# **Hospitalization Guidebook**



Social Medical Corporation Foundation

## Nakamura Hospital

4-28 Tenno-cho, Echizen City, Fukui Prefecture tel. 0778-22-0618

## **Things to Prepare Before Admission**

1 Documents	☐ Application for Hospitalization a	and Certificate o	of Guarantee
	☐ Hospital Admission Ticket (for h		
	☐ Consent form Agreement form		y appointments
	G		air familia a
	Questionnaire (for hospitalized	patients and the	eir ramines)
	☐ CS Set Application Form		
② Daily necessities	☐ Hand towel	☐ Tissues	
	☐ Bath towel	☐ Chopsticks	, spoon, fork
	☐ Toothbrush, toothpaste, cup	☐ Shampoo	
③ Gowns/diapers	☐ pajamas (open-fronted for those who nee	ed assistance)	☐ nursing pajamas (2 to 3 sets)
	☐ underwear (open-fronted for those who nee	ed assistance)	☐ clean wipes
	☐ paper diapers, urine pads		☐ waterproof sheets (2 to 3)
For the daily nec	essities, hospital gowns, and dispos	able diapers inti	roduced in ② and ③,
you can use a re	ntal service from an outside special	ist for a fixed d	aily fee.
If you would like	to use this service, please apply us	ing the specializ	ed application form.
Payment will be i	made to the vendor, not to the clini	c, and you will b	e billed at a later date.
④ Other	☐ Daily medicine	☐ Medication	handbook (drug information)
	☐ Comfortable shoes or slippers	☐ Stomach be (if undergoing a	elt abdominal surgery)
	<ul><li>☐ Comfortable shoes or slippers</li><li>☐ Underwear</li></ul>		
		(if undergoing	
	☐ Underwear	<ul><li>(if undergoing a</li><li>☐ Teacup</li><li>☐ Earphones</li></ul>	
—————————————————————————————————————	☐ Underwear ☐ Comb ————————————————————————————————————	(if undergoing a ☐ Teacup ☐ Earphones These	abdominal surgery) e can be purchased at the store.

- ※ ③ Please do not bring your own refrigerator or TV.
- ※ ④ In a four-person room, please use earphones so as not to disturb your roommates.
- X ⑤ To ensure a safe hospital stay, please refrain from bringing in scissors, box cutters, etc. You may be asked to pay for any damage caused by knives, etc.
  - If you need to use scissors, please ask the ward nurse.
- ★ To prevent infections and to provide better nursing care, we use a rental system from an external provider (CS Set).

#### **Admission Procedure**

#### When you are admitted to the hospital

- O The person in charge will explain the precautions for hospitalization and give you the "Hospital Admission Ticket" and "Hospitalization Guidebook."
- Olf you have any questions about the hospitalization process, please come to the 2nd floor general counter.

#### Your Hospitalization Day

- O If you are admitted by appointment, please come to the reception desk on the first floor (admission) at the designated time written on the "Hospital Admission Ticket." The person in charge will guide you.
- O Application for WIf you have a reservation, please bring them on the day of admission.

  Certificate of Guarantee WIn case of same-day emergency admission, please

ee XIn case of same-day emergency admission, please submit them within one week of admission.

- O Submission of consent form, agreement form (when necessary)
- O Submission of questionnaire (for hospitalized patients and their families)
- O Other documents to be filled in at the time of admission
  - X Inpatient treatment plan
  - X Consent form for uninsured services
  - \* Explanation of Special Environment Room (a bed incurring an extra charge "Sagaku-Bed" (for patients admitted to a private room)
- O If you are taking any medications on a regular basis, please provide this information or your medication handbook to the ward nurse upon admission.

If you are under 70 years old, you can apply for a "Certificate of Eligibility for Maximum Amount."

If you are under 70 years of age and you are hospitalized, you can present a "Certificate of Eligibility for Maximum Amount" at the medical institution, and your hospitalization expenses (per medical institution) will be limited to the designated amount.

## Life in the Hospital

#### 1 Daily schedule

6:00	7:30	9:00	12:00	14:00	18:00	21	1:00
drawing blood	breakfast (designated patients)	temperature check	lunch	(temperature check) visiting	dinner	inspection	lights out

Please note that the visiting hours are not fixed due to outpatient services, surgeries, and emergency services.

#### 2 Meals

- O During your stay, our dietitian will provide you with meals tailored to your medical condition and age.
- O Meals are delivered by hot and cold delivery trucks to ensure that they are delicious.
- O The menu is posted on the bulletin board in each ward.
- O If you have any questions about diet and nutrition, please contact the dietician, doctor, or nurse.

#### 3 Bathing

O Please bathe according to the directions of your doctor or nurse.

Bath days	Men: Mon/Wed/Fri	Location	6th floor
Dath days	Women: Tues/Thurs/Sat	Time	2:00 pm - 5:00 pm

- O If assistance is needed when bathing, special bathing is provided (once a week).
- O If you are not able to take a bath, a sponge bath or other assistance will be provided.

#### **4** TV

- O Remote-controlled TVs are installed in each hospital room. You can use it at your request for 550 yen per day (tax included). (The fee for using the TV in each private room is included in the private bed fee.)
- O If you would like to use this service, please fill in your TV preference on the consent form for uninsured services.

#### (5) Refrigerators

O The daily fee for the refrigerator installed in four-person rooms is 330 yen (tax included). (Please ask the nurse if you wish to use a room that is not equipped with one.)

#### (6) Bedding

O Sheets are changed regularly once a week, but if they become soiled, please feel free to let us know so that we can replace them accordingly.

#### (7) Hospital Attendants/Companions

- O As a general rule, attendants are not necessary, but it is possible for certains treatments or if you wish, so please consult the nurse.
- O Depending on your medical condition, the doctor may request that you have a family member accompany you.

#### **Facilities for Patients**

## ① Dayrooms

- O Each ward has a dayroom in the new building with vending machines, microwave ovens, and hot water dispensers for tea service available for free use.
- O Please cooperate by separating your garbage. Also, please do not bring garbage into the hospital.

#### 2 Laundry

- O Coin-operated laundry facilities are available on each floor of the new building.
  - X Hours of operation are from 7:00 am to 8:30 pm.
  - X Please supply your own coins and detergent.
- O Please note that nurses and nursing assistants are not able to do laundry.
- 3 Store (2nd floor): Mon, Wed, Thurs, Fri 9 am to 3 pm / Tues, Sat 9 am to 1 pm Café (1st floor): Mon, Wed, Thurs, Fri 9 am to 4 pm / Tues, Sat 9 am to 1 pm
- 4 Telephones, cell phones, and pay phones
  - O Please refrain from using cell phones. If you have no choice but to use your cell phone, please be considerate and put it on silent mode or move to a place where you will not cause discomfort to your roommates or other patients.
  - O The hospital will not connect phone calls through to patients after 6 pm.
  - O Public phones are located in front of the reception desk on the first floor.

## **Rules During Hospitalization**

## ① Parking

- O Parking lots 1 and 2, and the north side parking lot: timed parking
- X Please note that the above parking lot is for <u>outpatients only</u> and <u>cannot be used by inpatients during their stay.</u>

### 2 Smoking

O The entire building is non-smoking. We ask for your cooperation in this matter.

## **Rules During Hospitalization**

③ Going out, Staying out overnight
O Permission from your doctor is required. If you wish to do so, please ask your doctor or nurse.
O If you have permission, please submit a "Notification of Going Out or Staying Out Overnight
O Please note that even if you stay overnight, you will still be charged the standard hospitalization fee.
4 Visitation
O Visitation hours are from 2:00 pm to 8:00 pm.
O Visitors should ask at the reception desk on the first floor to confirm the room of an inpatient.
O Please fill out the Visitor Record in front of the nurses' station in each ward when visiting.
O Please refrain from visiting the hospital with small children or in large groups to prevent the spread of disease and to avoid disturbing other patients.
O Please understand that for treatment purposes you may be asked to refrain from visiting patients.
O Only family members are allowed to visit the Intensive Care Unit (ICU) on the 3rd floor. Please be sure to obtain confirmation from the nurse at the ward staff center before entering the ICU.
O For the protection of personal information, we can not answer questions about a patient's hospitalization or medical condition without the patient's consent.
⑤ Valuables
O Please do not carry more money or valuables than necessary, as they may be stolen or lost. (We are unable to compensate for lost or missing valuables.)
O Please note that nurses can not accept money or goods for safekeeping.
6 Emergencies
O Please check the emergency exits, doors, fire extinguishers, escape routes, etc. when you are admitted. If you have any questions, please ask the staff.
O In the unlikely event of a fire or earthquake, please remain calm and follow the instructions of the staff.

## **Hospitalization Costs**

O Inpatient treatment fees are calculated in accordance with the medical fee regulations set by the Ministry of Health, Labor and Welfare.

Payment Methods	Hospital fees are assessed every 10 days
Please note that credit cards are not	(Every month on the 2nd, 12th, and 22nd)
accepted.	*the following day if it falls on a Saturday, Sunday, or holiday

※ The bill will be delivered to your hospital room.

Please pay at the reception desk on the 1st floor between 9:00 am and 7:00 pm.

- O Please keep your payment receipts in a safe place, as they will be needed for filing tax returns for medical expense deductions and for reimbursement of high-cost medical expenses.
- O Present your insurance card to the medical staff in each ward once a month while you are hospitalized.
- O If you have any questions about hospitalization costs, please contact the medical staff in each ward.

## **Room Charges (Private Room Charges)**

O Please consult with the nurse about your room preference. For private rooms, the following fees will be added.

	Amenities	¥13,200 (inc. tax)
Private	with shower/toilet	¥6,050 (inc. tax)
room	with bath/toilet	¥5,500 (inc. tax)
	with toilet	¥4,950 (inc. tax)
	Four person room	No extra charge

- We will do our best to accommodate your request for a hospital room, but please understand that in some cases we may not be able to provide the room you have requested.
- ※ Just as hospitalization charges covered by health insurance, private room charges calculate the day of admission and the day of discharge as one day each, regardless of time spent in and out of the hospital.
- \* After admission, you may be asked to move to a different room or ward depending on your medical condition. We ask for your cooperation in this matter.

## **Discharge Procedures**

- O The nurse will visit you to explain about what to expect after discharge and before your next visit. (Please confirm that you have picked up your medication, examination card and other necessary items.)
- O As a rule, we ask that you complete the discharge procedures and leave the hospital in the morning, but if this is not convenient for you, please consult the ward nurse.

The hospital does not accept gifts during admission or discharge.

## Application for Hospitalization and Certificate of Guarantee

### To Social Medical Corporation Foundation Nakamura Hospital Director

I will comply with the following items when I am admitted to the hospital.

- ① I will follow the medical precautions and the rules and regulations of the hospital and the instructions for treatment.
- ② I will pay all expenses related to hospitalization without delay. In the unlikely event that payment is delayed, I agree to contact my relatives and guarantor.
- 3 If I am not the patient, I promise to make the patient comply with 1 and 2.

Department				Dept.	Admission date	Year:		Month:		Day:	Submitted on	Year:		Month:	Day:	
	Pa	Address	Ŧ		-											
Applicant	Patient	furigana Name							(seal)	Date of birth	Υ		М	D		yrs
7		Phone				(	)			Cell			(	)		
		Employer and occupation								Workpl Phon			(	)		
	Family	Address	Ŧ		_											
	ily	furigana Name							(seal)	Date of birth	Υ		М	D		yrs
		Relationship with patient														
		Phone				(	)			Cell			(	)		
		Employer and occupation								Workpl Phon			(	)		

	I guarantee and take responsibility for payment of any and all debts incurred by the applicant												
	under this hospitalization, including medical fees, within a maximum amount of 300,000 yen.												
Guarantor	Address	〒 -											
	furigana					Date							
	Name				(seal)	of birth	Υ	М	D	yrs			
	※ This should be filled out by someone outside of your household who earns a living independently and has a residence.												
	Relationship with patient												
	Phone		(	)		Cell		(		)			
	Employer and occupation					Workpla Phon		(		)			

#### [Notes on filling in this form]

- 1. Please fill out the above form and submit it within 3 days of admission.
- 2. If you sign your name, you do not need to affix your seal.

## **Hospital Admission Ticket**

♦ ID					
♦ Name					
◆ Admission Day:	Υ	年/M	月/D	日/Time	時頃
◆ Primary Care Phy	/sician:		Dept	科 Dr.	先生

On your day of admission, come to the admission desk on the first floor.

(Please present this hospitalization admission ticket.)

## Keep in mind before hospitalization:

O Please bring your regular medication and your medication	handbook.						
If you received a letter of acceptance, please be sure to bring it.							
O Please note that parking is prohibited during hospitalization	า.						
On the day of admission, please (eat as regular do not before arriving.	eat )						
0							

If you have any questions, please feel free to contact us.

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**5** (0778)22-0618

