Welcome

Welcome to USC Verdugo Hills Hospital. While you are in our hospital, you are our primary concern.

If you have any questions or concerns related to your care, treatment, services or safety, or would just like to say “thanks,” we want to hear from you.

Information is posted in your hospital room on how to reach the Clinical Manager. You may also contact Patient Experience x 2288 or Nursing Administration x 2295 to assist with any of your concerns.

Your room has been cleaned and checked by our Environmental Services team to make sure everything in the room is safe and in working order. If you find that something needs attention, please notify your nurse so we can address it in a timely manner.

Our Mission
Our mission is to provide personalized, high-quality healthcare relevant to our patient community.

Our Vision
Our vision is to differentiate our hospital by delivering excellent clinical outcomes and superb customer service.

Service Credo
We are the USC Family, working together to serve the lives entrusted to us.
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Contact Information

The main number to the hospital is (818) 790-7100

The following numbers have the prefix of: (818) 952-xxxxx and can be reached within the hospital by dialing the 4-digit number.

Admitting................................................................. x 2230

Patient Experience
(Patient Advocacy and Patient / Family Concerns) ...... x 2288

Nursing Administration ................................................ x 2295

Patient & Family Services
(Social Work and Case Management) ......................... x 2285

Keck Medicine of USC, Billing/
Insurance Customer Service ................. (855) 532-5729

USC Medical Care Group ...................... (800) USC CARE
................................................................. (800) 872-2273
DNV Accreditation Agency ...........................................(866) 496-9647

Medical Board of California ...............................(800) 633-2322
www.mbc.ca.gov

California Department of Public Health
Licensing and Certification
Los Angeles ............................................................(626) 312-1135 or 1133
(800) 228-1019

Medicare .......................................................................(800) 633-4227
TTY ............................................................................(877) 486-2048

Quality Improvement Organization
(QIO) – Livanta .......................................................(877) 588-1123
TTY ............................................................................(855) 887-6668
Supporting Your Hospital Stay

Advance Directives or POLST
To obtain an advance directive form or a Physician Orders for Life-Sustaining Treatment (POLST) form, or to receive further assistance, please contact Patient and Family Services at x 2285, or ask your nurse or admitting representative to call for you.

Bioethics Committee
The patient or the patient’s surrogate decision maker has the right to be involved in all decisions regarding the patient’s medical care. If you have an ethical concern regarding your medical care, you can request assistance from the Bioethics Committee by calling Nursing Administration x 2295 or Patient & Family Services x 2285.

Clergy
If you would like to speak to a clergy member, please notify your nurse. They can make the arrangements for you.

Language Services
If you need translation/interpreter services, including sign language or services for the hearing impaired, please notify a team member or call (833) 219-9858. TTY phones are also available for deaf or hard of hearing patients.
Privacy
You may request additional confidentiality about your hospital stay by notifying Admitting x 2230, or by speaking with your nurse. Unless you request confidentiality, the following information may be released: name, room number, and unit. No information will be given out regarding patients staying in our Behavioral Medicine units.

Patient Concerns
We encourage patients to express their concerns or dissatisfaction with any services we have provided. If you have any questions or concerns, please contact the clinical director of the unit.

If the clinical director is unable to address your concern or resolve the issue, please call Patient Experience x 2288.

After hours and weekends, please call Nursing Administration x 2295.

We will respond to all concerns as quickly as possible.
Filing a Complaint

To file a complaint, please call Patient and Family Experience at x 2288 so we can address your concern. If we are unable to resolve your concern, you may file a formal grievance with the hospital by notifying the Risk Management department at (818) 952-4653 or in writing to:

USC Verdugo Hills Hospital
Attn: Risk Management Department
1812 Verdugo Blvd.
Glendale, CA 91208

If we are unable to resolve your concern, or you choose to file a complaint with an outside organization, you may do so in the following ways:

DNV Accreditation Agency
Phone: (866) 496-9647
Email: hospitalcomplaint@dnv.com
Letter: Attn: Healthcare Complaints
DNV Healthcare USA Inc.
4435 Aicholtz Road, Suite 900
Cincinnati, OH 45245

Online: www.dnvhealthcareportal.com/patient-complaint-report
You may also contact the California Department of Public Health, Licensing and Certification regarding concerns of abuse, neglect or misappropriation of personal property within the facility in the following ways:

Phone: (626) 312-1135
      (800) 228-1019

Email: CDPH-LNC-LOSANGELES@cdph.ca.gov

Online: www.cdph.ca.gov

The consumer complaint line for the Medical Board of California is (800) 633-2322.

If you are a Medicare Beneficiary, you also have the right to contact the Quality Improvement Organization (QIO) at (877) 588-1123 or Medicare at (800) 633-4227 for concerns regarding coverage, quality of care and premature discharge.
Our Mission of Quality & Commitment

USC Verdugo Hills Hospital respects your rights as a patient. We recognize that each individual is unique. Your healthcare needs, interests, and personal dignity will be respected. Our USC Verdugo Hills Hospital team will provide considerate and respectful care focused on your needs.

Through appropriately adopted policies, the Hospital affirms the patient’s right to make decisions regarding their medical care, including the decision to discontinue treatment, to the extent permitted by law.

Hospital personnel are available to assist the patient in the exercise of their rights. They will also inform the patient of any responsibilities incumbent upon them in the exercise of those rights. Hospital staff and practitioners shall comply with these directives; all patient rights apply to your designated decision-maker. The next section is an abbreviated summary of those rights. Please see the insert in your admission folder for the full language of Patient Rights.
Patient Rights

You have the right to:

1. Considerate and respectful care.

2. Have a representative of your choosing and your physician notified upon admission to the hospital.

3. Know the name of the physician who has primary responsibility for coordinating your care, as well as names and professional relationships of others who will see you.

4. Receive as much information as needed in a language you can understand about any treatment or procedure which is proposed, in order for you to make an informed decision and to participate in your plan of care, including ethical questions regarding the withholding of resuscitative services, forgoing or withdrawing of life-sustaining treatment or resolving any conflicts or misunderstandings.

5. Request or refuse treatment, including leaving the hospital against the advice of physicians, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services.

6. Refuse to participate, if the hospital physician proposes to engage in or perform human experimentation.

7. Reasonable responses to any reasonable requests made for service.
8. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medications, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe opiate medication but, if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates. We may not be able to eliminate all pain in some circumstances.

9. Formulate advance directives, including designating a decision-maker if you become incapacitated.

10. Have personal privacy respected and be told the reason for the presence of any individual.

11. Confidential treatment of all communications and records pertaining to your care. Basic information may be released to the public, unless specifically prohibited in writing by you.

12. Access information contained in your records within a reasonable time frame, except in certain circumstances specified by law.

13. Receive care in a safe setting, free from verbal or physical abuse or harassment. You have the right to access protective services and advocacy services.

14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. Reasonable continuity of care, including the time and location of appointments and the identity of the persons providing the care.

16. Be involved in the development and implementation of your discharge plan and to be informed by the physician, or his/her designee, of continuing health care requirements following discharge from the hospital.

17. Know which hospital rules and policies apply to your conduct while a patient.

18. Designate a support person as well as visitors of your choosing, unless:
   - No visitors are allowed.
   - The presence of a particular visitor would endanger the health or safety of a patient, a member of the staff, or other visitors, or would disrupt the operations of the facility.
   - You have told the staff that you no longer want a particular person to visit.

The hospital may establish reasonable restrictions upon visitation. You must be informed of your visitation rights including any clinical restrictions or limitations.

19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. Consideration of your visitation will comply with federal law and be in the hospital policy. Any persons living in your household and any support person.
20. Examine and receive an explanation of the hospital’s bill, regardless of the source of payment.

21. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity / expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care.

See page 6-7 for filing a complaint or grievance with the hospital. You may also choose to file a complaint with the California Department of Public Health at (800) 228-1019 or (626) 312-1135.

22. File a grievance. Please see page 6 for filing a complaint with the hospital.

23. File a complaint with the California Department of Public Health (CDPH) regardless of whether you use the hospital’s grievance process. Please see page 7 for contact information.

In addition to the above patient rights, patients in mental health settings have the following rights:

• To wear one’s own clothes, to keep and use one’s own personal possessions including toilet articles and to keep and be allowed to spend a reasonable sum of one’s own money for canteen expenses and small purchases.

• To have access to individual storage space for one’s private use.

• To see visitors each day.
• To have reasonable access to telephones, both to make and receive confidential calls, or to have such calls made for you.
• To have ready access to letter-writing materials, including stamps, and to mail and to receive unopened correspondence.
• To refuse convulsive treatment, including, but not limited to, electroconvulsive treatment, any treatment for a mental condition that depends on the induction of a convulsion by any means, and insulin coma treatment.
• To refuse psychosurgery.
• To see and receive the services of a patient advocate who has no direct or indirect clinical or administrative responsibility for the patient.

Belongings

As a patient, I am encouraged to leave personal items at home. The hospital maintains a fireproof safe for safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewelry, documents, eyeglasses, dentures, hearing aids, cell phones, laptops, or other personal electronic devices, or other items that are not placed in the safe. Hospital liability for loss of personal property deposited with the hospital for safekeeping is limited to five hundred dollars ($500).
Patient Responsibilities

As a patient, you are responsible for the following:

• Give your health care provider accurate and complete information about present complaints, past illnesses, prior hospitalizations, medications, and other health related issues.
• Report changes in your condition to your health care provider.
• Tell your physician that you understand your treatment plan and what is expected of you.
• Follow the treatment plan and recommendation of your health care provider.
• Accept responsibility if you refuse treatment or for not following your agreed upon plan of care.
• Meet financial obligations in a timely manner.
• Understand and comply with your own insurance carrier’s requirements in order to obtain the maximum benefits allowable.
• Follow the rules and regulations of the hospital regarding patient care and conduct.
• Be considerate of the rights of other patients and hospital personnel and for assisting in the control of noise and the number of visitors. The patient is responsible for being respectful of the property of others and of the hospital.
Smoking / Vaping Policy and Cessation Information

For the health and safety of our patients and visitors, smoking – including tobacco and electronic/vapor smoking - is not allowed throughout the USC Verdugo Hills Hospital and campus. Smoking cessation programs are available by visiting www.lung.org/quit-smoking.

Rules & Regulations

USC Verdugo Hills Hospital focuses on providing a safe, comfortable, caring environment for all patients and families conducive to healing and recovery. Please respect the rules and regulations of the hospital and follow directions from the staff or security personnel. Please be respectful of others’ personal property and be considerate to all patients, visitors, family and staff. By minimizing noise and other unnecessary distractions, you can help us maintain a pleasant atmosphere for all.
Visitor Responsibilities

USC Verdugo Hills Hospital encourages the involvement of family and friends in caring for loved ones while they are hospitalized. If you are here as a visitor, please help us maintain a respectful environment by:

• Being respectful of our patients by minimizing loud conversations and noises.

• Keeping the numbers of visitors in your family member’s room to a reasonable number and abiding by the current visitor policy. For patient’s care, family members may be asked to step out of the room or leave, particularly in rooms that may be shared with another patient.

• Cooperating with healthcare staff if you are asked to reduce visitors or shorten visits. We are concerned with the recovery of your loved one and want to ensure your loved one gets enough rest.

• Limiting some visits from children. Children under age 14 are allowed provided they meet COVID-19 vaccination requirements as stated in the latest visitor policy. Children must be accompanied by an adult at all times and must display appropriate behavior.

Latex balloons are prohibited in patient care areas. Mylar balloons are recommended.
In emergency situations, please follow the staff guidance related to response activities. Stay calm and follow the staff’s directions in any type of emergency.

*Please let us know if we can be of assistance while you are visiting your loved one.*
Your Right to Make Decisions About Your Medical Treatment

This section of the brochure explains your rights to make health care decisions and how you can plan what should be done when you are unable to speak for yourself.

Federal law requires that we give you this information. We hope this brochure will help increase your control over your medical treatment.

Who decides my treatment?
Your doctors will give you information and advice about treatment. You have the right to choose. You can say, “Yes” to treatments you want. You can say “No” to any treatment you don’t want — even if the treatment might keep you alive longer.

How do I know what I want?
Your doctor must tell you about your medical condition and about what the different treatments and pain management alternatives can do for you. Many treatments have “side effects”. Your doctor must offer you information about problems that medical treatment is likely to cause you.
Often, more than one treatment might help you and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can’t choose for you. That choice is yours to make and depends on what is important to you.

**Can other people help with my decisions?**
Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

**Can I choose a relative or friend to make health care decisions for me?**
Yes. You may tell your doctor that you want someone else to make health care decisions for you. Ask the doctor to list that person as your health care “surrogate” in your medical record. The surrogate’s control over your medical decisions is effective only during treatment for your current illness or injury, or if you are in a medical facility, until you leave the facility.

**What if I become too sick to make my own health care decisions?**
If you haven’t named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes, everyone doesn’t agree about what to do. That’s why it is helpful if you can say in advance what you want to happen if you can’t speak for yourself.
Do I have to wait until I am sick to express my wishes about health care?
No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other health care facility. You can use an Advance Health Care Directive (AHCD) to say who you want to speak for you and what kind of treatments you want. These documents are called “advance” because you prepare one before health care decisions need to be made. They are called “directives” because they state who will speak on your behalf and what should be done.

In California, the part of an advance directive you can use to appoint an agent to make health care decisions is called a Power of Attorney For Health Care. The part where you can express what you want done is called an Individual Health Care Instruction.

Who can make an advance directive?
You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer to help you.

Who can I name as my agent?
You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

When does my agent begin making my medical decisions?
Usually, a health care agent will make decisions only after you lose your ability to make them yourself. But, if you wish, you can state in the Power of Attorney for Health Care that you want the agent to begin making decisions immediately.
How does my agent know what I would want?
After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.

What if I don’t want to name an agent?
You can still write out your wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible. Or you can say that you would not want treatment to continue your life. Also, you can express your wishes about the use of pain relief or any other type of medical treatment.

Even if you have not filled out a written Individual Health Care Instruction, you can discuss your wishes with your doctor, and ask your doctor to list those wishes in your medical record. You can discuss your wishes with your family members or friends. It will probably be easier to follow your wishes if you write them down.

What if I change my mind?
You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your health care decisions, you must sign a statement or tell the doctor in charge of your care.
What happens when someone else makes decisions about my treatment?
The same rules apply to anyone who makes health care decisions on your behalf - a health care agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest.

The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another health care provider to take over your treatment.

Will I still be treated if I don’t make an advance directive?
Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.
Remember that:

A Power of Attorney for Health Care lets you name an agent to make decisions for you. Your agent can make most medical decisions – not just those about life-sustaining treatment – when you can’t speak for yourself. You can also let your agent make decisions earlier, if you wish.

You can create an Individual Health Care Instruction by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an instruction provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf.

These two types of Advance Health Care Directives may be used together or separately.
Directions to USC Verdugo Hills Hospital
1812 Verdugo Blvd., Glendale CA, 91208 (818) 790-7100

North on 2: (Merges with the 210 East - Pasadena) Stay to the far right. Exit at Verdugo Blvd., turn right. Hospital is on the right side. Enter at the signal on La Tour Way.

East on 210: Exit at Ocean View Blvd., turn right. At the next light, turn left onto Montrose Ave. At the second light, turn left onto Verdugo Blvd. Hospital is on the right side (past the freeway), turn right at the signal on La Tour Way.

West on 210: Exit at Angeles Crest Highway and turn left. Turn right onto Foothill Blvd. At the second light, turn left onto Verdugo Blvd. The hospital is on the left at the second light, La Tour Way.
Parking Areas

Parking for the hospital is located toward the top of the hill and is available on all floors of the parking structure.

Please note: The only entrance for patients and visitors is the main lobby entrance. This is located on the hospital 4th floor closest to the parking at the top of the hill.

The Emergency Department is located on the 3rd floor. Parking is available for the Emergency Department as you proceed up the hill of La Tour Way.
My doctor’s name is (are):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I am on the _________ floor and my room is ________.

My care team is (are):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________