

# PATIENT GUIDE





# This guide has been specially developed to better guide you during your stay in the hospital.

Here you will find information about how we work.

Reading this material is very important.

If you have any questions, do not hesitate to contact us in the Admissions sector through extensions 4026 and 4027 or by phone (21) 2414-3626.

### **MISSION**

Provide highly effective medical and hospital care, with qualified and motivated teams, respecting ethics, and individuals within their social and environmental context.

### **VISION**

To be a reference in hospital management and in the provision of medical services, based on the highest technical standards and socio-environmental responsibility.

### **VALUES**

Competence, credibility, sustainable development, humanization, integrity, and respect.





### **SUMMARY**

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# CHECK IN



The Inpatient Reception is responsible for formalizing your reception at this Hospital.

Every patient must have, at the time of admission, a person responsible for signing the Term of Responsibility. This can only be done under the responsibility of a qualified physician registered at **Hospital Oeste D'Or.** 

It is important to have the following original documents: identity card, CPF (Tax Identity), health insurance card and the medical request at hand.

### PRIVATE HOSPITALIZATION

Hospitalization expenses must be paid every **48 hours** or at most on the **first business day** after this period, when partial billing of the account will be issued, and the Financial sector will contact the person in charge. For more information, please contact **extensions 4013 and 4014 Monday to Thursday, from 8 am to 6 pm or Friday from 8 am to 5 pm.** 

The daily hospital rate is indivisible and covers the period from 10 a.m. on the day of hospitalization to 10 a.m. on the following day.

### HOSPITAL ADMISSION UNDER THE HEALTH PLAN

Expenses are covered according to the contract signed by the hospital with each health plan. Uncovered expenses should be paid separately by the patient or their financial guardian, who should be aware of the plan's scope of coverage, as well as the limitations and exclusions of the plan.

Telephone costs and other extra services are not covered by the health plan.

The daily hospital rate is indivisible and covers the period from 10 a.m. on the day of hospitalization to 10 a.m. on the following day.

# TREATMENT



### **ID BRACELET**

For the protection and safety of the patient, an ID bracelet with the respective data will be provided at the time of admission and it cannot be removed during the stay in hospital.

If the bracelet breaks, the nurse in charge of the sector should be informed to arrange for a replacement.

### **ASSIGNED PHYSICIANS**

The assigned physician is chosen by the patient or indicated by the health plan to follow up hospitalization. These professionals and their team should register at the hospital administration.

The assigned physician is responsible for:

- · Prescribing medications and diet.
- Keeping patients informed about the procedures, as well as their causes and consequences.
- Filling out the medical record correctly.

The physician or the assigned physicians will visit the patient once a day, at which time instructions will be given to the family members.

For elective procedures, the assigned physician must provide the Consent Form (document informing the most common risks of a certain procedure) to the patient, which must be signed before or during hospitalization, however, before the surgical procedure to be performed.

Transfer to the Surgical Center is subject to the signing of this document by the anesthesiologist and surgeon, except in cases of urgency or emergencies.

In cases of hospitalization in the maternity ward, the choice of the anesthesia team and pediatricians in the room is up to the obstetrician and/or patient.

The indication of the need for a Neonatal ICU is made by the chosen pediatrician in the room.

The hospital will use its own Neonatal ICU team.

### Important:

Following its Code of Ethics, **Hospital Oeste D'Or** does not interfere in the relationship between the assigned physician and the patient at any level, including the financial one.

Therefore, it is not responsible for any amounts charged by the professionals who are part of the assigned team.

### MEDICAL RECORD

The medical record is the main communication tool among professionals who participate in patient care. It is the obligation of physicians and other professionals to fill it out correctly.

The information contained in it is the property of the patient and it remains in the physical custody of the hospital. All information generated is confidential, with access restricted to people who participate in the patient's care or those authorized by the patient and/or legal quardian.

In case a copy of the medical record is needed, the patient and/or his/her legal representative must request it from the Inpatient sector. Copies of medical records or any other document related to care will be delivered within the deadline established by the hospital.

### **PATIENT FEEDING**

The Clinical Nutrition team is responsible for the inpatient's diet therapy.

Food and/or beverages that are not provided by the nutrition service are not allowed to enter the hospital. Consumption of these can impair treatment and recovery. Therefore, possible consequences will not be the responsibility of Clinical Nutrition.

All materials and utensils from the nutrition service are for the **EXCLUSIVE** use of the patient. Therefore, companions and visitors are not allowed to use them.





### **COMPLEMENTARY TESTS**

The results of tests performed during the hospitalization period can be requested through the website <a href="https://www.rededorsaoluiz.com.br/hospital/oestedor/">https://www.rededorsaoluiz.com.br/hospital/oestedor/</a> form/solicitacaoexames-imagem-analise-clínica. After the request, the deadline for withdrawal is 5 business days. In case of prolonged hospitalization, this period may be extended.

### **HOSPITALITY**

The hospitality service is open 24 hours a day.

The rooms and wards are visited daily by a hospitality assistant who will deliver bed and bath linen.

Other requests will be fulfilled whenever requested through extension 4058.

The rooms in the inpatient unit are equipped with:

- · A Minibar.
- · Cable TV.
- A Nurse call system.
- · A Telephone.
- · A Remote control.
- · A Safe.

**Important:** the patient's valuables and belongings will be under the custody of his/her companion and/or guardian in the case of hospitalizations in the rooms of the Inpatient Unit. In case the patient is admitted to a closed unit (ICU) and is unaccompanied, the Hospital will store the belongings in a protocoled manner in a room with restricted access and such belongings will only be delivered to the patient himself or to his duly identified relative.

The Hospital is not responsible for objects left or forgotten in its premises. If any belongings are found, they will be filed with the Hospitality sector, which will carry out the custody for a period of 30 days. After this period, the hospital will arrange for the donation or disposal of the belongings. If food of any nature is found, it will be discarded immediately.

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### **OMBUDSMAN**

The Ombudsman service is the direct channel for compliments, suggestions, or complaints. It presents agile service and solutions, which represent your rights and contribute to the improvement of the service, in addition to being a direct communication channel between the Board of Directors of **Hospital Oeste D'Or** and its customers.

Communication channels:

- · Face-to-face: service from Monday to Friday, from 8 am to 4 pm.
- Email: ouvidoria@oestedor.com.br
- Telephone: (21) 2414-3600 extension 4107 or 2114-3602
- Website: www.rededorsaoluiz.com.br/hospital/oestedor/fale-conosco
- Satisfaction survey: an employee will ask for your email and, subsequently, you will receive
  our satisfaction survey. By answering it, you will contribute to us serving you better all the
  time.

The service works both in the resolution and prevention of problems.

### **PHONE CALLS**

External calls should be requested through **extension 4000**, including calls to cell phones, long-distance direct dialing, and international direct dialing. However, the cost of these will be charged when the patient is discharged.

### **VISITORS**

Visitors must identify themselves at the Social Reception to receive the identification that will give them access to the hospital. This identification should remain visible to all.

Excess visitors and staying beyond what is allowed can disturb and impact the patient's rest and/or impair the performance of various procedures necessary for recovery.

The Hospital Infection Control Commission (CCIH) recommends the following:

- Wash hands with soap and water before and after visits.
- · Do not sit on the patient's bed.
- · Do not carry food.
- · Do not keep flower arrangements inside the room.

Visits may be suspended or temporarily postponed by medical request, in case of complications, but will be promptly justified to family members or guardians as soon as possible.

### **COMPANIONS**

If the companion's daily rate is not provided for by the health plan, the charges related to the overnight fees will be paid daily, according to the length of hospitalization of each patient.

**Hospital Oeste D'Or** does not have accommodations for companions of patients transferred to Intensive Care Units (ICU), where the presence of companions is not allowed.

Meal for companions				
Cafeteria		Quarters		
Breakfast	From 8:15 a.m. to 9 p.m.	Breakfast	Between 8 a.m 9 p.m.	
Lunch	From 12 pm to 1 pm	Lunch	Between 12pm - 1pm	
Dinner	From 8 pm to 10 pm	Dinner	Between 8 pm - 9 pm	

Schedule and number of visitors			
SECTOR	TIME	QUANTITY	PROCEDURE OF VISITS
Ground floor ICU	12 p.m. to 1 p.m.	2/day	Come in together
ICU 5th floor	1 p.m. to 2 p.m.	2/day	Come in together

### **SMOKERS**

According to article 1 of State Law 3.868/2002 and article 4 of Ordinance 731/90 of the Ministry of Health, smoking is prohibited on the hospital premises.

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ICU	2 p.m. to 3 p.m.	2/day	Come in together
ICU 2nd floor	3 p.m. to 4 p.m.	2/day	Come in together
Pediatric ICU	3 p.m. to 4 p.m.	2/day	Wednesdays and Sundays. They enter together.
Neonatal ICU	1:30 p.m. to 5 p.m.	2/day	Scheduling beforehand with sector
Adult & Pediatric / Apartment	8 a.m. to 8 p.m.	3 at a time	Every day
Perinatal / apartment	8 a.m. to 8 p.m.	4 at a time	Every day
Adult & Pediatric INU / Ward	8 a.m. to 8 p.m.	2 at a time	Every day
Perinatal / Ward	8 a.m. to 8 p.m.	3 at a time	Every day

NOTE: • The entry of visitors in the rooms in the adult sector is only allowed for people over 12 years of age.

- The entry of visitors in the Perinatal Clinic is only allowed for people over 12 years of age.
- The entry of visitors to the Pediatric Unit is only allowed for people over 12 years of age.
- The NB's Grandparents and siblings over 10 years of age are allowed to visit the Neonatal ICU.

Exceptions will be dealt with directly with the heads of their respective sectors. If you have any questions, contact the sector.

### **ALERTS WITH PHONE CALLS**

We do not charge anyone over the phone. People with the aim of obtaining financial advantages can make telephone contacts during or after your stay in the hospital. They usually identify themselves as physicians or employees and make undue charges.

If you receive any call in this regard, we advise you to **IMMEDIATELY** contact your physician through the telephone numbers previously informed by the medical team in charge of your care or call **Hospital Oeste D'Or** at **(21) 2414-3600** and report the incident.

In this case, do not make any banking transactions, as this practice is not part of the procedures of **Hospital Oeste D'Or.** 





The transfer of the patient himself or his/her family to another Hospital, at the assigned physician's request, occurs only upon medical clearance and contact with the destination Hospital, which must provide its "agreement" and inform the name of the physician who will receive the patient.

The process is registered in the medical record, mentioning the occurrence and knowledge of the family members, when applicable. In case of transfer by the health plan, this can only be done after the written agreement of the patient himself or his guardians, which will also be duly described in the medical record.

# DISCHARGE



To be discharged, head up to the checkout counter in the Admissions Sector.

Each daily rate is considered until 10 am. After this time, the Hospital will charge a new daily rate.

In case of guidance, complaints, and other eventualities, go to one of the nursing heads on duty or to the Ombudsman on the ground floor.

### **Legal References**

Constitution of the Federative Republic of Brazil

Brazilian Civil Code (Law 10.406, of 1/10/2002)

Consumer Protection and Defense Code (Law 8.078, of 9/11/1990)

Universal Declaration of Human Rights

Statute of the Child and Adolescent (Law 8.069, of 7/13/1990)

Statute of the Elderly (Law 10.741 of 10/01/2003)

## PATIENTS' RIGHTS AND DUTIES



### **RIGHTS**

- 1. Receive dignified, considerate, and respectful care regardless of race, creed, color, age, gender, sexual orientation, diagnosis, or any other form of prejudice.
- 2. Be identified by their name and surname and not by the name of their disease, number, or code or any other disrespectful or prejudiced manner.
- 3. Be able to identify through their name and position the professionals involved in their care.
- 4. Receive clear and understandable information about their diagnosis, therapeutic options, and risks involved.
- 5. Consent to or refuse, at any time, diagnostic or therapeutic procedures freely and voluntarily, after receiving adequate information about the suggested treatment, as long as they are not at risk of death and without suffering any moral and/or legal sanctions.
- 6. Have access to their medical records in accordance with the rules of the Institution. The medical record should include a set of documents and standardized information about the patient's history, principles and evolution of the disease, therapeutic practices, and other clinical notes.
- 7. Have their confidentiality protected regarding all personal information, through the maintenance of professional secrecy, as long as this does not result in any risk to third parties or public health.
- 8. Receive or refuse psychological, social and/or religious assistance.
- 9. Have their safety, physical, psychological, and moral integrity guaranteed.

### **RESPONSIBILITIES**

- 1. Give complete and accurate information about their health history, previous illnesses, previous medical procedures, and other issues related to their health.
- 2. Respect the rules and regulations of the hospital.
- 3. To care for and be responsible for the properties of the Institution placed at their disposal.
- 4. Respect the rights of other patients, employees, and service providers of the Institution, treating them with civility and courtesy, contributing to the control of noise, number, and behavior of their visitors.
- 5. Indicate who is financially responsible for their hospital care, informing the hospital about any changes to this indication.

**Important:** For children, adolescents or adults considered incapacitated, the rights and responsibilities described above must be exercised by their Legal Guardians.

# MAIN EXTENSIONS



To contact **Hospital Oeste D'Or**, call: **(21) 2414-3600** and wait for the operator's instructions.

To make internal calls, dial only the desired extension number.

If in doubt, consult the list of extensions near your phone.

To make external calls, using the telephone in your room, dial the **extension number 4000** and enter the desired number.

### **EMERGENCY EXTENSION NUMBER**

Extension 4140 is to communicate major internal emergencies in the hospital.

This extension must be activated in cases of:

- Start of a fire, or an actual fire.
- · Disappearance of people.
- · Foreign objects.
- Suspicious person circulating around the hospital.
- · Aggression (physical or material).
- · Structural risk.
- Or any other situation that you consider to be unexpected or potentially dangerous.

# STATEMENT

Date of admission://
Time:
I
Patient/legal guardian
by the,
declare that I have received, on this date, the necessary guidance on the operation of Hospital Oeste D'Or, its practices, schedules, and other procedures that I must adopt during my stay in the institution, aiming at well-being and a comprehensive recovery.
On this occasion, I had the opportunity to ask questions and received satisfactory answers from the professional identified below:
Signature of professional who provided information
Signature of patient/legal guardian

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# NOTES

