Care Agent's assessment of my wishes, including my religious and moral beliefs. If my wishes are unknown, my Health Care Agent shall make such decisions for me only in accordance with my Health Care Agent's assessment of my best interests.

My Agent may obtain any and all medical information, including confidential medical information, as I would be entitled to receive. Photocopies of this Health Care Proxy shall have the same force and effect as the original and may be given to other health care providers.

My Health Care Agent's authority to act on my behalf shall exist only for the period during which my attending physician determines that I lack capacity to make or communicate health care decisions for myself.

I sign this Health Care Proxy on \_\_\_\_\_, 20\_\_\_\_ in the presence of two witnesses.

Signed: \_\_\_\_\_

(If the Principal cannot sign) The principal is unable to sign and at the direction of the principal I have signed his/her name in his/her presence and in the presence of two witnesses.

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_

# MASSACHUSETTS HEALTH CARE PROXY FORM

PAGE 2 OF 2

We, the undersigned witnesses, each declare in the presence of the principal that neither of us has been named as Health Care Agent or alternate Health Care Agent in this Health Care Proxy, and we further declare that the principal signed this instrument as his/her Health Care Proxy, or directed its execution, in the presence of each of us, that each of us signs this Health Care Proxy as witness in the presence of the principal, and that to the best of our knowledge he/she is eighteen (18) years of age or over, of sound mind, and under no constraint or undue influence.

Witness: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

## STATEMENT OF HEALTH CARE AGENT (OPTIONAL)

**Health Care Agent:** I have been named by \_\_\_\_\_ (the "principal") as the principal's **Health Care Agent** by his or her Health Care Proxy and I hereby accept this appointment. The principal has communicated to me his/her health care wishes at a time of possible incapacity, and I will try to give effect to the principal's wishes. I am not an operator, administrator or employee of a hospital, nursing home, rest home, Soldiers Home or other health facility where the principal is presently a patient or resident or has applied for admission; or if I am such a person, I am also related to the principal by blood, marriage or adoption.

Signature of **Health Care Agent:** \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF ALTERNATE HEALTH CARE AGENT (OPTIONAL)

**Alternate:** I have been named by \_\_\_\_\_ (the "principal") as the principal's **Alternate Health Care Agent** by his or her Health Care Proxy and I hereby accept this appointment. The principal has communicated to me his/her health care wishes at a time of possible incapacity, and I will try to give effect to the principal's wishes. I am not an operator, administrator or employee of a hospital, nursing home, rest home, Soldiers Home or other health facility where the principal is presently a patient or resident or has applied for admission; or if I am such a person, I am also related to the principal by blood, marriage or adoption.

Signature of **Alternate Health Care Agent:** \_\_\_\_\_ Date: \_\_\_\_\_

This Health Care Proxy Form was prepared by The Central Massachusetts Partnership to Improve Care at the End of Life. The Partnership grants permission to reproduce this document in its entirety, so long as the source, including this statement, is shown. 12/03

## HARRINGTON PHYSICIAN SERVICES

### BRIMFIELD

Family and Internal Medicine  
255 E. Old Sturbridge Road

### CHARLTON

Family and Internal Medicine  
10 N. Main Street

Family Medicine  
61 N. Main Street

Ophthalmology/Optical Shop  
20 Southbridge Road

### SOUTHBRIDGE

General Surgery  
100 South Street  
Medical Arts Suite 108

Pediatrics  
100 South Street  
Medical Arts Suite 102

OB/Gyn, Urogynecology  
100 South Street, Medical Arts Suite G05

Orthopedics, Pain Management,  
Rheumatology  
94 South Street

### SPENCER

Internal Medicine  
118 West Main Street (2nd Floor)

### STURBRIDGE

Family Medicine  
128 Main Street, Suite 4

Family Medicine  
67 Hall Road

Endocrinology/Diabetes  
128 Main Street, Suite 2

### WEBSTER

Family and Internal Medicine  
340 Thompson Road

## HARRINGTON HEALTHCARE SYSTEM

### CHARLTON

Harrington HealthCare at Charlton  
10 N. Main Street

Harrington HealthCare at 169  
20 Southbridge Road

### DUDLEY

Adult Behavioral Health/Counseling  
161 West Main Street

### SOUTHBRIDGE

Outpatient Behavioral Health  
29 Pine Street

Harrington Hospital  
100 South Street

The Cancer Center at Harrington  
55 Sayles Street

### SPENCER

Harrington HealthCare at Spencer  
118 West Main Street

### WEBSTER

Harrington HealthCare at Webster  
340 Thompson Road

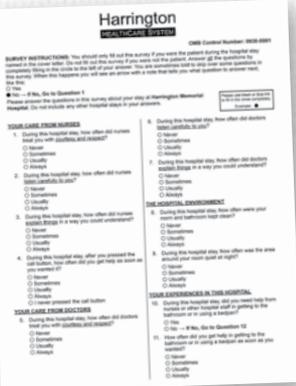
### UrgentCareExpress

78 Sutton Avenue, OXFORD  
10 N. Main Street, CHARLTON

\*Many of our specialists, including our ob/gyn physicians, orthopedic surgeons, and urologists, rotate through many of our offices.

Please call our Find a Physician line  
for more information: 508-765-3145

## Surveys and Patient Experience/Satisfaction



Harrington HealthCare System strives to deliver high-quality care and make your stay as comfortable as possible. To monitor the patient experience/patient satisfaction we utilize an independent research organization - Press Ganey- that mails surveys to patients and shares the overall results with us. If you receive a survey, please take the time to complete it and mail it back to the company. **Your feedback is critical in helping us improve our services.**

**We welcome suggestions, comments and safety concerns.**

**How to Contact Us:** Please feel free to call our *Quality Department* at 508-765-3046 or contact the *Office of the President* at 508-765-3002. You may also email us at: [comments@harringtonhospital.org](mailto:comments@harringtonhospital.org). If you are not satisfied with our response, other avenues to pursue may include contacting The Joint Commission at 800-994-6610 or emailing: [complaints@jointcommission.org](mailto:complaints@jointcommission.org), or contacting the Department of Public Health at 800-462-5540

For CDU Patients: For comments/concerns: Please contact the Human Rights Officer or the Department Manager. If additional communication is warranted, patients can request to speak with someone from Risk Management or the Bureau of Substance Abuse Services: 617-624-5171

View all of our videos on  "Like" us on Facebook and see what other people are saying. 



**Ways you can help make a difference.**

Make a charitable donation. Harrington Hospital is a 501(c)(3) non-profit organization. Your support helps define our success and enables us to continue our long tradition of delivering optimal health care to the residents and communities of south central Massachusetts and northeastern Connecticut. You may make a donation by going to [www.harringtonhospital.org](http://www.harringtonhospital.org), after you click on the 'Ways to Help'.

To mail a donation, please make check payable to Harrington Hospital, include a note indicating the purpose of the donation and mail to:

**Harrington Hospital  
Attn: Development Department  
100 South Street  
Southbridge, MA 01550**

**Harrington HEALTHCARE SYSTEM** **I wish to compliment a staff member:**  
*(As much as possible, please provide us with a name or description of the staff member, the department/time/place)*  
*This Email Card*

\_\_\_\_\_ for outstanding service in helping patients and/or visitors. Specifically:

I was:  A Patient  Visiting a Patient  Other

Optional: Your Name \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Thank you for recognizing our staff for making a contribution!**

## Compliment Cards

Stationed around the hospital in patient waiting areas are plastic holders that contain compliment cards. Feel free to fill out one of these cards either during or after your visit. You can mail the card (postage is free) to the hospital.



## Interpreter Services

**Harrington HealthCare System offers interpreter services and wants you to know that you have the right to this service at no cost to you. Please ask any Harrington staff member if you need Interpreter Services.**

**Espanol:** Usted tiene derecho a un interprete médico gratis. Por favor señale su idioma. Llamaremos a un intérprete médico. Por favor espere.

**Italiano:** Avete diritto ad un interprete medico. Il servizio e gratuito. Indicate la vostra lingua e attendete; un interprete medico sara chiamato al piu presto.



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