



HOSPITALIZED PATIENT Patient and Family Guide



WELCOME

At the Hospital San Vicente Fundación Rionegro **we focus** on meeting the needs of our patients. **We provide safe care** and humane treatment, seeking to meet your expectations through service.

We have a **qualified and committed staff**, with the highest human and technical skills to provide the best care. **We are backed by the experience of San Vicente Fundación** as a guarantee of quality providing our services.

We count on you and your family to ensure that, through the fulfillment of your duties and with our commitment, we guarantee your rights and make your experience at the hospital a memorable one.



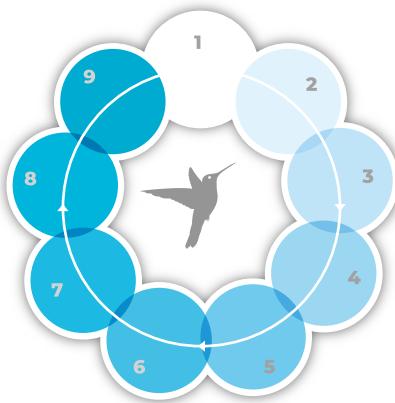
I OUR MISSION

Contribute to human well-being with **comprehensive care** of people's health conditions through the provision of high-quality **services and participation** in health education and research. This is based on the founding principles of a hospital for all, **guided** by ethics, humanism, social inclusion, and excellence in clinical practice.

PATIENT EXPERIENCE

WE TAKE CARE FOR YOUR WELL-BEING

True to **our mission** to serve others, we are committed to providing service with **courtesy, willingness, trust and compassion.**



1. Management of communication mechanisms - RCSS (Requests, Complaints, Suggestions, and Claims)
2. Rights and duties of patients.
3. Emotional and spiritual support for the patient.
4. Information to the patient and family.
5. Recreational activities and strategies for appropriate use of time during hospitalization.
6. Service culture.
7. Patient and family satisfaction.
8. End-of-life care.
9. Infrastructure and hospitality.

The hospital's goal is to provide patients and their families with **memorable experiences** during their care process, offering through a compassionate staff a treatment framed in the attributes of courtesy and helpfulness with service orientation, capable of placing the patient at the center of all activities.

THESE ARE OUR FEEDBACK CHANNELS

It is important **to know your opinions**, which allow us to improve the quality of our services every day. We invite you to leave us your opinions, comments or suggestions.

E-mail address: experienciadelpaciente@sanvicentefundacion.com

Phone number: (604) 444 87 17 Ext. 4995

Patient Experience Office: Main Floor, Tower C
Feedback mailboxes - www.sanvicentefundacion.com

USERS ASSOCIATION

It is a group of people with a service spirit who ensure the quality of care and the defense of the rights and duties of all users of the institution.

**If you want to become a member of our users association,
please write to us at the following email address:**
asociaciondeusuarioshr@sanvicentefundacion.com

I **USER SERVICE UNITS (USU)**

These are places for administrative **patient admission and billing**. These locations manage the administrative process and provide **information related** to account statements, co-payments, moderation fees, and hospitalization certificates.

I **VISITS WITH YOU IN MIND**

For the hospital, the family and the caregiver are fundamental in the care of the patient. That is why each person can have a **permanent companion 24 hours a day**, in all services. Other visitors may enter in compliance with the **recommendations indicated** by the nursing staff. Visits apply according to **the patient's clinical condition**.

Hospital staff will **indicate when the companion** should remain out of the room in order to ensure the **patient's intimacy and privacy**.

I **PET ADMISSION**

The Hospital **authorizes the admission of dogs** under special conditions. If required, ask the nursing staff for information.

I **SPIRITUAL SUPPORT**

Our chapel **is located on the 1st floor of Tower A**, at the entrance of the Emergency Room. According to their beliefs, people who can provide spiritual support are allowed to enter. **The Eucharist is celebrated** every day at 11:00 a. m., with a day of rest.

I **RECOMMENDATIONS FOR PATIENT VISITS**

1. The patient decides whether to accept visits.
2. The companion and visitors must wash their hands before and after entering the Hospital.
3. Visitors should not sit on the patient's bed.
4. Please ensure a quiet environment.
5. Strictly follow the rules for the protection of patients requiring isolation.
6. If any visitor has fever, diarrhea or respiratory symptoms, they should refrain from entering the Hospital.

7. The admission of children under 12 years of age constitutes a risk for them. If you definitely consider that a child should be admitted, we ask you to go to the security guard to sign the consent for admission, under your responsibility. The child must always be accompanied by an adult.
8. Remember not to bring food to patients. The Hospital's food is adequate for their treatment.
9. The Hospital is not responsible for the control and loss of the patient's personal belongings.

PATIENTS' RIGHTS

1. TO CHOOSE

to make free, conscious and informed decisions about their treatment, participation in teaching and research activities, and organ donation.

2. TO A DIGNIFIED TREATMENT

to receive humane treatment, respecting beliefs, and customs, recognizing pain as an aspect that generates vulnerability in people.

3. TO EXPRESS

to communicate complaints, suggestions, and compliments through the established feedback mechanisms, and to receive a timely response.

4. TO RECEIVE THE BEST CARE

to be cared for in a timely and safe manner.

5. TO BE INFORMED

to receive clear, sufficient and continuous information.

6. CONFIDENTIALITY

confidentiality regarding the patient's clinical information.

DUTIES OF PATIENTS

1. TO RESPECT

to treat staff with respect and take care of the facilities.

2. SELF-CARE

to become aware of the body and its needs in order to develop behaviors that promote physical and mental health.

3. SOLIDARITY

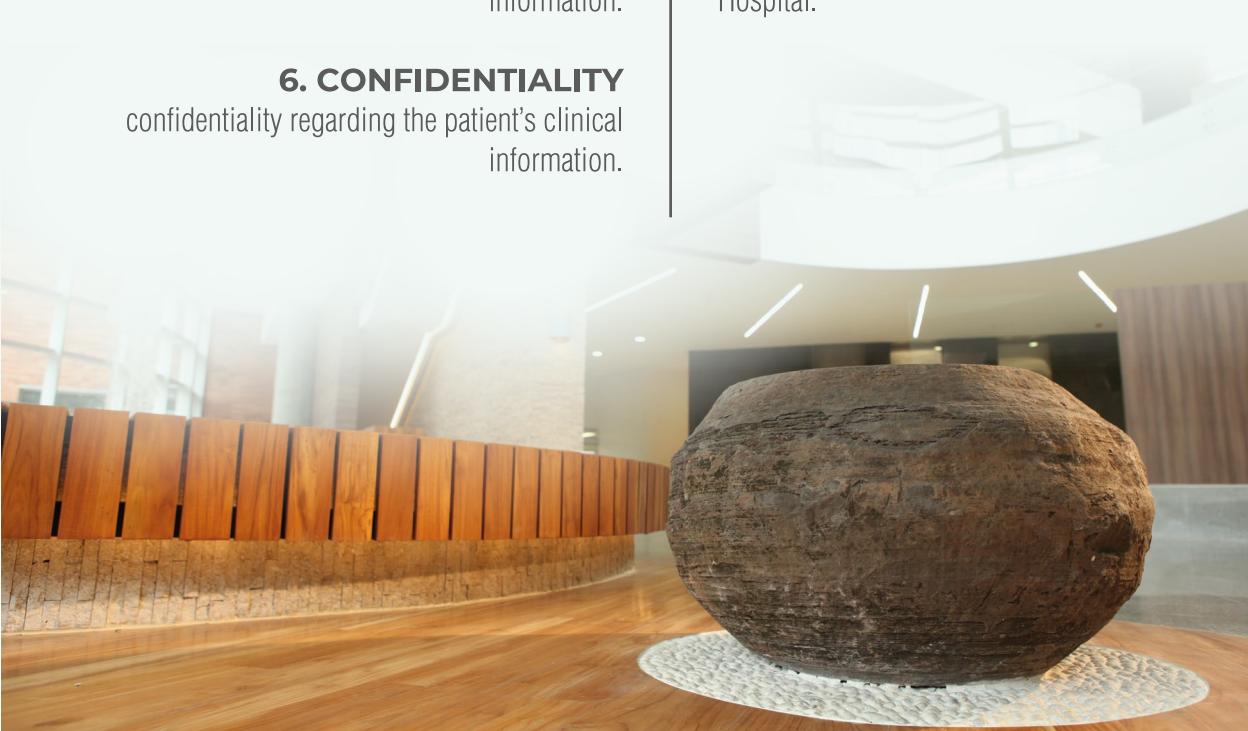
to act responsibly in situations that endanger the life or health of people.

4. TO COMMUNICATE

to provide the necessary information for their care.

5. TO ATTEND

attend appointments on time and follow the rules of coexistence within the Hospital.





FOR YOUR SAFETY, PARTICIPATE IN YOUR CARE

KEEP IN MIND

1. Healthcare staff **must verify** your identification prior to any care.
2. Alert staff if you feel **pain or experience** any unusual reaction.
3. Whenever you go in for a procedure, **make sure you have** signed the informed consent form and have your concerns addressed.
4. **Please inform the staff** about the medications you usually take and any allergies you may have had. **Do not take medications** on your own; the Hospital will provide you with the medications you need.
5. **Wash your hands** with soap and water before eating and after using the bathroom. Make sure that whoever enters the room also does so.
6. If you have wounds, catheters or other medical devices, **do not touch them** or allow a visitor to touch them.
7. **Keep** the side rails of your bed raised.
8. **If you identify** a risk situation - lack of lighting, wet floor, sharp objects - inform the healthcare staff.
9. If you use mobility aids - cane, walker, crutches, wheelchairs, prosthesis - **continue their use during hospitalization.**
10. **Ask the nursing staff** for permission to leave your hospitalization area.
11. In case of isolation, strictly **comply** with protective measures

During your hospitalization, the healthcare staff will **provide you with rehabilitative care**, involving you, your family, and/or caregivers in the necessary strategies for your basic self-care. This contributes to a better adaptation and reintegration **to life outside the Hospital**.

QUESTIONs THAT MAY BE USEFUL FOR YOUR CARE

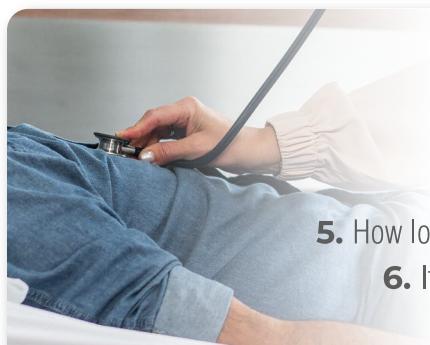


1. Are there other treatments other than this one?
2. What are the risks of the treatment I am about to undergo?
3. What are the possible complications of this disease?
4. What tests will I have?
5. How should I take care of my diet and medications?
6. Why do I have to be hospitalized?

If you require surgery, please keep in mind:

The staff is obliged to explain the benefits and risks.

Pay attention to this information, and if you don't understand, ask questions.



1. What does the surgery involve?
2. What are the benefits of this surgery?
3. What are the risks of this surgery?
4. What care should I take before and after surgery?
5. How long will recovery take and how many sick days will I have?
6. If I decide not to have surgery or to postpone it for a while, what can happen to me?

Inform the staff if you have ever had complications with anesthesia.

INFORMED CONSENT

It is the document signed by the patient to **authorize or refuse** treatment, surgeries or procedures, after understanding the potential **benefits and risks** involved.

In the case of patients who are unable to make decisions, or minors, the authorization must be given by the person designated by law.

RECOMMENDATIONS UPON DISCHARGE

The attending physician will inform you in a timely manner of your probable discharge date. This will allow you and your health care team to plan for that time.

Upon discharge, please keep in mind:

- That you have received information, communication, and education about treatment at home.
- That you know the medical prescription, including which medications to continue, the times they should be taken, and the duration of the treatment.
- That you have been informed if you require a follow-up or control appointment, how to schedule it and any other possible requirements, such as stitch removal, wound care plan, follow-up tests, among others, if necessary.
- What general care and precautions you should follow at home: physical activity, diet, etc.

Upon discharge, verify that you have received the summary of your care (epicrisis) and, as applicable, the sick leave certificate, the medical prescription, and the diagnostic tests performed during your hospitalization.

WE'RE GLAD YOU'RE GOING BACK HOME!

HAND HYGIENE IS FOR YOUR SAFETY

It is important that the institution staff and visitors perform adequate hand hygiene in the following 5 moments:





INFORMATION OF INTEREST

The Hospital has an organ and tissue transplant program, with a human team and the necessary resources, according to Colombian legislation. Organ donation is a voluntary act; remember that doing so is a gift of life.

For more information, please email us at:
comunicacioneshr@sanvicentefundacion.com

PROPER WASTE MANAGEMENT

COLOR OF THE TRASH CAN	WASTE TO BE DEPOSITED
Black: Ordinary waste	Napkins, hand towels, aluminum foil, snack wrappers and food scraps.
White: Wet recyclable waste	Plastic and glass containers, disposable plastic cups, tetra packs and wet tissue packaging.
White: Dry recyclable waste	Newspaper, photocopies and printouts, cardboard boxes, plastic bags and CDs.
Red: Hazardous waste	Syringes, personal protective equipment such as gloves, face masks, caps and cotton.

EVACUATION PLAN

What should be done in case of an emergency?

The Hospital has an emergency plan and trained personnel to assist you.



1. Remain calm.



2. Follow the instructions.



3. You will be taken to a safe place.

GET ORIENTED IN THE HOSPITAL



TOWER A

FLOOR -2: Room of Peace.

FLOOR -1: Emergency room, Chapel, Oasis De Lolita, Cozy Restaurant, Diagnostic Aids and RX, Results Delivery, Sample Collection.

FLOOR 1: Main lobby, Parking Payment, Internal Procedures, Private Medicine Emergency Room, Outpatient Clinic, Treasury and Billing, Cashier, Private Offices.

FLOOR 4: Administrative Area.



TOWER B

FLOOR -2: Gratto Restaurant.

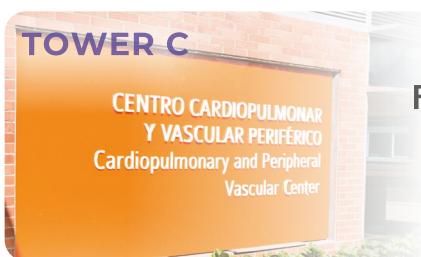
FLOOR -1: Surgery.

FLOOR 1: Transplants and Digestive Diseases, De Lolita, Oncology.

FLOOR 2: Hospitalization, Rooms 201 - 224.

FLOOR 3: Adult SCU (Special care unit), Beds 301 - 324.

FLOOR 4: Hospitalization, Rooms 401 - 424.



TOWER C

FLOOR -2: Clinical Archive.

FLOOR 1: Chaplaincy, Cardiovascular Unit, mini-market.

FLOOR 2: Hospitalization, Rooms 201 -224.

FLOOR 3: Hospitalization, Rooms 301 - 324.

FLOOR 4: Hospitalization, Rooms 401 - 424.



TOWER D

FLOOR -2: Radiotherapy.

FLOOR -1: ICU, MRI.

FLOOR 1: Patient Experience, Social Work, Physical Medicine and Rehabilitation, Playroom, Pharmacy.

FEEDBACK

Date: _____

Place or service where you received care: _____

You are:

Patient

Family

Other

Feedback:

Compliment

Suggestion

Complaint

Cut out and deposit in the feedback mailboxes.



To receive your reply,
please complete the following fields with your data:

Information of the person providing the feedback

Name: _____

Identification card: _____

Telephone numbers: _____

E-mail address: _____

Patient information

Name: _____

Identification card: _____

Insurance company: _____



**IN OUR HOSPITAL
WE EXPERIENCE
ALL EMOTIONS**
AND ACCOMPANY THEM
WITH THE **EMPATHY** THEY DESERVE.

**IN CALMNESS WE ALL
LISTEN TO EACH OTHER.**

Vereda la Convención Km 2,3 Vía Aeropuerto - Llanogrande, Rionegro, Colombia

www.sanvicentefundacion.com

You can find us at:



Photography and videotaping **are NOT allowed** in the Hospital.
Carrying and using weapons **is also not permitted**. If any of these elements are detected, the corresponding authorities will be notified.



THIS AFFECTS
SECURITY AND PRIVACY.

**NATIONAL
POLICE
CODE**

Provides for fines for those who publish photographs of other people taken in private places.
Law 1801 of July 29, 2016.